

***QUARTERLY REQUIRED REPORTS**

Quarterly Report Period	Due Date
April 1 – June 30, 2007	July 10, 2007
July 1 – September 30, 2007	October 10, 2007
October 1 – December 31, 2007	January 10, 2008
January 1 – March 31, 2008	April 10, 2008

* The State is looking at revising the reporting schedule. If and when it changes, all contracted agencies will be notified ASAP.

I. State-Prescribed Demographic Report

1. Report using state format based on clients served during the report period

II. Client Population Report

1. Total Active Clients as of last day of report period
2. Total Inactive Clients as of last day of report period

III. Medical Services Report

1. Number of clinic hours during report period
2. Number of clients receiving primary medical care during report period
3. Number of client primary medical visits at clinic during report period
4. Number of client no-shows visits during report period
5. Number of specialty care referrals made during report period
6. Number of specialty care referrals completed during report period

IV. Clinical Outcomes Report

1. # and % of clients with hospitalizations in the last 4 months
2. # and % of clients with CD4 test in the last 3 to 4 months
3. # and % of clients with viral load test in the last 3 to 4 months
4. # and % of clients with TB test or x ray in the last 4 months
5. # and % of clients with completed specialty referrals in the last 12 months
6. # and % of clients with a flu shot in the last 12 months

V. Case Management Report

1. # of active clients being case managed (POC) as of last day of report period
2. # of new eligibility screening completed during report period
3. # of new screenings determined eligible (# new clients) during report period
4. # of eligibility updates completed during report period
5. # of new intakes and assessments completed during report period
6. # of updated assessments completed during report period
7. # of new Plans of Care (POC) completed during report period
8. # of updated POC completed during report period

BIANNUAL REQUIRED REPORTS

Biannual Report Periods	Due Date
April 1 – September 30, 2007	October 31, 2007
October 1, 2007 – March 31, 2008	April 30, 2008

I. Client Satisfaction Report

1. Number of RWII eligibility updates and assessments completed during report period
2. Number of 1. that completed the Client Satisfaction Survey during report period
3. Number of 2. that score satisfied on the survey during report period

II. Client payer source report

1. Number of RWII eligibility assessments and updates completed during report period
2. Number of 1. determined eligible for RWII
3. Number of 2. with other payer sources for medical care and/or prescription drugs listed by payer source (ADAP, PAC, Medicaid non-PAC, Medicare, Private Insurance, etc.)

III. Employee performance review report

1. List of FTEs funded by RWII and date of last performance review. This will be monitoring during onsite.
2. List of at least three (3) performance standards in the performance review related to quality management.
3. Sample (or blank) performance review form

IV. Needs Assessment Report

1. Number of RWII eligibility updates and assessments completed during report period
2. Number of 1. that completed a client assessment (intake and assessment) during report period
3. Report of 2. listing unmet needs by line item

ANNUAL REQUIRED REPORTS

I. CADR Report due January 31, 2008