



**LAS VEGAS TGA**  
PART A HIV/AIDS PROGRAM  
CLARK | MOHAVE | NYE COUNTIES

**Tuesday, August 25, 2020**

# **DAY 1**

## **Priority Setting and Resource Allocation (PSRA) Training**

Documents Included:

1. Agenda
2. Ryan White Glossary of Terms
3. 2020/21 Allocations Report
4. 2020/21 Grant Score
5. 2019/20 Expenditures
6. PSRA Procedures
7. Red Ribbon Activity

## AGENDA

Tuesday, August 25, 2020

Planning Council

**Priority Setting and Resource Allocation Training**

CLARK COUNTY RYAN WHITE PART A HIV/AIDS PROGRAM PLANNING COUNCIL

**9:00a.m. – 12:00 noon**

**To Join Via Computer/Tablet/Smart Phone:**

<https://us02web.zoom.us/j/87200115395?pwd=THRRYVkwVIQwemZOa2FrdE1mbmZ2dz09>

**To Join Via Cell Phone/Telephone:**

Dial (669) 900-6833

Meeting ID: 872 0011 5395

Password: 669995

**Pursuant to NRS 241.020(2)(d)(6) and (7)**

1. Items on this agenda may be taken out of order;
2. Two or more items may be combined;
3. Items may be removed from agenda or delayed at any time;
4. Public comment is limited to 3 minutes per person and comments cannot be restricted based on viewpoint.

1. **Call to Order and Roll Call.** The Chair will call the meeting to order and establish quorum by roll call.
2. **Welcome and Introduction of Guest(s).** The Chair will welcome everyone to the meeting and remind attendees to silence their mobile devices. The Chair will ask guests of the committee meeting to announce their first and last name for the record.
3. **Confirmation of Notice of Meeting Posting.** The Chair will request from Planning Council Support Staff the total number of confirmed Notice of Meeting postings.
4. **Public comment and discussion.** *(Discussion, all matters in this item are informational only).*  
This is a period of time devoted to comments and discussion by the general public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on an agenda as an item upon which action will be taken. Comments will be limited to three minutes per person. **If you wish to make a comment:** *Please stand, clearly state your name and address, and please spell your last name for the record.*
5. **PSRA Procedure.** *(Discussion, all matters in this item are informational only).*  
The Chair will recognize a representative from Planning Council Support Staff to present the PSRA Procedure.
6. **Priority Setting and Resource Allocations (PSRA) Training and Data Review.** *(Discussion, all matters in this item are informational only).*  
The Chair will recognize a representative from Planning Council Support Staff to present the PSRA training.
7. **2020 Red Ribbon Exercise.** *(Discussion, all matters in this item are informational only).*  
The Chair will recognize a representative from Planning Council Support Staff to conduct the 2019 Red Ribbon Exercise.
8. **Training Wrap Up.** *(Discussion, all matters in this item are informational only).*  
The Chair will entertain questions or concerns regarding PSRA Training. The Chair will encourage participation in the Day 1:

PSRA Training feedback survey.

**9. Announcements by Members.** *(Discussion, all matters in this item are informational only).*

**10. Public comment and discussion.** *(Discussion, all matters in this item are informational only).*

This is a period of time devoted to comments and discussion by the general public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on an agenda as an item upon which action will be taken. Comments will be limited to three minutes per person. **If you wish to make a comment:** *Please stand, clearly state your name and address, and please spell your last name for the record.*

**11. Adjournment.** *(For action).*

The Chair will entertain a motion and a second to approve the adjournment of this meeting.

*Anyone desiring supporting documentation or additional information is invited to call Thomas Schucker, Planning Council Support Staff at (888) 571-0001 x102 or via email at [thomas@collaborativeresearch.us](mailto:thomas@collaborativeresearch.us).*

*This notice and agenda has been posted on or before 9 a.m. on the third working day before the meeting at <https://notice.nv.gov/> and at the following locations: (1) Clark County Ryan White Part A HIV/AIDS Program Office, 2820 W. Charleston Blvd, Suite B-15, Las Vegas, NV 89106; (2) Community Counseling Center, 714 E. Sahara Ave., Las Vegas, NV, 89104; (3) AFAN, 1830 E. Sahara Ave., Suite 210, Las Vegas, NV, 89104; (4) The Center, 401 S. Maryland Parkway, Las Vegas, NV 89101; (5) UMC Wellness Center, 701 Shadow Lane, Las Vegas, NV 89106; and (6) Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107.*

# RYAN WHITE HIV/AIDS PROGRAM GLOSSARY OF TERMS

Below are terms used most frequently in HRSA's Ryan White HIV/AIDS Program (RWHAP).

## **Administrative or Fiscal Agent**

Entity that functions to assist the Ryan White HIV/AIDS Program recipient or planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing funding announcements, monitoring contracts).

## **Affordable Care Act (ACA)**

Federal law comprised of expanded health insurance coverage and health care delivery innovations designed to achieve better health outcomes by increasing the number of insured Americans, reducing care costs, and improving the overall American health care system. Enacted in 2010 as the Patient Protection and Affordable Care Act.

## **Agency for Healthcare Research and Quality (AHRQ) (link is external)**

Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.

## **AIDS Drug Assistance Program (ADAP) (link is external)**

Administered by States and authorized under Part B of the Ryan White HIV/AIDS Treatment Extension Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

## **ADAP Data Report (ADR)**

Reporting requirement for ADAPs to provide client-level data on individuals served, services being delivered, and costs associated with these services.

## **AIDS**

Acquired Immune Deficiency Syndrome. A disease caused by the human immunodeficiency virus (HIV).

## **AIDS Education and Training Center (AETC) (link is external)**

Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program.

## **AIDS Service Organization (ASO)**

An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

## **Annual Gross Income**

A measure of income. There are several ways to measure an individual's Annual Gross Income. For example, these forms of income could be used by the provider for the purposes of imposition of charges:

- Gross Income: the total amount of income earned from all sources during the calendar year before taxes.
- Adjusted Gross Income: gross income less deductions.

## **Antiretroviral Therapy**

An aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV that is designed to reduce viral load to undetectable levels.

## **Applicable Services**

Any RWHAP service with a distinct fee typically charged in the local market. In the broader healthcare community this distinct fee is often referred to as a usual, customary, and reasonable (UCR) fee.

**Cap on Charges**

The limitation on aggregate charges imposed during the calendar year based on patient's annual gross income. All fees must be waived once a RWHAP patient reaches their cap for that calendar year.

**Capacity**

Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved people living with HIV (PLWH) in the EMA.

**CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)**

Now referred to as the Ryan White HIV/AIDS Program, this was the name of the original federal legislation (link is external) created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. The legislation was enacted in 1990 and reauthorized in 1996 and 2000. The legislation was subsequently reauthorized as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and later as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

**CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment**

This advisory committee, often referred to as the CHAC, advises the Secretary, HHS; the Director, CDC; and the Administrator, HRSA, regarding objectives, strategies, policies, and priorities for HIV, Viral Hepatitis, and STD prevention and treatment efforts.

**Centers for Disease Control and Prevention (CDC) (link is external)**

Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.

**Centers for Medicare and Medicaid Services (CMS) (link is external)**

Federal agency within HHS that administers the Medicaid, Medicare, the Children's Health Insurance Program (CHIP) and the Health Insurance Marketplace.

**Chief Elected Official (CEO)**

The official recipient of Part A or Part B Ryan White HIV/AIDS Program funds. For Part A, this is usually a city mayor, county executive, or chair of the county board of supervisors. For Part B, this is usually the governor. The CEO is ultimately responsible for administering all aspects of their Part's RWHAP Act funds and ensuring that all legal requirements are met.

**Client Level Data (CLD)**

Information collected on each client eligible for and receiving RWHAP core medical services or support services. The data elements reported per client are determined by the specific RWHAP services that the agency is funded to provide.

**Community-based Organization (CBO)**

An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

**Community Based Dental Partnership Program (CBDPP)**

A program under the Ryan White HIV/AIDS Program (Part F) that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

**Community Forum or Public Meeting**

A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

**Co-morbidity**

A disease or condition, such as hepatitis, mental illness or substance abuse, co-existing with HIV disease.

**Comprehensive Planning**

The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

**Community Health Centers**

See Health Centers.

**Consortium/HIV Care Consortium**

A regional or statewide planning entity established by many State recipient under Part B of the Ryan White HIV/AIDS Program to plan and sometimes administer Part B services. An association of health care and support service agencies serving PLWHA under Part B.

**Continuous Quality Improvement**

An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

**Continuum of Care (link is external)**

The extent to which a person living with HIV disease is engaged in HIV/AIDS care and is realizing the full advantages of care and treatment—from initial diagnosis and engagement in care to full viral suppression. Generally referred to as the HIV Care Continuum.

**Core Medical Services**

Essential, direct, health care services for HIV/AIDS care specified in the Ryan White legislation. Recipient/subrecipient expenditures are limited to core medical services, support services, and administrative expenses.

**Cultural Competence**

The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

**Data Terms**

For definitions of terms, see data dictionaries for the Ryan White Services Report (RSR) (link is external) and the ADAP Data Report (ADR) (link is external).

**Documentation**

Papers and documents required from clients, as defined by the recipient, in order to assure all RWHAP statutory requirements are met.

**Early Intervention Services (EIS)**

Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

**Eligible Metropolitan Area (EMA)**

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. See also Transitional Grant Area, TGA.

**Eligible Scope**

A method of data collection based on a client's ability to receive federally funded RWHAP services using established recipient criteria.

**Epidemiologic Profile**

A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area. Specific to HIV planning, a description of the burden of HIV in the population of an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, PLWH, and persons at higher risk for infection.

**Epidemiology**

The branch of medical science that studies the incidence, distribution, and control of disease in a population.

**eUCI (encrypted Unique Client Identifier)**

An alphanumeric code that distinguishes one RWHAP client from all others and is the same for the client across all provider settings.

**Family-Centered Care**

A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

**Federal Poverty Level (FPL)**

A measure of income issued every year by HHS. Federal poverty levels are commonly used to determine eligibility for certain programs and benefits such as Medicaid, Food Stamps, the Children's Health Insurance Program (CHIP), and RWHAP.

**Fee-for-Service**

The method of billing for health services whereby a physician or other health service provider charges the payer (whether it be the patient or his or her health insurance plan) separately for each patient encounter or service rendered.

**Fee Schedule**

A complete listing of billable services, those with UCR fees, and their associated fees based on locally prevailing rates or charges. A fee schedule is used by healthcare providers to identify which services they bill for and for how much. A fee schedule is not a schedule of charges. A fee schedule is not required by the RWHAP legislation, but it may be useful as the basis for a schedule of charges. Having one in place is considered a best practice and, for those multi-funded clinics, is a requirement for HRSA Bureau of Primary Health Care (BPHC) grant recipients.

**Financial Status Report (FSR - Form 269)**

A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the recipient organization.

**Food and Drug Administration (FDA) (link is external)**

Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

**Grantee Contract Management System**

An electronic data system that RWHAP recipients use to manage their subrecipient contracts.

**Health Centers (link is external)**

Community-based and patient-directed organizations funded by HRSA that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing.

**Health Resources and Services Administration (HRSA) (link is external)**

The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

**HRSA HIV/AIDS Bureau (HAB) (link is external)**

The bureau within HRSA of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program. See the HRSA HAB Program Administration fact sheet (link is external).

**HIV Care Continuum**

The stages of HIV care, from initial diagnosis to achieving the goal of viral suppression. The effectiveness of HIV testing and care in a given jurisdiction is typically depicted as the proportion of individuals living with HIV who are engaged at each stage.

**HIV Disease**

Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

**HIV-related Charges**

Those charges a RWHAP recipient imposes on the patient plus any other out-of-pocket charges related to their HIV care (as determined by their provider) that a patient incurs and reports to their RWHAP recipient/provider. These charges can be from any provider as long as the service is a RWHAP allowable service.

**Housing Opportunities for People With AIDS (HOPWA) (link is external)**

A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

**HUD (U.S. Department of Housing and Urban Development) (link is external)**

The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

**Imposition of Charges**

All activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation.

**Incidence**

The number of new cases of a disease that occur during a specified time period.

**Incidence Rate**

The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

**Intergovernmental Agreement (IGA)**

A written agreement between a governmental agency and an outside agency that provides services.

**Lead Agency**

The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency).

**Medicaid Spend-down**

A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may "spend down" to eligibility level. The individual accomplishes spend-down by deducting accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the "medically needy" eligibility category, for these individuals.

**Minority AIDS Initiative (MAI)**

A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

**Multiply Diagnosed**

A person having multiple morbidities (e.g., hepatitis and HIV, substance abuse and HIV infection) (see co-morbidity).

**Needs Assessment**

A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

**Nominal Charge**

A fee greater than zero.

**Notice of Funding Opportunity (NOFO)**

An open and competitive process for selecting providers of services.

**Office of Management and Budget (OMB)**

The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

**Opportunistic Infection**

An infection or cancer that occurs in people with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's sarcoma, Pneumocystis jiroveci pneumonia, toxoplasmosis, and cytomegalovirus are all examples of such infections.

**Patient Assistance Programs (PAPs)**

Programs operated by pharmaceutical companies and foundations that provide medicines at little or no cost to eligible patients.

**Part A**

The part of the Ryan White HIV/AIDS Program that provides emergency assistance to localities disproportionately affected by the HIV/AIDS epidemic.

**Part B**

The part of the Ryan White HIV/AIDS Program that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.p

**Part C**

The part of the Ryan White HIV/AIDS Program that supports outpatient primary medical care and early intervention services (EIS) to PLWH through grants to public and private non-profit organizations. Part C also funds planning grants to prepare programs to provide EIS services.

**Part D**

The part of the Ryan White HIV/AIDS Program that supports family-centered, comprehensive care to women, infants, children, and youth living with HIV.

**Part F: AIDS Education and Training Centers (AETC)**

National and regional centers providing education and training for primary care professionals and other AIDS-related personnel.

**Part F: Dental Programs**

The part of the Ryan White HIV/AIDS Program that provides additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program.

**Part F: SPNS: Special Projects of National Significance**

The part of the Ryan White HIV/AIDS Program that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

**Part F: Minority AIDS Initiative**

The Minority AIDS Initiative provides funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

**People Living with HIV (PLWH)**

Descriptive term for persons living with HIV disease.

**Planning Council/Planning Body**

There are various types of planning groups. For Part A of the RWHAP, a planning council is a body appointed or established by the Chief Elected Official with responsibility to assess needs, establish a plan for the delivery of HIV care in the area, and establish priorities for the use of Part A funds. Part B planning bodies conduct similar tasks but do not establish service dollar allocations. In addition, jurisdictions directly funded by CDC are responsible for convening planning bodies to address HIV prevention, care and treatment issues. Many jurisdictions facilitate collaboration through joint care/prevention planning bodies and/or shared planning tasks.

**Planning Process**

Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

**PrEP**

Pre-exposure prophylaxis is a prevention method for people at higher risk for HIV exposure and involves taking an antiretroviral pill every day to greatly reduce, if not eliminate, the risk of becoming infected with HIV if exposed to the virus.

**Prevalence**

The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

**Prevalence Rate**

The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

**Primary Health Care Service**

Any preventive, diagnostic, or therapeutic health service received on an outpatient basis by a client living with HIV. Examples include medical, subspecialty care, dental, nutrition, mental health, or substance use disorder treatment services; medical case management; pharmacy services; radiology, laboratory, and other tests used for diagnosis and treatment planning; and counseling and testing.

**Priority Setting**

The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

**Prophylaxis**

Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

**Provider (or service provider)**

The agency that provides direct services to clients (and their families) or the recipient. A provider may receive funds as a recipient (such as under RWHAP Parts C and D) or through a contractual relationship with a recipient funded directly by RWHAP. Also see subrecipient.

**Quality**

The degree to which a health or social service meets or exceeds established professional standards and user expectations.

**Quality Assurance (QA)**

The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

**Quality Improvement (QI)**

Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

**Recipient**

An organization that receives RWHAP funds directly from. Recipients may provide direct services and/or may contract with Subrecipients for services. Replaces the term "Grantee." See also Recipient Subrecipient.

**Recipient-provider**

An organization that receives RWHAP funds directly from HRSA HAB and provides direct client services. Replaces the term "grantee-provider."

**Recipient of record (or recipient)**

An organization receiving financial assistance directly from an HHS- awarding agency to carry out a project or program. A recipient also may be a recipient-provider if it provides direct services in addition to administering its grant. Replaces the term "grantee of record."

**Reflectiveness**

The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

**Representative**

Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

**Resource Allocation**

The Part A planning council responsibility to assign Ryan White HIV/AIDS Program amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

## **Resource Inventory**

An inventory of the financial resources available in a jurisdiction to meet the HIV prevention, care, and treatment needs of its population as well as resource gaps. The inventory also details the CDC-funded high impact prevention services and the HRSA-funded core medical and support services.

## **Ryan White HIV/AIDS Program Services Report (RSR)**

Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

## **Schedule of Charges**

Fees imposed on the RWHAP patient for services based on the patient's annual gross income. A schedule of charges may take the form of a flat rate or a varying rate (e.g. sliding fee scale). The schedule of charges is how you know what amount of money to charge a patient. The schedule of charges applies to uninsured patients with incomes above 100% FPL, and may be applied to insured patients as determined by RWHAP recipients' policies and procedures. When applied to insured patients, recipients should consider how their policy will be applied uniformly to all insured patients, rather than on a case-by-case basis.

## **Section 340B Drug Discount Program**

A program administered by the HRSA's Office of Pharmacy Affairs that was established by Section 340B of the Veteran's Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain recipients of federal agencies.

## **Seroprevalence**

The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

## **Service Gaps**

HIV prevention and care services for persons at risk for HIV and PLWH that do not exist in the jurisdiction.

## **Sexually Transmitted Disease (STD)**

## **Socio-demographics**

Demographic (e.g. race, age, gender identity, sex) and socioeconomic data (e.g. income, education, health insurance status) characteristics of individuals and communities. Also known as: SES, demographic data.

## **Special Projects of National Significance (SPNS)**

The part of the Ryan White HIV/AIDS Program under Part F that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

## **Statewide Coordinated Statement of Need (SCSN)**

The process of identifying the needs of persons at risk for HIV infection and people living with HIV (those receiving care and those not receiving care); identifying current resources available to meet those needs, and determining what gaps in HIV prevention and care services exist. The SCSN is a culminating report which consists of information gathered through needs assessments conducted by three separate entities: RWHAP Part A Recipients, RWHAP Part B Recipients, and CDC funded recipients. Required component of the Integrated HIV Prevention and Care Plan.

## **Subrecipient**

The legal entity that receives Ryan White HIV/AIDS Program funds from a recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient. Subrecipient replaces the term "Provider (or service provider)."

## **Substance Abuse and Mental Health Services Administration (SAMHSA) (link is external)**

Federal agency within HHS that administers programs in substance abuse and mental health.

**Support Services**

Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Recipient/sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

**Surveillance**

An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

**Surveillance Report**

A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

**Target Population**

A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

**Technical Assistance (TA)**

The delivery of practical program and technical support to the Ryan White community. TA is to assist recipients/sub-recipients, planning bodies, and affected communities in designing, implementing, and evaluating Ryan White-supported planning and primary care service delivery systems.

**Transitional Grant Area (TGA)**

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds. To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years and a population of at least 50,000. See also Eligible Metropolitan Area, EMA.

**Transmission Category**

A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and perinatal transmission.

**Unmet Need**

The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

**UCR**

Usual, customary, and reasonable, as in services for which there is a usual, customary, and reasonable fee associated. Such services are found on a fee schedule.

**Viral Load**

In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

**Waiver**

A waiver of the imposition of charges requirement can only be requested by RWHAP recipients operating as free clinics (recipients who do not impose a charge or accept reimbursement from any third party payor are eligible to request an imposition of charges waiver). Only a handful of RWHAP recipients are operating as free clinics – therefore, every other RWHAP recipient/ subrecipient should be charging patients over 100% FPL for applicable services, even if it is only \$1.

Organizations that receive funding from RWHAP and other Federal funding sources (i.e., facilities operated directly by the Indian Health Service or by Tribes through a contract with the Indian Health Service, Community Health Centers)

must follow the requirements imposed by each Federal program. To the extent that services under the RWHAP are provided and attributed to the RWHAP, RWHAP statutory requirements on imposition of charges must be followed.

**XML (Extensible Markup Language)**

A standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across all of the different computer platforms, languages, and applications.

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# Allocations Report

H89HA06900 - Clark County Social Service

Budget Year: 3/1/2020 - 2/28/2021 11:59:59 PM

Report Status: Working

Last Modified Date: 06/29/2020 03:31 PM

Contact Information of the Person Responsible for This Submission
Preparer's Name: Heather Shoop
Preparer's Phone: 7024557864
Preparer's Email: h2s@clarkcountynv.gov

Budget Year Award Information	
Base + Supplemental Award Amount:	\$5,923,695
MAI Grant Request / Award Amount:	\$476,510
<b>Total</b>	<b>\$6,400,205</b>

Part A Program Totals						
	Base + Supplemental Award		MAI Award		Combined Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
<b>Non-Services</b>						
a. Clinical Quality Management	\$296,185	5.00%	\$23,825	5.00%	\$320,010	5.00%
b. Grantee Administration	\$592,369	10.00%	\$47,651	10.00%	\$640,020	10.00%
<b>Non-services Subtotal</b>	<b>\$888,554</b>	<b>15.00%</b>	<b>\$71,476</b>	<b>15.00%</b>	<b>\$960,030</b>	<b>15.00%</b>
c. Core Medical Services	\$4,325,188	73.02%	\$405,034	85.00%	\$4,730,222	73.91%
d. Support Services	\$709,953	11.98%	\$0	0.00%	\$709,953	11.09%
<b>Total Service Allocations</b>	<b>\$5,035,141</b>	<b>85.00%</b>	<b>\$405,034</b>	<b>85.00%</b>	<b>\$5,440,175</b>	<b>85.00%</b>
<b>Total Allocations (Service + Non-service)</b>	<b>\$5,923,695</b>	<b>100.00%</b>	<b>\$476,510</b>	<b>100.00%</b>	<b>\$6,400,205</b>	<b>100.00%</b>

Breakdown of Services						
Service	Base + Supplemental Award		MAI Award		Combined Total	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>Core Medical Services</b>						
a. Outpatient/Ambulatory Health Services	\$1,309,137	26.00%	\$202,516	50.00%	\$1,511,653	27.79%

# Allocations Report

H89HA06900 - Clark County Social Service

Budget Year: 3/1/2020 - 2/28/2021 11:59:59 PM

Report Status: Working

Last Modified Date: 06/29/2020 03:31 PM

b. AIDS Pharmaceutical Assistance (LPAP, CPAP)	\$0	0.00%	\$0	0.00%	\$0	0.00%
c. Oral Health Care	\$236,652	4.70%	\$0	0.00%	\$236,652	4.35%
d. Early Intervention Services (EIS)	\$589,112	11.70%	\$0	0.00%	\$589,112	10.83%
e. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$100,703	2.00%	\$0	0.00%	\$100,703	1.85%
f. Home Health Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
g. Home and Community-Based Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
h. Hospice	\$0	0.00%	\$0	0.00%	\$0	0.00%
i. Mental Health Services	\$236,652	4.70%	\$0	0.00%	\$236,652	4.35%
j. Medical Nutrition Therapy	\$251,757	5.00%	\$0	0.00%	\$251,757	4.63%
k. Medical Case Management, including Treatment Adherence Services	\$1,535,718	30.50%	\$202,518	50.00%	\$1,738,236	31.95%
l. Substance Abuse Outpatient Care	\$65,457	1.30%	\$0	0.00%	\$65,457	1.20%
m. AIDS Drug Assistance Program Treatments	\$0	0.00%	\$0	0.00%	\$0	0.00%
<b>Core Medical Services</b>	<b>\$4,325,188</b>	<b>85.90%</b>	<b>\$405,034</b>	<b>100.00%</b>	<b>\$4,730,222</b>	<b>86.95%</b>
<b>Support Services</b>						
a. Non-Medical Case Management Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
b. Child Care Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
c. Emergency Financial Assistance	\$211,475	4.20%	\$0	0.00%	\$211,475	3.89%
d. Food Bank/Home Delivered Meals	\$85,597	1.70%	\$0	0.00%	\$85,597	1.57%
e. Health Education/Risk Reduction	\$151,054	3.00%	\$0	0.00%	\$151,054	2.78%
f. Housing	\$0	0.00%	\$0	0.00%	\$0	0.00%
g. Linguistic Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
h. Medical Transportation	\$140,984	2.80%	\$0	0.00%	\$140,984	2.59%
i. Outreach Services	\$0	0.00%	\$0	0.00%	\$0	0.00%

# Allocations Report

H89HA06900 - Clark County Social Service

Budget Year: 3/1/2020 - 2/28/2021 11:59:59 PM

Report Status: Working

Last Modified Date: 06/29/2020 03:31 PM

j. Psychosocial Support Services	\$120,843	2.40%	\$0	0.00%	\$120,843	2.22%
k. Referral for Health Care and Support Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
l. Rehabilitation Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
m. Respite Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
n. Substance Abuse Services (residential)	\$0	0.00%	\$0	0.00%	\$0	0.00%
o. MAI Education	\$0	0.00%	\$0	0.00%	\$0	0.00%
p. MAI Outreach	\$0	0.00%	\$0	0.00%	\$0	0.00%
q. Other Professional Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
<b>Support Services</b>	<b>\$709,953</b>	<b>14.10%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$709,953</b>	<b>13.05%</b>
<b>Total Service Allocations</b>	<b>\$5,035,141</b>	<b>100.00%</b>	<b>\$405,034</b>	<b>100.00%</b>	<b>\$5,440,175</b>	<b>100.00%</b>

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HAB: Ryan White HIV/AIDS Program Part A HIV Emergency  
Relief Grant Program

Objective Review Committee Final Summary Statement

**Score: 90**

Application Number: 169114

Application Name: Clark, County of

State: NV City: Las Vegas

## **NEED**

### **Demonstrated Need**

#### **Criterion 1.1.1: Epidemiological Profile**

##### **Strength:**

An extensive and comprehensive overview of the rates of HIV infection broken down by demographics with multiple graphs and tables provides a clear picture of the three counties rates of contagion.

The application provides clear charts with both incidence and prevalence data according to race, ethnicity, age, and mode of transmission.

The application very clearly outlines the needs of each community as well as the relative rates of increase of HIV.

The applicant organization clearly documents an increase in the rates of HIV cases within the emerging population.

##### **Weakness:**

None

**Criterion 1.1.2: HIV Care Continuum**

**Strength:**

The applicant organization provides a detailed description of the HIV care continuum for the proposed target population using the current calendar year.

**Weakness:**

None

**Criterion 1.1.3: Co-occurring Conditions**

**Strength:**

An in-depth and comprehensive overview of co-occurring conditions is presented with specific examples given, such as the elevated rate of Hepatitis C among the identified population.

**Weakness:**

None

**Criterion 1.1.4: Complexities of Providing Care**

**Strength:**

The applicant organization provides a detailed description of the poverty and health care coverage for the people with HIV (PWH) in the proposed target area.

The applicant organization provides a detailed description of the relevant factors that limit access to health care for the proposed target area.

**Weakness:**

None

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

### **Criterion 1.2.1: EIIHA Plan**

#### **Strength:**

A clear overview of the anticipated outcome of early intervention is presented with the goal to engage clients into care and HIV testing.

The application provides an innovative approach to early identification of PWH who do not know their status by utilizing 35 non-traditional partner venues.

The applicant organization provides detailed descriptions of the primary activities which will be undertaken in the Early Identification of Individuals with HIV/AIDS (EIIHA) plan.

The applicant organization provides a detailed description of all collaborators supporting and participating in the proposed project.

#### **Weakness:**

None

### **Criterion 1.2.2: Appropriateness of the description of three (3) distinct target populations...**

#### **Strength:**

The applicant organization clearly identifies the three (3) target populations to receive services from the proposed project and provides the rationale for their selection.

#### **Weakness:**

None

### **Criterion 1.2.3: Clarity and completeness of plans to address legal barriers...**

#### **Strength:**

The applicant organization clearly indicates that there are no legal barriers in both Arizona and Nevada.

**Weakness:**

None

**RESPONSE**

**Criterion 2.1: Methodology**

**Strength:**

The applicant organization provides a detailed description of the assessment for the recipient's payments for the proposed project.

**Weakness:**

None

**Criterion 2.2: Work Plan**

**Strength:**

The work plan provides a comprehensive overview of the planned goals and objectives for the proposal.

The applicant organization provides a detailed service category plan for the proposed project.

**Weakness:**

None

**Criterion 2.3: Resolution of Challenges**

**Strength:**

The applicant organization clearly identifies all challenges to integrating, designing, and implementing the proposed project and provides appropriate resolutions for each.

**Weakness:**

None

### **Criterion 3: EVALUATIVE MEASURES**

#### **Strength:**

The applicant organization clearly documents how clinical quality management (CQM) data will be utilized for improving or changing service delivery for the proposed population.

#### **Weakness:**

None

### **Criterion 4: IMPACT**

#### **Strength:**

The applicant organization provides a detailed description of how changes in the health care landscape changed the outcome of the health outcomes of the proposed target population.

The applicant organization provides a detailed description of the HIV Care Continuum clearly documenting how the proposed project will positively impact the target population.

A comprehensive, in-depth and thorough HIV Care Continuum Table is presented that clearly and succinctly covers all aspects of care.

#### **Weakness:**

None

## **RESOURCES/CAPABILITIES**

### **Criterion 5.1: Program Organization**

#### **Strength:**

The applicant organization provides a detailed staffing plan for the proposed project.

A very strong staffing plan is presented that clearly shows the key personnel involved in bringing this proposal to fruition will have the needed FTE(s) as noted by the multiple full time positions.

**Weakness:**

None

**Criterion 5.2: Recipient Accountability**

**Strength:**

A clear overview is provided detailing fiscal responsibility, but not limited to third party billing and reimbursement.

The application clearly outlines the most common program monitoring findings for the project period and corrective actions.

**Weakness:**

None

**Criterion 6: SUPPORT REQUESTED**

**Strength:**

The applicant organization presents an appropriate budget with each line-item essential to render a successful project.

**Weakness:**

None



**Part A Service Category Plan Table**

Service Categories	FY 2019 Actual					
	Expended Amount	Variance %	Unduplicated Clients	Variance %	Service Units	Variance %
Early Intervention Services	\$ 516,066.00	-6%	670	-4%	1,896	-37%
Health Insurance Premium & Cost Sharing Assistance	\$ 98,375.00	208%	143	14%	303	-36%
Medical Case Management (Incl. Treatment Adherence)	\$ 1,515,397.00	-6%	3,669	31%	25,317	-6%
Medical Nutrition Therapy	\$ 235,515.00	32%	326	-46%	1,287	-36%
Mental Health Services	\$ 152,126.00	-45%	304	-28%	1,617	-46%
Oral Health Care	\$ 419,962.00	8%	493	-38%	2,142	-39%
Outpatient/ Ambulatory Health Services	\$ 1,202,519.00	-12%	1,131	3%	3,961	32%
Substance Abuse Outpatient Care	\$ 45,183.00	-53%	38	-75%	399	-63%
Emergency Financial Assistance	\$ 206,029.00	26%	241	-18%	345	-31%
Food Bank/ Home Delivered Meals	\$ 76,736.00	18%	226	-52%	2,074	-10%
Health Education/ Risk Reduction	\$ 140,197.00	-15%	324	8%	942	-50%
Housing	\$ 4,183.00	-94%		-100%		-100%
Medical Transportation	\$ 173,911.00	21%	519	-1%	3,561	42%
Psychosocial Support	\$ 111,003.00	-7%	184	-34%	2,655	166%

**MAI Service Category Plan Table**

Medical Case Management (Incl. Treatment Adherence)	\$ 125,816.00	-35%	561	12%	4,231	30%
Outpatient/ Ambulatory Health Services	\$ 213,929.00	11%	454	21%	2,082	-17%

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## 2021/22 Priority Setting and Resource Allocations Process

On an annual basis, the Planning Council convenes its membership, a culturally diverse group of members representing multiple organizations to include those funded by Ryan White HIV/AIDS Program (RWHAP), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), State funded HIV/STI Prevention and Care organizations, as well as consumers of the RWHAP and local community members. This group of diverse individuals convenes annually to provide guidance in developing priorities and allocating funds to service categories for the Ryan White Part A program in the Las Vegas Transitional Grant Area (TGA)

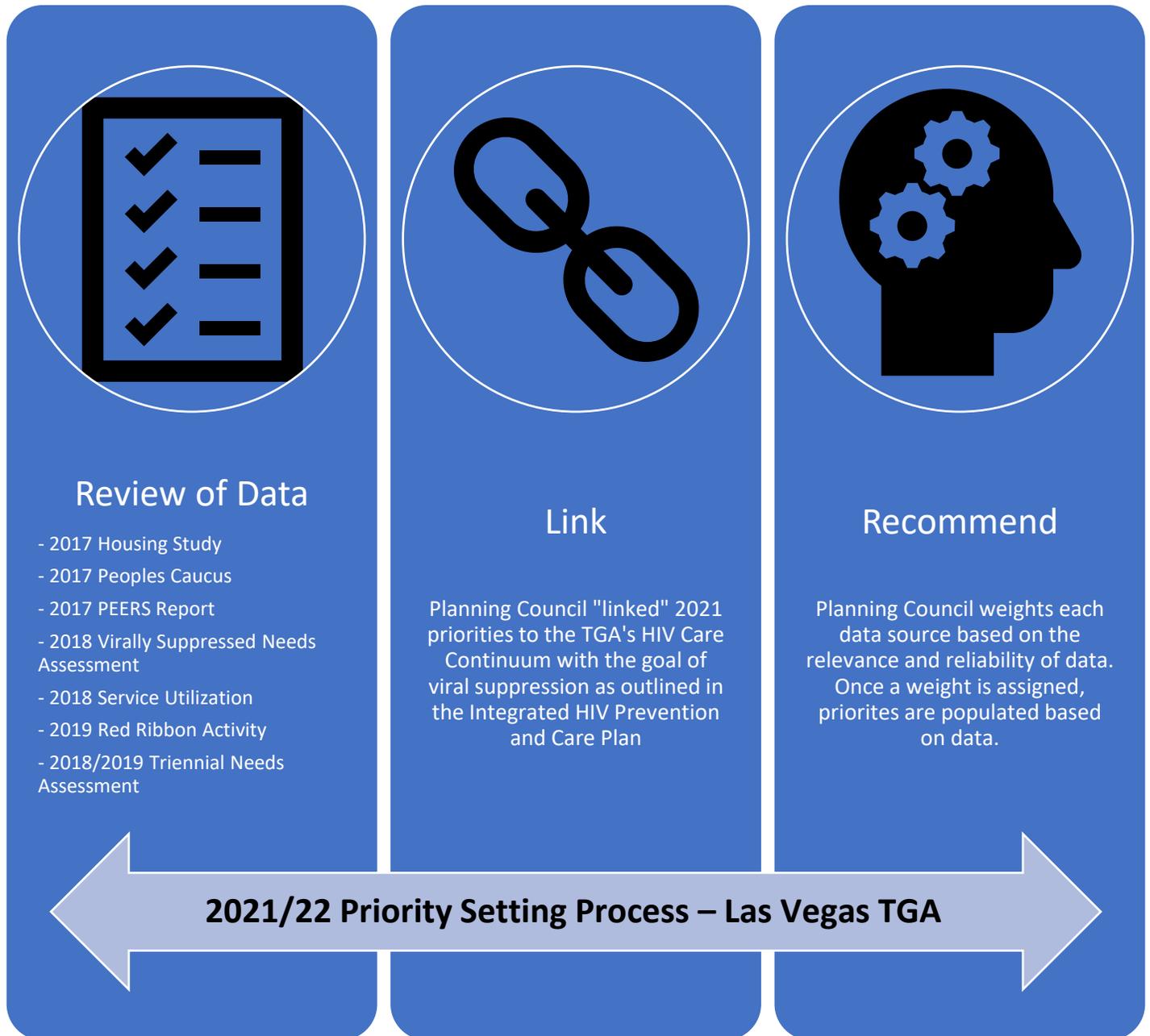
The Planning Council has developed a data driven model for conducting the annual Priority Setting and Resource Allocations (PSRA) process. The process is divided into 4 components: (1) PLWH currently in the RW Part A/MAI care system; (2) PLWH that are newly diagnosed that will enter the RW Part A/MAI program utilizing the TGA's Epidemiological data; (3) out of care individuals to bring into care based on the TGA's underserved populations; and (4) unaware individuals who do not know their HIV status, identifying, testing, and linkage to appropriate medical care. The latter component will occur through the EIS/EIHA Plan and will work in conjunction with various community partners and funded programs that address HIV and co-morbidities in the TGA.

The Planning Council has developed the following procedures for conducting the 2021/22 PRSA process:

**Tuesday, July 15, 2020: Mandatory Data Session and PSRA Training.** The data session and PSRA training will take place via Zoom Conferencing due to the COVID-19 pandemic and the Planning Council's inability to meet in person. The mandatory data session and PSRA training will include the review of the following data sets:

1. Glossary of Terms
2. Policy Clarification Notice 16-02
3. 2020/21 Allocations Report
4. 2020/21 Grant Score
5. 2019/20 Service Utilization Data
6. 2019/20 Funded Service Categories
7. 2019/20 Consumer Forum Red Ribbon Survey Results
8. 2019/20 Client Satisfaction Survey Results
9. 3-year trend of Service Utilization Data
10. 3-year trend of Expenditures

The PSRA process includes the following steps: Determination of data needs –The Planning Council identifies data which is needed for the PSRA process, and Planning Council Support staff request this data in advance of the PSRA data session. PSRA process review for PC member – Planning Council Support staff presents information on the process for PSRA. This includes a review of the requested data sets mentioned previously and Planning Council member expectations. Presentation of data –RWPA service utilization data over a 3-year period is presented to the Planning Council prior to PSRA. Determination of priorities – Based on data presented, the Planning Council determines the priority for each service category to be funded by ranking data sets. The graphic below demonstrates the Priority Setting process in the San Antonio TGA.





## Review of Data

Planning Council reviews a 3 year trend of cost and service utilization data for all service categories. The following are data sets:

1. Unduplicated client count
2. Unit cost by service category
3. Average cost per client
4. Other funding sources (RWHAP, HOPWA, Medicaid)



## Resource Allocation Components

The Planning Council utilizes data sources to determine all resource allocations for GY2021/22 with focus on the following 4 components:

### Component 1:

PLWH currently in the RWPA care system (Maintain)

### Component 2:

PLWH Newly Diagnosed entering the care system

### Component 3:

PLWH Out of Care / Lost to Care

### Component 4:

Unaware Population

## 2021/22 Resource Allocation Process – Las Vegas TGA

## Resource Allocation Percentages by HRSA defined Service Category

Resource allocation percentages are developed and approved by the Planning Council based on the total grant award. The approved percentages are reported to the Recipient with the directive to apply service dollars in accordance with the approved resource allocations. The TGA's service priorities and allocations align with the updated National HIV/AIDS Strategy, the Integrated HIV Prevention and Care Plan and the TGA's Continuum of Care goal of viral suppression.

The PSRA process includes the following steps: **Determination of data needs** –The Planning Council identifies data which is needed for the PSRA process, and Planning Council Support staff request this data in advance of the PSRA data session. **PSRA process review for PC member** – Planning Council Support staff presents information on the process for PSRA. This includes a review of the requested data sets mentioned previously and Planning Council member expectations. **Presentation of data** –RWPA service utilization data over a 3-year period is presented to the Planning Council prior to PSRA. **Determination of priorities** – Based on data presented, the Planning Council determines the priority for each service category to be funded by ranking data sets. **Resource allocation**: Based on the data presented and the assigned priority, the Planning Council determines how much funding should be allocated to each service category. **Final approval** – The Planning Council votes to approve the final priorities and allocation of funds for each service category. **Evaluation of PSRA activities** – Once the PSRA is complete the Planning Council is given the opportunity to provide feedback on the entire PRSA process.

A survey is conducted requesting feedback and input for the next year’s process. The survey results related to the 2020/21 PSRA session indicated the Planning Council is highly satisfied with the current PRSA methodology. Suggestions for process improvement included a longer period for data review, a meeting place with air conditioning, and a Red Ribbon Exercise that asked precise question so that response would be more reflective of needs.

All funding decisions are data driven and include qualitative information on community needs with consideration of consumer input. The Planning Council utilizes past needs assessments, the most recent quality improvement data, service utilization, trending statistics, consumer input and aligns it with the TGA’s Continuum of Care with the goal of viral suppression. The PC weighs each data source based on relevance to determine and approve service category priorities. Unless service categories show significant change in utilization, the PC does not deviate greatly from the service category’s allocation at the close of the previous grant year. This is to ensure that services are provided at consistent levels.



<https://www.surveymonkey.com/r/LVTGAPSRA2021>

## Las Vegas TGA Red Ribbon Exercise

### What services are most important to link to care?

*Denotes Core Service*

*Denotes Support Service*

#### AIDS Drug Assistance Program (ADAP) Treatments

Program to provide medications (for free) form the State (Ryan White Part B)

<input type="checkbox"/>				
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#### Child Care Services

Assistance with child health care services

<input type="checkbox"/>				
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#### Early Intervention Services

Program to return people to HIV medical care or link newly diagnosed individuals to HIV medical care

<input type="checkbox"/>				
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#### Emergency Financial Assitance

Short-term emergency financial assistance to help pay rent, utilities, etc

<input type="checkbox"/>				
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#### Food Bank/Home Delivered Meals

Food supplied through a food bank, food vouchers, or home-delivered meals

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### Health Education/Risk Reduction

Educational services on HIV and health-related issues



### Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Getting assistance with medical insurance and doctor visits/prescription co-pays



### Home and Community-Based Health Services

Health services provided at home



### Home Health Care

A service your HIV medical care doctor orders to provide in-home help with your medical needs.



### Hospice Services

End-of-life care services



### Housing Services

Short-term financial assistance to pay rent and to prevent homelessness



### Linguistic Services

Interpretation and translation services



### Local AIDS Pharmaceutical Assistance Program (LPAP)

Receiving medications not available through ADAP



**Medical Case Management, including Treatment Adherence Services**

Case management services



**Medical Nutrition Therapy**

Licensed professional to assist clients with dietary needs



**Medical Transportation**

Nonemergency transportation to HIV medical appointments and HIV support services



**Mental Health Services**

Mental health services in an individual or group setting



**Non-Medical Case Management Services**

Case management services



**Oral Health Care**

Dental services



**Other Professional Services (Legal Services)**

Assistance with legal services



**Other Professional Services (Permanency Planning)**

Planning services for family members after death



### **Outpatient/Ambulatory Health Services**

Seeing your HIV medical doctor



### **Outreach Services**

Program to return people to HIV medical care or link newly diagnosed individuals to HIV medical care



### **Psychosocial Support Services**

Individual, or group support and counseling provided by a non-licensed professional



### **Referral for Healthcare and Support Services**

Referral services for clients to other HIV core medical and HIV supportive services



### **Rehabilitation Services**

HIV-related therapy to improve or maintain quality of life



### **Respite Care**

In home short-term help with medical needs



### **Substance Abuse Services (residential)**

Rehabilitation for drug use in a drug treatment facility (overnight stays)



### **Substance Abuse Services-Outpatient**

Rehabilitation for drug use in an outpatient setting (no overnight stays) (Methadone)





Las Vegas TGA Red Ribbon Exercise

**What services are most important to maintain someone in care?**

*Denotes Core Service*

*Denotes Support Service*

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