



STAFF REPORT

Report To: Board of Supervisors

Meeting Date: October 6, 2016

Staff Contact: Nicki Aaker (naaker@carson.org)

Agenda Title: For Possible Action: To grant permission for Carson City Health and Human Services to apply for the Ryan White HIV/AIDS Program - HIV Care Grant Program - Part B Grant through the Nevada Department of Health and Human Services, Division of Public and Behavioral Health.

Staff Summary: Grant applications for the project period April 1, 2017 - March 31, 2020 are due October 21, 2016. This grant will allow CCHHS to continue to provide the services currently being provided to people living with HIV/AIDS in rural and frontier areas in Nevada which includes Carson City. Currently, the program's is managed by CCHHS' Treatment Adherence Counselor. The objectives of the program include: 1) provide treatment adherence counseling to individuals living with HIV/AIDS who are reported as out of care in order to increase the percentage of clients who adhere to their prescribed medication treatment and are retained in care; 2) serve as a resource to Treatment Adherence Counselors in Washoe and Clark Counties; and 3) conduct a Quality Improvement project on the effectiveness of the Ryan White Care Binder.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to grant permission for Carson City Health and Human Services to apply for the Ryan White HIV/AIDS Program - HIV Care Grant Program - Part B Grant through the Nevada Department of Health and Human Services, Division of Public and Behavioral Health.

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

CCHHS has been receiving this grant since June 2013. For the next funding cycle, an application is required. The position funded by this grant currently exists and is a full time Carson City employee. No additional full time personnel will be necessary. No fiscal match is required.

The expected outcomes of this grant in which CCHHS can assist with are "to establish a seamless system to immediately link people diagnosed with HIV to continuous and coordinated quality care, ... and to support people with HIV with co-occurring health conditions and those who have challenges meeting their basic needs" (State of Nevada's Request for Qualifications, p. 2). This grant "...supports the National HIV/AIDS Strategy (NHAS) goals of: 1) Reducing New HIV Infections; 2) Increasing Access to Care and Improving Health Outcomes for People Living with HIV; and 3) Reducing HIV-Related Disparities and Health Outcomes. In order to maximize effectiveness in meeting these goals, the Nevada Division of Public and Behavioral Health (DPBH) Office of

HIV/AIDS (OHA) partners a variety of community based organizations (CBOs)." (State of Nevada's Request for Qualifications, p. 6).

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? Yes No

If yes, account name/number:

Is it currently budgeted? Yes No

Explanation of Fiscal Impact: N/A

Alternatives

To deny permission for Carson City Health and Human Services to apply for the Ryan White HIV/AIDS Program - HIV Care Grant Program - Part B Grant through the Nevada Department of Health and Human Services, Division of Public and Behavioral Health.

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Bureau of Behavioral Health, Wellness, and Prevention
Office of HIV/AIDS
Ryan White HIV/AIDS Program - HIV Care Grant Program – Part B

Announcement Type: Request For Qualifications 2017
Announcement Number: RW 17-18-19

Funding Opportunity Announcement
April 1, 2017 – March 31, 2020

Release Date: September 1, 2016
Application Due Date: October 21, 2016

Dan J. Olsen, MPH
HIV/AIDS Program Manager
Office of HIV/AIDS
Email: djolsen@health.nv.gov
Telephone: (775) 684-4247
Fax: (775) 684-4056

Authority: Section 2692 (42 U.S.C. §300ff-111) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009.

To our Current and Potential Subgrantees:

Nevada Division of Public and Behavioral Health announces funds are available to meet the service categories expressed in the Ryan White HIV/AIDS Treatment Extension Act of 2009 (PL 111-87) areas under the Part B – Care Grant Program. The Division expects applicants to propose innovative, deliberative, and patient-centered solutions to the agency’s stated problem or needs, as specified in the guide.

This is the first year that we will be accepting project proposals that extend to a maximum of three years. It is not mandatory for an agency to submit a three- year proposal. The federal funding that the State of Nevada receives for the Ryan White Part B Program is applied for, and received annually, thus, funding of a multi-year proposal past year one is contingent upon federal funding.

The project period is April 1, 2017 through March 31, 2020
The budget period for this proposal is April 1, 2017 to March 31, 2018.

Completed applications must be received no later than
Friday, October 21, 2016 at 5:00 PM PST

Purpose:

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who do not have sufficient health care coverage or financial resources for managing their HIV. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas.

Expected Outcomes:

To establish a seamless system to immediately link people diagnosed with HIV to continuous and coordinated quality care; enhance the number and diversity of available providers of clinical care and support services for people with HIV; and support people with HIV with co-occurring health conditions and those who have challenges meeting their basic needs.

Scope of Work:

It is the intention of the Ryan White Part B program to fund proposals in the service areas outlined in the guide. If an applicant wishes to address more than one service area, a separate application must be submitted with a distinct project name. The Ryan White Part B may only consider proposals which meet the proposal parameters and scope of work as outlined in this announcement. This may affect the funding distribution in any of the service areas by redirecting funds into another area.

Thank you,

Dan

Dan J. Olsen, MPH
HIV/AIDS Section Manager
Nevada Division of Public and Behavioral Health
4126 Technology Way, Suite 200
Carson City, NV 89706
Tele: (775) 684-4247 ~ Fax: (775) 684-4056
Email: djolsen@health.nv.gov

Website:

http://dpbh.nv.gov/Programs/HIV-Ryan/Ryan_White_Part_B_-_Home/

Executive Summary

The Division of Public and Behavioral Health, Bureau of Behavioral Health, Wellness, and Prevention; Office of HIV/AIDS is accepting applications for fiscal years (FY) 2017-2020 (Three [3] Years) for the Ryan White HIV/AIDS Program Part B service categories. The purpose of this program is to assist Nevada in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income people living with HIV (PLWH). It supports the National HIV/AIDS Strategy (NHAS) goals of reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.

Funding Opportunity Title:	Ryan White HIV/AIDS Care Services
Funding Opportunity Number:	RW 17-18-19
Due Date for Applications:	October 21, 2016
Anticipated Total Annual Available Funding:	\$2,650,830
Estimated Number and Type of Award(s):	32 Subgrants
Estimated Award Amount:	Dependent upon Federal Notice of Grant Award
Cost Sharing/Match Required:	None
Project Period:	April 1, 2017 – March 31, 2020 (3 years)
Eligible Applicants:	This opportunity is limited to non-profit organizations (e.g., community, faith based, and tribal organizations), county and state governments serving priority areas, locations and populations based on the State of Nevada's HIV/AIDS Integrated Plan and National HIV/AIDS Strategy.

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Funding Opportunity Description

The Nevada Division of Public and Behavioral Health (DPBH) – Office of HIV/AIDS (OHA) announces funds are available to address the focus areas and objectives under the Ryan White HIV/AIDS Part B Program (RWPB) through the Health Resources and Services Administration (HRSA) Funding Opportunity Announcement for Catalog of Federal Domestic Assistance (CFDA) No. 93.917. The OHA expects applicants to propose creative, innovative, and evidence-based solutions to the agency's stated problem or need, as specified herein. The timeline for this project is April 1, 2017 through March 31, 2020.

All funds are pre-awarded based on the Ryan White HIV/AIDS Treatment Extension Act of 2009 HIV Emergency Relief Grant No. 93.917 for Grant Year April 1, 2017 – March 31, 2018 for the Nevada Department of Health and Human Services. Funds for Grant Years April 1, 2018 – March 31, 2020 are contingent upon receipt of Grant Award funds from Health Resources and Services Administration to the Nevada Department of Health and Human Services.

This funding is used to assist the development or enhancement of access to a comprehensive continuum of high quality, community-based care for low-income individuals living with HIV in the State of Nevada. As such, it supports the National HIV/AIDS Strategy (NHAS) goals of: 1) Reducing New HIV Infections; 2) Increasing Access to Care and Improving Health Outcomes for People Living with HIV; and 3) Reducing HIV-Related Disparities and Health Outcomes. In order to maximize effectiveness in meeting these goals, OHA partners a variety of community based organizations (CBOs).

National Monitoring Standards

“A comprehensive system of HIV care includes the 13 core medical services specified in the Public Health Service (PHS) Act, Section 2612(b)(3) [42 U.S.C. 300ff-21(b)(3)], as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). Comprehensive HIV care beyond these core services may include supportive services that meet the criteria of enabling individuals and families living with HIV to access and remain in primary medical care to improve their medical outcomes. These core and appropriate support services assist PLWH in accessing treatment for HIV infection that is consistent with the Department of Health and Human Services (HHS) Treatment Guidelines (see <http://www.aidsinfo.nih.gov>).”¹

These 13 core medical service categories and an additional 15 support services are found in the National Monitoring Standards for Ryan White Part B Grantees: Program and HRSA/HAB Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. These service categories are designed to help Ryan White HIV/AIDS Program grantees meet federal requirements for program implementation, fiscal monitoring, quality management, and reporting to improve program efficiency and responsiveness. The National Monitoring Standards and HRSA/HAB's Policy Clarification Notices are designed to:

¹ U.S. Department of Health and Human Services Funding Opportunity Announcement HRSA-16-079, Released September 21, 2015.

- Help grantees comply with federal requirements on proper use of federal grant funds, based on the Ryan White HIV/AIDS Program legislation, federal regulations establishing administrative requirements for HHS grant awards, Office of Management and Budget (OMB) principles, the HHS Grants Policy Statement, HRSA/HAB policies, the Notice of Grant Award and Conditions of Grant Award, and DSS program guidance.
- Meet grantee requests for clarity on HRSA/HAB expectations regarding the level, scope, and frequency of subgrantee monitoring.
- Provide a single document that includes the minimum expectations for both program and fiscal monitoring.
- Address concerns of HRSA, Congress, and the OIG regarding administrative oversight of Ryan White HIV/AIDS Program grantees and providers/subgrantees.
- Help streamline and standardize Project Officer monitoring and site visit functions.
- Enhance program compliance at the local, state, and federal levels – and reduce negative HRSA and OIG audit findings.
- Ensure proper stewardship of all grant funds and activities, whether carried out by the grantee or by a subgrantee provider; and
- Communicate applicable requirements to subgrantees and monitoring them for compliance.

The following links to the HRSA, HIV/AIDS Bureau, and Division of Service Systems access full versions of the National Monitoring Standards and Policy Clarification Notices

Part B Program Monitoring Standards:

<http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>

Part B Fiscal Monitoring Standards:

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>

Universal Part A and B Monitoring Standards

<http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>

Frequently Asked Questions

<http://hab.hrsa.gov/manageyourgrant/files/programmonitoringfaq.pdf>

HRSA/HAB Policies & Program Letters

<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>

Focus Areas, Objectives, Performance Measures, and Service Goals

It is the intention of the RWPB Program to fund proposals in the focus areas identified in the Part B Service Categories/Focus Areas listed below. These focus areas were identified from the Integrated HIV Prevention and Care Plan (see draft version at [Attachment D](#)).

Agencies are encouraged to address more than one service category to develop a coordinated continuum of care that meets the medical and social needs of clients served. If service categories are funded by other sources please explain in program narrative.

It is recommended that applicants review the [National HIV/AIDS Strategy Updated to 2020](#), the relevant [Policy Clarification Notices and Letter](#) released by the HIV/AIDS Bureau of the Health Resources and Services Administration, and [Attachment C](#) for the definitions of the Service Categories.

Funding of RWPB services follow a HRSA specified allocation schedule for Core Medical Services and for Support Services, the State is required to encumber at least 75% of our federal award to core medical services. In addition to the primary service categories being solicited for there are additional administrative, quality management and evaluation, training, and planning activities that may be available for funding special projects.

Core Medical Services	Support Services
Outpatient/Ambulatory Health Services	Non-Medical Case Management Services
Oral Health Care	Health Education/Risk Reduction
Early Intervention Services	Housing Services <i>(all counties except Clark)</i>
Health Insurance Premium & Cost Sharing Assistance	Legal Services
Mental Health Services	Medical Transportation Services
Medical Nutrition Therapy	Psychosocial Support Services
Medical Case Management & Treatment Adherence	Referral for Health Care and Support Services
Substance Abuse Services Outpatient	

New/Existing Projects of Special Focus	Category Match	Notes
<p>Nevada Retention in Care Project Utilizes 45-day medication claim payment list and lapse in recertification list</p>	<p>Early Intervention Service Health Education/Risk Reduction combined with Outreach Services Non-Medical Case Management</p>	<p>1-3 grants for Clark County 1 grant for Washoe County 1 grant for rural/frontier counties</p>
<p>Nevada Center for Excellence Capacity Development project supporting at least three content-focused trainings during the grant year including workforce development</p>	<p>Planning & Technical Assistance</p>	<p>1 grant</p>
<p>Chronic Disease Self-Management Program and Positive Self-Management Program</p>	<p>Health Education/Risk Reduction</p>	<p>1-3 grants</p>
<p>Justice Involved Transitional Case Management</p>	<p>Non-Medical Case Management Referral to Health Care and Support Services</p>	<p>1 grant for Clark County 1 grant for remainder of Nevada</p>
<p>Peer Support Services using a evidence-based, best practice peer support training curriculum</p>	<p>Non-Medical Case Management Health Education / Risk Reduction Psychosocial Support Services</p>	<p>1 grant for Southern Nevada for high-impact groups based on epidemiological data</p>
<p>High Acuity Case Management: design a program where clients upon being given an acuity survey those with a high acuity score are automatically referred to case management</p>	<p>Non-Medical Case Management</p>	<p>1 grant for Southern Nevada</p>

Technical Requirements

1. Who may apply?

- a. To apply for a subgrant from the DPBH, RWPB Program, an organization must be either 1) a 501(c)(3); 2) a for-profit corporation (only if services are not immediately available in a designated service area); 3) an educational institution; 4) a state agency; 5) a religiously affiliated organization; or 6) a local governmental agency performing or anticipating performing a function relevant to program goals of the RWPB.
- b. **Excluded Parties** – The DPBH requires that no contractors or sub-recipients of Federal funding are to be found on the Lists of Parties Excluded from Federal Procurement or Non-procurement Programs accessible at <https://www.sam.gov>

2. How does an agency submit an application?

- a. Applications must be completed on forms included in the application packet provided by the Office of HIV/AIDS the application packet must be **emailed to Dan Olsen in original files (Word, Excel) and the required hard copies** must be received **on or before** the deadline date and time.

3. What is the required format?

- a. Each proposal submitted **must** contain the following sections:
 - i. **Cover Page**
 - ii. **Company Profile**
 - iii. **Technical Proposal**
 - iv. **Agency Summary & Experience**
 - v. **Project Narrative**
 - vi. **Scope of Work**
 - vii. **Budget Plan**
 - viii. **Required Supplements**
 - ix. **Optional Supplements**
 1. You can include up to 5 pages of relevant support materials, including samples of newspaper articles, letters of support, etc. In addition, any charts, graphs, statistical information or substantiating documentation of statements listed in the text of the proposal should be included in the list of attachments.
 - x. **Application Checklist**

Request for Qualification (RFQ) Timeline

TASK	DUE DATE & TIME
RWPB distributes the Request for Qualifications Guide with all submission forms	September 9, 2016
Deadline for submitting first set of questions	September 16, 2016
Mandatory Workshop via teleconference to discuss the performance measures, submission forms, submittal process, and discuss the first set of questions submitted by September 13, 2016 above. See teleconference information below.	September 21, 2016 9 am – 11 am Workshop or 2 pm – 4 pm Workshop
Deadline for submission of applications	October 21, 2016, 2 pm (PST)
Evaluation Period: review of applications	Oct. 24, 2016 – Nov. 10, 2016
Selection notice to applicants	November 15, 2016
Completion of subgrant awards and contracts	February 2017
Grant Contract Commencement of Project – Pending approved HRSA grant award and receipt of Notice of Award	April 1, 2017

NOTE: These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective vendors.

Teleconference Workshop

TOLL FREE CALL-IN NUMBER: 1-888-363-4735, PARTICIPANT CODE: 6540475	
Mandatory Workshop to discuss the performance measures, the submission forms, submittal process, and discuss the first set of questions submitted by September 13, 2016 above.	September 21, 2016 9:00 am-11:00 am or 2:00 pm-4:00 pm

There are two opportunities to participate in the Teleconference Workshop; it is only mandatory to join one (1) workshop but feel free to join both sessions if you like.

Please email all questions regarding the application process to Dan Olsen by 12:00 pm PST on September 13th. All questions will remain anonymous but will be answered by the RWPB staff during the Teleconference Workshops on September 21, 2016. A Frequently Asked Question (FAQ) link will be posted after the last teleconference will all the questions and answers provided. If there are questions that come in after 5:00pm on September 21st (via email to Dan Olsen), they will be posted on September 23, 2016 to the FAQ link.

Submittal Instructions

FIRST: The proposal shall be prepared and submitted in original word and excel format on the forms presented in this guide and should be presented in the same order on the checklist. Applicants shall prepare their proposal responses written in ***an easily distinguishable 12-point font with one-inch margins*** immediately following the applicable question/section.

SECOND: Applicants shall submit their entire application package electronically to RWPB to Dan Olsen at djolsen@health.nv.gov on or before the proposal submission deadline. An emailed reply will verify your submission has been received. Applicants may submit their proposal any time prior to the stated deadline.

THIRD: In addition to the electronic submission, one (1) hard copy original proposal marked “MASTER” and one (1) identical copy, must be received on or before the deadline to the following location:

To: **Nevada Division of Public and Behavioral Health**
ATTN: Dan J. Olsen
HIV/AIDS Section Manager
4126 Technology Way, Suite 200
Carson City, NV 89706

Proposals submitted shall be clearly labeled on the outside of a sealed envelope as follows:

Ryan White Par B Request for Qualification 2017

PROPOSAL DEADLINE DATE: October 21, 2016 at 2:00 pm (PST)

Please be advised: Proposals that do not **arrive** as instructed by proposal deadline will not be accepted during the first disbursement of funds.

1. The State will not be held responsible for proposal envelopes mishandled as a result of the envelope not being properly prepared. Proposals may be modified by e-mail or written notice provided such notice is received prior to the opening of the proposals.
2. For ease of evaluation, the proposal shall be submitted on the forms presented in this guide and should be presented in the same order. Responses to each section and subsection should be complete, marking any section or sub-section as “N/A” for not applicable, so as to indicate that no item was missed or addressed. Exceptions to this will be considered during the evaluation process.
3. If complete responses cannot be provided without referencing supporting documentation, such documentation must be provided with the proposal and specific references made to the tab, page, section and/or paragraph where the supplemental information can be found.
4. Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFQ. Expensive bindings,

colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the RFQ instructions, responsiveness to the RFQ requirements, and on completeness and clarity of content.

5. Descriptions on how any and all equipment and/or services will be used to meet the requirements of this RFQ shall be given, in detail, along with any additional information documents that are appropriately marked.
6. The proposal application must be signed by the individual(s) legally authorized to bind the applicant.

Application Evaluation Criteria

Applicants shall be consistently evaluated and scored based upon a two-step evaluation process. Each application will be evaluated and scored using the following criteria:

a) Agency Summary and Experience (25 Points)

Describe the mission and purpose of your agency including staff members, their expertise and the structure of your agency including Board of Directors, hours of operation, and number of locations.

Include a brief resume of all similar projects your firm has performed for the past 3 years. Each project listed shall include the name and phone number of a contact person for the project for review purposes. This section shall include documentation of the agency's history of adherence to budget and schedule constraints. All firms are encouraged to indicate their experience of performing related work within the state of Nevada.

Provide a description of your agency's experience with fundraising. This should include amount of time as a 501 C (3), fundraising events in the past 3 years, and other Federal and local funding sources your agency relies on. In addition, provide a description of how your agency will ensure Grant funds are used to supplement not supplant funds and your agency's overall strategy for leveraging funds and ensuring Grant funds are the payer of last resort.

Provide a statement as to local resources that would be utilized and the degree of the agency's knowledge and familiarity with the local community's needs and goals. Describe the client population you currently serve, the level of service provided, frequency of service for each client, and your strategy for reaching underserved populations. If the project is to be accomplished through an affiliation or joint venture of several firms, the names and address of those firms and signed Memorandum of Understanding or agreement, shall be furnished for each as an addendum.

The Agency Summary should also include a list of high risk areas which were identified during the proposal process that are reasons for concern. The agency will not be evaluated on this paragraph and cannot lose evaluation points for listing areas of concern. These concerns will be addressed with the successful agencies during negotiations.

b) Project Narrative and Scope of Work (25 points)

Describe in detail the approach to the project. Include a preliminary project plan that includes: Please see Exhibit A for the instructions for the Narrative and Scope of Work. Please be clear and concise in your description of the proposed scope of work, service category, and processes proposed to be implemented as part of the Scope of Work.

List any other Ryan White funding you have applied for or been awarded for this project period. List how funding from other Ryan White Parts will affect or compliment your proposed Part B project.

Proposed Scope of Work includes the following: tasks, milestones, dates for completion, resource assignments, critical path, and review cycles. State why the agency is best suited to perform the services for this project.

This section shall serve to provide the State with the key elements and unique features of the proposal by describing how the Agency is going to accomplish the project within the framework of the Ryan White HIV/AIDS Program National Monitoring Standards.

c) Budget Plan (25 points)

Complete the budget form in [Attachment H](#). Follow the directions listed in the budget plan Attachment B; provide detailed narrative for each line-item budget. Complete a separate budget form for each grant period for the service category agency is applying for, a total of a three (3) year budget.

d) Supplements (20 points)

Staff Qualifications, Availabilities, and Credentials: Provide information concerning the educational background, experience and professional resumes of those persons who would actually perform work on the project. Indicate the present workload of the project staff to demonstrate their ability to devote sufficient time to meet the proposed schedule.

Agencies need not indicate the actual names of employees when submitting resumes subject to the requirements of the RFQ. Fictitious names or numbers may be used (e.g. employee #1). However, if selected as a finalist, agency must disclose actual employee names matching the resumes submitted. The successful agency shall not change proposed project personnel for which a resume is submitted without state approval.

The agency or principal professionals involved in this service must possess appropriate Nevada Professional Licenses for the services to be performed.

Fiscal / Administrative Declarations: Internal Revenue Service 501(c) 3 tax-exempt determination letter; copy of respondent's most recent IRS Form 990; if respondent has received \$500,000 or more in federal funds during the fiscal year, submit a copy of an audit conducted in accordance with 2 CFR 200 or Financial Statement/Agency Audit if not required to submit an audit per 2 CFR 200; copy of respondent's most recent Annual Programmatic Report; and assurance that indicates your agency accepts the sample/standard contract language at [Attachment E](#). Agencies are advised that any exception that is determined to be material may be grounds for elimination in the selection process.

Disclosure of Ownership / Conflict of Interest: List of Board of Directors and Programmatic, Fiscal, and Administrative Officers and any conflict of interest that might exist with the State of Nevada or its subsidies; see [Attachment F](#)

Memorandum of Understanding or Agreement (MOU): List of all agencies that you have developed a MOU with and a list of agencies you are currently working with to develop a MOU. Full MOU will be made available upon request.

e) Accurate and Full Completion of Cover Page, Company Profile, and Technical Proposal (5 points)

Subgrant Award Process

1. RWPB staff may contact any vendor to clarify any response; contact any current consumer of a vendor's services; solicit information from any available source concerning any aspect of a proposal; and seek and review any other information deemed pertinent to the evaluation process. The evaluation committee shall not be obligated to accept the lowest priced proposal, but shall make an award in the best interests of the State of Nevada NRS § 333.335(5)
2. Discussions may, at the State's sole option, be conducted with vendors who submit proposals determined to be acceptable and competitive NAC §333.165. Vendors shall be accorded fair and equal treatment with respect to any opportunity for discussion and/or written revisions of proposals. Such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing vendors.
3. Any award is contingent upon the successful negotiation of final subgrant terms. Negotiations shall be confidential until an agreement is reached. If subgrant negotiations cannot be concluded successfully, the State upon written notice to all vendors may negotiate a contract with the next highest scoring vendor or withdraw the RFQ.
4. Any subgrant resulting from this RFQ shall not be effective unless and until approved by the Nevada Division of Public and Behavioral Health; any subgrant resulting from this RFQ shall not be effective unless and until approved by all parties.

Terms, Conditions, and Exceptions

1. The State reserves the right to alter, amend, or modify any provisions of this RFQ, or to withdraw this RFQ, at any time prior to the award of a contract pursuant hereto, if it is in the best interest of the State to do so.
2. The State reserves the right to waive informalities and minor irregularities in applications received.
3. The State reserves the right to reject any or all applications received prior to contract award (NRS §333.350).
4. The State shall not be obligated to accept the lowest priced application, but will make an award in the best interests of the State of Nevada after all factors have been evaluated (NRS §333.335).
5. Any irregularities or lack of clarity in the RFQ should be brought to the Division designee's attention as soon as possible so that corrective addenda may be furnished to prospective applicants.
6. Alterations, modifications, or variations to an application may not be considered unless authorized by the RFQ or by addendum or amendment.
7. Applications which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of this RFQ may be rejected.
8. Applications from employees of the State of Nevada will be considered in as much as they do not conflict with the State Administrative Manual, NRS Chapter §281 and NRS Chapter §284.
9. Applications may be withdrawn by written or email notice received prior to the submission time.
10. Prices offered by applicants in their applications are an irrevocable offer for the term of the contract and any contract extensions. The awarded applicant agrees to provide the project at the costs, rates, and fees set forth in their application in response to this RFQ. No other costs, rates, or fees shall be payable to the awarded applicant for implementation of their application.
11. The State is not liable for any costs incurred by applicants prior to entering into a formal contract. Costs of developing the applications or any other such expenses incurred by the applicant in responding to the PFS are entirely the responsibility of the applicant and shall not be reimbursed in any manner by the State.
12. The awarded applicant will be the sole point of contract responsibility. The State will look solely to the awarded applicant for the performance of all subgrant obligations that may result from an award based on this RFQ, and the awarded applicant shall not be relieved for the non-performance of any or all subgrantees.

13. Each applicant must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFQ. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting an application in response to this RFQ, applicants affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of it in connection with this grant award. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in disqualification of the application. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of an applicant. The State reserves the right to disqualify any applicant on the grounds of actual or apparent conflict of interest.
14. The State reserves the right to negotiate final subgrant terms with any applicant selected. The subgrant between the parties will consist of the RFQ together with any modifications thereto, and the awarded application, together with any modifications and clarifications thereto that are submitted at the request of the State during the evaluation and negotiation process. In the event of any conflict or contradiction between or among these documents, the documents shall control in the following order of precedence: the final executed contract, the PFS, any modifications and clarifications to the awarded application. Specific exceptions to this general rule may be noted in the final, executed subgrant.
15. Applicant understands and acknowledges that the representations above are material and important and will be relied on by the State in evaluation of the application. Any applicant misrepresentation shall be treated as fraudulent concealment from the State of the true facts relating to the application.
16. Pursuant to NRS Chapter 613 in connection with the performance of work under this contract, the contractor agrees not to unlawfully discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, sexual orientation or age, including, without limitation, with regard to employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including, without limitation apprenticeship.
17. The contractor further agrees to insert this provision in all subcontracts, hereunder, except subcontracts for standard commercial supplies or raw materials.
18. It is expressly understood and agreed all work done by the contractor shall be subject to inspection and acceptance by the State.
19. Any progress inspections and approval by the State of any item of work shall not forfeit the right of the State to require the correction of any faulty workmanship or material at any

time during the course of the work and warranty period thereafter, although previously approved by oversight.

20. If travel is required, the following processes must be followed:
 - a. Requests for reimbursement of travel expenses must be submitted on the State Claim for Travel Expense Form with original receipts for all expenses.
 - b. The Travel Expense Form, must be submitted with the vendor's Request for Reimbursement (RFR).
 - c. Providers will be reimbursed travel expenses and per diem at the rates allowed for State employees at the time travel occurs.
 - d. If you request Travel funds and receive Travel funds, there will be a mandatory conference call for all vendors before Travel funds can be used.
21. No announcement concerning the award of a contract as a result of this RFQ can be made without the prior written approval of the Section Manager of the Office of HIV/AIDS.
22. The awarded applicant must agree, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose including the following:
 - a. Any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.

ATTACHMENT A:
Application Submittal Package

COVER PAGE

AGENCY PROFILE

TECHNICAL PROPOSAL

AGENCY SUMMARY AND EXPERIENCE

PROJECT NARRATIVE

SCOPE OF WORK

BUDGET PLAN

SUPPLEMENTS

APPLICATION CHECKLIST

(Instructions for completing the Application begins after the checklist)

Cover page

**Nevada Division of Public and Behavioral Health
Bureau of Behavioral Health Prevention and Wellness
Office of HIV/AIDS**

**Request for Qualification 2017 to Provide
RWPB Services, RW 17-18-19**

**Release Date: September 9, 2016
Deadline for Submission and Time: October 21, 2016 @ 2:00 pm.**

For additional information, please contact:
Dan J. Olsen, MPH, HIV/AIDS Section Manager
4126 Technology Way, Suite 200 – Carson City, NV 89706
Phone: (775) 684-4247 – Fax: (775) 684-4056
E-Mail: djolsen@health.nv.gov

Website for Additional References: http://dpbh.nv.gov/Programs/HIV-Ryan/Ryan_White_Part_B_-_Home/

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel: _____ **Fax:** _____

Executive Director/CEO: _____

Executive Director Email: _____

Grant Writer: _____

Grant Writer Email: _____

I have read, understand, and agree to all terms and conditions herein.

Signed: _____ **Date:** _____

Print Name: _____ **Print Title:** _____

Agency Profile

Project HD Number: <i>(Assigned by DPBH)</i>		
Application Number: <i>(Assigned by RWPB)</i>		
Project Name:		
Organization Name:		
Organization Website:		
Organization Telephone Number		
Organization Address:		
Organization City, State:		
Organization Zip Code:		
Employer ID Number (EIN):		
DUNS Number:		
Type of Applicant:		
CCR Registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date registered?
Project Period: <i>(Month/Day/Year)</i>	Start Date	End Date
Amount Requested:		

1. Contact Information

Name of Project Director :	
Title:	
Telephone:	
Fax:	
Email:	

Check, if same as Project Director

Name of Financial Officer :	
Title:	
Telephone:	
Fax:	
Email:	

2. Signature Authority

Check, if same as Project Director

Name of Organization's Director :	
Title:	
Telephone:	
Fax:	
Email:	

Technical Details

Project Name:	
Goal(s) of Project:	
<p>Nevada Ryan White Part B Request for Qualification Service Categories</p> <p><i>Please select service categories that are included in this proposal</i></p>	<input type="checkbox"/> Early Intervention Services <input type="checkbox"/> Health Education/Risk Reduction <input type="checkbox"/> Health Insurance Premium & Cost Sharing Assistance <input type="checkbox"/> Housing Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical Case Management & Treatment Adherence <input type="checkbox"/> Medical Nutrition Therapy <input type="checkbox"/> Medical Transportation Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Non-Medical Case Management Services <input type="checkbox"/> Oral Health Care <input type="checkbox"/> Outpatient/Ambulatory Health Services <input type="checkbox"/> Psychosocial Support Services <input type="checkbox"/> Referral for Health Care and Support Services <input type="checkbox"/> Substance Abuse Services Outpatient
Expected Unduplicated Clients to be Served per Service Category:	
Geographic Areas to be Served:	

Agency Summary and Experience

In no more than 500 words please describe the organization's history and experience in the community and how it is applicable to the proposed project(s).

Project Narrative

In no more than 650 words, please describe the target population and their unmet needs; describe the project for which the funds are being requested and how it related to the HIV Care Continuum; your agency's current marketing and social mobilization plan; and describe of the project's major goals that are specific, measurable, achievable, realistic, and time-bound.

Scope of Work

Goal 1: *Describe the primary goal the program wishes to accomplish with this subgrant.*

Objective	Activities	Performance Measures	Evaluation
1. <i>2. Add more lines if necessary</i>	1. <i>2. Add more lines if necessary</i>	1. <i>2. Add more lines if necessary</i>	1. <i>2. Add more lines if necessary</i>

Goal 2: *Describe the most important secondary goal the program wishes to accomplish with this subgrant.*

Objective	Activities	Performance Measures	Evaluation
1. <i>2. Add more lines if necessary</i>	1. <i>2. Add more lines if necessary</i>	1. <i>2. Add more lines if necessary</i>	1. <i>2. Add more lines if necessary</i>

Continue using the template above to describe your project

Please see Budget Template Attachment H for your three (3) separate Budget Proposals

Application Checklist

Request for Qualification 2017 to Provide RWPB Services, RW 17-18-19

1. RFQ Cover Page completed and signed _____
2. Agency Profile completed _____
3. Technical Proposal completed _____
4. Agency Summary & Experience completed _____
5. Project Narrative completed _____
6. Scope of Work completed _____
7. Budget Plan(s) completed _____
8. Required Supplements _____
9. Optional Supplemental Information _____
10. Application package submitted via email to Dan Olsen
(Microsoft Word or Excel only for items 2-7; PDFs allowable for items 1, 8, and 9) _____
11. Original plus one (1) copy of RFQ mailed via US Postal Service _____

ATTACHMENT B:
Detailed Instructions

INSTRUCTIONS FOR AGENCY PROFILE
INSTRUCTIONS FOR TECHNICAL DETAILS
INSTRUCTIONS FOR AGENCY SUMMARY AND EXPERIENCE
INSTRUCTIONS FOR PROJECT NARRATIVE
INSTRUCTIONS FOR SCOPE OF WORK
INSTRUCTIONS FOR BUDGET PLAN

Instructions for Agency Profile

Project Number – Leave blank (Assigned by RWPB)

Application Number – Leave blank (Assigned by RWPB)

Project Name – Provide a short descriptive name for the proposed project (No more than 15 words)

Organization Name – Applicant’s legal name

Organization Website – If applicable, provide the applicant’s website address

Organization Address – Street and floor or suite number

Organization City/State – City and State

Organization Zip Code – five or nine digit zip code

Employer ID Number – Provide employer identification number (EIN)

DUNS Number – Provide Data Universal Numbering System (DUNS) number

Type of Applicant – Select the type of applicant (i.e., Non-profit, Religiously-Affiliated Agency, School District, County, Government Corporation, Tribal Government, For-profit, City/Town, State, Special or Regional Authority, University, or Other). Select only one. NOTE: *Partnerships/coalitions must choose one organization as the primary applicant.*

CCR registered – Answer “yes” or “no,” list date registered. If not already registered, visit www.sam.gov to do so. (SAM = System for Award Management)

Project Period – Month/Day/Year. Use numbers. (XX/XX/XXXX)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Organization Director – This will be the main administrative contact person for this project

Instructions for Technical Details

Project Name: This must be the same Project Name listed on the Agency Profile page

Goal(s) of Project: Provide a brief description of the goals of the project in no more than 150 words

Service Category/Focus Area– Select the Focus Areas included in this proposal

Expected Unduplicated Clients to be Served – *List the expected number of clients for the three (3) year project to be served per service category*

Geographic Area(s) to be Served – *List the counties included in your service area.*

Instructions for Agency Summary and Experience

Applicants will provide a summary of the agency and their history and experience in the community.

Describe the mission and purpose of your agency including staff members, their expertise, and the structure of your agency including Board of Directors, hours of operation, and number of locations.

Include a brief resume of all similar projects your firm has performed for the past 3 years. Each project listed shall include the name and phone number of a contact person for the project for review purposes. This section shall include documentation of the agency's history of adherence to budget and schedule constraints. All firms are encouraged to indicate their experience of performing related work within the state of Nevada.

Provide a description of your agency's experience with fundraising. This should include amount of time as a 501 C (3), fundraising events in the past 3 years and other Federal and local funding sources your agency relies on. In addition, provide a description of how your agency will ensure Grant funds are used to supplement not supplant funds and your agency's overall strategy for leveraging funds and ensuring Grant funds are the payer of last resort.

Provide a statement as to local resources that would be utilized and the degree of the agency's knowledge and familiarity with the local community's needs and goals. Describe the client population you currently serve, the level of service provided, frequency of service for each client, and your strategy for reaching underserved populations. If the project is to be accomplished through an affiliation or joint venture of several firms, the names and address of those firms and signed Memorandum of Understanding or agreement, shall be furnished for each as an addendum.

The Agency Summary should also include a list of high risk areas which were identified during the proposal process that are reasons for concern. The agency will not be evaluated on this paragraph and cannot lose evaluation points for listing areas of concern. These concerns will be addressed with the successful agencies during negotiations.

Instructions for Project Narrative

In no more than 650 words, please describe the target population and their unmet needs; describe the project for which the funds are being requested and how it related to the HIV Care Continuum; and describe of the project's major goals that are specific, measurable, achievable, realistic, and time-bound.

Describe in detail the approach to the project. Include a preliminary project plan that includes: Please see Exhibit A for the instructions for the Narrative and Scope of Work. Please be clear and concise in your description of the proposed scope of work, service category and processes proposed to be implemented as part of the Scope of Work.

List any other Ryan White funding you have applied for or been awarded for this project period. List how funding from other Ryan White Parts will affect or compliment your proposed Part B project.

Proposed Scope of Work includes the following: tasks; milestones; dates for completion; resource assignments; critical path; and review cycles. State why the agency is best suited to perform the services for this project.

This section shall serve to provide the State with the key elements and unique features of the proposal by describing how the Agency is going to accomplish the project within the framework of the Ryan White HIV/AIDS Program National Monitoring Standards.

Instructions for Scope of Work

Goals – Describe the primary goal the program wishes to accomplish with this proposal. Goals should be specific, measurable, achievable, and realistic. These should be long-term that cover the course of the entire project period. These are the end results to be expected or strived towards during this project. Goals bridge the gaps between the needs and your solution.

Objectives – Describe the steps or objectivities that the program wishes to accomplish to realize the goal. Objectives are specific, measurable, achievable, and realistic, but they are more short-to-medium term that cover a portion of the project period. These are the means to which the goal is to be achieved.

Activities – For each objective, provide a list of the activities that the agency will do or provide to clients that will lead towards the objectives and goals being met. Describe the ways in which the objectives will be accomplished. These are the steps to be taken that will lead to success - the operational plans. The activities listed here will be used for data tracking purposes in CAREWare – each activity must correspond to a distinct Service Category.

Performance Measures – These are the measures by which you will evaluate the progress of achieving your goals and objectives through the activities. These are the items that should correlate with the National Monitoring Standards of what will be looked at for successful realization of the project. Performance Measures should also include relevant HAB HIV Performance Measures.

Evaluation and Outcome for this Objective – This is how your agency will qualify and quantify the selected performance measures. The measuring or evaluating of the work being done to ensure that the agency is on track to achieve the goals and objectives. What tools will the agency use to evaluate performance? What resources and documents will the agency use in order to comply with the Standards of Care, National Monitoring Standards, Policy Clarifications, Program Letters, and Site Visit Self-Monitoring Tools?

Instructions for Budget Plan(s)

(Please use Excel template provided with the announcement package to complete and submit.)

Complete the attached budget form in [Attachment H](#). Complete a separate budget form for each year of the grant period for the service category the agency is applying for, a total of a three (3) year budget.

Develop a line item budget for the project. For each itemized category, specify the total project costs, description of expense, and the expense requested from Nevada Division of Public and Behavioral Health (DPBH) funding. A line item expense under a category must include a description of the line item expense.

In figuring your budget proposal, be certain to consider and plan for a detailed client cost analysis. HRSA reporting requires the following for each Monitoring Standard:

- 1) Service Category
- 2) Service Goal – very specific brief narrative statement of what you propose to do, specific services to be provided (like individual non-medical case management, group non-medical case management, etc.)
- 3) Objective – list quantifiable time-limited objectives related to the monitoring standard
- 4) Service Unit Definition – define the service unit to be provided in quantifiable terms like # prescriptions filled, # visits, # sessions, etc.
- 5) Quantity – identify the number of unduplicated clients/people to be served and the total number of service units to be provided (like 15 minute increments for visits or sessions)
- 6) Funding Expenses for the Service – identifying the service dollars required to provide the service and the administrative dollars used to provide the service (like a cost per service unit of \$15/15 minute increment or \$60/visit, etc.)

You must plan for and project the number of *unduplicated* clients receiving the services to be offered under each objective in your plan throughout the three (3) year grant period.

Here are some allowable options for Units of Service: 15 minutes; Hour; Visit; Test; Prescription; Transaction; One-way Trip; Meal; Case; Referral; Voucher; Payment; and Item Contact.

Project Information

- Provider Name – Write out the full name of your organization, followed by the acronym.
- Service Category – Must have one service category per budget plan.

Budget Itemization Sections

Itemize costs for the project under the following categories:

1. Personnel:

1.1. Salaries and Wages

1.1.1. Personnel costs include listing each staff member who is providing direct client services. Include the staff name (if possible), position title, percent of full time equivalency (FTE), and annual salary/hourly rate.

1.1.2. In the Justification section, write a detailed position narrative and the job duties as it relates to the Ryan White HIV/AIDS Part B provider service. Do this for each position to be funded.

1.1.2.1. If a portion of a supervisor's time is devoted to providing professional oversight and direction then include in this section

1.1.2.2. If a portion of a receptionist's time is used to provide direct RWPB client services/interaction then you can include in this section

1.2. Fringe Benefits

1.2.1. List components that comprise the fringe benefit rate; for example: health insurance, taxes, unemployment insurance, life insurance, retirement plan. The fringe benefits should be directly proportional to the amounts listed in personnel costs.

1.2.2. Indicate the applicant's fringe benefit rate. After completing the list of positions, multiply the subtotal of personnel costs by the organization's standard percentage for fringe benefit costs, and enter the amounts in the appropriate lines on the "Fringe Benefits" row.

2. Travel

2.1. Line-item budget travel costs according to "In-State Travel." Please include the following: mileage, rate (current GSA rate), reason for travel, staff member names, and number of trips. Travel is allowed only for staff listed in the personnel costs section and/or contractors.

2.1.1. No Per Diem (hotel & meals) for travel less than 50 miles.

2.1.2. Registrations is included in the Training category.

2.1.3. Example: 3 employees × 50 miles/month × 12 months × \$0.54/mile = \$972

2.2. Cost resources include Nevada's State Administrative Manual (SAM) and US General Services Administration (GSA).

2.3. Sub-recipient Travel: See Ryan White CARE Act Title II Manual, Section III, page 10. "All travel for contractors must be local and directly related to the services provided under the specific *contract*."

3. Operating

3.1. Line-item includes: general office supplies, medical supplies, and educational supplies. Office supplies could include paper, pencils, binders, ink, copier paper, etc. Medical supplies are syringes, blood tubes, plastic gloves, etc. Educational supplies may be pamphlets, educational videotapes, or books, related to HIV/AIDS medical care.

3.2. Separate line item for each operating costs such as rent, utilities, maintenance of areas primarily used to provide RWPB services, telephone, postage, meeting space rental related to the project, printing/copying, etc.

- 3.2.1. Allocate all your costs exactly the same.
- 3.2.2. Copy machine costs are under Operating, not Contractual category.
- 3.3. Malpractice insurance related to Ryan White Part B subgranted medical/clinical care is an operating expense.
- 3.4. In the Description section, provide the methodology used to calculate space to be charged to the project.
 - 3.4.1. Example: If the monthly rent rate is \$2.00/sq. ft.; and the space rented was 100 sq. ft.; and occupied for 12 months, then total project cost would be \$2,400. $\$2/\text{sq. ft.} \times 100 \text{ sq. ft.} \times 12 \text{ months} = \$2,400/\text{yr}$
 - 3.4.2. Example: If the rent for the building is \$5,000/month and you want to allocate rent by FTE, it would be; \$5,000 divided by total number of FTEs in the building x the FTEs in your budget x 12 months.
- 4. Equipment
 - 4.1. Provide justification for the need and/or purpose of the equipment to meet the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (i.e., a unit cost of \$5,000 and a useful life of one or more years).
 - 4.2. List all equipment necessary to support the project and provide a brief justification narrative, and/or describe how it will be used for a particular activity.
 - 4.3. If a cell phone, tablet, or computer is used for other purposes unrelated to case management, then the RWPB portion is charged against the Admin (10%) Other category.
 - 4.4. Vehicle purchase requests must have prior approval from HRSA. There are no prior approvals for this grant budget period.
- 5. Contractual / Consultant Services
 - 5.1. Applicants are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.
 - 5.2. Under "Quantity," specify the number of hours dedicated for this project. Under "Cost per unit," include the hourly rate.
 - 5.3. In the Justification section, provide a brief narrative for the nature of services to be rendered, relevance to the project, and method of accountability.
- 6. Training
 - 6.1. This category includes possible trainings that RWPB personnel may need during the grant period. Include training conferences and registration.
 - 6.2. Travel portion is added to the Travel category.
- 7. Other
 - 7.1. This category includes all administrative or indirect costs that do not apply to any of the above categories. This category is capped up to 10% administrative costs allowance.
 - 7.2. As stated in the HRSA/HAB Fiscal Part B Monitoring Standards, the 10% administrative cap include:

- 7.2.1. Routine grant administration and monitoring activities, including the development of applications and the receipt and disbursement of program funds;
 - 7.2.2. Development and establishment of reimbursement and accounting systems;
 - 7.2.3. Preparation of routine programmatic and financial reports;
 - 7.2.4. Compliance with grant conditions and audit requirements;
 - 7.2.5. All activities associated with the recipient's (grantee's) contract award procedures, including the development of requests for proposals, subgrantee and contract proposal review activities, negotiation and awarding of contracts;
 - 7.2.6. Subgrantee monitoring activities including telephone consultation, written documentation, and onsite visits;
 - 7.2.7. Reporting on contracts, and funding reallocation activities;
 - 7.2.8. Related payroll, audit and general legal services;
 - 7.2.9. Generating monthly progress reports;
 - 7.2.10. Data entry into CAREWare for completion of federal reports
 - 7.2.11. Liability insurance for a clinic; and
 - 7.2.12. Janitorial costs.
8. Indirect / Administrative Costs(Other)
- 8.1. As directed in the HRSA/HAB Fiscal Part B Monitoring Standards, "Indirect Costs (capped at 10%) only where the grantee/subgrantee has a certified HHS-negotiated rate approved by HRSA using the Certification of Cost Allocation Plan or Certificate of Indirect Costs, which has been reviewed by the HRSA/HAB Project Officer".
 - 8.1.1. A copy of the established indirect cost rate certification must be submitted if this category is utilized.

ATTACHMENT C:
OHA Solicited Service Categories
from HRSA/HAB PCN 16-02 with clarifications

Outpatient/Ambulatory Health Services Description are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include: Medical history taking; Physical examination; Diagnostic testing, including laboratory testing; Treatment and management of physical and behavioral health conditions; Behavioral risk assessment; subsequent counseling and referral; Preventive care and screening; Pediatric developmental assessment; Prescription, and management of medication therapy; Treatment adherence; Education and counseling on health and prevention issues; Referral to and provision of specialty care related to HIV diagnosis

Program Guidance: Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

See Policy Notice 13-04: Clarifications Regarding Clients Eligibility for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Early intervention Services (EIS) is defined in the RWHAP legislation for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance: The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories. RWHAP Parts A and B EIS services must include the following components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV infected
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry

- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the client

OHA Clarification: The Cost Sharing Assistance Program is designed to pay reasonable costs associated with an enrolled individual's HIV care.

See PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance; PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance; PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid; and PCN 14-01: Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Medical Nutrition Therapy includes: nutrition assessment and screening; dietary/nutritional evaluation; food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance: All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP.

Medical Case Management Services (including Treatment Adherence) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance: Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an

Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Substance Abuse Services Outpatient is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include: screening; assessment; diagnosis, and/or treatment of substance use disorder, including: pretreatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorder; outpatient drug-free treatment and counseling; Medication assisted therapy; Neuro-psychiatric pharmaceuticals, and/or relapse prevention.

Program Guidance: Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Non-Medical Case Management Services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans.

This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance: Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include: education on risk reduction strategies to reduce transmission such as Pre-Exposure Prophylaxis (PrEP) for clients' partners and treatment as prevention; education on health care coverage options (e.g., qualified health plans

through the Marketplace, Medicaid coverage, Medicare coverage); health literacy; and/or treatment adherence education.

Program Guidance: Health Education/Risk Reduction services cannot be delivered anonymously.

Outreach services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Program Guidance: Outreach programs must be:

- Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Funds may not be used to pay for HIV counseling or testing under this service category.

See Policy Notice 12-01: The Use of Ryan White HIV/AIDS Program Funds for Outreach Services. Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

Housing Services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or

supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

Program Guidance: RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services.

The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments. See PCN 11-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs

Medical Transportation Services is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Program Guidance: Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Legal Services are provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI)

- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
- Preparation of: Healthcare power of attorney; Durable powers of attorney; Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney; preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

Program Guidance: Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP. See 45 CFR § 75.459

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include: bereavement counseling; child abuse and neglect counseling; HIV support groups; nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services); or pastoral care/counseling services.

Program Guidance: Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance: Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

OHA Guidance: The Nevada Office of HIV/AIDS uses this service category to enroll eligible individuals in the Ryan White HIV/AIDS Program and provide initial referrals to other agencies or services that the client would have access to.

ATTACHMENT D:
***draft* Integrated HIV Prevention and Care Plan**

Website links: **NEVADA HIV PREVENTION PROGRAM:**
[HTTP://DPBH.NV.GOV/PROGRAMS/HIV/HIV AND AIDS PREVENTION - HOME/](http://DPBH.NV.GOV/PROGRAMS/HIV/HIV_AND_AIDS_PREVENTION_HOME/)

NEVADA RYAN WHITE PART B PROGRAM:
[HTTP://DPBH.NV.GOV/PROGRAMS/HIV-RYAN/RYAN WHITE PART B - HOME/](http://DPBH.NV.GOV/PROGRAMS/HIV-RYAN/RYAN_WHITE_PART_B_HOME/)

ATTACHMENT E: Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.

9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year.

**ATTACHMENT F:
CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT**

Vendor must have a conflict of interest policy designed to foster public confidence in our integrity and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of a director, a corporate officer, our top management official and top financial official, any of our key employees, or other interested persons.

I hereby acknowledge that **[NAME OF ORGANIZATION]**, has a conflict of interest policy on file and that all employees, contractors and volunteers have read and understood it, and agree to comply with its terms.

Authorized Agency Signature

Date

ATTACHMENT G: Definitions & Acronyms

AIDS Drug Assistance Program (ADAP) - A state administered program authorized under Part B (formerly Title II) of the Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009 (Ryan White Program) that provides Food and Drug Administration (FDA) approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAPs may also purchase insurance and provide adherence monitoring and outreach under the flexibility policy.

ADAP Dollars – Any funds, regardless of source, that comprise the ADAP budget and are expended on the provision of medications and other ADAP allowable services (including administrative costs for the program).

ADAP Crisis Task Force – A group of state ADAP and AIDS directors, convened by NASTAD, to negotiate with the manufacturers of HIV antiretrovirals and other high-cost medications to secure supplemental discounts/rebates for all ADAPs nationally.

ADAP Earmark - The amount of federal Ryan White Program, Part B (formerly Title II) dollars specifically designated by Congress through the annual appropriations process to ADAP for the federal fiscal year.

ADAP Flexibility Policy – Provides grantees greater flexibility in the use of ADAP funds and permits expenditures of up to 50 percent of ADAP funds for services that improve access to medications, increase adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications. Grantees must request to use ADAP dollars for services other than medications in writing to HRSA.

ADAP HRSA Quarterly Report – As part of the funding requirements, ADAP grantees must submit quarterly reports to HRSA that include information on patients served, pharmaceuticals purchased, pricing, other sources of support to provide AIDS medications, eligibility requirements, cost data, and coordination with Medicaid.

ADAP Supplemental Grant Award – Authorized under Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program), ADAP Supplemental grants are used for the purchase of medications by states and territories with demonstrated severe need to increase access to HIV/AIDS related medications. These grants must be used to expand ADAP formularies, target resources to reflect the changes in the epidemic, and enhance the ADAP's ability to remove eligibility restrictions. States must meet HRSA eligibility criteria in order to apply for ADAP Supplemental funds.

Average Manufacturer Price (AMP) - The average price paid to a manufacturer by wholesalers for drugs distributed to retail pharmacies. 340B and Federal Supply Schedule (FSS) prices, as well as prices associated with direct sales to HMOs and hospitals, are excluded from AMP under the rebate program.

Average Wholesale Price (AWP) - A national average of list prices charged by wholesalers to pharmacies. AWP is sometimes referred to as the "sticker price" because it is not the actual price that larger purchasers normally pay. AWP information is publicly available.

Best Price (BP) - The lowest price available to any wholesaler, retailer, provider, health maintenance organization (HMO), nonprofit entity, or the government. BP excludes prices to the 340B covered entities as well as the **Big 4** (i.e., the Department of Veterans Affairs (VA), Department of Defense (DOD), Public Health Service (PHS), and Coast Guard).

Back Billing – In some instances, ADAP covers an individual’s prescription costs but later determines there is another payer source, for example, state Medicaid. Once it is certain that another payer should have covered a client’s previous claims, the ADAP can request reimbursement for expenditures previously incurred or “back bill.” Another scenario for back billing is when individuals apply and are eligible for Medicaid. Their eligibility coverage back dates three months PRIOR to the application date. ADAP covers the individual while they wait for their Medicaid eligibility determination and then "back-bills" Medicaid for any drugs or services they paid for during the interim wait time (see also pay and chase).

Central State Pharmacy – A health department or other state agency’s centralized pharmacy that dispenses drugs through mail-order or distributes drugs to a pharmacy or network of pharmacies for dispensing to clients.

Centers for Medicare and Medicaid Services (CMS) - Formerly known as the Health Care Financing Administration (HCFA), CMS focuses on federal programs administered by states. These programs include Medicaid, Medicare, the State Children's Health Insurance Program (SCHIP), insurance regulation functions, survey and certification, and the Clinical Laboratory Improvements Act (CLIA).

Coordination of Benefits – The activities that ensure when multiple payers exist for medications and/or services that the appropriate costs are paid by the responsible payer. Ryan White Program funds are the payer of last resort, making it necessary for all other payers (Medicare Part D, Medicaid, private insurance, etc) to be utilized first before using these federal dollars.

Co-Insurance – A percentage of the cost of prescription drugs that a client must pay when enrolled in some health plans (i.e., Medicare Part D Plans). Some ADAPs will pay the co-insurance for ADAP formulary drugs.

Co-Payment - A set amount an individual must pay upon receiving medical services or prescriptions. For example, there may be a \$10 co-payment required each time a prescription is purchased at a retail pharmacy. Some ADAPs will pay the co-payments for ADAP formulary drugs.

Contract Pharmacy – An arrangement through which an ADAP may contract with an outside pharmacy to provide comprehensive pharmacy services. Pharmacy services may include dispensing, record keeping, drug utilization review, formulary maintenance, patient profiles, and counseling.

Core Medical Services – Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, grantees receiving funds under Parts A, B, and C (formerly Titles I, II and III) must spend at least 75 percent of funds on core medical services. These services include: outpatient and ambulatory health services; pharmaceutical assistance (ADAP and other local pharmacy programs); oral health; early intervention services; health insurance premium assistance; home health care; home and community-based services; hospice services; mental health services; medical nutritional therapy; medical case management, including treatment adherence services; and outpatient substance abuse treatment services.

Cost Share/Patient Share – The ADAP client’s monetary cost for program participation. Some ADAPs require that program participants share in the cost of their medications. The mechanisms for this requirement vary

from state to state but are usually based upon client income and set on a sliding scale fee. Some ADAPs require a monthly cost share payment to the program while other ADAPs mandate a nominal cost per prescription. The funds from the cost share component are returned to the ADAP to defray administrative and programmatic costs.

Deductible - The amount a health insurance beneficiary must pay before a third party payer begins to provide coverage for health services. Amounts can change from year to year. Some ADAPs pay this cost for eligible clients.

Dis-Enroll - To remove a client from ADAP. Following dis-enrollment, the individual would have to complete a new application and be enrolled in the ADAP again to receive services.

Dispensing Fee - The charge for professional services provided by the pharmacist when dispensing a prescription (including overhead expenses and profit). Medicaid and most direct pay insurance prescription programs use dispensing fees to establish pharmacy payment for prescriptions. Dispensing fees do not include any payment for the drugs being dispensed. Dispensing fees will vary based upon the negotiated rates with the pharmacies.

Dual-Eligible – Individuals who are eligible for both Medicare and Medicaid.

Federal Ceiling Price (FCP) - The maximum price manufacturers can charge for FSS-listed brand name drugs to the Big 4, even if the FSS price is higher. FCP must be at least 24 percent below the non-Federal average manufacturer price and are not publicly available.

Federal Supply Schedule (FSS) - Multiple award contracts used by Federal agencies, U.S. territories, Indian tribes and other specified entities to purchase supplies and services from outside vendors. ADAPs are not eligible to purchase under this program. FSS prices for the pharmaceutical schedule are negotiated by the Veterans' Administration and are based on the prices that manufacturers charge their "most-favored" non-Federal customers under comparable terms and conditions. Because terms and conditions can vary by drug and vendor, the most-favored customer price may not be the lowest price in the market. FSS prices are publicly available.

Formulary - ADAP drug list that establishes the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing and/or reimbursement.

- **Closed/restricted formulary** – allows only those drug products listed to be dispensed or reimbursed.
- **Open formulary** – covers all FDA-approved drugs prescribed by a physician with no restrictions or with restrictions such as higher patient cost-sharing requirements for certain drugs.
- **Tiered formulary** – also referred to as “step therapy” and is a cost containment measure that categorizes medications for a particular condition based upon their cost. For example, a tier one medication would be one that is lowest cost and recommended to be used first, unless there are medical restrictions for doing so. Tier two would be a different medication that is prescribed for the same condition as the tier one drug but is more expensive. Step therapy or tiered formularies are most commonly used by ADAPs with medications prescribed for depression, respiratory problems, and opportunistic infections.

Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB) - The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers The Ryan White Program. HAB includes:

- The Office of the Associate Administrator - provides leadership and direction for HRSA's HIV/AIDS programs and activities and oversees collaboration with other national health programs;
- The Division of Service Systems (DSS) - administers Part A (formerly Title I) and Part B (formerly Title II) of the Ryan White Program, including the AIDS Drug Assistance Program (ADAP);
- The Division of Community-Based Programs (DCBP) - administers Part C (formerly Title III) and Part D (formerly Title IV), the HIV/AIDS Dental Reimbursement Program, and the community-based Dental Partnership Program;
- The Division of Training and Technical Assistance (DTTA) - administers planning, training, and technical assistance activities for Ryan White Program grantees. This office also administers the AIDS Education and Training Centers (AETC) Program;
- The Division of Science and Policy (DSP) - serves as HAB's principal source of program data collection and evaluation, the development of innovative models of care (Special Programs of National Significance, or SPNS), and the focal point for coordination of program performance activities and development of policy guidance; and
- The Office of Program Support - responsible for administrative and management support.

Health Resources and Services Administration Project Officers - Project officers are scientific and/or technical staff members who are experts in their content area. They are responsible for ensuring that grants comply with legislative mandates and meet their programmatic objectives. They write program guidance which define the grant program objectives, monitor grantees' performance, and evaluate grantee achievements.

Insurance Continuation - The payment of all or some combination of insurance premiums, co-pays, or deductibles for clients who have existing insurance policies through their current employment, Consolidated Omnibus Budget Reconciliation Act (COBRA) or other supplemental programs. HRSA allows ADAP funds to be used for insurance continuation with certain restrictions.

Insurance Purchasing - The purchase of new insurance policies through the insurance industry market or state high risk insurance pools.

Medicaid Surplus Income Spend Down – Also known as the Medically Needy Program. Some state Medicaid programs require that eligible participants must pay a designated amount out of pocket toward their healthcare costs. The amount is based on the amount by which the person's income exceeds the state's Medicaid income eligibility levels. Once this amount has been paid by the client, their Medicaid benefits begin covering 100 percent of these costs. Ryan White Program funds may NOT be used for Medicaid spend down. However, some ADAPs assist clients with spend down requirements using state funds, or use this requirement to reduce the individual's annual income for program eligibility.

Minority AIDS Initiative (MAI) – Created in 1998 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States, MAI provides funding across several Department of Health and Human Service (DHHS) agencies/programs, including Ryan White, to strengthen organizational capacity and expand HIV-related services in minority communities. The Ryan White

component of the MAI was codified in the 2006 reauthorization. In fiscal year 2007, the MAI was funded at \$399.3 million including \$128.5 million through Ryan White.

Office of Pharmacy Affairs (OPA) - A component of HRSA's Healthcare Systems Bureau, the Office of Pharmacy Affairs has three primary functions:

- Administration of the 340B Drug Pricing Program, through which certain federally funded grantees and other safety net health care providers may purchase prescription medication at significantly reduced prices.
- Development of innovative pharmacy services models and technical assistance.
- Serve as a federal resource about pharmacy.

Office of Pharmacy Affairs (OPA) Alternative Method Demonstration Project – A formal process established by OPA to consider the testing of alternative methods of participating in the drug discount program established by section 340B of the PHSA. If successful, the new methods of accessing discounted drugs would be incorporated into the 340B program's published guidelines. Projects that involve one or a combination of the following features are eligible for testing: the development of a network of covered entities, the use of multiple contracted pharmacy services sites, or the utilization of a contracted pharmacy to supplement in-house pharmacy services.

Patient Assistance Programs (PAPs) - Programs through which many pharmaceutical manufacturers provide free or greatly subsidized medications to indigent patients.

Pay and Chase - This occurs when an ADAP pays a prescription bill up front to a retail pharmacy and then requests reimbursement or "bills" a third party payer afterward. For example, John Doe has insurance coverage but ADAP does not have the systems in place to be able to pay only the part of the bill/claim that Mr. Doe would have been responsible for, so ADAP pays the whole claim and sends a bill to John Doe's insurance company. The insurance company pays ADAP back minus what the individual would have been responsible for (See also back billing).

Pharmacy Benefit Manager (PBM) - An organization that provides administrative services in processing and adjudicating prescription claims for pharmacy benefit programs.

Pharmacy Network – A group of pharmacies where an ADAP client may have their prescriptions filled.

Point of Purchase/Direct Purchasing/Central Drug Purchasing – The 340B discount allows ADAPs that operate a central drug purchasing and dispensing system to receive an upfront discount at the point of sale/point of purchase. ADAPs using this model centrally purchase and dispense medications through their own pharmacy or a single contract pharmacy service provider.

Rebate Option/ Rebate States – These are ADAPs that pay retail pharmacies a pre-determined amount at the point of sale for drugs dispensed to ADAP clients. ADAP then bills drug manufacturers for the 340B Unit Rebate amount for the number of units dispensed. Rebate ADAPs do not typically use a central pharmacy for distribution but have a network of pharmacies across the state from which ADAP clients can access their drugs.

The Ryan White HIV/AIDS Treatment Modernization Act of 2009 - The Ryan White CARE Act, "Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009", or "Ryan White Program" is the single largest federal program designed specifically for people with HIV/AIDS. First enacted in 1990, it provides care and treatment to individuals and families affected by HIV/AIDS. The Ryan White Program has five parts - **Part A** (formerly Title I) funds eligible metropolitan areas and transitional

grant areas, 75 percent of grant funds must be spent for core services; **Part B** (formerly Title II) funds States/Territories, 75 percent must be spent for core services; **Part C** (formerly Title III) funds early intervention services, 75 percent must be spent for core services; **Part D** (formerly Title IV) grants support services for women, infants, children & youth and **Part F** comprises Special Projects of National Significance, AIDS Education & Training Centers (AETCs), Dental Programs and the Minority AIDS Initiative.

True Out of Pocket Expenditures (TrOOP) – This is the amount of money that a Medicare Part D enrolled client will have to pay from their own money to reach the “catastrophic limit” making Part D the primary payer for medications. Payments for drugs, co-payments, and coinsurance made by the beneficiary, friends, family members, ADAP, State Pharmacy Assistance Programs, charities, and the Medicare low-income subsidy (LIS) count towards TrOOP costs.

Wrap Around Benefits – The mechanism ADAPs use to assist low-income ADAP clients with costs associated with Medicare Part D. Paying co-payments for medications or monthly premium costs, and covering the beneficiary once they reach the coverage gap, are all considered “wrap-around” services. ADAPs assist eligible clients with these costs so the clients can maintain their eligibility for Medicare Part D drug benefits and, because wrapping around is usually less expensive than providing the HIV/AIDS prescription drugs through ADAP.

340B Ceiling Price - The maximum price that manufacturers can charge covered entities participating in the Public Health Service's 340B Drug Pricing Program. Covered entities receive a minimum discount of 15.1 percent of Average Manufacturer Price (AMP) for brand name drugs and 11 percent of AMP for generic and over-the-counter drugs and are entitled to an additional discount if the price of the drug has increased faster than the rate of inflation. Covered entities may negotiate lower discounts, i.e., sub-ceiling prices.

340B Covered Entities and Entity Enrollment Process – Covered entities are those eligible entities or programs authorized by Section 340B of the PHS Act to participate in the outpatient discount drug pricing program.

The entity enrollment process is the way through which discounted outpatient drugs are available to covered entities under Section 340B of the PHS Act. The enrollment process and a list of programs authorized under Section 340B to participate in the discount drug pricing program can be found at <http://www.hrsa.gov/opa/introduction.htm>.

340B Program - The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the PHS Act. Section 340B limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies. ADAP is a covered 340B entity and is entitled to the discounted drug prices available to all 340B entities.

340B Prime Vendor Program - The 340B law requires the Department of Health and Human Services (DHHS), to create a "prime vendor" program for the entities in the 340B drug discount program. The prime vendor handles price negotiation and drug distribution responsibilities for those entities that choose to join the prime vendor. A covered entity does not have to join the prime vendor program in order to participate in the 340B program although covered entities are encouraged to join. HealthCare Purchasing Partners International, Inc. is the current HRSA prime vendor.

Administrative or Fiscal Agent

Entity that functions to assist the grantee, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals [RFPs], monitoring contracts).

Agency for Healthcare Research and Quality (AHRQ)

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 Clinical Trials Group (ACTG)

Formerly called Adult AIDS Clinical Trials Group (AACTG), this federally funded program supports the largest network of HIV/AIDS researchers and clinical trial units in the world. AIDS Clinical Trials Group (ACTG) develops and conducts research related to HIV infection and its complications.

AIDS Drug Assistance Program (ADAP)

Administered by States and authorized under Part B of the Ryan White Treatment Modernization Act, it 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.

AIDS (Acquired Immunodeficiency Syndrome)

A disease caused by the human immunodeficiency virus.

AIDS Education and Training Center (AETC)

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 and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTT).

AIDS Service Organization (ASO)

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

Antiretroviral

A substance that fights against a retrovirus, such as HIV. (See Retrovirus)

CADR (see Ryan White Program Data Report, RDR)

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 PLWH in the EMA.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)

Federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as: The Ryan White Treatment Modernization Act. The program's services are available in all 50 states and U.S. territories.

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.

Centers for Disease Control and Prevention (CDC)

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

Centers for Medicare and Medicaid Services (CMS)

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

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 title's CARE Act funds and ensuring that all legal requirements are met.

Co-morbidity

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

Combination Drug Therapy

Taking two or more antiretroviral drugs at a time. There's no cure for HIV/AIDS, but a variety of drugs can be used in combination to control the virus. Each of the classes of anti-HIV drugs blocks the virus in different ways. It's best to combine at least three drugs from two different classes to avoid creating strains of HIV that are immune to single drugs, making treatment more effective in the long term.

Combination Drugs

Medications that contain two different types of medication in the same.

Community Based Dental Partnership Program (CBDPP)

The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs 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).

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 grantees 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

An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWHA.

Core Services

Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c).

CPCRA (Community Programs for Clinical Research on AIDS)

Community-based clinical trials network that obtains evidence to guide clinicians and PLWHA on the most appropriate use of available HIV therapies.

Cultural Competence

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

Data Terms

Definitions of terms used in the Ryan White Services Report (RSR) for reporting client level data.

Division of Community Based Programs (DCBP)

The division within HRSA's HIV/AIDS Bureau that is responsible for administering Part C, Part D, and the HIV/AIDS Dental Programs (the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP).

Division of Science and Policy (DSP)

The office within HRSA's HIV/AIDS Bureau that administers the Part F (SPNS) Program, HIV/AIDS evaluation studies, policy, and data reporting.

Division of Service Systems (DSS)

The division within HRSA's HIV/AIDS Bureau that administers Part A and Part B of the Ryan White HIV/AIDS Program.

Division of Training and Technical Assistance (DTTA)

The division within HRSA's HIV/AIDS Bureau that administers the AIDS Education and Training Centers (Part F) and technical assistance and training activities of the HIV/AIDS Bureau.

Drug Resistance

When a bacteria, virus, or other microorganism mutates (changes form) and becomes insensitive to (resistant to) a drug that was previously effective. Drug resistance can be a cause of HIV treatment failure. Also known as: Resistance.

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.)

Entry Inhibitor

Entry inhibitors represent a generation of antivirals for the treatment of HIV infection, mechanisms of action and resistance pathways. Several compounds which block the attachment of HIV gp120 to either the CD4 T cell receptor or the CCR5/CXCR4 co-receptors are currently in clinical development. Most of these compounds have different molecular structures and specific mechanisms of action.

Enzyme-Linked Immunosorbent Assay (ELISA)

A laboratory test to detect the presence of HIV antibodies in the blood, oral fluid, or urine. The immune system responds to HIV infection by producing HIV antibodies. A positive result on an enzyme-linked immunosorbent assay (ELISA) must be confirmed by a second, different antibody test (a positive Western blot) for a person to be definitively diagnosed with HIV infection. Also known as: Enzyme Immunoassay.

Epidemic

A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.

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.

Epidemiology

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

Exposure Category

In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.

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.

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 grantee organization.

Food and Drug Administration (FDA)

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.

Fusion Inhibitor

Antiretroviral (ARV) HIV drug class. Fusion inhibitors block the HIV envelope from merging with the host cell membrane (fusion). This prevents HIV from entering the host cell.

Genotypic Assay

See: Genotypic Antiretroviral Resistance Test (GART)

Genotypic Antiretroviral Resistance Test (GART)

A type of resistance test that detects drug-resistant mutations in HIV genes. Resistance testing is used to guide selection of an HIV regimen when initiating or changing antiretroviral therapy (ART). Also known as: Genotypic Assay

Grantee

The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award.

HAART - Highly Active Antiretroviral Therapy

The recommended treatment for HIV infection, Antiretroviral Therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating, and to reduce viral load to undetectable levels and maintain/increase CD4 levels. Also known as Combination Therapy, Combined Antiretroviral Therapy.

Health Care for the Homeless Health Center

A grantee funded under section 330(h) of the Public Health Service Act to provide primary health and related services to homeless individuals.

Health Centers

Community-based and patient-directed organizations 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 Insurance Continuity Program (HICP)

A program primarily under Part B of the Ryan White HIV/AIDS Program that makes premium payments, co-payments, deductibles, and/or risk pool payments on behalf of a client to purchase/maintain health

insurance coverage.

Health Resources and Services Administration (HRSA)

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.

High-Risk Insurance Pool

A State health insurance program that provides coverage for individuals who are denied coverage due to a pre-existing condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.

Highly Active Antiretroviral Therapy (HAART)

The recommended treatment for HIV infection. Antiretroviral therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating, and to reduce viral load to undetectable levels and maintain/increase CD4 levels. Also known as: Combination Therapy, Combined Antiretroviral Therapy.

HIV/AIDS Bureau (HAB)

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

HIV/AIDS Dental Reimbursement Program

The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWHA.

HIV Disease

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

Home and Community Based Care

A category of eligible services that States may fund under Part B of the Ryan White HIV/AIDS Program.

Housing Opportunities for People with AIDS (HOPWA)

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)

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

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.

Injection Drug User (IDU)

Drugs can be taken in a variety of ways including drinking, smoking, snorting and rubbing, but it is the injection of drugs that creates the biggest risk of HIV transmission.

Millions of people worldwide are injecting drug users (IDUs), and blood transfer through the sharing of drug taking equipment, particularly infected needles, is an extremely effective way of transmitting HIV. Around 30% of global HIV infections outside of sub-Saharan Africa are caused by the use of injecting drugs, and it accounts for an ever growing proportion of those living with the virus.

The illegal nature of injection drug use can also create barriers to accessing adequate treatment and prevention services making IDUs more vulnerable to HIV and its effects. The crossover with prostitution further means they are in positions to transmit the virus between other at-risk populations.

Integrase

An enzyme found in HIV (and other retroviruses). HIV uses integrase to insert (integrate) its viral DNA into the DNA of the host cell. Integration is a crucial step in the HIV life cycle and is targeted by a class of antiretroviral (ARV) HIV drugs called integrase strand transfer inhibitors (INSTIs).

Integrase Inhibitor

See: Integrase Strand Transfer Inhibitor (INSTI)

Integrase Strand Transfer Inhibitor (INSTI)

Antiretroviral (ARV) HIV drug class. Integrase strand transfer inhibitors (INSTIs) block integrase (an HIV enzyme). HIV uses integrase to insert (integrate) its viral DNA into the DNA of the host cell. Blocking integrase prevents HIV from replicating. Also known as: Integrase Inhibitor.

Intergovernmental Agreement (IGA)

A written agreement between a governmental agency and an outside agency that provides HIV 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., substance abuse and HIV infection) (see co-morbidity).

Mutation

A permanent change in the genetic material of a cell or microorganism. Some mutations can be transmitted when the cell or microorganism replicates. Some HIV mutations cause the virus to become resistant to certain antiretroviral (ARV) drugs.

Needs Assessment

A process of collecting information about the needs of PLWHA (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.

Non-Nucleoside Analogue Reverse Transcriptase Inhibitor

See: Non-Nucleoside Reverse Transcriptase Inhibitor

Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)

Antiretroviral (ARV) HIV drug class. Non-nucleoside reverse transcriptase inhibitors (NNRTIs) bind to and block HIV reverse transcriptase (an HIV enzyme). HIV uses reverse transcriptase to convert its RNA into DNA (reverse transcription). Blocking reverse transcriptase and reverse transcription prevents HIV from replicating.

Nucleoside

Precursor to a nucleotide. The body converts nucleosides into nucleotides, which are then used to make nucleic acids.

Nucleoside Analogue Reverse Transcriptase Inhibitor

See: Nucleoside Reverse Transcriptase Inhibitor (NRTI)

Nucleoside Reverse Transcriptase Inhibitor (NRTI)

Antiretroviral (ARV) HIV drug class. Nucleoside reverse transcriptase inhibitors (NRTIs) block reverse transcriptase (an HIV enzyme). HIV uses reverse transcriptase to convert its RNA into DNA (reverse transcription). Blocking reverse transcriptase and reverse transcription prevents HIV from replicating.

Nucleotide

A building block of nucleic acids. DNA and RNA are nucleic acids.

Nucleotide Analogue Reverse Transcriptase Inhibitor

Also known as: Nucleotide Reverse Transcriptase Inhibitor (NtRTI)

Nucleotide Reverse Transcriptase Inhibitor (NtRTI)

A type of antiretroviral (ARV) HIV drug. Nucleotide reverse transcriptase inhibitors (NtRTIs) interfere with the HIV life cycle in the same way as NRTIs. Both block reverse transcription. NtRTIs are included in the NRTI drug class.

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 (OI) or Opportunistic Condition

An infection or cancer that occurs in persons with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Examples include Kaposi's Sarcoma (KS); Pneumocystis carinii pneumonia (PCP); cryptosporidiosis; histoplasmosis; toxoplasmosis; other parasitic, viral, and fungal infections; and some types of cancers.

Part A

The part of the Ryan White HIV/AIDS Program (formerly, Title I) that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV/AIDS epidemic.

Part B

The part of the Ryan White HIV/AIDS Program (formerly, Title II) 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.

Part C

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

Part D

The part of the Ryan White HIV/AIDS Program (formerly, Title IV) that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

Part F

- **AIDS Education and Training Center (AETC)** - Regional centers providing education and training for primary care professionals and other AIDS-related personnel. Part F (AETC's) are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).
- **Community Based Dental Partnership Program** - The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs 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.
- **HIV/AIDS Dental Reimbursement Program** - The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWHA.
- **Special Projects of National Significance (SPNS)** - A health services demonstration, research, and evaluation program funded under Part F of the Ryan White HIV/AIDS Program to identify innovative models of HIV care. Part F (SPNS) projects are awarded competitively.

Pediatric AIDS Clinical Trials Group (PACTG)

A large clinical trials network that evaluates treatments for HIV-infected children and adolescents and that develops new therapeutic approaches for preventing mother-to-child transmission of HIV. Originally an independent network, Pediatric AIDS Clinical Trials Group (PACTG) investigators are now merged with the International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) Group.

People Living with HIV/AIDS (PLWHA)

Infants, children, adolescents, and adults infected with HIV/AIDS.

Phenotypic Assay

A type of resistance test that measures the extent to which a person's strain of HIV will multiply in different concentrations of antiretroviral (ARV) drugs. Resistance testing is used to guide selection of an HIV regimen when initiating or changing antiretroviral therapy (ART). Also Known As: Phenotypic Antiretroviral Resistance Test.

Planning Council

A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to assess needs, establish a plan for the delivery of HIV care in the EMA, and establish priorities for the use of Ryan White HIV/AIDS Program Part A funds.

Planning Process

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

Polymerase Chain Reaction (PCR)

A laboratory technique used to produce large amounts of specific DNA fragments. PCR is used for genetic testing and to diagnose disease.

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).

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).

Protease

A type of enzyme that breaks down proteins into smaller proteins or smaller protein units, such as peptides or amino acids. HIV protease cuts up large precursor proteins into smaller proteins. These smaller proteins combine with HIV's genetic material to form a new HIV virus. Protease inhibitors (PIs) prevent HIV from replicating by blocking protease.

Protease Inhibitor

Antiretroviral (ARV) HIV drug class. Protease inhibitors (PIs) block protease (an HIV enzyme). This prevents new HIV from forming.

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.

Reflectiveness

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

Reliability

The consistency of a measure or question in obtaining very similar or identical results when used repeatedly; for example, if you repeated a blood test three times on the same blood sample, it would be reliable if it generated the same results each time.

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.

Resistance

Also known as: Drug Resistance. When a bacteria, virus, or other microorganism mutates (changes form) and becomes insensitive to (resistant to) a drug that was previously effective. Drug resistance can be a cause of HIV treatment failure.

Request for Proposals (RFP)

An open and competitive process for selecting providers of services (sometimes called RFA or Request for Application).

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.

Retrovirus

A type of virus that uses RNA as its genetic material. After infecting a cell, a retrovirus uses an enzyme called reverse transcriptase to convert its RNA into DNA. The retrovirus then integrates its viral DNA into the DNA of the host cell, which allows the retrovirus to replicate. HIV, the virus that causes AIDS, is a retrovirus.

Reverse Transcriptase (RT)

An enzyme found in HIV (and other retroviruses). HIV uses reverse transcriptase (RT) to convert its RNA into viral DNA, a process called reverse transcription. Non-nucleoside reverse transcriptase inhibitors (NNRTIs) prevent HIV from replicating by blocking RT.

Risk Factor or Risk Behavior

Behavior or other factor that places a person at risk for disease; for HIV/AIDS, this includes such factors as male-to-male sexual contact, injection drug use, and commercial sex work.

Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

A laboratory technique that can detect and quantify the amount of HIV (viral load) in a person's blood or lymph nodes. A viral load test. Viral load tests are used to diagnose acute HIV infection, guide treatment choices, and monitor response to antiretroviral therapy (ART).

Ryan White HIV/AIDS Program Services Report (RSR)

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

Ryan White HIV/AIDS Act of 2009 (Ryan White HIV/AIDS Program)

Enacted in 2009, this legislation reauthorized the Ryan White Program, formerly called the Ryan White CARE Act and the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

Ryan White Program Data Report (RDR)

Formerly known as the CARE Act Data Report (CADR), a provider-based report generating aggregate client, provider, and service data for all Ryan White HIV/AIDS Program components; reports information on all clients who receive at least one service during the reporting period.

Salvage Therapy

A treatment effort for people who are not responding to, or cannot tolerate the preferred, recommended treatments for a particular condition. In the context of HIV infection, drug treatments that are used or studied in individuals who have failed one or more HIV drug regimens. In this case, failed refers to the inability to achieve or sustain low viral load levels.

Statewide Coordinated Statement of Need (SCSN)

A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize Ryan White HIV/AIDS Program coordination. The SCSN process is convened by the Part B grantee, with equal responsibility and input by all programs.

Section 340B Drug Discount Program

A program administered by the HRSA's Bureau of Primary Care, Office of Pharmacy Affairs 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 grantees of Federal agencies.

Seroconversion

The development of detectable antibodies to HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

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

All the service needs of all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care").

Sexually Transmitted Disease (STD)

An infectious disease that spreads from person to person during sexual contact. Sexually transmitted infections, such as syphilis, HIV infection, and gonorrhea, are caused by bacteria, parasites, and viruses.

Special Projects of National Significance (SPNS) (see Part F, above)

Substance Abuse and Mental Health Services Administration (SAMHSA)

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

Support Services

Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c).cases).

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 CARE Act community. TA is to assist grantees, planning bodies, and affected communities in designing, implementing, and evaluating CARE Act-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. (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.

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.

Viral Tropism

When HIV selectively attaches to a particular coreceptor on the surface of the host cell; HIV can attach to either the CCR5 coreceptor (R5-tropic) or the CXCR4 coreceptor (X4-tropic) or both (dual-tropic).

Viremia

The presence of viruses in the blood.

Western Blot

A test for detecting the specific antibodies to HIV in a person's blood. It is commonly used to verify positive EIA tests.

Wild-Type Virus

The naturally occurring, non-mutated strain of a virus. When exposed to antiretroviral (ARV) drugs, wild-type HIV can develop mutations that make the virus resistant to specific ARV drugs.

**ATTACHMENT G:
THREE YEAR BUDGET TEMPLATE**