

Recipient Data:

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Response Summary:

Ryan White Subrecipient Quarterly Performance and Quality Report Hennepin County - 2024

Quarterly reports must be submitted electronically on or before the 20th day after the last day of each quarter. Quarterly reports include a prompt to schedule a quarterly call with the Hennepin County Ryan White team. This report will be used as a template for that call, feel free to let us know any other topics you'd like added to that agenda.

- Part A/MAI deadlines are: June 20, September 20, December 20, and March 20.
- Part B/Rebate deadlines are: July 20, October 20, January 20, and April 20.

Section 1: About You

Q1. 1. Please select the agency you are responding on behalf of from the drop-down menu below.

- HC PH Clinics: Health Care for the Homeless

Q2. 2. Which funding source and quarter are you reporting for?

- Part A/MAI Q1: March 1, 2024 – May 31, 2024

Q3. 3. About you

First name	Sample
Last name	Report
Job title	Enter job title here
Phone number	Enter phone number here
Email	ryanwhite@hennepin.us

Section 2: Narratives

Q4. 4. What processes and systems (e.g., on paper, in Excel, in an electronic medical record, in CAREWare, etc.) do you use to track your progress towards your goals, outcomes, and quality improvement projects?

Describe your processes and systems here.

Q5. 5. When was the last time your data was updated? We recommend tracking data monthly at the minimum.

Describe when your data was last updated.

Q6. 6. Who is responsible for tracking progress?

Describe who is responsible for tracking progress.

Section 2: Narratives

Q7. 7. How do you determine which activities, interventions, and/or quality improvement projects are working and which are not?

Describe how your organization determines which activities and projects are working and which are not.

Q8. 8. How are performance and quality improvement projects communicated to program and agency staff?

Describe your communication processes with your staff.

Q9. 9. How are performance and quality improvement projects communicated to program and agency leadership?

Describe your communication processes with your leadership.

Q10. 10. How are performance and quality improvement projects communicated to consumers/clients/patients?

Describe your communication processes with your consumers.

Section 3: Changes

Q11. 11. Have you had any staffing or program process changes since you last submitted a quarterly report?

- Yes

Q11a. 11a. Please describe your staffing and/or process changes. If your staffing changes are related to leadership or key personnel, please include a description of the transition plan.

If you select "yes" for staffing and process changes, you will have the opportunity to describe those changes here. You will also be asked to confirm that staffing changes have been communicated to your contract manager and to the CAREWare team, if applicable (11b and 11c).

Q11b. 11b. Please confirm that staffing changes for key/leadership positions and/or staff members included on the program budget have been communicated to your Hennepin County Contract Manager.

- I confirm

Q11c. 11c. Please confirm that if any departing staff have CAREWare access, that you have alerted the CAREWare Help Desk (health.cwpems@state.mn.us) to de-activate their account.

- I confirm

Section 4: Client Counts

Q12. 12. Which services do you provide as a part of the above contract? Select all that apply.

- Early Intervention Services
- Food Shelf
- Food: Home-Delivered Meals
- Food: On-Site meals
- Health Education/Risk Reduction
- Home and Community-Based Health Services
- Housing Services
- Legal Services
- MCM: Adult Foster Care
- MCM: Treatment Adherence
- Medical Case Management (MCM)
- Medical Nutrition Therapy
- Medical Transportation Services
- Mental Health Services
- Non-Medical Case Management
- Outpatient/Ambulatory Health Services
- Psychosocial Support
- Substance Abuse: Outpatient Services

Section 4: Client Counts

Q13. 13. How many clients received each Ryan White funded service?

- In the 1st column, write the target for the number of clients served as seen in the outcomes grid in your contract.
- In the 2nd column, write the number of clients you served from the beginning of the fiscal year (March 1 for Part A/MAI contracts, April 1 for Part B/Rebate contracts) to the end of the quarter for which you are reporting (i.e., clients served fiscal year to date).
- For Part A/MAI quarterly reports, only report on clients served by Part A/MAI-funded services.
- For Part B/Rebate quarterly reports, only report on clients served by Part B/Rebate-funded services.

	Target	Served Fiscal Year to Date
<i>Early Intervention Services</i>	15	2
<i>Food Shelf</i>	27	6
<i>Food: Home-Delivered Meals</i>	35	7
<i>Food: On-Site meals</i>	24	4
<i>Health Education/Risk Reduction</i>	42	11
<i>Home and Community-Based Health Services</i>	14	2
<i>Housing Services</i>	10	1
<i>Legal Services</i>	46	13
<i>MCM: Adult Foster Care</i>	23	4
<i>MCM: Treatment Adherence</i>	22	1
<i>Medical Case Management (MCM)</i>	53	8
<i>Medical Nutrition Therapy</i>	12	5
<i>Medical Transportation Services</i>	47	14
<i>Mental Health Services</i>	32	18
<i>Non-Medical Case Management</i>	34	7
<i>Outpatient/Ambulatory Health Services</i>	27	6
<i>Psychosocial Support</i>	11	1
<i>Substance Abuse: Outpatient Services</i>	29	8

Q13a. 13a. How are you providing clinical supervision for your Medical Case Managers?

- External consultant in a group supervision setting

Q13b. 13b. What was the date of your last consult?

05/03/2024

Q14. 14. Comments about client counts (e.g., data not available in CAREWare, delayed billing/invoicing, etc.). Leave blank if not applicable. Please indicate if the date range you are reporting on is different from the standard date range (beginning of the fiscal year to the last date of the quarter for which you are reporting).

In the table above, you will be asked to provide information on the targets and number of clients you served FY to date for the services you are contracted for that you had selected in question 12. If you are contracted to provide medical case management, you will also be asked how you are providing clinical supervision for your medical case managers. Finally, in this box, you will have the opportunity to describe any comments about client counts. Please note that the counts listed above are samples and not real data.

Section 5: Waiting List

Q15. 15. Does your agency have a waiting list for services?

- Yes

Q15a.

Section 5: Waiting List

15a. For each of your agency's Ryan White services with a waiting list, please:

- **Enter the number of clients that were on the waiting list at the end of the quarter you are reporting on. Enter "0" for services that do not have a waiting list.**
- **Describe, in brief, the action the organization is taking to minimize the number of clients and their length of time on the waiting list. This brief description will prompt a discussion at your quarterly call.**

	Number on waiting list	Action taken
Early Intervention Services	2	If you have waiting lists for any of the services you are contracted for, you will be asked to provide information on the number of clients you have waitlisted for each service and what steps you are taking to minimize the number of clients on the waiting list and their length of time on the waiting list. There is no character limit to describe your actions taken.
Food Shelf	0	N/A
Food: Home-Delivered Meals	0	N/A
Food: On-Site meals	0	N/A
Health Education/Risk Reduction	0	N/A
Home and Community-Based Health Services	0	N/A
Housing Services	0	N/A
Legal Services	0	N/A
MCM: Adult Foster Care	0	N/A
MCM: Treatment Adherence	0	N/A
Medical Case Management (MCM)	0	N/A
Medical Nutrition Therapy	0	N/A
Medical Transportation Services	0	N/A
Mental Health Services	0	N/A
Non-Medical Case Management	0	N/A
Outpatient/Ambulatory Health Services	0	N/A
Psychosocial Support	0	N/A
Substance Abuse: Outpatient Services	0	N/A

Section 6: EIS Measures

Q16. 16. What time period are you reporting on for EIS measures?

- a. From the beginning of the fiscal year (March 1 for Part A/MAI, April 1 for Part B/Rebate) through the end date of the quarter I am reporting on

Q17. 17. What are your contracted targets for Early Intervention Services? This information can be found in your contract outcomes grid.

	Target
Case Finding Target	20
HIV Test Target	150

Q18. 18. How many people from these populations have you served from the start of the fiscal year through either the end of the quarter you're reporting on OR the most recent date for which you have complete data?

	All Populations	Men of color who have sex with men	Black/African-born	American Indian	People experiencing homelessness	Transgender	People who inject drugs
<i>Number of HIV tests done</i>	50	10	3	11	16	2	15
<i>Number of newly diagnosed case findings</i>	6	2	0	2	0	0	1
<i>Number of out of care case findings</i>	4	1	0	2	0	0	2

Q19. 19. How many people who were newly diagnosed attended an HIV medical appointment within 30 days of their new diagnosis?

	Fiscal Year to Date
<i>Number of people newly diagnosed</i>	6
<i>Number of people who attended an HIV medical appointment within 30 days of their new diagnosis</i>	5

Q20. 20. How many out-of-care or previously diagnosed clients have been reconnected to care within 30 days of determination?

	Fiscal Year to Date
<i>Number of out of care case findings</i>	4
<i>Number of people found out of care who attended an HIV medical appointment within 30 days of when you determined they were out of care</i>	4

Q21. 21. Comments about EIS performance measures. Leave blank if not applicable

In the questions above, you will be asked to provide information about your EIS performance measures if you had selected EIS as a contracted service that you provide (in question 12). In this box, you will have the opportunity to describe any comments about EIS performance measures.

Please note that the counts listed above are samples and not real data.

Section 7: Viral Suppression and Anti-Retroviral Therapy

For all services except Early Intervention Services, please report on the percentage of clients with an HIV viral load less than 200 copies/mL at their last HIV viral load test (i.e., virally suppressed). Report on all Ryan White clients, including all services and funding sources, regardless of which quarter you're reporting on. You do not need to break these down in any way.

Q22. 22. For which 12-month period do you have the most recent and complete data for viral suppression and/or ART? Use this 12-month period to answer the following questions. For example, if you have most recent and complete data until May 31, 2023, the 12-month period used for reporting is June 1, 2022 – May 31, 2023.

5/1/23 - 4/30/24

Q23. 23. How many of your clients are virally suppressed? For the target viral suppression rate, see your contract outcomes grid.

of clients in the last 12-months

Total number of clients served	47
Number of clients served with a viral load in MN CAREWare	45
Number of those clients virally suppressed	42

Q24. 24. Comments about any viral suppression measure(s). Leave blank if not applicable

In the question above, you will be asked to provide information about the number of clients who are virally suppressed for all services except for EIS. In this box, you will have the opportunity to describe any comments about viral suppression measures.

Please note that the counts listed above are samples and not real data.

Please fill in these performance measures for Outpatient/Ambulatory Health Services (OAHS) clients specifically. Use the same 12-month period as above to answer the following questions

Q25. 25. How many of your OAHS clients are virally suppressed? For the target viral suppression rate, see your contract outcomes grid.

of clients in the last 12-months

Total OAHS clients served	12
OAHS clients with a viral load	11
Number of OAHS clients virally suppressed	10

Q26. 26. How many of your eligible OAHS clients, regardless of age, were prescribed antiretroviral therapy (ART) for the treatment of HIV infection?

of clients in the last 12-months

Number of OAHS clients served	12
Number of OAHS clients with an ART prescription in CAREWare	11

Q27. 27. Comments about OAHS performance measures. Leave blank if not applicable.

In the questions above, you will be asked to provide information about the number of OAHS clients who are virally suppressed and have ART prescriptions in CAREWare if you had selected OAHS as a contracted service that you provide (in question 12). In this box, you will have the opportunity to describe any comments about OAHS performance measures.

Please note that the counts listed above are samples and not real data.

Section 8: Training and Technical Assistance

Q28. 28. Do you need any new training or technical assistance to be most successful in this contract?

- Yes

Q28a. 28a. Please describe what new training or technical assistance is needed.

If you select "yes" for training and technical assistance needs, you will have the opportunity to describe those needs here.

Q29. 29. Did you have any new contractual issues, concerns, and/or challenges this quarter?

- Yes

Q29a. 29a. Please describe any contractual issues, concerns, and/or challenges this quarter.

If you select "yes" for contractual issues and challenges, you will have the opportunity to describe those issues here.

Q30. 30. Have you had any client grievances relating to Ryan White services this quarter?

- Yes

Q30a. 30a. Please describe the grievance, the response from the organization, and resolution or current status.

If you select "yes" for client grievances, you will have the opportunity to describe those grievances here.

Q31. 31. Do you have any additional questions, comments, and/or suggestions for how Hennepin County can support you in programmatic success?

- Yes

Q31a. 31a. List any questions, comments, suggestions here to be included on the agenda for your organization's quarterly call with Hennepin County.

If you select "yes" for additional questions or suggestions, you will have the opportunity to describe those comments here.

Section 9: Quality Improvement Goals

Next, we'll ask you to report on your quality improvement (QI) goals. You'll be able to enter up to four SMARTIE goals.

SMARTIE stands for **S**trategic, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound, **I**nclusive and **E**quitable.

Q32. 32. How many SMARTIE (*Specific, Measureable, Achievable, Relevant, Time-bound, Inclusive, Equitable*) goals would you like to report on? Please enter a number in this format: 1, 2, 3, or 4.

1

Section 9: Quality Improvement Goals

N/A

1_Q33. 33. What is your N/A?

Describe your quality improvement goal here.

1_Q34. 34. What is the updated measurement from your baseline (e.g., updated viral suppression rate, updated client counts, etc.)? If you're not sure what this is, look back at the outcome measure/target you chose for this goal in your QI plan.

Describe your updated measurement here.

1_Q35. 35. What activities did you work on this quarter from your implementation plan? If there were other activities you worked on this quarter that were outside of your implementation plan, how did they support this goal?

Describe the activities you worked on here.

1_Q36. 36. What did you learn or observe this quarter after studying or analyzing the direct and/or indirect results from implementing this activity? How will that impact or change your work on this goal moving forward?

Describe what you learned here and how you will make adjustments to your implementation plan based on what you learned.

1_Q37. 37. If you tried something new or had any notable success this quarter for this goal, please share so below. Leave blank if not applicable.

Describe any notable successes or new strategies here if applicable.

1_Q38. 38. Have you met your goal?

- Yes

1_Q38a. 38a. What is your new SMARTIE goal?

If you select "yes" for having met your goal, you will have the opportunity to describe your new goal here.

1_Q39. 39. Are you on track to achieve this goal by the end of the fiscal year?

- No

1_Q39a. 39a. What strategies will you use to make progress on your goal?

If you select "no" to being on track for your goal, you will have the opportunity to describe what strategies you are planning on using to get back on track.

1_Q40. 40. Do you need any additional support from us in order to meet this goal?

- Yes

1_Q40a. 40a. Tell us more about what kinds of support you need from us. Some examples of areas in which we can provide support include: QI training, QI tools, literature review on best practices, data support, or anything else you might need.

If you select "yes" for needing additional QI support, you will have the opportunity to describe those needs here.

1_Q41. 41. IF you would like to respond to any feedback from your previous quarterly report or call, please do so below. Leave blank if not applicable.

Describe any additional questions you have or your response to feedback provided on previous quarterly reports/calls here if applicable.

The next section of this report will only appear for quarter 1 reports. Here, you will be asked to upload documents for review of adherence to individual service standards based on the contracted services you provide (as selected in question 12). You will also be asked to upload documents for review of adherence to universal service standards. For quarters 2-4 reports, this service standard document review section will not appear, and the QI goal reporting section will be the last portion of the quarterly report that you will need to complete.

Section 10: Service Standard Document Review

Provide the documents as outlined below for review of adherence to individual service standards. Service Standards are linked in the headers for each section. Please limit documents to agency templates, policies, procedures, and/or process maps. **Do not upload any documents that include client Protected Health Information (PHI).**

Only one attachment point will prompt for each request. If your documentation for a prompt is within multiple documents, please combine them into one PDF for that prompt.

Documents only need to be uploaded in one report at Quarter 1, if you are funded by both Part A and Part B, you can upload these documents with either report.

[Early Intervention Services](#)

Q42. 42. Please upload documentation of the organization's process or procedure that ensures that Ryan Funds are only used where existing funding is not adequate. (EIS Standard 5)

N/A

Q43. 43. Please upload documentation of a formal and written referral agreement with at least one of each of the following provider types: HIV Medical Care, HIV Testing Site if testing is not offered by EIS provider, Medical Case Management, Mental Health, and Outpatient Substance Abuse Services. (EIS Standard 5)

N/A

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Food Bank/Home-Delivered Meals

Q44. 44. Please upload policies and procedures demonstrating compliance with appropriate regulatory agencies for:

- 1. Food safety, handling, preparation and sanitation**
- 2. Purchasing, receiving, sorting, issuing, preparing, and service of safe food and beverage products**

N/A

Q45.

45. Please upload documentation that program evaluation is done annually and includes whether clients report that the food services they receive help them adhere to treatment or that regular meals help them take their medication on schedule and that the meals they eat help make a difference in maintaining good outcomes. (Food Bank/Home Delivered Meals Standard 2.4)

N/A

Q46. 46. Please upload documentation that whenever possible, the special dietary needs and practices of clients shall be considered in menu planning and food preparation. (Food Bank/Home Delivered Meals, Standard 2.3)

N/A

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Q47. [Health Education/Risk Reduction](#)

47. Please upload documentation of the Health Education/Risk Reduction curriculum used by the organization to provide information on the following topics (Health Education/Risk Reduction Standard 1):

- Improving health status by providing information on accessing and retaining HIV medical care, medications, adherence, and understanding lab values;
- Information about available Ryan White core medical and support services;
- Education on HIV transmission and how to reduce the risk of transmission, including PrEP and PEP for partners, U=U, and STI prevention; and
- Personal HIV disclosure.

N/A

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Q48. [Home & Community Based Health Services](#)

48. Please upload documentation of an organizational process to ensure that Ryan White clients are not on MA, or if they are on MA, they do not have a disability determination and are not eligible for waived services for people with disabilities. (Home and Community-Based Health Services Standard 3)

N/A

Section 10: Service Standard Document Review

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[Housing Services](#)

Q49.

49. Please upload documentation of the organization's compliance with HRSA/HUD requirements for approved housing. (Housing Services Standard 1.1)

N/A

Q50. 50. Please upload documentation of the organization's recipient-approved policy to address waiting lists in conjunction with coordinated assessment. (Housing Services Standard 2.1)

N/A

Q51.

51. Please upload documentation of the organization's process around referral, coordination, and confirmed linkage with medical case management providers for clients experiencing multiple barriers to care. (Housing Services Standard 5.1)

N/A

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Legal Services

Q52. 52. Please upload a list of legal services provided by the organization, ensuring that they are limited to those allowable when Ryan White-funded. (Legal Service Standard 1)

- 1. Powers of attorney**
- 2. Living wills and/or orders for do not resuscitate**
- 3. Access to eligible benefits**
- 4. Discrimination**
- 5. Breach of confidentiality**
- 6. Permanency planning, including wills and custody arrangements for dependents**
- 7. Bankruptcy and debt relief**
- 8. Immigration and naturalization**
- 9. Employment**

N/A

Q53. 53. Please upload documentation of the organization's process or procedure to ensure clients are informed of other services available in the Ryan White system of care and what the client can expect if they enroll in services. (Legal Services Standard 4.1)

N/A

Section 10: Service Standard Document Review

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Medical Case Management

Q54. 54. Please upload a template of client consent to receiving MCM services that demonstrates that clients understand what MCM is and their roles and responsibilities as well as those of the case manager. (MCM Service Standard 1.1)

N/A

Q55. 55. Please upload documentation of an organization's process or procedure to ensure that clients are not receiving MCM with another provider. (MCM Service Standard 1.3)

N/A

Q56. 56. Please upload the organization's Individual Service Plan template. (MCM Service Standard 4.1)

N/A

Section 10: Service Standard Document Review

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Medical Transportation

Q57. 57. Please upload documentation that transportation funds are used for core medical services and Ryan White-fundable supportive services that address barriers to accessing primary care. (Medical Transportation Service Standard 1.4)

N/A

Q58. 58. Please upload documentation that clients are screened for both duplication of services and for eligibility for Metro Transit Limited Mobility Program. (Medical Transportation Service Standard 3)

N/A

Section 10: Service Standard Document Review

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Mental Health Services

Q59. 59. Please upload documentation of the organization's process or procedure to ensure that clients of clinical mental health services have a diagnosed mental illness. (Mental Health Service Standard 1)

N/A

Q60. 60. Please upload documentation of the organization's detailed treatment plan based on the diagnosis, client input, and clinician/program staff observations of the client's needs and level of function. (Mental Health Service Standard 2)

N/A

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Non-Medical Case Management

Q61. 61. Please upload documentation of the organization's process or procedure to ensure non-duplication of efforts or services. (NMCM Service Standard 1.2)

N/A

Q62. 62. Please upload documentation of the organization's referral/linkage process or procedure. (NMCM Service Standard 3)

N/A

Q63. 63. Please upload documentation of the organization's intake or application process that includes assessment of non-medical case management needs. (NMCM Service Standard 6.1)

N/A

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[Outpatient/Ambulatory Health Services](#)

Q64. 64. Please upload the organization's policy for Rapid ART in order to expedite care and treatment for referral of newly diagnosed and out of care clients. (OAHS Service Standard 3.1)

N/A

Q65.

65. Please upload any Memorandums of Understanding (MOU) you have with any Ryan White-funded Early Intervention Services (EIS) Providers. (OAHS Service Standard 3.1)

N/A

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[Psychosocial Support Services](#)

Q66. 66. Please upload documentation of the organization's screening tools. (Psychosocial Support Services Standard 2.1)

N/A

Q67. 67. Please upload documentation of the organization's program resources, such as a referral database, list, or online resources. (Psychosocial Support Services Service Standard 4.2)

N/A

Section 10: Service Standard Document Review

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Substance Abuse: Outpatient Care

Q68. 68. Please upload documentation of the organization's process, procedure, and/or forms around conducting comprehensive assessments. (Substance Abuse Service Standard 2)

N/A

Q69. 69. Please upload documentation of a template or process for clients' individual treatment plans that are reviewed and signed by the clients. (Substance Abuse Service Standard 4)

N/A

Q70. 70. Please upload documentation of the organization's process to ensure that clients who are identified in need of treatment receive referral, linkage, and coordination as needed. (Substance Abuse Service Standard 5)

N/A

Section 11: Universal Standard Document Review

Please upload the below-listed documents for review of adherence to the universal standards. Please limit documents to templates, policies, procedures, or process maps. **Do not upload any documents that include client Protected Health Information.**

Only one attachment point will prompt for each request. If your documentation for a prompt is within multiple documents, please combine them into one PDF for that prompt.

Documents only need to be uploaded in one report at Quarter 1, if you are funded by both Part A and Part B, you can upload these documents with either report.

Q71. 71. Please upload documentation demonstrating the organization's adherence to Universal Standard 2 Eligibility which states that subrecipients must:

- a. Have a documented policy in place for verifying clients' Ryan White eligibility via the eligibility "At A Glance" screen which is accessed through the MN Portal, screening for the duplication of services, and ensuring Ryan White is the payer of last resort prior to initiating services and periodically as services continue;
- b. Aid clients in completing new applications and annual renewals, and submitting changes in income, household size, residency, or health insurance status to Ryan White Eligibility Specialists.

N/A

Section 11: Universal Standard Document Review

Q72. 72. From the list below, select the standards that apply to your organization and upload documentation demonstrating the organization's adherence to applicable aspects of Universal Standard 4 Administration:

- Intake and assessment
- Case closure
- Waiting lists
- Caps on charges
- Sliding-fee scale for services provided
- Non-discrimination based on race, creed, color, religion, national origin, immigration status, gender identity, marital status, public assistance status, activity in local commission, disability, sexual orientation, or age.
- Conflict of interest
- Staff confidentiality/privacy policy
- Staff transition/succession planning
- Documented points of entry and formal written referral agreements.

Q72a. 72a. Intake and assessment

N/A

Q72b. 72b. Case closure

N/A

Q72c. 72c. Waiting lists

N/A

Q72d. 72d. Caps on charges

N/A

Q72e. 72e. Sliding-fee scale for services provided

N/A

Q72f. 72f. Non-discrimination based on race, creed, color, religion, national origin, immigration status, gender identity, marital status, public assistance status, activity in local commission, disability, sexual orientation, or age.

N/A

Q72g. 72g. Conflict of interest

N/A

Q72h. 72h. Staff confidentiality/privacy policy

N/A

Q72i. 72i. Staff transition/succession planning

N/A

Q72j. 72j. Documented points of entry and formal written referral agreements.

N/A

Section 11: Universal Standard Document Review

Q73. 73. Please upload documentation demonstrating the organization's adherence to Universal Standard 5 Linkage & Retention which states:

- subrecipients must have an intake and six-month review process that documents medical care status for all clients with referrals and follow up on referrals for clients found to be out of care.

N/A

Q74. 74. Please provide documentation that demonstrates adherence to Universal Standard 10 Cultural Responsiveness:

- Assessment and Evaluation which requires that subrecipients implement and execute monitoring and evaluation strategies with self-assessment of cultural responsiveness done every other year.

N/A

Section 12: Quarterly Call with Hennepin County

Before submitting this report, please follow this link below to schedule your quarterly call within one month of submitting this report. For Quarter 4, a member of the Hennepin County team will reach out to schedule the in-person Annual Site Visit.

This link will prompt a new tab called "Quarterly Calls Scheduler" where you can book your Quarterly Call. You will still need to submit the Quarterly Report in this tab by confirming that you've booked your quarterly call and completing the report as prompted.

[Quarterly Call Scheduler](#)

- For Dually-Funded Providers (organizations receiving funds through Part A/MAI and Part B/Rebate), one 90-minute call will be scheduled following the completion of the quarterly Part B/Rebate report.
- For Single-Funded Providers (organization receiving funds through only Part A/MAI or Part B/Rebate), one 60-minute call will be scheduled following the completion of that quarterly report.

Q75. 75. Please confirm that you have scheduled your quarterly call per the guidance above.

- I have scheduled my quarterly call

Section 13: Completed By

Q76. 76. This report was completed by:

Sample Report

Q77. 77. This report was completed and submitted on:

05/03/2024

You are about to complete the quarterly reporting form. Please take a moment to review your answers before submitting. **Once submitted you will not be able to adjust your responses.**

After submitting, a report will automatically be sent to the email address listed in the beginning of this form. Please save a copy of your responses for your records.

Embedded Data:

%CF_CF_EIS	30%
%ClientServed_EIS	13.3%

%ClientServed_FHDM	20%
%ClientServed_FoodShelf	22.2%
%ClientServed_HCBHS	14.3%
%ClientServed_HE-RR	26.2%
%ClientServed_HS	10%
%ClientServed_LS	28.3%
%ClientServed_MCM	15.1%
%ClientServed_MCM:AFC	17.4%
%ClientServed_MCM:TA	4.5%
%ClientServed_MHS	56.3%
%ClientServed_MNT	41.7%
%ClientServed_MTS	29.8%
%ClientServed_NMCM	20.6%
%ClientServed_OAHS	22.2%
%ClientServed_OSM	16.7%
%ClientServed_PS	9.1%
%ClientServed_SA	27.6%
%ND_30_EIS	83.3%
%OAHS_ART	91.7%
%OAHS_VLC	91.7%
%OAHS_VSR	90.9%
%OOC_30_EIS	100%
%Tests_Tests_EIS	33.3%
%VLC	95.7%
%VSR	93.3%
FS_EIS	Early Intervention Services:
FS_FHDM	Food: Home-Delivered Meals:
FS_FoodShelf	Food Shelf:
FS_HCBHS	Home and Community-Based Health Services:
FS_HE-RR	Health Education/Risk Reduction:
FS_HS	Housing Services:
FS_LS	Legal Services:
FS_MCM	Medical Case Management (MCM):
FS_MCM:AFC	MCM: Adult Foster Care:
FS_MCM:TA	MCM: Treatment Adherence:
FS_MHS	Mental Health Services:
FS_MNT	Medical Nutrition Therapy:
FS_MTS	Medical Transportation Services:
FS_NMCM	Non-Medical Case Management:
FS_OAHS	Outpatient/Ambulatory Health Services:
FS_OSM	Food: On-Site Meals:
FS_PS	Psychosocial Support:
FS_SA	Substance Abuse: Outpatient Services:

