



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
DATE: March 22, 2018

RE: *Approve the amendment to Clark County Social Services' Ryan White Part A Service Standards*

PETITION #06-18

That the Southern Nevada District Board of Health *approve an amendment to the Ryan White Part A ("RWPA") Service Standards as approved by the RWPA Planning Council.*

PETITIONERS:

Fermin Leguen, Director of Clinical Services *FL*
Andrew J. Glass, FACHE, MS, Director of Administration *AG*
Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer *JPI*

DISCUSSION:

The amendment updates the current contract to reference the updated Service Standards, the number of people to be served, and number of service units to be provided monthly for each service category for the upcoming year, starting on March 1, 2018 through February 28, 2019. SNHD provides a range of core and support services including Outpatient/Ambulatory Health Services, Early Intervention Services, Medical Case Management, Substance Abuse Outpatient Care, and Emergency Financial Assistance.

FUNDING:

The amendment does not change the one-year funding issued by CCSS to SNHD. Current funding is based upon the allocated amount per service category by the Las Vegas Ryan White Planning Council.

AMENDMENT NO. 2
RFP 604274-16
MEDICAL, CORE & SUPPORT SERVICES FOR HIV/AIDS INFECTED & AFFECTED
CLIENTS IN LAS VEGAS, RYAN WHITE, TRANSITIONAL GRANT AREA

THIS AMENDMENT NO 2 is made and entered into this _____ day of _____ 2018, by and between Clark County, Nevada (“County”), and Southern Nevada Health District (“Provider”).

WITNESSETH:

WHEREAS, the Parties entered into an agreement under RFP Number 604274-16, entitled “Medical, Core & Support Services for HIV/AIDS Infected & Affected Clients in Las Vegas, Ryan White, Transitional Grant Area” dated March 21, 2017 (“Contract”); and

WHEREAS, the Parties desire to amend the Contract.

NOW, THEREFORE, the Parties agree to amend the Contract as follows:

1. EXHIBIT A; PAGES A-1 – A-75.

Delete this section in its entirety.

Replace with the following:

EXHIBIT A
SOUTHERN NEVADA HEALTH DISTRICT – MEDICAL CASE MANAGEMENT
Provider SPECIFIC SERVICES AND SCOPE OF WORK

Service Category and Requirements and Performance Measures

A. Provider shall provide Medical Case Management, defined by HRSA as follows: Medical Case Management 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 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 ensuring 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).

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 an Outpatient/Ambulatory Health Service category.

- B. Provider shall render services in accordance with the following requirements:
1. A minimum of 700 unduplicated clients shall receive Medical Case Management services during the award period.
 2. A minimum of 300 service units shall be provided each month during the award period in Medical Case Management.
 3. Provider shall serve women, infants, children and youth (“WICY”) and document client numbers and funds spent for the mandated WICY report. Provider shall report to County the WICY population served upon request.
 4. Provider shall submit a quarterly report detailing services provided and narrative of program. Report shall be submitted on an approved CCSS form.
- C. Provider shall comply with the Medical Case Management service standard located at www.lasvegashivaidscare.org
- D. Provider shall comply with the Program Goals and Measures as defined below:

Program Goals – Medical Case Management	Performance Measure	Target Percentage	Source
Assigned Case Manager	Percentage of clients will be assigned to a Case Manager upon intake.	100%	CAREWare/ Chart Review
Complete Ryan White Part A Client Registration Form	Percentage of newly enrolled clients during the measurement period will have a Ryan White Part A Client Registration Form documented in the client chart on intake.	100%	CAREWare/ Chart Review
Complete Client Acuity Form	Percentage of newly enrolled clients during the measurement period will have an Acuity Form documented in the client chart on intake.	100%	CAREWare/ Chart Review
Client Care Plan or Individual Service Plan	Percentage of newly enrolled clients during the measurement period will have a Client Care Plan or Individual Service Plan documented in the client chart on intake.	100%	CAREWare/ Chart Review
Current Labs	Percentage of clients will have current labs (dated no more than 12 months from current date of service) documented on intake.	95%	CAREWare/ Chart Review

Program Goals – Medical Case Management	Performance Measure	Target Percentage	Source
Client Reassessment	Percentage of clients will have a completed reassessment form documented twice each at least three months apart within the 12-month measurement period.	85%	CAREWare/ Chart Review
Updated Client Acuity	Percentage of clients will have an updated client acuity documented at least twice each at least three months apart within the 12-month measurement period.	85%	CAREWare/ Chart Review
Updated ISP (HRSA HAB Measure)	Percentage of clients will have an updated ISP documented at least twice each at least three months apart within the 12-month measurement period.	85%	CAREWare/ Chart Review
Current Labs	Percentage of clients will have current labs (dated no more than 12 months from current date of service) documented within the measurement period.	95%	CAREWare/ Chart Review
Follow-up Every Three Months	Percentage of clients with an acuity score of 15 or more will have a follow-up documented in the client chart or CAREWare at least every three months.	85%	CAREWare/ Chart Review
Discharge Summary	Percentage of clients discharged from case management will have a discharge summary documented in the client chart or in CAREWare.	100%	CAREWare/ Chart Review

EXHIBIT A
SOUTHERN NEVADA HEALTH DISTRICT – EARLY INTERVENTION SERVICES
Provider SPECIFIC SERVICES AND SCOPE OF WORK

Service Category and Requirements and Performance Measures

A. Provider shall provide Early Intervention Services, defined by HRSA as follows: 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 funds into specific service categories.

- RW Parts A and B EIS services must include the following four 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.

- B. Provider shall render services in accordance with the following requirements:
1. A minimum of 450 unduplicated clients shall receive Early Intervention services during the award period.
 2. A minimum of 100 service units shall be provided each month during the award period in Early Intervention Services.
 3. Provider shall serve women, infants, children and youth (WICY) and document client numbers and funds spent for the mandated WICY report. Provider shall report to County the WICY population served upon request.
 4. Provider shall submit a quarterly report detailing services provided and narrative of program. Report shall be submitted on an approved CCSS form.

- C. Provider shall comply with the Early Intervention Services service standard located at www.lasvegashivaidscare.org

EXHIBIT A
SOUTHERN NEVADA HEALTH DISTRICT – OUTPATIENT AMBULATORY
HEALTH SERVICES
Provider SPECIFIC SERVICES AND SCOPE OF WORK

Service Category and Requirements and Performance Measures

A. Provider shall provide Outpatient Ambulatory Health Services, defined by HRSA as follows:

Outpatient/Ambulatory Health Services 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 and 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
- Preventative care and screening
- Pediatric development 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

B. Provider shall render services in accordance with the following requirements:

1. A minimum of 250 unduplicated clients shall receive Outpatient Ambulatory Health Services during the award period.
2. A minimum of 50 service units shall be provided each month during the award period in Outpatient Ambulatory Health Services.
3. Provider shall serve women, infants, children and youth (WICY) and document client numbers and funds spent for the mandated WICY report. Provider shall report to COUNTY the WICY population served upon request.
4. Provider shall submit a quarterly report detailing services provided and narrative of program. Report shall be submitted on an approved CCSS form.

C. Provider shall comply with the Outpatient Ambulatory Health Services standard located at www.lasvegashivaidscare.org

D. Provider shall comply with the Program Goals and Measures as defined below:

Program Goals – Outpatient Ambulatory Health Services	Performance Measure	Target Percentage	Source
Initial Comprehensive Assessment	Percentage of new clients will have documentation in the client chart of an initial comprehensive assessment including a general medical history, a comprehensive HIV related history	100%	CAREWare/Chart Review

Program Goals – Outpatient Ambulatory Health Services	Performance Measure	Target Percentage	Source
	and a comprehensive physical examination within thirty days of initial appointment.		
Annual Reassessment	Percentage of existing clients will have documentation in the client chart of an annual comprehensive assessment including a detailed medical history and physical examination.	100%	CAREWare/Chart Review
Medical Visits	Percentage of clients with HIV infection will have two or more medical visits in an HIV care setting within a twelve month period.	75%	CAREWare/Chart Review
AIDS Clients on HAART	Percentage of clients who have a diagnosis of AIDS (history of a CD4 T-cell count below 200 cells/mm or other AIDS defining condition) should be prescribed HAART.	95%	CAREWare/Chart Review
CD4 < 200 with PCP Prophylaxis	Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm should be prescribed PCP Prophylaxis.	80%	CAREWare/Chart Review
MAC Prophylaxis	Percentage of clients with HIV infection and a CD4 T-cell count <50 cells/mm will be prescribed Mycobacterium Acium Complex (MAC) Prophylaxis within a 12 month period.	85%	CAREWare/Chart Review
HIV Risk Counseling	Percentage of clients with HIV infection will receive HIV risk counseling within a 12 month period.	80%	CAREWare/Chart Review
Syphilis Screening	Percentage of clients who are ≥ 18 years old or had a history of sexual activity at < 18 years will have a Syphilis screening documented at least once within the last 12 months.	80%	CAREWare/Chart Review
Chlamydia Screening	Percentage of clients who were either a) newly enrolled in care; b) sexually active; or c) had an STI within the last 12 months will have a Chlamydia screening documented at least once within the last 12 months.	70%	CAREWare/Chart Review
Gonorrhea Testing	Percentage of clients who were either a) newly enrolled in care; b) sexually	70%	CAREWare/Chart Review

Program Goals – Outpatient Ambulatory Health Services	Performance Measure	Target Percentage	Source
	active; or c) had an STI within the last 12 months will have a Gonorrhea test documented at least once within the last 12 months.		
Influenza Vaccination	Percentage of clients with HIV infection will have a Influenza vaccination documented within the last 12 months.	50%	CAREWare/Chart Review
Mental Health Screening	Percentage of clients with HIV infection will have a mental health screening documented at least once within the last 12 months.	45%	CAREWare/Chart Review
Substance Use Screening	Percentage of clients with HIV infection will have a substance use screening at least once within the last 12 months.	45%	CAREWare/Chart Review
Lipid Screening	Percentage of clients with HIV infection on HAART will have a fasting lipid panel (cholesterol and triglycerides panel) within the last 12 months.	75%	CAREWare/Chart Review
Tobacco Cessation Counseling	Percentage of clients that admit to using tobacco will receive tobacco cessation counseling within the last 12 months.	70%	CAREWare/Chart Review
Hepatitis/HIV Alcohol Counseling	Percentage of clients diagnosed with Hepatitis B or Hepatitis C will receive alcohol counseling within the last 12 months.	70%	CAREWare/Chart Review
Oral Exam	Percentage of clients will report having received an oral exam by a dentist at least once within the last 12 months.	70%	CAREWare/Chart Review
Cervical Cancer Screening	Percentage of women with HIV infection will have a pap screening at least once within the measurement year.	70%	CAREWare/Chart Review
Hepatitis B Vaccination	Percentage of clients with HIV infection will have documentation of a completed vaccine series for Hepatitis B.	45%	CAREWare/Chart Review
Hepatitis B Screening	Percentage of clients with HIV infection will be screened for Hepatitis B virus infection status.	80%	CAREWare/Chart Review

Program Goals – Outpatient Ambulatory Health Services	Performance Measure	Target Percentage	Source
Hepatitis C Screening	Percentage of clients with HIV infection will have a Hepatitis C (HCV) screening performed at least once since diagnosis.	75%	CAREWare/Chart Review
TB Screening	Percentage of clients with HIV infection who do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA will have documentation of testing for LTBI (latent TB infection) at least once since HIV diagnosis.	75%	CAREWare/Chart Review
Pneumococcal Vaccination	Percentage of clients with HIV infection will have a pneumococcal vaccine documented at least once in their lifetime.	75%	CAREWare/Chart Review
Toxoplasma Screening	Percentage of clients with HIV infection will have a Toxoplasma screening performed at least once since diagnosis.	80%	CAREWare/Chart Review
Pregnant Women Prescribed ART	Percentage of pregnant women with HIV infection will be prescribed antiretroviral therapy.	100%	CAREWare/Chart Review
Medication Education	Percentage of clients with HIV infection who were prescribed new medication will receive medication education concurrently documented in the client chart.	80%	CAREWare/Chart Review
Adherence Assessment and Counseling	Percentage of clients with HIV infection on ARV's will be assessed and counseled for adherence two or more times within a 12 month period as part of their primary care.	75%	CAREWare/Chart Review

EXHIBIT A
SOUTHERN NEVADA HEALTH DISTRICT – SUBSTANCE ABUSE SERVICES
Provider SPECIFIC SERVICES AND SCOPE OF WORK

Service Category and Requirements and Performance Measures

A. Provider shall provide Substance Abuse Services, defined by HRSA as follows:
 Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Service includes:

- 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
 - Relapse prevention
 - Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a an inpatient medical or psychiatric hospital)

B. Provider shall render services in accordance with the following requirements:

1. A minimum of 5 unduplicated clients shall receive Substance Abuse services during the award period.
2. A minimum of 1 service units shall be provided each month during the award period in Substance Abuse services.
3. Provider shall serve women, infants, children and youth (WICY) and document client numbers and funds spent for the mandated WICY report. Provider shall report to COUNTY the WICY population served upon request.
4. Provider shall submit a quarterly report detailing services provided and narrative of program. Report shall be submitted on an approved CCSS form.

C. Provider shall comply with the Substance Abuse Services service standard located at www.lasvegashivaidscare.org

D. Provider shall comply with the Program Goals and Measures as defined below:

Program Goals – Substance Abuse	Performance Measure	Target Percentage	Source
Biopsychosocial-Individual Treatment Only	Percentage of clients will have a Biopsychosocial documented within their first three appointments with their Substance Abuse provider.	80%	CAREWare/Chart Review
Treatment Plan-Individual Sessions Only	Percentage of clients in individual treatment will have a treatment plan documented on intake or completed no later than within the first three	80%	CAREWare/Chart Review

Program Goals – Substance Abuse	Performance Measure	Target Percentage	Source
	appointments with the Substance Abuse provider.		
Progress Notes- Individual Sessions Only	Percentage of clients will have progress notes documented at each of their appointments throughout treatment in the measurement year.	80%	CAREWare/Chart Review
Treatment Plan- Individual Sessions Only	Percentage of clients in individual treatment will have their treatment plan revised and updated at a minimum of every 180 days while the client is in Substance Abuse treatment.	80%	CAREWare/Chart Review
Discharge Plan- Individual Sessions Only	Percentage of clients exiting Substance Abuse services will have a discharge plan completed no later than 365 days from the client's last contact/appointment with the service provider.	95%	CAREWare/Chart Review

EXHIBIT A
SOUTHERN NEVADA HEALTH DISTRICT – EMERGENCY FINANCIAL ASSISTANCE
Provider SPECIFIC SERVICES AND SCOPE OF WORK

Service Category and Requirements and Performance Measures

- A. Provider shall provide Emergency Financial Assistance, defined by HRSA as follows: Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
- B. Provider shall render services in accordance with the following requirements:
1. A minimum of 10 unduplicated clients shall receive Emergency Financial Assistance services during the award period.
 2. A minimum of 2 service units shall be provided each month during the award period in Emergency Financial Assistance.
 3. Provider shall serve women, infants, children and youth (“WICY”) and document client numbers and funds spent for the mandated WICY report. Provider shall report to County the WICY population served upon request.
 4. Provider shall submit a quarterly report detailing services provided and narrative of program. Report shall be submitted on an approved CCSS form.
- C. Provider shall comply with the Emergency Financial Assistance service standard located at www.lasvegashivaidscare.org
- D. Provider shall comply with the Program Goals and Measures as defined below:

Program Goals – EFA	Performance Measure	Target Percentage	Source
Timely Payments	Percentage of clients receiving EFA will have documentation that the request was paid 48 hours after the approved request.	85%	CAREWare/Chart Review
Documentation of Denial from at least Three Other Sources	Percentage of clients receiving EFA will have a planning session documented in the case notes that at least three other community resources were approached for emergency assistance prior to EFA being issued. This must include the name of the community resource/agency, date contacted, and reason for denial.	90%	CAREWare/Chart Review

This Amendment No.2 represents no cost change.

Except as expressly amended herein, the terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHERE OF, the parties have caused this Contract to be executed the day and year first above written.

COUNTY:
COUNTY OF CLARK, NEVADA

PROVIDER:
SOUTHERN NEVADA HEALTH
DISTRICT

By: _____
STEVE SISOLAK, Chairman
Board of County Commissioners

By: _____
ANDREW J. GLASS, FACHE, MS
Director of Administration

ATTEST:

By: _____
LYNN GOYA
County Clerk

Approved as to Form:
STEVEN B. WOLFSON, District Attorney

Approved as to Form:

By: _____
ELIZABETH VIBERT
Deputy District Attorney

By:  _____
ANNETTE L. BRADLEY
General Counsel