



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** September 22, 2022

RE: *Approval to amend the Interlocal Agreement CBE NO.605906-21 between Clark County, Nevada and the Southern Nevada Health District for the Rapid stART Project under the End the HIV Epidemic initiative.*

PETITION #05-23

That the Southern Nevada District Board of Health approve to amend the interlocal agreement with Clark County, Nevada to continue and enhance the Rapid stART project under the Ending the HIV Epidemic initiative.

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Randy Smith, FQHC Operations Officer *RS*
Merylyn Yegon, CHN Supervisor *MY*

DISCUSSION:

This amended interlocal agreement with Clark County, Nevada will enhance the existing Rapid stART services. Rapid stART is a key strategy to Ending the HIV Epidemic initiative which aims to reduce the number of the new infections in the United States by 90% by 2030. The objective is early initiation of antiretroviral treatment immediately after a patient is diagnosed with HIV. This project is integrated into the workflow across SNHD and SNCHC Ryan White care services.

FUNDING:

Funding will be through the Ending the HIV Epidemic funds issued by Clark County, Nevada to SNCHC.

**AMENDMENT NO. 1
CBE NO. 605906-21
SOUTHERN NEVADA HEALTH DISTRICT RAPID START PROGRAM**

THIS AMENDMENT is made and entered into this ____ day of _____ 2022, by and between CLARK COUNTY, NEVADA (hereinafter referred to as “COUNTY”), and SOUTHERN NEVADA HEALTH DISTRICT (hereinafter referred to as “AGENCY”).

WITNESSETH:

WHEREAS, the parties entered into an agreement under CBE Number 605906-21, entitled “Southern Nevada Health District Rapid Start Program” dated December 28, 2021 (hereinafter referred to as AGREEMENT); and

WHEREAS, the parties desire to amend the AGREEMENT.

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

1. Article I: Scope of Work, 3.0 Definitions

To add:

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HIP-CS) 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. The service provision consists of either or both of the following: 1) 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, not currently covered by Part B; and 2) Paying cost-sharing (copay, co-insurance, deductible) on behalf of the client for Physician appointments and labs.

Outpatient/Ambulatory Health Services (OAHS) 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

2. Article I: Scope of Work, 5.0 Services, first item

Originally written:

“Respond to any internal and external referrals for Rapid stART services.”

Revised to read:

“Respond to any internal and external referrals for Rapid stART services, including EIS, OAHS and HIP-CS as defined in section 3.0 of this scope of work.”

3. Article I: Scope of Work, 7.0 Performance Outcomes, to be removed in its entirety and replace by

7.0 Performance Outcomes

All outcomes align with COUNTY’s EHE Plan and the Rapid stART Learning Collaborative:

Goal: Increase access to care and improve health outcomes for patients newly diagnosed with HIV and/or patients returning to care.
Measure 1: Linkage to HIV medical care within 7 days
<p>Definition: Percentage of persons with HIV newly diagnosed, new to care, and/or out of care patients who are linked to medical care within 7 days of [time zero].</p> <p>Numerator: Number of persons in the denominator who are linked to HIV medical care within 7 days of [time zero].</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care in the reporting period.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period.</p>
Measure 2: Initiation of ART within 7 days
<p>Definition: Percentage persons with HIV newly diagnosed, new to care, and/or out of care who are prescribed HIV antiretroviral therapy within seven days from [time zero].</p> <p>Numerator: Number of persons in the denominator who are prescribed HIV antiretroviral therapy within seven days from [time zero].</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care in the reporting period.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period.</p>
Measure 3: Median days to initiation of ART
<p>Definition: The median number of days from [time zero] to initiation of ART for newly diagnosed, new to care, and/or out of care patients.</p> <p>Numerator: not applicable</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care who were initiated on ART in the reporting period.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period.</p> <p>Calculation:</p> <ol style="list-style-type: none"> 1. Determine the number of days from [time zero] to initiation of ART for each patient in the denominator

<p>2. Sort the number of days in ascending order</p> <p>3. Determine the middle value</p>
<p>Measure 4: Viral load suppression</p>
<p>Definition: Percentage of persons with HIV newly diagnosed, new to care, and/or out of care with a HIV viral load less than 200 copies/ml at last viral load test by 60 days after initiation of ART.</p> <p>Numerator: Number of persons in the denominator who have an HIV viral load less than 200 copies/ml at last viral load test by 60 days after initiation of ART.</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care who initiated ART at least 60 days prior to measurement.</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period</p>
<p>Measure 5: Retention in Care</p>
<p>Definition: Percentage of persons with HIV newly diagnosed, new to care, and/or out of care who initiated on ART with at least 1 medical visit in each six-month period at least 90 days apart</p> <p>Numerator: Number of persons in the denominator who had at least 1 medical visit in each six-month period of the reporting period at least 90 days apart.</p> <p>Denominator: Number of persons with HIV newly diagnosed, new to care, and/or out of care who initiated ART in the reporting period</p> <p>Exclusions: Patients who died, transferred, moved, or were incarcerated in the reporting period</p>

<p>Number of unduplicated clients to be served: 100-120</p>	<p>Number of service units to be provided: 600-1000</p>
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Definitions related to Performance Measures:

Rapid stART

- **Rapid stART:** Initiation of HIV ART within 7 days of [time zero]
- **Initiation of ART:** Starter pack provided or ART prescription written
- **Linked to Care:** A kept medical visit
- **Date of Diagnosis:** Positive rapid HIV screening test, Confirmatory HIV test, and/or HIV Viral Load

Patient Category

- **Newly Diagnosed:** Any person with a new positive HIV rapid, confirmatory, or detectable viral load test result within 12 months.
- **New to Care:** Any person diagnosed with HIV greater than 12 months who has not attended a HIV care medical visit.
- **Out of Care:** Any person diagnosed with HIV with previous engagement in primary HIV care who has no medical visit or laboratory test result for greater than 12 months and has agreed to return to care.

Time Zero

<i>Term</i>	<i>Notification Type</i>	<i>Definition</i>
Newly Diagnosed	Internal HIV Testing	Date of diagnosis
	External Testing and/or Referral	Date referral agency notifies provider or date of self-referral

New to Care	Internal Never Linked and/or External Referral	Date of first contact with site
Out of Care	Internal Out of Care	Date of re-contact with or by site and agreement to return to care
	External Referral	Date referral agency notifies provider of agreement to return to care or date of self-referral

4. Article II: Term of Agreement, first sentence

Originally written:

“Commencing from the date of execution of AGREEMENT, the term shall be from July 1, 2021 through February 28, 2023.”

Revised to read:

“The initial term of the AGREEMENT shall be from July 1, 2021 through February 28, 2023, with the option to extend for 3, one-year options.

5. Article III: Price, Payment, and Submission of Invoice, first item, first sentence

Originally written:

“COUNTY agrees to pay AGENCY for performance of services described in this Scope of Work not to exceed the amount of \$309,300.00.”

Revised to read:

“COUNTY agrees to pay AGENCY for performance of services described in this Scope of Work not to exceed the amount of \$1,026,300. “

6. Article III: Price, Payment, and Submission of Invoice, Budget

Originally written:

The table below reflects a budget that corresponds to the scope of work:

Time Period	Amount
July 1, 2021 – February 28, 2022	\$120,300.00
March 1, 2022 – February 28, 2023	\$189,000.00
TOTAL	\$309,300.00

Revised to read:

The table below reflects the total budget for the duration of the contract:

Time Period	Amount
July 1, 2021 – February 28, 2022	
March 1, 2022 – February 28, 2023	
March 1, 2023 – February 29, 2024	
March 1, 2024 – February 28, 2025	
March 1, 2025 – February 28, 2026	
TOTAL AMOUNT not to exceed (for the duration of the Contract)	\$1,026,300

7. The revisions contained herein are effective as of March 1, 2022.

This Amendment No. 1 represents an increase of \$717,000.

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

COUNTY OF CLARK:

BY: _____
JAMES B. GIBSON, CHAIR
Clark County Commissioners

SOUTHERN NEVADA HEALTH DISTRICT

BY: _____
FERMIN LEGUEN, MD, MPH
District Health Officer/Executive Director

ATTEST:

BY: _____
LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:

Steven Wolfson, District Attorney

BY: _____
ELIZABETH A. VIBERT
Deputy District Attorney

APPROVED AS TO FORM:

**THIS DOCUMENT IS APPROVED
AS TO FORM. SIGNATURES TO
BE AFFIXED ACCORDINGLY.**

BY: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District