



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** August 22, 2019

RE: *Approval of Amendment to Ryan White Part A Interlocal Contract*

PETITION #08-20

That the Southern Nevada District Board of Health *approve an amendment to the Ryan White Part A Interlocal Contract with Clark County Social Services (CCSS) which adds two new service categories in the Ryan White Program: Medical Nutrition Therapy and Mental Health Services.*

PETITIONERS:

Fermin Leguen, MD, MPH, Director of Clinical Services *FZ*
Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer *[Signature]*

DISCUSSION:

The amendment updates the current contract to add two new Ryan White (RW) service categories into the existing services, namely Medical Nutrition Therapy and Mental Health Services, to be provided to RW eligible patients living with HIV. SNHD currently provides a range of core and support RW services including Outpatient Ambulatory Health Services, Early Interventions Services, Medical Case Management, Substance Abuse Outpatient Care contracts, and Emergency Financial Assistance.

FUNDING:

Funding will be through additional Ryan White Part A funds issued by CCSS to SNHD.

AMENDMENT NO. 4
RFP 604274-16
MEDICAL, CORE & SUPPORT SERVICES FOR HIV/AIDS INFECTED & AFFECTED CLIENTS IN LAS VEGAS,
RYAN WHITE, TRANSITIONAL GRANT AREA

THIS AMENDMENT is made and entered into this ____ day of _____ 2019, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and SOUTHERN NEVADA HEALTH DISTRICT (hereinafter referred to as "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, as amended January 16, 2018, April 3, 2018, and May 15, 2018 (hereinafter referred to as CONTRACT); and

WHEREAS, the parties desire to amend the CONTRACT.

NOW, THEREFORE, the parties agree to amend the CONTRACT as follows:

1. Exhibit A, Scope of Work. Add Attachment 1.

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: _____
MARILYN KIRKPATRICK, Chairman
Board of County Commissioners

By: _____
ERNEST BLAZZARD
Financial Services Manager

APPROVED AS TO FORM:
STEVEN B. WOLFSON, District Attorney

APPROVED AS TO FORM:

By: _____
ELIZABETH VIBERT
Deputy District Attorney

By: 
HEATHER ANDERSON-FINTAK, ESQ
Associate General Counsel
Southern Nevada Health District

AMENDMENT NO. 4
RFP 604274-16
EXHIBIT A, ATTACHMENT 1

**SCOPE OF WORK
MENTAL HEALTH SERVICES PROVIDER SPECIFIC SERVICES**

Service Category and Requirements and Performance Measures

A. PROVIDER shall provide Mental Health Services, defined by HRSA as follows:

Service Description

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.

Program Guidance:

Mental Health Services are allowable only for HIV-infected clients.

A. PROVIDER shall render services in accordance with the following requirements:

1. A minimum of 10 unduplicated clients shall receive Mental Health Services during the award period.
2. A minimum of 20 service units shall be provided each month during the award period in Mental 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.

B. PROVIDER shall comply with the Mental Health Services Service Standard located at <http://www.lasvegastqa.com>

C. PROVIDER shall comply with the Program Goals and Measures as defined below:

Minimum Requirements

STANDARD	MEASURE
1. Staff Requirements	
A. Providers must ensure that staff and contracted service providers are mental health treatment professionals currently licensed to provide such services.	A. A copy of most recent license
2. Service Delivery	
2.1. Assessment The mental health treatment provider must complete a face-to-face assessment within the first three mental health visits. The assessment must include, at minimum, a review of the following areas: Presenting problems Medical history and medications Mental health and psychiatric history Substance use and treatment history Family history History of trauma Psychological functioning Leisure and recreational activities Social support	2.1. Documentation in consumer record of completed assessment form or progress note within specified timeframe
2.2. Treatment Plan The mental health treatment provider must complete a treatment plan collaboratively with the consumer within the first three mental health visits. The treatment plan must include: Clinical mental health diagnosis(es) A description of the need(s) Action steps/interventions to address the need(s) The treatment modality Timeframes to address the need(s), including recommended number of sessions Dated signatures of the consumer and mental health treatment provider	2.2. Documentation in consumer record of completed and signed treatment plan form

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**SCOPE OF WORK
MENTAL HEALTH SERVICES PROVIDER SPECIFIC SERVICES**

STANDARD	MEASURE
2.3. Continuity of Care The mental health treatment provider must review and update the treatment plan on an as needed basis and have documented progress notes for all visits.	2.3. Documentation in consumer treatment plan that needs are closed out when they are met/deferred and progress notes for all visits
2.4. Reassessment The mental health treatment provider must complete a reassessment, at minimum, every six months.	2.4. Documentation in consumer records of a reassessment at specified timeframes.
2.5. Discharge Summary The mental health treatment provider must complete a discharge summary for all client discontinuing mental health services. The discharge summary must include: Summary of needs at admission Summary of services provided Goals completed during treatment Reason for discharge Consumer-centered discharge plan Referrals provided Dated signature of provider and provider supervisor	2.5. Documentation in consumer records of discharge summary with relevant signatures
3. Program Data and Reporting	
A. Mental Health Services programs are required to collect the following data elements in the Las Vegas TGA CAREWare data system: Year of birth Ethnicity Hispanic subgroup Race Asian subgroup NHPI Subgroup Gender Transgender subgroup Sex at Birth Health insurance	A. Documentation in Las Vegas TGA CAREWare
4. Policies and Procedures	
A. None at this time.	A. N/A
5. Referral Policy	
A. All service providers must work in partnership with the client, their internal care coordination team and external providers (both Ryan White HIV/AIDS Program-funded and non-Ryan White-funded sites) to ensure appropriate and timely service referrals are made. For more information, see Las Vegas TGA Referral Policy.	A. For internal Ryan White Part A referrals: documentation in CAREWare. For external referrals: documentation in client record that referral was completed.

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RFP 604274-16
EXHIBIT A, ATTACHMENT 1

**SCOPE OF WORK
MEDICAL NUTRITION THERAPY PROVIDER SPECIFIC SERVICES**

Service Category and Requirements and Performance Measures

- A. **PROVIDER shall provide Medical Nutrition Therapy, defined by HRSA as follows:**
 Medical Nutrition Therapy includes:
- Nutrition assessment and screening
 - Dietary/nutritional evaluation
 - Food and/or nutritional supplements per medical provider's recommendation
 - Nutrition education and/or counseling
- These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.
- B. **PROVIDER shall render services in accordance with the following requirements:**
1. A minimum of 50 unduplicated clients shall receive **Medical Nutrition Therapy** services during the award period.
 2. A minimum of 20 service units shall be provided each month during the award period in **Medical Nutrition Therapy**.
 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 Nutrition Therapy service standard located at <http://www.lasvegastga.com>**
- D. **PROVIDER shall comply with the Program Goals and Measures as defined below:**

Program Goals – Medical Nutrition Therapy	Performance Measure	Target Percentage	Source
Intake and Initial Assessment	Percentage of clients will receive a comprehensive intake and initial assessment. <ul style="list-style-type: none"> • 24-hour Dietary Recall • Nutrition and wellness assessment • Individualized nutrition plan (if applicable) 	85%	CAREWare/ Chart Review
Reassessment	Percentage of clients will receive a comprehensive six month reassessment. <ul style="list-style-type: none"> • 24 hour Dietary Recall • Nutrition and wellness assessment • Individualized nutrition plan update (if applicable) 	85%	CAREWare/ Chart Review
Discharge Note	Percentage of clients discharged will have a discharge note documenting the date and reason for discharge.	85%	CAREWare/ Chart Review

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**SCOPE OF WORK
MEDICAL NUTRITION THERAPY PROVIDER SPECIFIC SERVICES**

Minimum Requirements

STANDARD	MEASURE
1. Staff Requirements	
The medical nutrition therapy provider must be currently registered dietitians (RD).	Documentation of dietitian registration status
2. Service Delivery	
2.1. Nutrition Screening Clients entering Medical Nutrition Therapy services must receive a nutrition screening.	2.1. Documentation in consumer records of nutrition screening
2.2. Nutrition Assessment The registered dietitian must complete a nutrition assessment that includes: <ul style="list-style-type: none"> • Consumer concerns, questions, and requests • 24 hour diet recall • Current infections and medical conditions • Medical care status • Weight history and nutritional needs • Current gastrointestinal symptom or complications • Current labs • Current HIV/AIDS medications • Life style 	2.2. Documentation in consumer records of nutrition assessment
2.3. Individualized Nutrition Plan The registered dietitian must develop an individualized nutrition plan that contains medically and culturally relevant recommendations concurrent to the nutrition assessment.	2.3. Documentation in consumer records of individualized nutrition plan
2.4. Ongoing Contact The registered dietitian must maintain ongoing and progress notes for all subsequent visits.	2.4. Documentation in consumer records of progress notes
2.5. Nutrition Reassessment The registered dietitian must complete a nutrition reassessment at least every six months.	2.5. Documentation in consumer record of nutrition reassessment
2.6. Nutrition Supplements Nutrition supplements may only be dispensed by the registered dietitian. In order to be eligible for nutrition supplements, the client must have a compromised nutritional status, as evidenced by one or more of the following: <ul style="list-style-type: none"> • Significant weight loss of at least 7.5% in three months • BMI less than 18.5 and/or cachexia • Serum albumin is less than 3.5 • Malabsorption syndrome • Neurological or mechanical eating difficulties, such as dysphagia • A diagnosis of cancer with a history or expectation of significant weight loss • Poor appetite due to a medical condition (i.e., HIV/AIDS, cancer, dementia, kidney disease, Parkinson's) • A pressure ulcer greater than stage 1 or a non-healing wound • A feeding tube 	2.6. Documentation in consumer record of compromised nutrition status.

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**SCOPE OF WORK
MEDICAL NUTRITION THERAPY PROVIDER SPECIFIC SERVICES**

STANDARD	MEASURE
<p>3. Program Data and Reporting</p> <p>Medical Nutrition Therapy programs are required to collect the following data elements in the Las Vegas TGA CAREWare data system:</p> <ul style="list-style-type: none"> • Year of birth • Ethnicity • Hispanic subgroup • Race • Asian subgroup • NHPI Subgroup • Gender • Transgender subgroup • Sex at Birth • Health insurance 	<p>Documentation in Las Vegas TGA CAREWare</p>
<p>4. Policies and Procedures</p> <p>None at this time.</p>	<p>N/A</p>
<p>5. Referral Policy</p> <p>A. All service providers must work in partnership with the client, their internal care coordination team and external providers (both Ryan White HIV/AIDS Program-funded and non-Ryan White-funded sites) to ensure appropriate and timely service referrals are made.</p> <p>For more information, see Las Vegas TGA Referral Policy.</p>	<p>A. For internal Ryan White Part A referrals: documentation in CAREWare. B. For external referrals: documentation in client record that referral was completed.</p>