# Hennepin County Ryan White Program Contracted Provider Meeting

### HENNEPIN COUNTY

MINNESOTA

Public Health

APRIL 26, 2024

### Welcome, Housekeeping, and Introductions



Hennepin County Ryan White Program Annual Contracted Provider Meeting | April 28, 2023

- Please introduce yourself in the chat.
   Include:
  - your name
  - pronouns
  - where you work
  - your role
  - your contact information
- We'll ask new provider staff to introduce yourself/come on camera if comfortable
- Please mute your microphone except when asking questions or participating in discussion. A Hennepin County team member may mute your microphone if we are getting feedback from your line.
- Questions may be put in the chat at any time and will be addressed before the break and at the end.

### Hennepin County Ryan White Program Staff

#### **Jonathan Hanft**

Jonathan.Hanft@hennepin.us
Ryan White Program Manager

#### **Eriika Etshokin**

Eriika.Etshokin@hennepin.us Ryan White Services Grants Supervisor

#### **Carissa Weisdorf**

Carissa.Weisdorf@hennepin.us Lead HIV Services Planner

#### Audra Gaikowski

Audra.Gaikowski@hennepin.us Planning Council Coordinator

#### Jeremy Stadelman

Jeremy.Stadelman@hennepin.us
Planning Council Administrative Specialist

#### **Cody Raasch**

Cody.Raasch@hennepin.us Ryan White Data Analyst

#### **Scott Bilodeau**

Scott.Bilodeau@hennepin.us

Quality Management Coordinator

#### **Aurin Roy**

Aurin.Roy@hennepin.us HIV Health Disparities Reduction

#### **Brenda Senyana**

Brenda.Senyana@hennepin.us
Positively Hennepin Implementation Coordinator



### Hennepin County Ryan White Contract Staff

#### **Jacki Gould**

Jacki.Gould@hennepin.us Senior Contract Manager

- Aliveness Project
- HealthPartners
- Hennepin County Healthcare for the Homeless
- Hennepin Healthcare
- Minnesota Community Care
- Red Door Clinic
- West African HIV Task Force
- Youth and AIDS Projects

#### **Walter Urey**

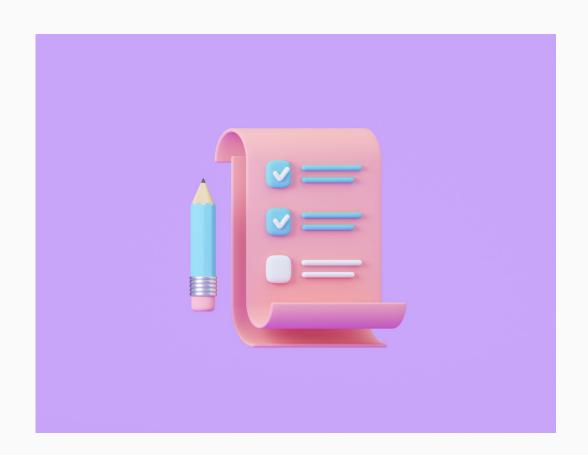
Walter.Urey@hennepin.us Senior Contract Manager

- Allina
- Children's Minnesota
- Clare Housing
- Open Arms
- Pinnacle Services
- Rainbow Health
- Sub-Saharan African Youth & Family Services



### Agenda

- Welcome and introductions
- Funding updates
- FY 2025 Request for Proposal (RFP)
- Contract updates
- Programmatic updates
- Questions
- Break
- Training and Technical Assistance (TA)
- CAREWare
- Quality Management
- MN Council for HIV/AIDS Care and Prevention
- Questions





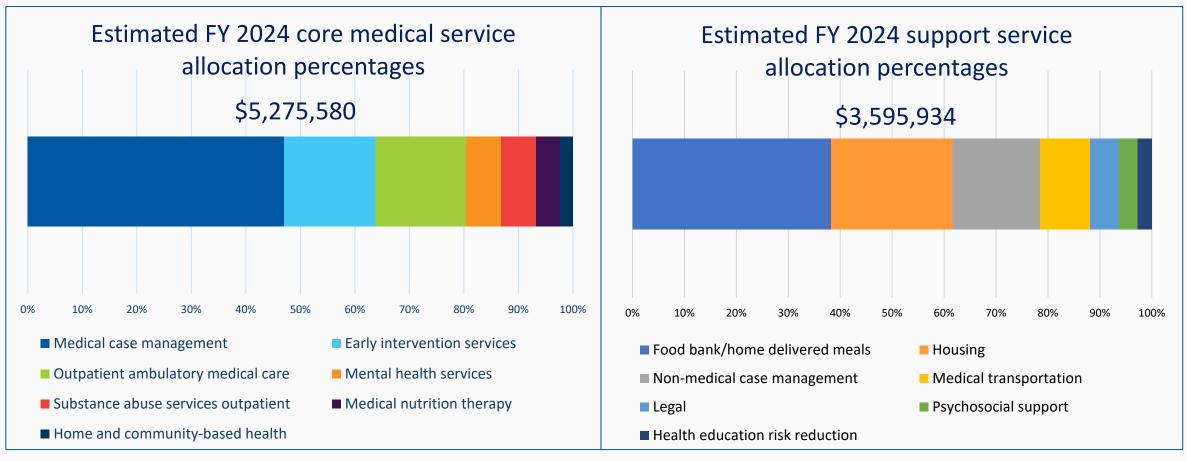
### Hennepin County Ryan White Funding (FY23 – FY24)

Funding Source	2023	2024*
Ryan White Part A Formula Funds	\$ 3,800,605	\$ 3,802,162
Ryan White Part A MAI Funds	\$ 389,269	\$ 395,342
Ryan White Part A Supplemental Funds	\$ 1,980,258	\$ 1,980,258
DHS Rebate Funds	\$ 3,113,444	\$ 4,020,614
TOTAL:	\$ 9,285,599	\$ 10,198,376



<sup>\*</sup> All Part A FY 2024 funding amounts are based upon HRSA projections and are subject to change. HRSA did not provide projections for Supplemental Award funds.

### 2024 Hennepin Combined Allocations





### Ryan White System of Care



An overview of the local Ryan White System of Care can be found on <u>"Where to Find Services."</u> Below is a list of all Hennepin County-funded Ryan White service providers.

#### **Aliveness Project**

- Early Intervention
- Food Shelf
- On-Site Meals
- Medical Nutrition Therapy
- Medical Transportation

#### Allina

- Medical Case Mgmt.
- Treatment Adherence
- Adult Foster Care

#### Children's

- Health Education/Risk Reduction
- Medical Case Mgmt.

#### Clare

Housing

#### **Healthcare for the Homeless**

- Medical Case Mgmt.
- Non-Medical Case Mgmt.

#### **HealthPartners**

- Medical Case Mgmt.
- Outpatient/Ambulatory Health
- Medical Transportation

#### **Hennepin Healthcare**

- Benefits Counseling
- Treatment Adherence
- Medical Case Mgmt.
- Medical Nutrition Therapy
- Mental Health
- Non-Medical Case Mgmt.
- Outpatient/Ambulatory Health
- Psychosocial Support
- Substance Abuse (Outpatient)
- Medical Transportation

#### **Minnesota Community Care**

- Medical Case Mgmt.
- Non-Medical Case Mgmt.
- Outpatient/Ambulatory Health
- Medical Transportation

#### **Open Arms**

Home-Delivered Meals

#### **Pinnacle**

 Home & Community Based Health Services

#### **Rainbow Health**

- Health Education/Risk Reduction
- Housing
- Legal Services
- Medical Transportation
- Mental Health
- Psychosocial Support
- Substance Abuse (Outpatient)

#### **Red Door**

- Early Intervention
- Data2Care
- Medical Transportation

### Sub-Saharan African Youth & Family Services

- Medical Case Mgmt.
- Medical Transportation
- Mental Health
- Non-Medical Case Mgmt.
- Psychosocial Support

#### West African HIV Task Force

Early Intervention





## FY 2025 Request for Proposals

- A Multi-Service Request for Proposals (RFP) will be issued in August 2024 for funding beginning in Fiscal Year 2025.
- This will be a joint RFP for Hennepin County and DHS allowing Proposers to complete one application to submit in both places.
- The RFP will be shared widely once published.
- Proposers will have at least four weeks to respond to the RFP.



### Pop quiz

The Request for Proposals (RFP) for FY 2025 funding will be released in August of 2024 and will be a joint request from both Hennepin County and DHS.

a. True

b. False



### Contract Updates

- Contract guide
- Invoice Processing
- Updates
- Administrative Documents
- Transitional Grant Area
- How to Use Funding
- Reallocation Policy
- Budget and Change Requests
- Gift/Transportation Card Invoicing Update
- Unit Rate Based Contract Reporting Update
- Reporting requirements and schedule



### Contract guide

<a href="https://www.henne.com/">https://www.henne</a>
<a href="pin.us/ryan-white">pin.us/ryan-white</a>

#### HENNEPIN COUNTY

PUBLIC HEALTH

### Ryan White HIV/AIDS Program FY 2024 Contract Guide

A guide for Hennepin County Ryan White HIV/AIDS Program contracted service providers

April 26, 2024

#### Contents

Ryan White HIV/AIDS Program
FY 2024 Contract Guide
Expectations for all service providers
Universal standards
CAREWare data entry
Quality management
Service specific expectations
Early intervention services
Food bank/home-delivered meals
Health education/risk reduction
Home and community-based health services
Housing: housing assistance
Housing: transitional housing program
Legal services
Medical case management (not including treatment adherence or adult foster care)
Medical case management: adult foster care
Medical case management: treatment adherence
Medical nutrition therapy
Medical transportation services
Mental health services
Non-medical case management
Outpatient/ambulatory health services
Psychosocial support
Substance abuse: outpatient
ffectiveness measures defined
Targeted testing (early intervention services only)
Linkage to care for newly diagnosed clients
Retention in Care
ART prescription (OAHS only)
Viral suppression

Ryan White HIV/AIDS Program contract guide



### Invoice Processing



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 is flagging some random invoices for auditing purposes.



# General Contracting Reminders

- Report any key staff changes to the contract manger within 5 days of change. This includes key program staff, executive director, and finance staff. For key staff changes, make sure there is a succession plan.
- If anticipating under- or over-spending in any category, report to your contract manager at the earliest opportunity so that this can be taken into account at mid-year resource re-allocation.
- Any requests for Technical Assistance, Training, or Support may be included on Quarterly Reports or at any time to your contract manager.



### Transitional Grant Area (TGA)

#### **Minnesota Counties**

Anoka Ramsey

Carver Scott

Chisago Sherburne

Dakota Washington

Hennepin Wright

Isanti

#### **Wisconsin Counties**

Pierce

St. Croix





### Funding and How to Use It

Part A MAI

- Must reach disproportionately affected communities of color
- Consumer must live in the TGA
- Priority to spend MAI funds before Part A or Part B/Rebate funds

Part A

- Consumer must live in the TGA
- Priority to spend Part A funds before Part B/ Rebate funds.

Part B /Rebate

- Must live in the state of Minnesota
- Must reach targeted population



### 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.
- We review expenditures monthly with a specific midyear focus on re-allocation. Before making any midyear reallocation determinations, we will reach out to such providers with an opportunity to outline how they plan to spend the funds and/or provide an updated budget.
- For providers who do not respond by the deadline outlined in the letter, we will reallocate funds as needed and follow up to make a contract adjustment.
- Any reallocations that are below 5% of the full award amount can be done via a rapid reallocation process and reported back to the Minnesota Council for HIV/AIDS Care & Prevention at the earliest opportunity.
- Any reallocations that exceed 5% of the full award amount will require prior approval from the Minnesota Council for HIV/AIDS Care & Prevention.



### Budget Change Request Procedure

 The purpose of the budget policy is to promote PROVIDER knowledge of the federal government and DEPARTMENT requirements, policies, and procedures for program budget. The procedure for submitting budget line-item change request is to promote administrative efficiency. A budget revision process has been developed to facilitate PROVIDER in submitting requests for line-item budget change.

 PROVIDER is expected to review the policies for answers to budget related questions as referenced in Clause 7, Paragraph B of your contract, prior to submitting a line-item budget change request. Decision to approve or deny the request is at DEPARTMENT's discretion.



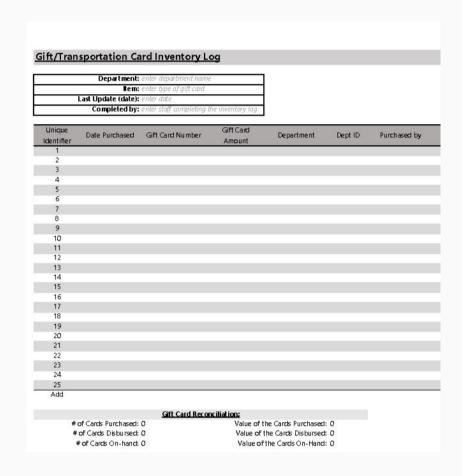
### Budget Change Request Process

- PROVIDER will 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.
- DEPARTMENT decision will align with posted standards and policies.
- If PROVIDER finds the decision is contrary to posted policies, PROVIDER may submit a written request to reconsider and must include reference to policy in question.
- PROVIDER must request budget modifications by the 15<sup>th</sup> of the month <u>two</u> months <u>prior</u> to the end of the fiscal year. Any requests after the deadline, will not be approved



# Gift/Transportation Card Reimbursement Change

- As communicated in March by your contract managers, Hennepin County can now only reimburse 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 also responsible to maintain logs on site that demonstrate adherence to this requirement. They may be reviewed during annual site visits and/or audits.
- The Medical Transportation Inventory Resource Log no longer needs to be maintained/submitted.



### Unit Rate Based Contract Reporting Change

- For all providers with *unit rate based contracts*, HRSA now requires that costs (such as personnel, supplies and admin costs) within these rates be broken out to demonstrate that all costs are reasonable, allowable, and allocable.
- This applies to the following service categories: Outpatient Ambulatory Health Services, Food Bank – Home Delivered Meals, Home & Community Based Health Services, and Medical Case Management – Treatment Adherence.
- If this applies to you, your contract manager will reach out to you in May to discuss how this will be reported.



#### **Hennepin County Ryan White Report Due Dates**

	Part A	Part B/Rebate
Invoices	15th of the month	15th of the month
<b>Quarterly Performance and Quality Report</b>	Jun 20, Sept 20, Dec 20, Mar 20	Jul 20, Oct 20, Jan 20, Apr 20
<b>MAI Final Report</b>	March15	N/A
CAREWare	15 <sup>th</sup> of the month	15 <sup>th</sup> of the month
Form I Report (missing viral load report)	Jul 15 and Jan 15	Jul 15 and Jan 15
Primary HIV Medical Care Clinical Data Elements Report	Jan 15, Apr 15, Jul 15, Oct 15	Jan 15, Apr 15, Jul 15, Oct 15
Documentation of Points of Entry Referral Agreement	Sept 1	Sept 1
Points of Entry Annual Report	Mar 15	Mar 15
<b>Quality Improvement Work Plan</b>	Apr 1	Apr 1
Revenue & Expense Reports	Jan 30	Jan 30



### Pop quiz

Report any key staff changes to your contract manager within:

- a. Five business days
- b. One week
- c. One month
- d. None of the above



### Programmatic Updates

- Quarterly Reports/Calls
- Status Neutral Grant
- Rapid Start Planning
- Services



### Quarterly Reports and Calls

- Based on provider feedback, quarterly updates will now include a call with the Hennepin County Ryan White team to discuss the following:
  - Client Count (CAREWare vs. Quarterly Report)
  - Client Eligibility Review
  - Staffing Changes, Client Grievances, Waitlist, etc.
  - Site Visit Findings Check-In (If applicable)
  - TA/Training Needs

- Expenditures to Date
- Funding Updates (If applicable)
- CQM/QI Goal Progress
- Annual Programmatic and Efficiency Measures Review
- When completing quarterly reports, providers will now have a prompt to schedule a call, to be completed before the report can be submitted.
- For dually funded agencies, a 90-minute quarterly call will be scheduled. For single funded agencies, a 60-minute quarterly call will be scheduled.



### Document Review

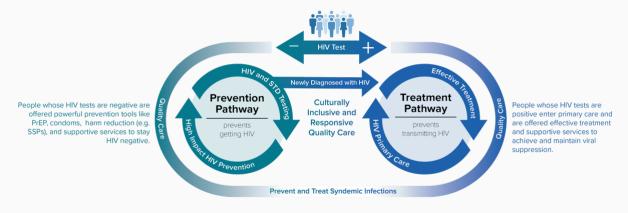
- As part of the Quarter 1 report, providers will be asked to upload site documents such as policies, procedures, and templates demonstrating adherence to Universal and Service Standards.
- Rather than reviewing these materials at the Annual Site Visit, they will be reviewed with the Quarter 1 report 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 FY 2024 Quarter 1 report to allow time for this addition.



### Status Neutral Grant

- Title: A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites
- Funding & Duration: \$500,000 per year for 3 years
- Implementing Partners: Red Door Clinic and Youth and AIDS Projects
- Priority Population: Black men ages 15 to 34 years who could most benefit from prevention efforts
- Jurisdiction: Minneapolis-St. Paul Part A TGA

#### **Status Neutral HIV Prevention and Care**



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment.

Both pathways provide people with the tools they need to stay healthy and stop HIV.

(CDC, 2023



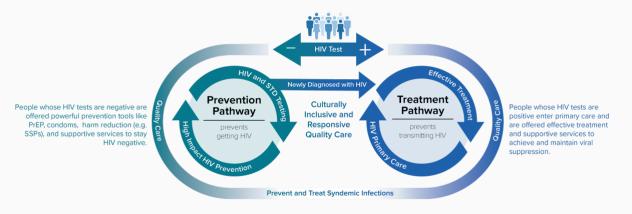
### Status Neutral Grant

 Aim: develop, implement and evaluate status neutral strategies with focus on the prevention pathway, utilizing the existing RWHAP NMCM model and applying it to people who test negative for HIV and are at substantial risk for HIV

#### Activities:

- 1. Provide culturally affirming, stigma-free sexual health services
- 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 communityspecific outreach and engagement strategy

#### **Status Neutral HIV Prevention and Care**



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment.

Both pathways provide people with the tools they need to stay healthy and stop HIV.

(CDC, 2023



### Rapid Start Project

- Project: the HC RWHAP will contract 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:
  - 1. Needs Assessment
  - Implementation Action Plan Development
- Goal: Have a system in place where anyone who is diagnosed with HIV can start ART right away



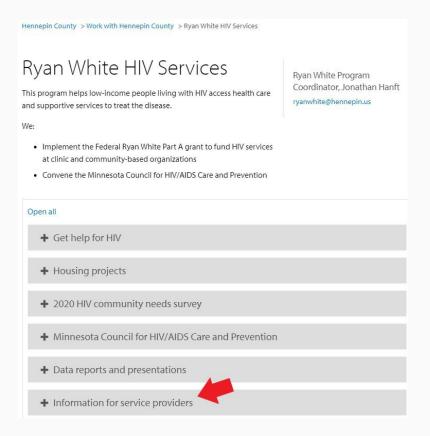


# Service standards and other provider resources are found on the Hennepin County Ryan White webpage



 Reminder: up-to-date service standards, programmatic resources, and policies are linked on the Hennepin County Ryan White Program webpage.

hennepin.us/ryan-white







### Linguistic services

- Hennepin County manages linguistic services for the entire Ryan White HIV/AIDS Program in Minnesota.
- Refer to <u>Linguistic Services Policy and Procedures</u>
- Exhibit A is a simple form submitted through Qualtrics at https://bit.ly/RWPExhibitA

#### HENNEPIN COUNTY

PUBLIC HEALTH

### 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 lingustic 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 (<a href="https://bit.ly/HCMulticultural">https://bit.ly/HCMulticultural</a>). 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.



### Service Standards

### 2023 updates

- Substance Abuse –
   Outpatient Care
- Home and Communitybased Health Services

### Planned 2024 updates

- Psychosocial Support Services
- Emergency Financial Assistance
- Health Insurance Premium and Cost Sharing Assistance



### Pop quiz

#### True or False

A status neutral approach to HIV is an example of a syndemic approach to public health, weaving together resources from across infectious disease areas and incorporating social determinants of health to deliver whole-person care, regardless of a person's HIV status.

a. True

b. False

# Questions





### STRETCH BREAK





#### Opening remarks:

Admiral Rachel L. Levine, M.D. (by recording)

Assistant Secretary for Health for the U.S. Department of Health and Human Services

#### Dr. Halkeno Tura

Assistant Commissioner of Health for the Health Equity Bureau at MDH

#### Program

- · Learn about the unique health experiences and needs of LGBTQ+ youth and adults in Hennepin County.
- Topics include mental health, access to healthcare, and substance use in LGBTQ+ communities.
   We'll also highlight the strengths and resiliency of these communities.
- Collaborate and discuss ways to use the data to create meaningful system and policy change for LGBTQ+ communities.

Tuesday, April 30, 2024 8:30 a.m. – Noon

625 S 4th Ave Minneapolis, MN 55415 Auditorium (S122)

Morning refreshments will be provided.

#### RSVP

https://forms.office.com/g/Pk6fzpPGGY

#### Contact info:

Aurin Roy at aurin.roy@hennepin.us







### You're invited!

RSVP:

https://forms.office.com/ g/Pk6fzpPGGY

or scan QR code

# Training and Technical Assistance (TA)

- New provider onboarding slide decks
- DHS Provider Connection meetings
- Additional resources





# Training and technical assistance

#### Resources

#### Provider onboarding

To help new Ryan White providers or staff newly hired at Ryan White providers become acquainted and comfortable with the Ryan White Legislation and how it's implemented in Minnesota, the below slide decks may be downloaded for use at your site.

- 1. HC RWHAP training overview (ppt, 30 MB)
- 2. HC RWHAP training Service standards (ppt, 45MB)
- 3. HC RWHAP training Subrecipient monitoring (ppt, 20MB)
- 4. HC RWHAP training Minnesota Council for HIV/AIDS Care & Prevention (ppt, 20MB)
- 5. HC RWHAP training Contracts and invoices (ppt, 24MB)
- 6. HC RWHAP training Quality management (ppt, 18MB)
- 7. HC RWHAP training systems (ppt, 10MB)

The Hennepin County Ryan White team is also available to provider a training overview when necessary. Please reach out to RyanWhite@Hennepin.us to arrange training.

https://www.hennepin.us/ryan-white#service-providers



#### DHS Provider Connections Meetings

# Meets on the fourth Thursday of every month (9 – 11 a.m.)

- Virtual meetings
- Receive the meeting invite by emailing <u>dhs.hivgrantsmanagement@s</u> tate.mn.us

- Hear from other providers and programs
- Troubleshoot common problems with others
- Technical assistance and training at every meeting
- Government/funding updates
- Share job postings/opportunities



# HRSA Ryan White HIV/AIDS Program Listserv

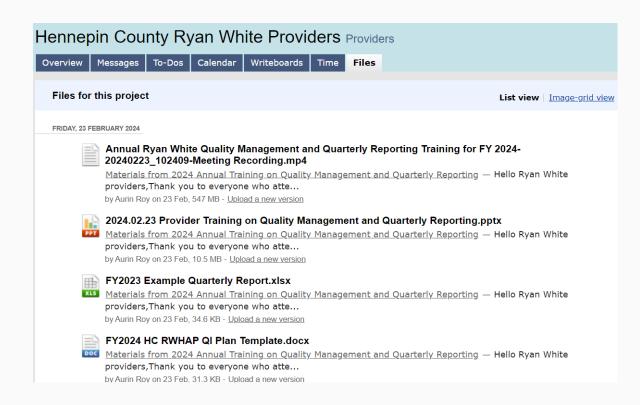


- Subscribe to receive HRSA HIV/AIDS Bureau updates
- https://public.govdelivery.c om/accounts/USHHSHRSA /signup/29907
- Subrecipient staff encouraged to sign up



# Basecamp and Quality Learning Community (QLC)

- Training available on Basecamp include:
  - Sound Practices for Better Consumer Engagement
  - Staff transition and succession planning
  - Quarterly report training
  - Power query





### Pop quiz

In what ways can you request support to help you be even more successful?

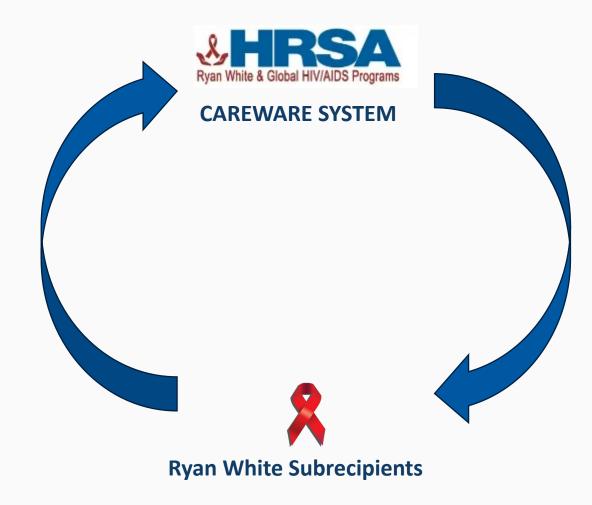
- a. Contract manager
- b. Quarterly reports
- c. Quarterly calls
- d. Email RyanWhite@hennepin.us
- e. All of the above



# 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.



#### CAREWare updates

- Contact CAREWare Helpdesk for assistance and training requests: <u>health.cwpems@state.mn.us</u>
- CAREWare SharePoint site has all CAREWare manuals, documents, and training videos. Contact the CAREWare Helpdesk to get access to the SharePoint site
- CAREWare current issues: missing viral load
- The At A Glance Screen in CAREWare is the only source of truth for Ryan White client eligibility.





#### MNCE Resources

- Minnesota uses a Centralized Eligibility system, referred to as MNCE, for determining client eligibility for Parts A and B services.
- MNCE is the only way that Ryan White Parts A and/or B eligibility is determined in the state of Minnesota.
- Providers must have a documented policy in place for verifying clients' Ryan White eligibility via the eligibility At A Glance screen before invoicing for RW services.
- For client-specific guidance, contact the <u>DHS HIV Services</u> team.
- For CAREWare guidance, contact the MDH CAREWare Help Desk.
- MNCE resources are stored on the MDH CAREWare SharePoint. Please email the MDH CAREWare Help Desk to gain access.



# Help with Centralized Eligibility (CE)

- DHS is funding a Centralized Eligibility Intake Coordinator, employed by the Native American Community Clinic (NACC)
- This position rotates between Ryan White-funded providers to help non-case managed clients get their Ryan White eligibility application materials submitted to DHS
- Can be helpful with individual clients and may identify successful CE practices to share across providers
- Contact <u>RyanWhite@hennepin.us</u> to get connected!



### Pop quiz

What is the source of truth to determine a consumer's eligibility for Ryan White Services?

- a. A client's history of receiving Ryan White services
- b. CAREWare At a Glance screen
- c. A client's medical provider
- d. All of the above







# Quality Management

- Clinical Quality Management goals
- Quality management requirements
- Quarterly reports
- QMAC & QLC
- EIIHA

#### **Model for Improvement**

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?





# 2024 Clinical Quality Management Goals

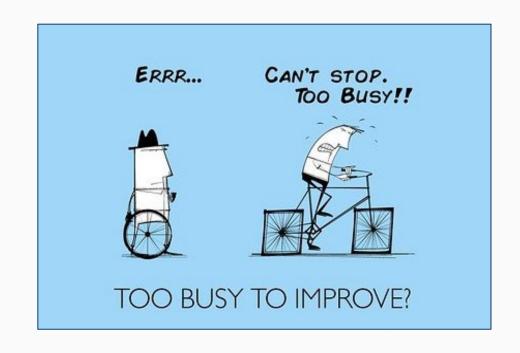
No	Goal	Baseline (CY2023)
1	93% of RWP TGA Black/African American MSM consumers are virally suppressed	85.2% (26% missing VL) Range: 66.7% - 90.9%*
2	[TENTATIVE] 290 HIV tests in the TGA are with men of color who have sex with men (33% of contracted HIV tests not using grant funds specifically for African born men	60
3	4,260 people with HIV are enrolled in the RWP in the TGA	3,923 (preliminary)
4	60% of a cohort of RWP TGA who were unstably housed and not virally suppressed as of 12/31/22 are virally suppressed	57.8% (26/45) of 2022 cohort
5	40% of outbreak cases in the TGA are connected to medical case management services	32% (71/221)

<sup>\*</sup>Excluding providers with counts < 5



# Quality requirements

- Annual training on quality management End of February. Posted on <u>Basecamp</u> – fill out the posttraining evaluation <u>here</u>
- **QI Plans** due April 1. Thank you for your thoughtful submissions!
- <u>Site Visits</u> Ryan White team visiting sites in April/May. Contact Carissa Weisdorf with any questions. Quarterly check-in calls going forward.



 Quality Management questions or concerns? You can book an appt with us: <a href="https://bit.ly/QMSchedule">https://bit.ly/QMSchedule</a>



# Quarterly reports

- Part A deadlines: 6/20/24, 9/20/24,12/20/24, 3/20/25
- Part B/Rebate deadlines:
   7/20/24,10/20/24, 1/20/25, 4/20/25
- **Email reminders:** 1 week before and 1 day before the due date
- Complete online (link pending)
- See <u>Basecamp post</u> for training and tips





# Quality Management Advisory Committee (QMAC)

- Comprised of Minnesota funders, providers, and consumers of publicly funded HIV services
- Provides quarterly advice on QM initiatives:
  - Reviews the system-wide QM plan
  - Establishes and monitors quality goals
  - Contributes to the Quality Learning Community
- Contact <a href="mailto:scott.bilodeau@hennepin.us">scott.bilodeau@hennepin.us</a> to attend, participate, or if you have any questions





# Quality Learning Community (QLC)

- Receive regular notifications on pertinent guidelines, webinars, trainings, events, provider sharings, and other relevant opportunities via <u>Basecamp</u>
- Email <u>scott.bilodeau@hennepin.us</u> to sign up for Basecamp access





# Early Identification of Individuals with HIV/AIDS (EIIHA)

- Yearly workgroup comprised of EIS and EIS-adjacent providers across funding streams that are tasked with advising the establishment and evaluating of a three-year cycle of EIIHA goals
- Reviews epi data as well as services currently being offered and identifies gaps in identification and care linkage that may contribute to disparities



### Pop quiz

Which of these resources is **NOT** found on Basecamp?

- a. Upcoming webinars and events
- b. Interpretation and translation contacts
- c. Staff trainings
- d. Quality management resources
- e. None of the above



# Minnesota Council for HIV/AIDS Care and Prevention update

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





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

#### HRSA

 awards RWHAP funds to EMA/TGA CEO

- receives funds
- delegates administration of funds to the recipient
- establishes the planning council

#### PLANNING COUNCIL

- assesses needs of local people living with HIV
- sets services priorities
- allocates resources
- issues service directives

#### RECIPIENT

 contracts with service providers in line with planning council priorities, allocations and directives

#### CONTRACTED SERVICE PROVIDERS

- deliver medical care and support services to people living with HIV living in the EMA/TGA
- comply with fiscal and program reporting requirements of the recipient







#### 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 recipients<sup>†</sup>
- · Recipients under other federal HIV programs<sup>‡</sup>





**Care and Prevention** 

#### Your involvement matters. Your voice matters. You matter.

Join the Minnesota Council for HIV/AIDS Care and Prevention.

Be a voice for how we serve and fund services for people with HIV or at high-risk for HIV.

The council is seeking applications for a new term from March 1, 2023 – February 28, 2025



#### Apply online at mnhivcouncil.org

Or request an application by emailing HIVCouncil@hennepin.us

No professional credentials required; you just need to be passionate about ending the epidemic.

Each year, about 300 Minnesotans are diagnosed with HIV or AIDS.

Last year, nearly 10,000 Minnesotans were living with HIV or AIDS.

#### Current vacancies include:

- Black women living with HIV who do not work for a funded agency
- People who are living with HIV or are at risk of living with HIV who are young (18-25 years old)
- People who work in the HIV field or are passionate about ending the epidemic who are Black





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mnhivcouncil.org



#### Pop quiz

Subrecipient Providers have a role in recruiting both staff and community members to serve on the Planning Council.

a. True

b. False

# Any questions?





Please fill out our meeting evaluation: <a href="https://forms.">https://forms.</a> office.com/g/s45AGcr8KE

2024 Hennepin County Ryan
White Program Contracted
Provider Meeting Evaluation

