

Hennepin County Ryan White Program Contracted Providers Meeting

H E N N E P I N C O U N T Y

M I N N E S O T A

Public Health

APRIL 10, 2026

Agenda

- Welcome and Housekeeping
- Ryan White Staff
- Funding Overview
- Contract Overview
- Programmatic Updates
- Questions
- Break
- Training and Technical Assistance (TA)
- Data Overview
- Quality Management
- MN Council for HIV/AIDS Care and Prevention
- Questions



Welcome! We're happy you're here!

- Please introduce yourself in the chat including where you work and what you do there.
- Mute your microphone when not speaking.
- Questions are welcome in the chat and will be addressed before the break and at the end of the meeting.
- Any AI bots or notetakers will be removed from the meeting to comply with Hennepin County policy.
- All materials displayed during today's meeting will be emailed out for reference and available on our website.
- Thank you for your continued dedication to the local HIV system of care!



Hennepin County Ryan White Program Staff

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Ryan White Program Manager

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Quality Management Coordinator

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Program Officer

Brenda Senyana

Brenda.Senyana@hennepin.us
Positively Hennepin Implementation Coordinator

Jacki Gould

Jacki.Gould@Hennepin.us
Senior Contract Manager



Hennepin County Ryan White Funding (FY25 – FY26)

Funding Source	FY 2025	FY 2026
Part A Formula Funds	\$3,751,187	\$3,650,097*
Part A MAI Funds	\$401,354	\$401,354*
Part A Supplemental Funds	\$1,976,467	TBD*
Part A Total Award	\$6,129,008	\$6,129,008*
DHS Funds	\$1,636,735	\$2,182,313**

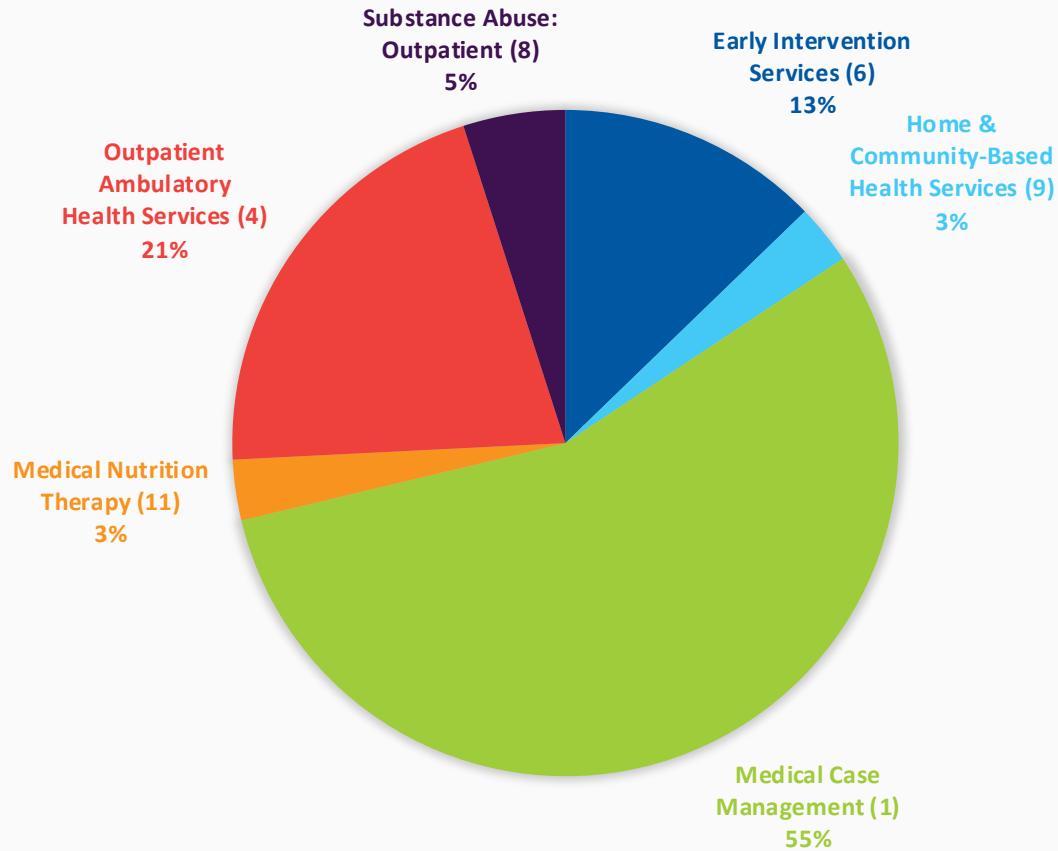
*FY 2026 Part A dollar amounts are based upon HRSA projections and are subject to change. HRSA did not provide projections for Supplemental Award funds. Planning is based upon the assumption of flat funding.

**This number reflect the funding being put into FY26 contracts.

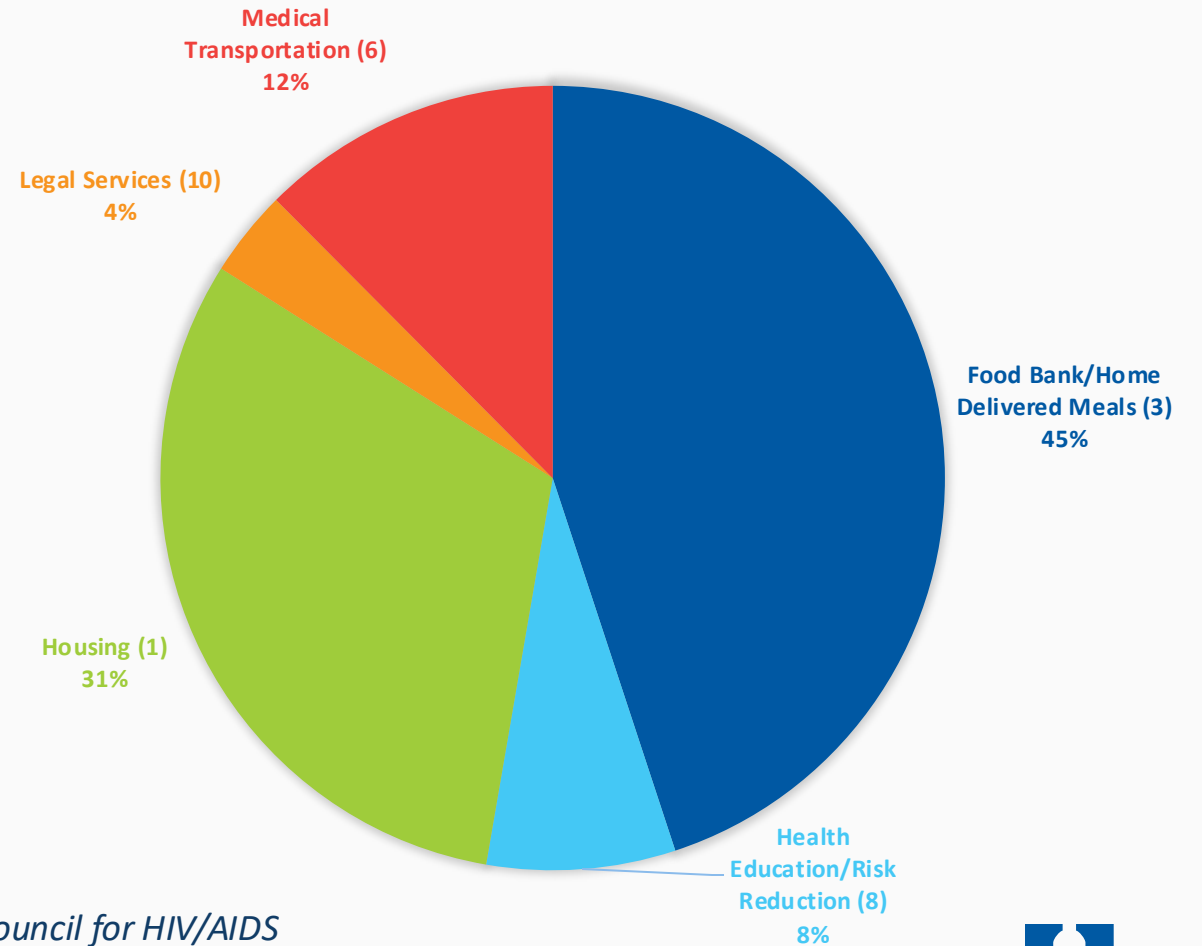


2026 Part A Hennepin County Anticipated Allocations*

CORE MEDICAL SERVICES



SUPPORTIVE SERVICES



*Ryan White Part A funding allocations are determined by the Minnesota Council for HIV/AIDS Care and Prevention and are subject to change upon receipt of FY26 Notice of Award.



Part A Site Visit

- HRSA is conducting their Site Visit at Hennepin County from April 20 – 24, 2026.
- We are grateful to the subrecipients who are participating in our site visit and are eager to highlight all subrecipients who contribute to the Minnesota's HIV System of Care.
- We will communicate any changes implemented following the site visit that impact subrecipients.



Minnesota HIV System of Care



Ryan White is a pillar of the Minnesota HIV System of Care.

The comprehensive list of Ryan White providers and the services they provide can be found on <https://www.hennepincounty.gov/ryan-white>

The screenshot shows the Hennepin County website interface. At the top left is the Hennepin County logo. To the right are a 'Menu' dropdown and a search icon. Below the header is a breadcrumb trail: Home > ... > HIV services. The main heading is 'ASSISTANCE' followed by 'HIV services'. A horizontal line separates the heading from the content. The text reads: 'Find resources that fit your needs for testing, medications, or other HIV-related assistance.' Below this, it states: 'People with HIV in Minnesota can apply for antiretroviral medication assistance and other benefits.' Another horizontal line is present. The next section is titled 'The Ryan White System of Care'. Below this, it says: 'Eligibility for the Ryan White Program is determined by the Minnesota Department of Human Services. Some Ryan White services are offered in St. Croix and Pierce'.



Hennepin County Ryan White Subrecipients (Page 1 of 2)

Entity	Part A Funded Services (MAI funding indicated with *)	Part B Funded Services
The Aliveness Project	Food Shelf/On-Site Meals, Health Education Risk Reduction, Housing, Legal, Medical Nutrition Therapy, Psychosocial Support	Food Shelf/On-Site Meals, Housing, Medical Nutrition Therapy, Medical Transportation, Mental Health, Substance Abuse Outpatient
Allina	Medical Case Management	Medical Transportation
Children's Hospital MN	Health Education/Risk Reduction, Medical Case Management	Health Education/Risk Reduction
Clare Housing	Housing	N/A
Healthcare for the Homeless	Medical Case Management	N/A
HealthPartners	Medical Case Management*, Outpatient Ambulatory Health Services*	Medical Transportation



Hennepin County Ryan White Subrecipients (Page 2 of 2)

Entity	Part A Funded Services (MAI funding indicated with *)	Part B Funded Services
Hennepin Healthcare	Medical Case Management*, Treatment Adherence, Medical Nutrition Therapy, Mental Health Services, Outpatient Ambulatory Health Services, Substance Abuse Outpatient	Medical Transportation, Outpatient Ambulatory Health Services
Open Arms	Food Shelf/On-Site Meals	NA
Pinnacle	Home & Community Based Health Services	NA
Red Door	Early Intervention Services	Early Intervention Services
Sub-Saharan African Youth and Family Services of MN	Medical Case Management, Mental Health Services, Psychosocial Support	Medical Case Management, Medical Transportation, Non-Medical Case Management
West African HIV Task Force	NA	Early Intervention Services
Youth & AIDS Projects	Early Intervention Services	Health Education/Risk Reduction, Medical Case Management





Contracts Overview

- Contract Management Staff
- Funding Sources
- Transitional Grant Area
- Contract Guide
- Invoice Processing
- Invoice Templates
- Invoice Reviews
- Reallocation Policy
- Budget Change Requests
- Gift/Transportation Card Reimbursements
- Time & Effort Reporting Requirements
- Required Submissions/Reports
- General Reminders

Hennepin County Ryan White Contract Staff

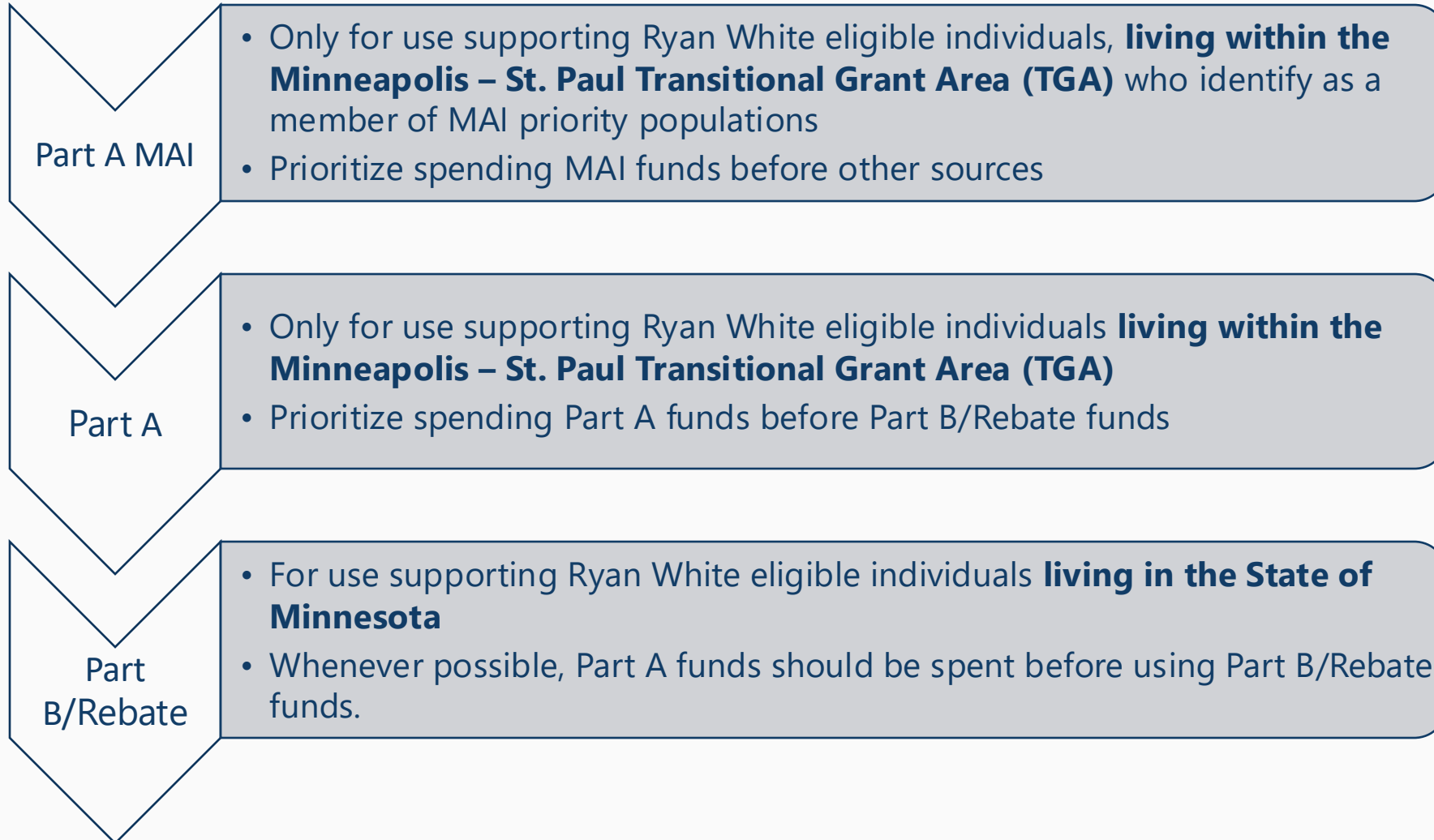


Jeremy Stadelman
Ryan White Program Officer
Jeremy.Stadelman@Hennepin.us



Jacki Gould
Senior Contract Manager
Jacki.Gould@Hennepin.us

Funding Sources



Transitional Grant Area (TGA)

Ryan White Part A/MAI funds are to be used to support clients residing within the Minneapolis – St. Paul Transitional Grant Area (TGA) which includes the below listed counties:

Minnesota Counties

Anoka
Carver
Chisago
Dakota
Hennepin
Isanti

Ramsey
Scott
Sherburne
Washington
Wright

Wisconsin Counties

Pierce
St. Croix



Contract guide



[Information for Ryan White Service Providers](#)

HENNEPIN COUNTY
PUBLIC HEALTH

Ryan White HIV/AIDS Program FY 2026 Contract Guide

April 10, 2026

This document describes contractual changes and expectations for subrecipients contracted through Hennepin County's Ryan White HIV/AIDS Program (RWHAP) for the current fiscal year.

Ryan White HIV/AIDS Program
525 Portland Ave S, MC L963
Minneapolis, MN 55415 RyanWhite@hennepin.us
<https://www.hennepin.us/ryan-white>

2026-2027 RYAN WHITE HIV/AIDS PART A Part B/Rebate SERVICES INVOICE

Agency:
Mailing Address:

Contract #:	HS0000####	
PO #:	123567	
Date submitted:		
Total Amount:		
Invoice #:		
Account #:	55810	
Department ID#	536399	
Project ID#	1008553	1008554 or 1008469
APEX Activity ID#	FY26	
RW Source:	RWABC	Service type
APEX Supplier ID#	12345	

Program:

Contract Manager: Jacki Gould

Funding Period: March 1, 2026 -February 28, 2027

Invoice Period:

Expenditure Category

Amounts

Subtotals

Total Direct Charges:

Administrative Charges:

TOTAL REIMBURSEMENT REQUESTED:

Signature of Preparer:

Title:

Signature of Certifying Person:

Title

I certify that to the best of my knowledge and belief, all expenditures reported or payments requested are correct and made for appropriate purposes in accordance with the contract agreement.

Please email your completed invoice to :

Jeremy.Stadelman@hennepin.us

Invoice Processing



Invoices are emailed to **Jeremy.Stadelman@Hennepin.us** by the 15th of the month following service provision unless a quarterly invoice request has been approved. Invoices should match the services and number of clients served in CAREWare.



Invoice amounts are tracked to be sure the service budget is not exceeded.



Invoice processing may be delayed if there are discrepancies in the client counts or budget amount.



The County requires 2 signatures on your invoices.



The County is flagging some random invoices for auditing purposes. In addition, Jacki is auditing at least 2 invoices per contract each year.

INVOICE REVIEWS

- The contract management team is requiring that Federally Funding contracts require an in-depth invoice review at least 2 times a year per contract.
- For example, if you have funding for both A & B sources, you may have 4 of your invoices reviewed per year.
- Videos with more information: [Financial requirements for contracting- In-depth invoice reviews](#) and [Financial requirements for contracting- In-depth invoice reviews - YouTube](#)



SAMPLE of what needs tracking

(if there are any errors, missing receipts or miscalculations, I'll need to report it to my supervisor.)



Provider Name	Contract Number	Program Reviewed	Month Reviewed	Contract Manager	Date Completed
Invoice Review Summary: Complete the table with the line-items being reviewed and amounts billed on the invoice.					
Budget Item	GL Codes/ Names	Invoiced Expense	Verified Receipts	Notes	Difference
<i>Line-items from invoice/approved budget</i>	<i>Insert GL codes from budget workbook</i>	<i>Insert amount from invoice to verify</i>	<i>Totaled receipts verified to see if it equals the amount invoiced</i>	<i>Add notes for follow-up when conducting review of back-up documentation.</i>	<i>Difference between Expenses Billed and Verified Receipts</i>
Example: Mileage	6040	\$328.00	\$228.00	Missing substantiation	-\$100.00
Line item 1			\$0.00		\$0.00
Line item 2			\$0.00		\$0.00
Line item 3			\$0.00		\$0.00
Verified Receipts Details: Enter receipts received for each line item being substantiated Invoice Review.					
	0 Notes	0 Notes	0 Notes		
Verified Receipts for					

Please include a separate Index or list of the items that you are submitting.

Doc #	Category	Vendor	Description	Amount	Payment Proof
1	Salaries	Paychex Labor Distribution	NAME and TITLE	\$ 1,000.00	Payroll Journals, Bank Statements or General Ledgers
1	Salaries	Paychex Labor Distribution	NAME and TITLE	\$ 1,000.00	Payroll Journals, Bank Statements or General Ledgers
1	Salaries	November Vacation & Holiday Allocations	NAME, TITLE and number of vacation hours allocated	\$ 50.00	Payroll Journals, Bank Statements or General Ledgers
1	Fringe	Paychex Labor Distribution	Type of Fringe and Payrolls Employer taxes	\$ 500.00	Payroll Journals, Bank Statements or General Ledgers
2	Fringe	Health Insurance Company's Name	NAME and % bill per employee.	\$ 1,000.00	Bank Statement and/or receipt
3	Fringe	FSA/HSA Company	FSA/HSA Benefit Management fee \$93.50 allocated by FTE 4.42%	\$ 5.00	Bank Statement and/or receipt
4	Fringe	Worker's Comp. Company	Worker's Comp Premium and % allocated.	\$ 100.00	Bank Statement and/or receipt
5	Fringe	Retirement	NAME and % allocated.	\$ 25.00	Bank Statement and/or receipt
6	Travel	Mileage & Parking	number of miles and price of parking per hour or??	\$ 50.00	Bank Statement and/or receipt and transportation log
7	Supplies	Name of Company on receipt	Itemize each of the items and the cost per item.	\$ 500.00	Bank Statement and/or receipt and/or Credit Card Statement
8	Incentives	Gift Cards	amount and price of gift cards & gift card log	\$ 500.00	Bank Statement and/or receipt and/or Credit Card Statement and gift card log
9	Utilities	Garbage	Trash Bill and % allocated by this invoice	\$ 50.00	Bank Statement and/or receipt
10	Telephone	Name of Company on receipt	Telephone Bill and % allocated on this invoice	\$50	Bank Statement and/or receipt
11	Admin	Admin Allocation Journal Entry	A description of how your administrative funds are spent.	\$ 483.00	19 B Admin Allocation Journal Entry
				<u>\$ 5,313.00</u>	



Reallocation Policy



- Providers who have spent less than 40% of funding in a category by 2nd quarter or less than 70% by 3rd quarter may have funds reallocated to another provider or another service category demonstrating a higher need.
- Before making any reallocation determinations, we reach out to providers to outline how they plan to spend the funds and/or provide an updated budget for a lower amount. Jeremy will contact you mid-year to begin this process, if appropriate.
- For providers who do not respond by the deadline, we will reallocate funds as needed and follow up to make a contract adjustment.
- Reallocating funds is not punitive! It is a way to ensure that funds intended for community, get to community quickly.

Budget Change Request Process



Providers may request changes to their programmatic budgets such as moving funds between line items. Please contact Jeremy (jeremy.stadelman@hennepin.us) when a budget change is requested



Providers are expected to review federal government requirements, including programmatic and fiscal monitoring standards as well as policy clarification notices (PCN #16-02) prior to submitting budget change request.



The department decision will align with posted standards and policies and will be communicated to the provider promptly.



If the provider finds the decision is contrary to posted policies, they may submit a written request to reconsider and must include reference to policy in question.



Providers must request budget modifications by the 15th of the month, two months prior to the end of the fiscal year. Any requests after the deadline will not be approved.

Gift/Transportation Card Reimbursement Reminder

- Hennepin County reimburses for gift cards and/or transportation cards that have been disbursed to clients.
- Providers are responsible to only include disbursed gift and transportation cards on monthly invoices.
- Providers are responsible to maintain logs that demonstrate adherence to this requirement. These logs may be reviewed during annual site visits and/or financial audits and invoice reviews.
- A template for this log is available for use/adaption on the Hennepin County Ryan White website.
- Review Gift card and Stipend helpful video: [Financial practices for contracting- Gift card and stipend requirements](#)

Gift/Transportation Card Inventory Log						
Department: <i>enter department name</i>						
Item: <i>enter type of gift card</i>						
Last Update (date): <i>enter date</i>						
Completed by: <i>enter staff completing the inventory log</i>						
Unique Identifier	Date Purchased	Gift Card Number	Gift Card Amount	Department	Dept ID	Purchased by
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
Add						

Gift Card Reconciliation:			
# of Cards Purchased: 0		Value of the Cards Purchased: 0	
# of Cards Disbursed: 0		Value of the Cards Disbursed: 0	
# of Cards On-hand: 0		Value of the Cards On-Hand: 0	



Time & Effort Verification

- This policy aligns with the Minnesota DHS HIV Supports Division time and effort reporting requirement and Ryan White HIV/AIDS Program National Monitoring Standards.
- Time and effort reporting is a federal requirement that ensures that the compensation paid to individuals who work on federal grants agree with actual time and effort spent on the project. All employees included on the approved grant budget, including salaried employees and employees entirely funded by the grant, must report on the amount of effort spent by them on the project. Additionally, the employee and a supervisor with firsthand knowledge of the activities performed must attest to the accuracy of the report.
- After today's meeting, Jeremy will be emailing each provider with a readiness assessment to ensure that your organization is prepared to implement this policy.
- We are able provide technical assistance, as needed.



Required Submissions/Reports

DOCUMENT(S)/REPORT(S)	PART A, PART A MAI, PART B/REBATE
Invoices	15th of the month following service delivery
Quarterly Performance and Quality Report	July 20, October 20, January 20th, April 20th
CAREWare Upload	15th of the month following service delivery
Primary HIV Medical Care Clinical Data Elements Report	January 15, April 15, July 15, October 15
Points of Entry Referral Agreements	Upload with Quarter 1 report
Points of Entry Annual Report	Upload with Quarter 4 report
Line-item Budget Shift Requests	Part A Requests due January 15 Part B/Rebate Requests due February 15
Revenue and Expense Reports	January 30
Final Fiscal Year Invoices	All invoices are due by April 30



General Contracting Reminders



- Jeremy Stadelman (Jeremy.Stadelman@Hennepin.us) is your main point of contact for all Ryan White contracting questions.
- Report any key staff or significant program changes to Jeremy within 5 days of change, including any additional documentation such as resumes of new staff, links to posting for new positions, transition plans for changes in key program staff, and site level policy/procedure documents when applicable.
- If you anticipate under-spending any of your funds, report to Jeremy at the earliest opportunity so that those funds can be reallocated.
- Any requests for Technical Assistance, Training, or Support may be noted in Quarterly Reports, during Quarterly Calls, or via email at any time.

Programmatic Updates

- Quarterly Reports and Calls
- 2026 National Ryan White Conference
- Services
- Positively Hennepin

Ryan White Programmatic Staff



Alissa Fountain
Ryan White Program Manager
Alissa.Fountain@Hennepin.us



Eriika Etshokin
Ryan White Grants Supervisor
Eriika.Etshokin@Hennepin.us



Carissa Weisdorf
Lead HIV Services Coordinator
Carissa.Weisdorf@Hennepin.us

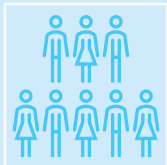
Quarterly Reports and Calls



Each provider will submit one quarterly report every quarter to capture work done on both Part A/MAI and Part B/Rebate Contracts. Reports will be due on July 20, October 20, January 20, and April 20.



Quarterly Reports will ask providers to report staffing/programmatic changes, waitlists, concerns, and progress on Quality Improvement goals.



Update for EIS Providers in FY26 – Providers will no longer be asked to report EIS Services by Population. We will provide that information in your Quarterly Report for you to verify.



When completing quarterly reports, providers will schedule a call within a month of completing the report to meet with the HC Ryan White Team.

Registration is open!



NATIONAL
RYAN ✓ **WHITE**
CONFERENCE
ON HIV CARE & TREATMENT
AUGUST 4-7, 2026

HIV Services Webpage

- <https://www.hennepincounty.gov/services/assistance/health-care/hiv-services>
- A resource for people with HIV looking for testing, medications, or other HIV-related assistance, including Ryan White services and MCHACP

Hennepin County Ryan White Program
Subrecipient onboarding – Systems overview

ASSISTANCE

HIV services

Find resources that fit your needs for testing, medications, or other HIV-related assistance.

People with HIV in Minnesota can apply for antiretroviral medication assistance and other benefits.

The Ryan White System of Care

Eligibility for the Ryan White Program is determined by the Minnesota Department of Human Services. Some Ryan White services are offered in St. Croix and Pierce

HIV Strategy Webpage

- <https://www.hennepincounty.gov/government/projects-initiatives/health/hiv-strategy>
- An overview of Positively Hennepin, the county's strategy to ending our HIV epidemic

PROJECTS AND INITIATIVES

HIV strategy

Positively Hennepin is the county's strategy to end our HIV epidemic.

The strategy envisions a Hennepin County where:

- All people living with HIV/AIDS have healthy, vibrant lives
- There are no new HIV infections
- All people have equitable access to HIV prevention and health care services

To achieve our vision of ending our HIV epidemic, Positively Hennepin has three goals:

- Decrease new HIV infections
- Ensure equitable access to HIV prevention, care, and treatment

ASSISTANCE

Information for Ryan White HIV service providers

This information is for Ryan White funded providers who have Hennepin County contracts for the current fiscal year. Questions may be directed to ryanwhite@hennepin.us or to your organization's program officer.

Fiscal Year 2025 (FY 2025)

Part A/Part A MAI

March 1, 2025 - February 28, 2026

Information for Ryan White HIV Service Providers Webpage

- <https://www.hennepincounty.gov/services/assistance/health-care/information-for-ryan-white-hiv-service-providers>
- Information for Ryan White funded service providers with Hennepin County Part A or Part B/Rebate contracts, includes contract and invoice guidance/information, quality management requirements and reports, Rapid StART standards and resources, provider onboarding resources, service standards, and other relevant resources

Linguistic Services



- A second contracted vendor was available for telephone interpretation beginning in 2025.
- Interpretation and translation policy and procedure available on [Information for Ryan White HIV service providers | Hennepin County](#)
- Some providers have reported issues with the Language Line (dropped calls, long hold times). Please contact Carissa Weisdorf for assistance if you or your staff experience this.

Ryan White HIV/AIDS Program: linguistic services policy and procedures

Any Ryan White HIV/AIDS Program (RWHAP) client can receive RWHAP fundable services in their preferred language. The Hennepin County (HC) RWHAP manages the funding for all RWHAP linguistic services in Minnesota, including RWHAP subrecipients contracted through the Minnesota Department of Human Services (DHS). The HC Office of Multicultural Services (OMS) will coordinate interpreter services with any RWHAP subrecipient (<https://bit.ly/HCMulticultural>). Translation services are, also, available through OMS, but any translation services need to be pre-approved by the RWHAP subrecipient contract manager. Interpreter services do not require pre-approval.

Background

The purpose of the interpretation and translation policy and procedures is to ensure that all Ryan White HIV/AIDS Program (RWHAP) Part A, Part B, and rebate funded providers can access existing RWHAP funding for interpretation and translation services. Providers are required to report client-level data to HC RWHAP through an online form developed in Qualtrics.

Policy

Hennepin County Human Services and Public Health Department (HSPHD) contracts with vendors to provide interpretation and translation services to Ryan White HIV/AIDS Program (RWHAP) funded providers. These vendors have experience in providing culturally and linguistically responsive translation and interpretation services to a wide range of clients and environments. Interpretation and translation services will only be available to agencies receiving RWHAP funds and to clients who meet all eligibility criteria to receive RWHAP funded services. Interpretation and translation services provided to clients who do not meet all RWHAP eligibility criteria are not eligible for reimbursement. Following the interpretation and translation services policy and procedures will ensure timely payment of invoices. Providers that do not follow the requirements outlined in the policy and procedures will be responsible for the interpretation and translation costs incurred.



Points of Entry and annual report

- All providers must develop and maintain written referral and linkage agreements with least three (3) "points of entry" to help identify eligible people with HIV and refer them into the health care system.
- Upload your Points of Entry referral relationships with your Quarter 1 report.
- Upload your Points of Entry annual report with your Quarter 4 report.
- Additional information and templates available at [Information for Ryan White HIV service providers | Hennepin County](#)

Points of Entry: letter of agreement

The Ryan White CARE Act requires that referral relationships between Ryan White subrecipients and key Points of Entry be established, maintained, and documented to help identify HIV positive clients and refer them to primary health care.

Points of entry are health care and human services access points used frequently by traditionally underserved people with HIV to help meet their medical and social service needs. They are therefore key access points for referring such individuals into the HIV care system. Examples are health departments, emergency rooms, substance abuse programs, mental health programs, detention facilities, STI and HIV clinics, homeless shelters, counseling and testing sites, federally qualified health centers, and other healthcare points of entry that have established referral relationships or agreements with Part A subrecipients.

Subrecipient Agency:	
Services Provided:	
Point of Entry (POE) Agency:	
Services Provided:	

The purpose of this Letter of Agreement is to formalize a referral relationship between **(Subrecipient Agency)** and **(POE Agency)** to **(describe referral agreement)**.

In order to best meet the needs of our clients living with HIV/AIDS, **(Subrecipient Agency)** will refer clients to **(POE Agency)** to **(describe referral agreement)** as needed and vice-versa. **(Subrecipient Agency)** will also provide services for clients seeking culturally appropriate services.

Poll!

How many inter-agency referrals did you make or receive last fiscal year?

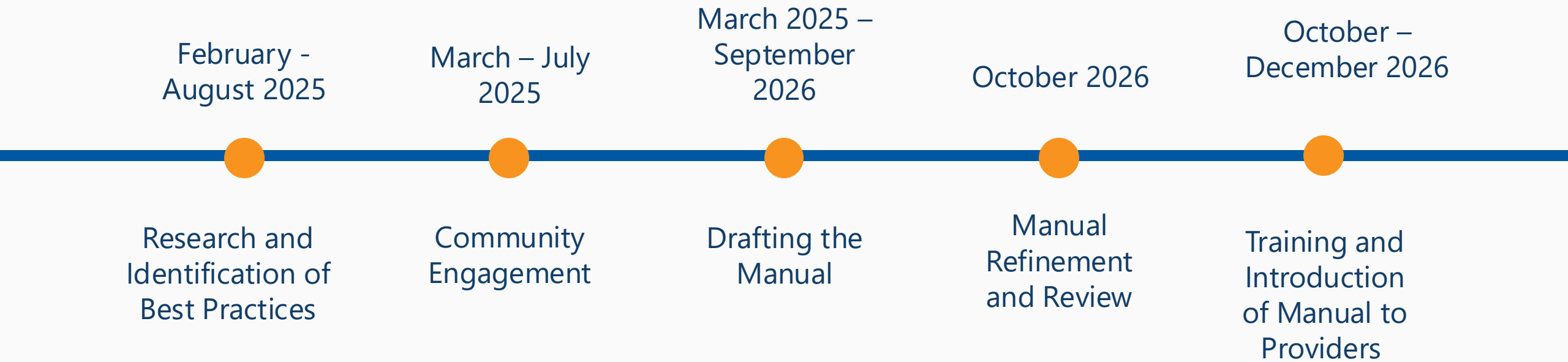
A. 0

B. 1-2

C. 3-5

D. More than 6

Medical Case Management Manual



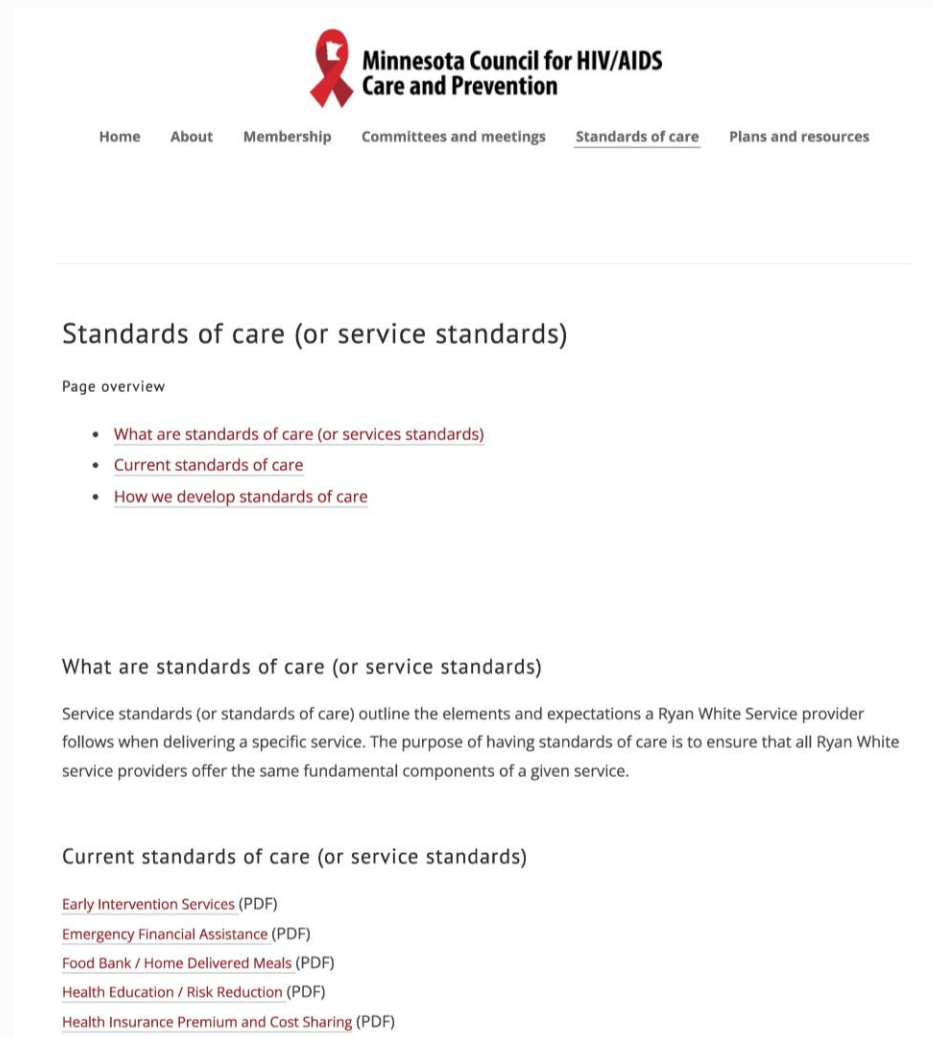
Service Standards

2025 Update

- Housing Services

2026 Update

- No major changes identified for 2026



The screenshot shows the website for the Minnesota Council for HIV/AIDS Care and Prevention. The header includes the organization's name and a red ribbon logo. A navigation menu lists: Home, About, Membership, Committees and meetings, Standards of care (underlined), and Plans and resources. The main content area is titled "Standards of care (or service standards)" and includes a "Page overview" section with three bullet points: "What are standards of care (or services standards)", "Current standards of care", and "How we develop standards of care". Below this is a section titled "What are standards of care (or service standards)" with a paragraph explaining that service standards outline elements and expectations for Ryan White Service providers. The final section, "Current standards of care (or service standards)", lists several PDF documents: "Early Intervention Services (PDF)", "Emergency Financial Assistance (PDF)", "Food Bank / Home Delivered Meals (PDF)", "Health Education / Risk Reduction (PDF)", and "Health Insurance Premium and Cost Sharing (PDF)".

Service and Universal Standard Adherence Document Review



- As part of the Quarter 1 report, providers will be prompted to upload site documents such as policies, procedures, and templates demonstrating adherence to Universal and Service Standards.
- **Only documentation that has changed since FY25 will need to be provided in FY26.**
- These materials will be reviewed with the Quarter 1 report and discussed during the Quarter 1 call to create opportunities to discuss and refine them throughout the budget year.
- Providers are asked not to upload any documents that include client PHI.
- We recommend that providers anticipate extra time spent on the Quarter 1 report to allow time for this addition.

Annual Subrecipient Monitoring Site Visits

- Annual Subrecipient Monitoring Site Visits are conducted every year capturing the work done during the previous fiscal year.
- We will reach out the week of April 27 to schedule your site visits in June or July to review work done in Fiscal Year 25.
- This is an opportunity for Hennepin County staff to meet your staff, visit your workspace, and meet subrecipient monitoring requirements for maintaining Ryan White grants.
- Site visits include 1. Financial Audit, 2. Programmatic Review, and 3. Client Chart Review

Positively Hennepin

- Positively Hennepin is the county's strategy to end our HIV epidemic. The strategy envisions a Hennepin County where:
 - All people living with HIV/AIDS have healthy, vibrant lives
 - There are no new HIV infections
 - All people have equitable access to HIV prevention and health care services
- To achieve this vision of ending our HIV epidemic, Positively Hennepin has three goals:
 - Decrease new HIV infections
 - Ensure equitable access to HIV prevention, care, and treatment
 - Engage and facilitate the empowerment of communities that are disproportionately impacted



Brenda Senyana
Positively Hennepin Implementation
Coordinator
Brenda.Senyana@Hennepin.us

Whole Person Care (Status Neutral) Approach Project

- Funding & Duration: \$500,000 per year for 3 years
- Implementing Partners: Red Door Clinic and Youth and AIDS Projects (YAP) at the University of Minnesota
- Priority Population: Black men ages 15 to 34 years who could most benefit from prevention efforts
- Jurisdiction: Minneapolis-Saint Paul Part A TGA

A flyer for the Whole Person Care project. It features a smiling Black man in an orange t-shirt. The text includes the title 'Whole Person Care', the target audience 'For Black men ages 15-34', and a list of services provided. A QR code is present for more information, along with contact details for Red Door Clinic and YAP.

Whole Person Care

For Black men ages 15-34

With Red Door Clinic and YAP

We are here to support **every part** of your health and wellness. Our case managers can help with:

- Sexual health services
- Mental health referrals
- Insurance navigation
- Housing assistance
- Financial support
- Employment services

To get started, scan above or visit:
tinyurl.com/hennwpc
or give us a call at 612-543-3380.

RED DOOR **YAP**

Whole Person Care (Status Neutral) Approach Project

1. Provide culturally affirming, stigma-free **sexual health services**
2. Deliver RWHAP non-medical case management services
3. Form a **community advisory board (CAB)** to inform program development and implementation
4. Develop and implement a **community-specific outreach and engagement strategy**



Whole Person Care

For Black men ages 15-34

With Red Door Clinic and YAP

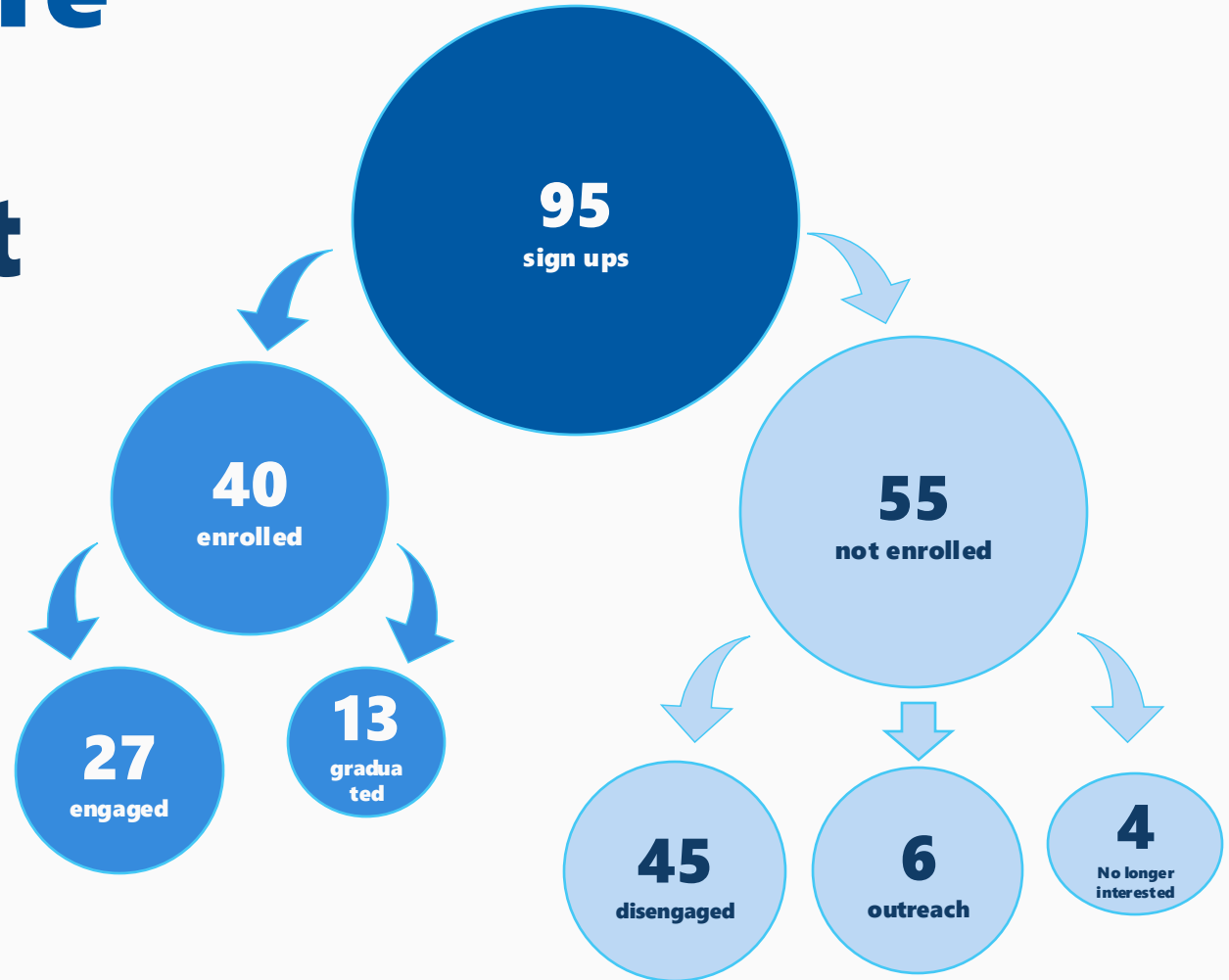
We are here to support **every part** of your health and wellness. Our case managers can help with:

- Sexual health services
- Mental health referrals
- Insurance navigation
- Housing assistance
- Financial support
- Employment services

To get started, scan above or visit:
tinyurl.com/hennwpc
or give us a call at 612-543-3380.

RED DOOR YAP

Whole Person Care (Status Neutral) Approach Project



Whole Person Care (Status Neutral) Approach Project

- Enrolled NMCM clients (n=40)
 - Demographics
 - Black men ages 21-34 (avg. 29)
 - 56% have a high school diploma/GED
 - 70% are unemployed
 - Sexual Health
 - 77% heterosexual, 10% bisexual, 8% gay, 3% pansexual, 2% unknown
 - 80% are sexually active
 - 3 overall average number of sexual partners (min: 1, max: 20, median: 3)
 - 68% reported using condoms some of the time or none of the time



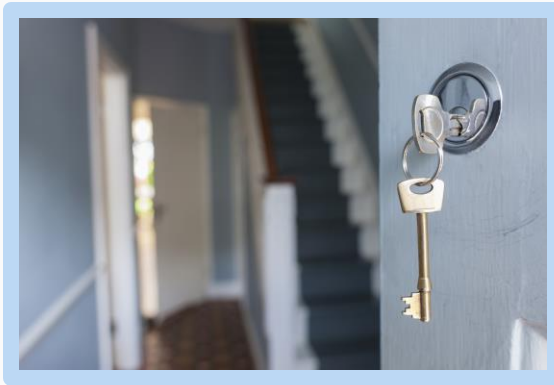
Whole Person Care (Status Neutral) Approach Project

- Enrolled NMCM clients (n=40)
 - Housing Status
 - 67% had a current housing status of temporary or unstable
 - Injection Drug Use (IDU)
 - 5% reported IDU in the last 12 months
 - Interaction with legal system
 - 31% spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility in last 12 months
 - 8% were incarcerated in the last 30 days



Whole Person Care (Status Neutral) Approach Project

- Enrolled NMCM Client Top Needs



49% Housing Stability & Access



46% Employment Support



31% Health Insurance & Benefits Navigation



31% Income & Financial Support

Additional Needs:

- 26% sexual health services
- 21% dental health services
- 18% technology & communication access
- 15% mental health services
- 13% education support
- 13% transportation support
- 10% legal assistance & re-entry services
- 8% food and nutritional assistance
- 5% psychosocial support
- 3% harm reduction services
- 3% medical/physical health services

SNAP Hennepin: Outreach & Engagement

As of Feb 2026,
SNAP Hennepin
partnered with
30+ organizations

Conducted over
200 events

Reached 340
young Black men
with sexual health
testing, education,
and counseling
services



SNAP Hennepin: Community Advisory Board (CAB)

- CAB implementation is being led by YAP in collaboration with Hennepin County Ryan White and Red Door Clinic
- CAB members are made up of representatives from our priority population
- CAB informs program and ensures priority population has a voice throughout implementation
- Recruitment opened at the end of 2024. 30+ applications were received, 15 members have been onboarded and are actively participating
- CAB Meetings are held bimonthly. The first meeting was held in Feb 2025 and the most recent in Feb 2026.



Join the Whole Person Care
Community Advisory Board
with YAP and Red Door Clinic

For Black men ages 15-34

Get involved to:

- Ensure the project aligns with the needs of Black men in the Twin Cities
- Collaborate with peers and drive real change
- Get compensated for your time

RED DOOR 

Whole Person Care (Status Neutral) Approach Project

Year 1: Start Up

- Baseline TA needs assessments
- Define whole person approach to service delivery
- Establish roles, including Non-Medical Case Manager/Navigator
- Develop site-specific TA and evaluation plans

Year 2: Implementation

- Begin data collection of whole person services
- Identify and request tailored TA
- Cross-site learning and sharing

Year 3: Evaluation

- Evaluate whole person services
- Conduct endpoint readiness assessment
- Develop program sustainability plan

Rapid StART Project

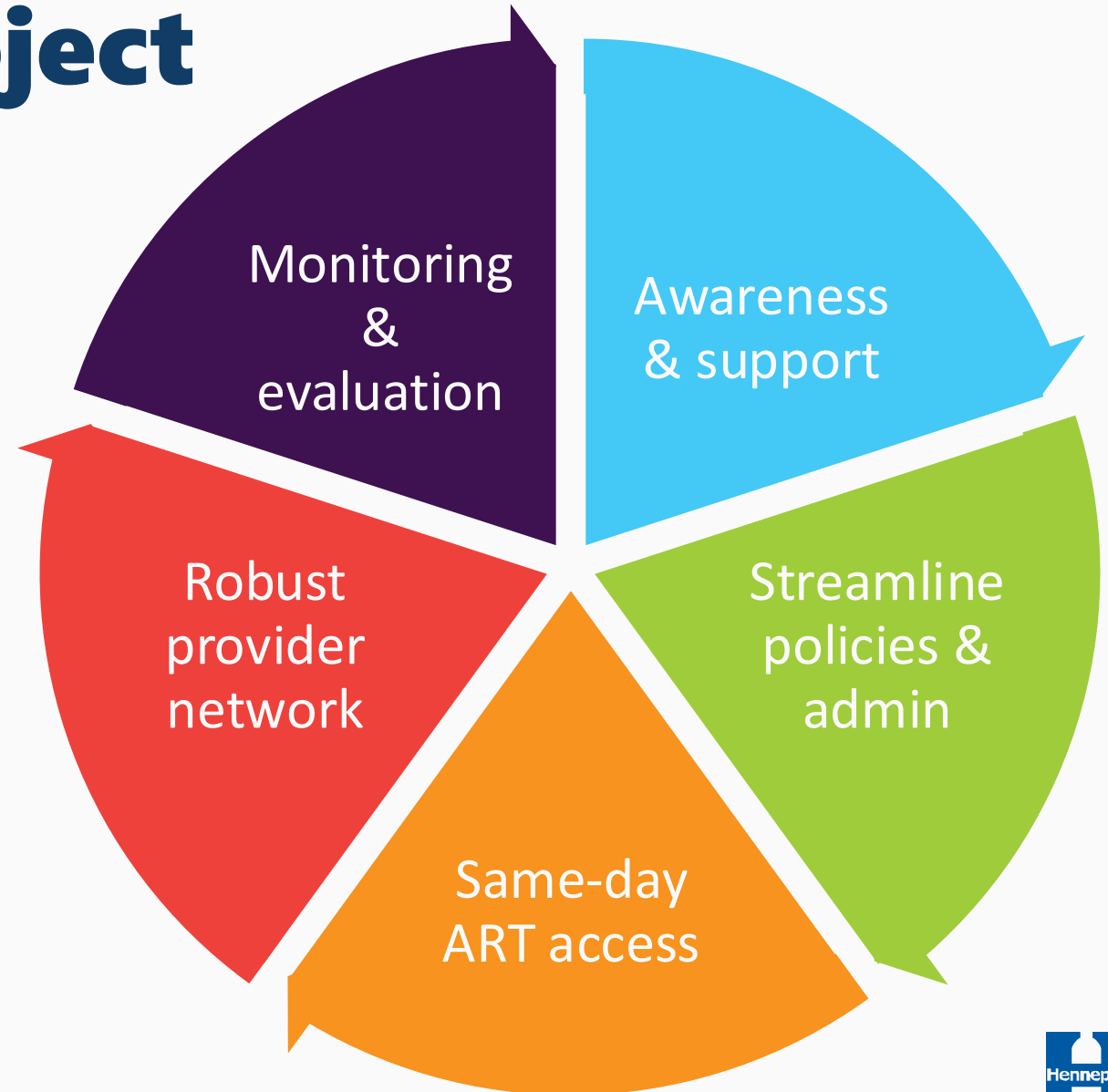
- **Project:** HC RWHAP contracted NACCHO to develop and implement an Action Plan for adopting Rapid StART as a jurisdictional standard of care
- **Funding and Duration:** \$120,000 for 1 YR
- **Phases of implementation:**
 - Needs Assessment
 - Implementation Action Plan Development
- **Goal:** strengthen the county's capacity to create a context that promotes and sustains Rapid StART as a standard of care



(NASW, 2015)

Rapid StART Project

- What does standard of care mean?
 - Expectation of providers and clients
 - Already in OASH and EIS service standards
 - As of now, no *additional* contractual requirements and no specific performance metrics but updating requirements and reporting in future and implementation support in the meantime
- Rapid StART as a standard of care focus areas



Rapid StART Project: Toolkit and Resources

- Minimum standards for Rapid StART implementation
 - Appendix A: Baseline lab and history cheat sheet
 - Appendix B: Challenging scenarios for Rapid StART
 - Appendix C: Coding guide
 - Appendix D: Sample medication policy
 - Appendix E: Clinical site checklist
- Factsheet: Myths and facts about Rapid StART
- Key Messages for HIV testing providers
- Hennepin County Public Health letter of support
- Minnesota Department of Human services letter of concurrence
- Minnesota Department of Health letter of concurrence

Rapid StART Project: Toolkit and Resources

- Learn more about Rapid StART:
<https://www.hennepincounty.gov/services/assistance/health-care/information-for-ryan-white-hiv-service-providers#rapid-start>
- Learn more about Positively Hennepin:
<https://www.hennepincounty.gov/government/projects-initiatives/health/hiv-strategy>



Poll!

Where do you go for help with a Hennepin County Ryan White service or contract question?

- A. I email our Program Officer, Jeremy.Stadelman@Hennepin.us
- B. I go to [Information for Ryan White HIV service providers | Hennepin County](#)
- C. I visit the [Service Standards page](#) of the HIVCouncil.org website
- D. I ask a colleague at my agency
- E. I ask a colleague at another agency
- F. All of the above
- G. I don't ever have questions about my Ryan White services or contracts!

Select all that apply!

Questions



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

BREAK! Please Come Back at 11:15 a.m.!

2027-2031 Integrated HIV Prevention and Care Plan Community Listening Sessions

- Monday, April 20th from 12:00pm to 2:00pm (in-person, Rochester, MN)
- Friday, April 24th from 12:00pm – 2:00pm (in-person, Minneapolis, MN)
- Monday, April 27th from 5:30pm – 7:30pm (in-person, Minneapolis, MN)
- Wednesday, April 29th from 12:00pm – 1:30pm (virtual)

For questions or accessibility needs, please contact Tim Presley at tim.presley@state.mn.us



Training and Technical Assistance (TA)

- Provider onboarding slide decks
- Ryan White Provider Connection meetings
- Additional resources

Provider Onboarding

To help new Ryan White providers and their staff become acquainted and comfortable with the Ryan White legislation and how it's implemented in Minnesota, slide decks are available on the Hennepin County Ryan White website.

1. HC RWHAP Training Overview
2. HC RWHAP Service Standards
3. HC RWHAP Subrecipient Monitoring
4. HC RWHAP Planning Council
5. HC RWHAP Contracts and Invoices
6. HC RWHAP Quality Management
7. HC RWHAP Systems

The Hennepin County Ryan White team is available to provide a training overview whenever requested. Email RyanWhite@hennepin.us to arrange.

Ryan White Provider Connections Meetings

- Meets virtually on the fourth Thursday of every month from 9 – 11 a.m.
- Invites come from dhs.HIVgrantsmanagement@state.mn.us
- Each provider should have at least one representative attend these meetings to:
 - Receive Ryan White program updates from Hennepin County and Minnesota Department of Human Services
 - Connect with other RW providers and programs
 - Troubleshoot common problems with others
 - Receive technical assistance and training
 - Hear government/funding updates
 - Share job postings/opportunities



HRSA Ryan White HIV/AIDS Program Listserv



- Subscribe to receive HRSA HIV/AIDS Bureau updates
- <https://public.govdelivery.com/accounts/USHSHRSA/signup/29907>
- Subrecipient staff encouraged to sign up

Basecamp

- Projects available on Basecamp include:
 - Quality Learning Community (QLC)
 - QMAC
 - Centralized Eligibility Communications

The screenshot shows a Basecamp project page for 'Quality Learning Community Providers'. The page has a navigation bar with tabs for Overview, Messages, To-Dos, Calendar, Writeboards, Time, and Files. The main content area is titled 'Project overview & activity' and displays a list of messages and activities, each with a date header and a message link.

Date	Activity
WEDNESDAY, 25 FEBRUARY 2026	Message Webinars and resources - February and March
SUNDAY, 18 JANUARY 2026	Comment Re: Webinars and resources for January and February
FRIDAY, 9 JANUARY 2026	Message Webinars and resources for January and February
FRIDAY, 21 NOVEMBER 2025	Message Webinars and resources through December
WEDNESDAY, 10 SEPTEMBER 2025	Message Webinars and Resources for mid-September into October
FRIDAY, 25 JULY 2025	Message July and August webinars and relevant articles
MONDAY, 23 JUNE 2025	Message Late June webinars and other information

Data Updates



Cody Raasch
Ryan White Data Analyst
Cody.Raasch@Hennepin.us

- CAREWare Updates
- Provider Portal Introduction

A Brief intro to CAREWare



Ryan White Providers input the following data through either direct entry or the PDI process:

- service data
- lab data
- updated financial
- housing information
- insurance information

Ryan White Providers enter CAREWare and view:

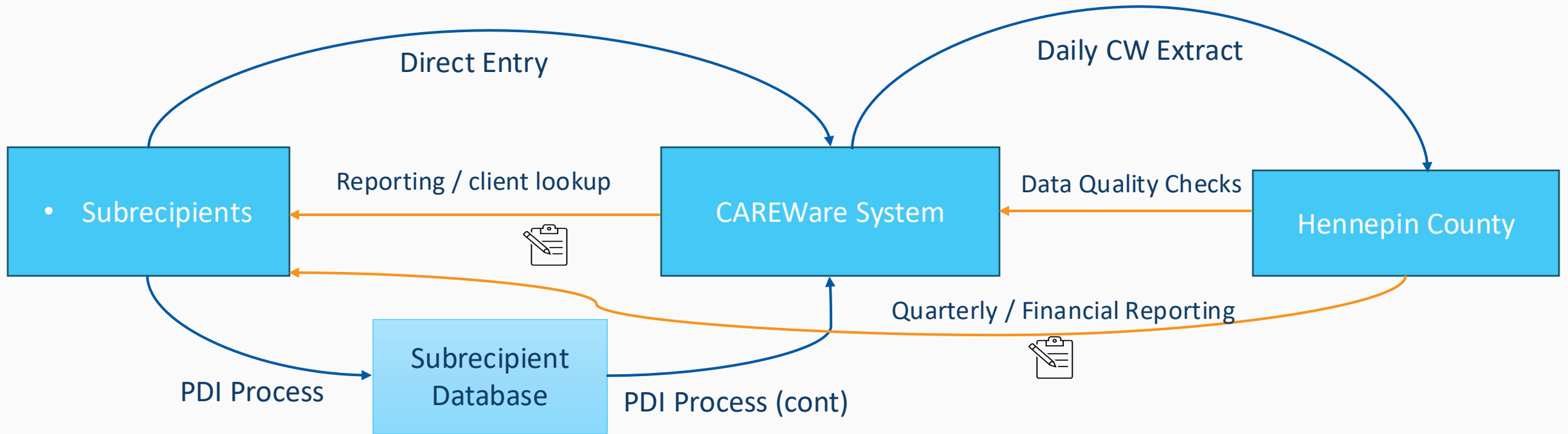
- service data
- lab data
- eligibility information
- demographic information

Providers can also run reports on clients they serve.



Ryan White Subrecipients

CAREWare Data Flow



CAREWare updates

- Contact CAREWare Helpdesk for assistance and training requests:
health.cwpems@state.mn.us
- CAREWare SharePoint site has all CAREWare manuals, documents, and training videos. Contact the CAREWare Helpdesk to get access to the SharePoint site
- The At A Glance Screen in CAREWare is the only source of truth for Ryan White client eligibility.
- Shared Services in CAREWARE



CAREWare updates continued

- Non Funded RW Services in CW
- RWISE 2.0 coming soon- new communication functionality and other updates.
- Missing Viral Load – Form 1
- Hennepin County – Provider Portal coming soon



Provider Portal Preview

HENNEPIN COUNTY
PUBLIC HEALTH
Ryan White HIV/AIDS Program: Provider Portal
High sensitivity,
please consult
before sharing

Date range

FY2025
 FY2026

Fiscal Agent

All ▼

Grant/Funding Source

All ▼

Clients/Units

Clients ▼

dmn_name	5.02	2025.03	2025.04	2025.05	2025.06	2025.07	2025.08	2025.09	2025.10	2025.11	2025.12	Total
Provider Name and Service Categories	202	201	176	184	162	150	168	176	161	155	116	448
	12	12	12	12								15
	58	49	8	2								241
	149	161	160	169	156	144	166	176	160	154	108	300
	19	11	3	20	34	36	35	30	36	30	16	108
	202	201	176	184	162	150	168	176	161	155	116	448

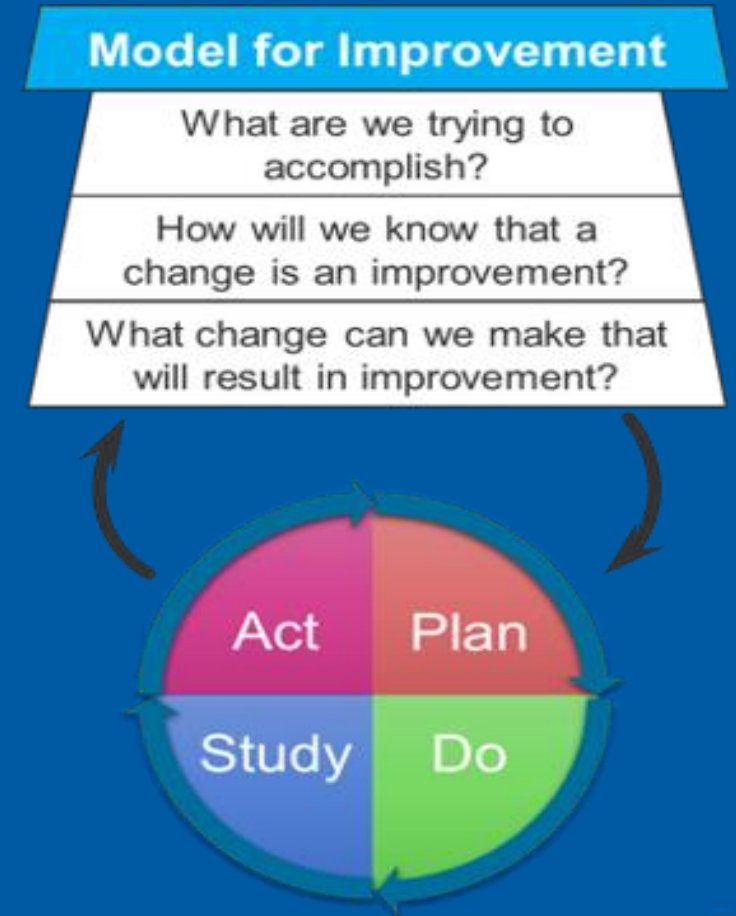
Notes section

Please contact cody.raasch@hennepin.us with any questions or feedback about this report. Visit Microsoft's [PowerBI For Consumers page](#) for more information on how to use PowerBI.



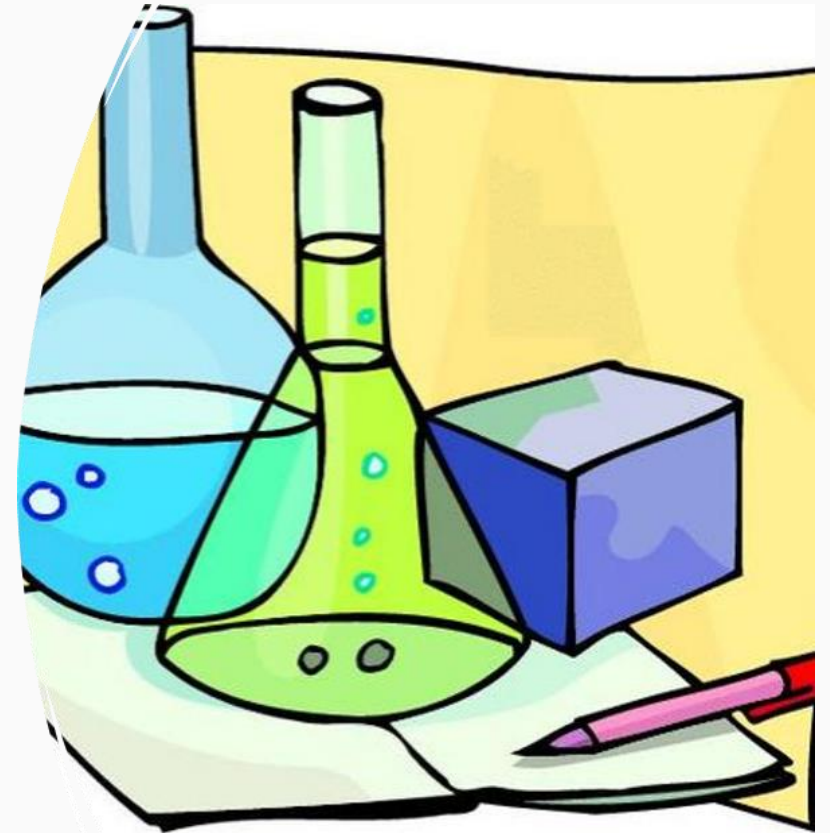
Quality Management

- Quality Management requirements
- QMAC
- Quarterly reports
- 2026 Performance Measures / Unified QI Plan
- Quality Learning Community
- EIIHA



Quality requirements for providers

- **Annual training on quality management** - *Will be in touch with providers to determine tailored trainings*
- **Quarterly report check-in calls** - *throughout the year.*
 - ***Review of data and narratives relating to the 2026 performance measures***
 - ***Efforts/progress data and narratives toward the unified 2026 QI Plan Goals***
- **Site Visits** - *Ryan White team visiting sites in June/July. Contact Carissa Weisdorf with any questions.*



Quality Management Advisory Committee (QMAC)

- Comprised of Minnesota funders, sub-recipients (*each provider should have at least one rep attend*), and consumers/clients of publicly funded HIV services
- Provides quarterly advice on CQM initiatives:
 - Reviews the CQM plan
 - Reviews epi and care continuum data for the TGA
 - Advises on the establishment of and monitors performance measures and quality goals
 - Contributes to the Quality Learning Community by learning from each other's experiences, sharing knowledge and participating in QI learning activities



Quarterly reports

- **Report (Parts A and B together) due dates:**
 - 7/20/26
 - 10/20/26
 - 1/20/27
 - 4/20/27
- **Quality Management Coordinator will focus on the following data and narratives in the quarterly report calls:**
 - Performance Measures – Overall VS effectiveness and established measures based on service utilization
 - Providers' contributions/progress toward unified QI Plan goals through implementing the PDSA cycle
 - TA and training needs and wants



2026 - Performance measures

HRSA's Policy Clarification Notice (PCN) 15-02 specifies the following requirements for assessing performance:

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category (service utilizations)	Minimum number of performance measures
$\geq 50\%$	2
$> 15\%$ to $< 50\%$	1
$\leq 15\%$	0

- **Quarterly report question to prompt discussion:** Has your organization identified any emerging trends regarding these measures? If yes, please describe any emerging trends and how the organization is adjusting processes to meet the needs of the clients.

2026 Performance Measures

Service Category	Utilization data	Performance Measure	Definition	Snapshot CY 2025	Q1	Q2	Q3	Q4
Food Bank / HDM (1)	67.96%	Retention	<p><u>Numerator:</u> All Ryan White clients who have had viral load, CD4, or OAHs visit during the RW fiscal year</p> <p>-----</p> <p><u>Denominator:</u> All Ryan White clients who have had viral load suppression or CD4 lab between Mar and Feb of the RW fiscal year</p>	<p>Overall: 92.6% (1,156/1,248)</p> <p>Range 92.3-97.1%</p>				
Food Bank / HDM (2)	67.96%	VS	<p><u>Numerator:</u> All Ryan White clients who have had viral load suppression or CD4 lab between Mar and Feb of the RW fiscal year</p> <p>-----</p> <p><u>Denominator:</u> All Ryan White clients who have had a service with the appropriate RW fiscal year</p>	<p>Overall: 92.4% (1,051/1,156)</p> <p>Range 90.9-94.1%</p>				



2026 Performance Measures

Service Category	Utilization data	Performance Measure	Definition	Snapshot CY 2025	Q1	Q2	Q3	Q4
MCM	40.45%	VS	<p><u>Numerator:</u> All Ryan White clients who have had viral load suppression or CD4 lab between Mar and Feb of the RW fiscal year</p> <p>-----</p> <p><u>Denominator:</u> All Ryan White clients who have had a service with the appropriate RW fiscal year</p>	<p>Overall: 93.7% (1,110/1,185)</p> <p>Range 83.3% – 97.3%</p>				
OAHS	22.90%	VS	<p><u>Numerator:</u> All Ryan White clients who have had viral load, CD4, or OAHS visit during the RW fiscal year</p> <p>-----</p> <p><u>Denominator:</u> All Ryan White clients who have had viral load suppression or CD4 lab between Mar and Feb of the RW fiscal year</p>	<p>Overall: 95.0% (974/1,025)</p> <p>Range 94.5% – 100%</p>				
Transportation	14.64%	Retention	<p><u>Numerator:</u> All Ryan White clients who have had viral load, CD4, or OAHS visit during the RW fiscal year</p> <p>-----</p> <p><u>Denominator:</u> All Ryan White clients who have had viral load suppression or CD4 lab between Mar and Feb of the RW fiscal year</p>	<p>Overall: 94.4% (899/952)</p> <p>Range 76.5% – 99.1%</p>				



2026 RW Part A Unified QI Plan

	Goal	Baseline (CY 2025)	Progress (timeframe shown)
1	Improve the viral suppression rate for Native American clients from 85.4% (146/171 with 10.0% missing VL) to 90% (154 if denominator remains 171) by the end of 2026	85.4% (146/171) (10% missing VL) Range: 50% - 100%*	85.4% (146/171) (10.0% missing VL) Range: 50% - 100%*
2	Increase total enrollment in TGA Ryan White programming by 5% (from 3,870 to 4,063) by the end of 2026	3,870	3,870

*Only providers with 5 or more individuals included. Smaller provider case counts of this demographic group may result in drastic shifts in overall VS for that provider



RW Part A Unified QI Goal #1

QI goal/aim statement:

Improve the viral suppression rate for Native American clients from 85.4% (146/171) with 10.0% missing VL) to 90% (154 if denominator remains 171) by the end of 2026

Intervention/strategy that will help you achieve your goal:

Assess and adjust programming as makes sense for provider organizations to cooperatively facilitate more meaningful engagement to foster successful viral suppression through Care Continuum navigation for Native American clients.

How will you measure progress?

The recipient level rates (including the numerator and denominator) will be reported quarterly in both the QMAC and at providers' quarterly report calls as applicable for ensuing discussion. The recipient will measure numbers (versus rates) per provider as applicable to discuss during quarterly report calls.

Process measures:

- ***A quarterly review of VS for Native American clients at the recipient and subrecipient (where applicable) levels.***
- ***An assessment at the subrecipient level of barriers to services for Native American clients***
- ***An adjustment in programming to address one barrier as makes sense for individual organizations***
- ***Report numbers and subrecipient narratives for discussion at the subrecipient level quarterly as applicable***
- ***Report rate at the recipient level quarterly***

Outcome measures:

The viral suppression rate for Native American clients as measured in CAREWare on a rolling year basis.

RW Part A Unified QI Goal #2

QI goal/aim statement:

Increase total enrollment in Ryan White programming in the TGA by 5% (from 3,870 to 4,063) by the end of 2026

Intervention/strategy that will help you achieve your goal:

Organized focus on increasing enrollment or decreasing disenrollment as makes sense for your organization by establishing or enhancing an organized and orderly monthly review of clients' in-care status for the purpose of engaging to connect or reconnect with care.

How will you measure progress?

At the recipient level, enrollment numbers from CAREWare will be reviewed quarterly, both at the quarterly QMAC meeting, where the HC Quality Management Coordinator will facilitate a conversation between QMAC participants, and during the quarterly calls, where the Quality Management Coordinator will discuss performance towards this goal as it pertains to each individual provider.

Process measures:

- ***A quarterly review of enrollment numbers at the recipient and subrecipient levels.***
- ***An internal monthly review of enrollment numbers at the subrecipient level.***
- ***Assessment of those not enrolled or about to become disenrolled.***
- ***Addressing non-enrollment or disenrollment as makes sense for each organization.***
- ***Reporting numbers and subrecipient narratives quarterly***

Outcome measures:

The number of individuals enrolled in the Ryan White Program per a rolling year tally.



QI Plan-related Questions for Quarterly Report Calls

- QI Goal #1 Quarterly Report Questions:

- What barriers to services are there for Native American clients at your organization (if applicable)?
- Which of the barriers has your organization decided to address through a QI project?

- QI Goal #2 Quarterly Report Questions:

- Describe how your organization is focusing this quarter on increasing client enrollment into the Ryan White Program (If applicable. Otherwise answer the following question).
- Describe how your organization is focusing on decreasing client disenrollment from the Ryan White Program (if applicable. Otherwise answer the previous question).

- Explain the QI activity or effort your organization is trying out to implement this Part A QI goal.
- What data have you been assessing?
- How have things progressed quantitatively and qualitatively with your effort/project?
- What have you learned from this approach?
- Is there any technical assistance, training, or support around this goal that is needed or that may be helpful?

Reference/help:

[Information for Ryan White HIV service providers | Hennepin County](#)

Reference/help:

[Information for Ryan White HIV service providers | Hennepin County](#)



Quality Learning Community (QLC)

- Receive regular notifications on pertinent guidelines, webinars, trainings, events, provider sharings, useful articles, and other relevant opportunities via [Basecamp](#)
- Please let me know if there are other sources that you think would be good to include
- Email scott.bilodeau@hennepin.us to sign up for Basecamp access



Early Identification of Individuals with HIV/AIDS (EIIHA)

- Yearly workgroup of EIS and EIS-adjacent providers across funding streams that advises the establishment and evaluating of a three-year cycle of EIIHA goals
- Reviews epi data & services currently offered, and identifies gaps in identification and care linkage that may contribute to disparities
- Monitored progress toward 2024 goals last year: [July 2025 EIIHA meeting - Basecamp](#). Will meet later in 2026 to further evaluate progress and brainstorm.



Hennepin County Ryan White QM Staff

- *Ask me a question*
- *Run a QI scenario or some other thing by me*
- *Share a success or challenge that might be brought up in QMAC or on Basecamp for others to consider*



- *Find out who to contact or where to go for information*
- *Request to be added to Basecamp or to participate in QMAC or EIHA meetings*
- *Request TA or trainings*

Scott Bilodeau
Quality Management Coordinator
Scott.Bilodeau@Hennepin.us

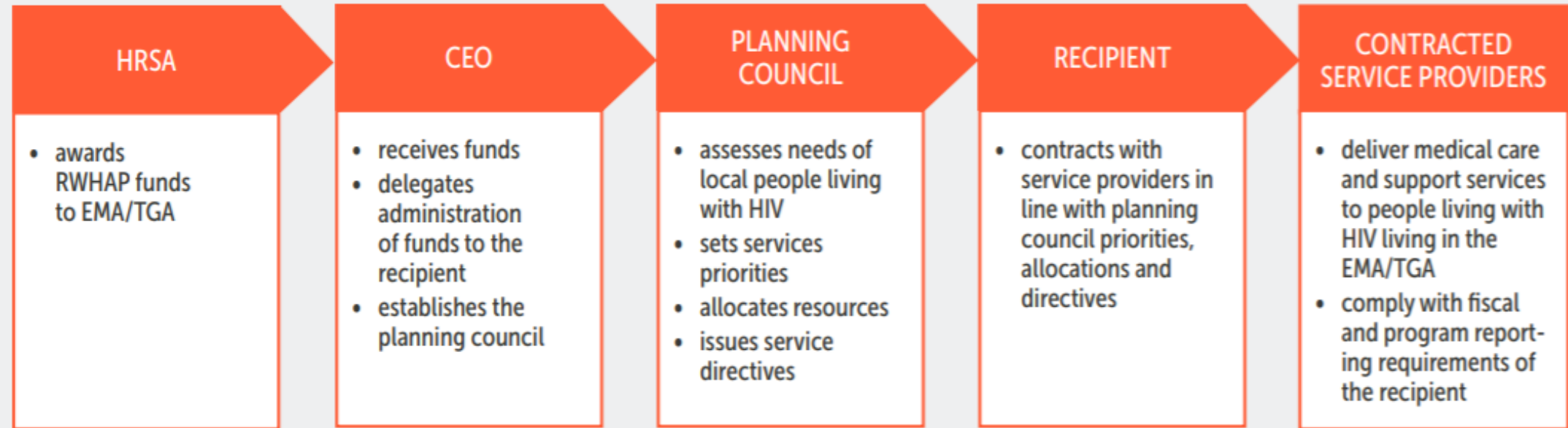
Minnesota Council for HIV/AIDS Care and Prevention update

- Ryan White Part A funding flow overview
- Council membership; current vacancies



Minnesota Council for HIV/AIDS Care and Prevention

How RWHAP Part A Improves Access and Services for People Living with HIV



Required *Planning Council Membership* Categories

- *At least 33% of MCHACP members must be consumers*
- People Living With HIV & Community
- Public Health & Health Planning
- Health & Social Service Providers
- Federal HIV Programs

Required Planning Council Membership Categories



PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers

PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies**

HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers

FEDERAL HIV PROGRAMS

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients¹
- Recipients under other federal HIV programs¹



Join the Minnesota Council for HIV AIDS Care and Prevention

We are a community planning group that guides HIV services in Minnesota.

Join MCHACP to help:

- Develop the state's HIV prevention and care plan
- Make decisions and recommendations about treatment and care services
- Identify priority populations for prevention services



Learn more and get involved: mnhivcouncil.org

We meet the
**second
Tuesday
each month
from
9 - 11 a.m.
via Teams.**



Apply today!

Current council vacancies include:

- People who are living with HIV who access Ryan White services and do not work for a funded agency
- Members of Federally Recognized Tribes
- Mental health providers

The Benefits of MCHACP

See more at our website mnhivcouncil.org

✓ **Help people living with or affected by HIV**

✓ **Be a voice in program planning and implementation**

✓ **Personal and professional benefits**

❑ *LEARN*

- ✓ About the importance of community engagement in delivering services to people living with HIV

❑ *DISCOVER*

- ✓ How you can be involved in the Minnesota Council for HIV/AIDS Care and Prevention

❑ *ENGAGE*

- ✓ You can be a part of the community planning process

Hennepin County Ryan White Program Contracted Providers Meeting | April 10, 2026



Minnesota Council for HIV/AIDS
Care and Prevention



Aamina Abdirashid Mohamed

Council Coordinator

Aamina.AbdirashidMohamed@hennepin.us

mnhivcouncil.org



Poll!

How do you engage with the larger Ryan White system of care outside of your immediate role or agency?

A. MN Council for HIV/AIDS Care and Prevention

B. Provider Connections meeting

C. Meetings between agency leadership

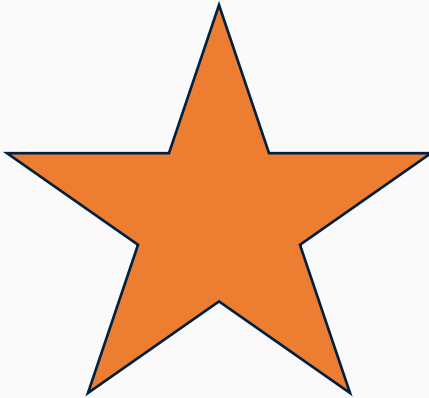
D. Other

Select all that apply!

Any Questions?!



Please complete the evaluation of this meeting
linked below and in the chat!!



[2026 Contracted Providers Meeting Evaluation](#)



Thank you for joining us today!
We look forward to partnering with you to ensure high quality, consistent Ryan White services are available to Minnesotans needing access.

