

# NYE COUNTY AGENDA INFORMATION FORM

Action     
  Presentation     
  Presentation & Action

<b>Department:</b> Health and Human Services	<b>Agenda Date:</b>
<b>Category:</b> Regular Agenda Item	<b>April 3, 2018</b>

<b>Contact:</b> Karyn Smith	Phone: (775) 751-7096	Continued from meeting of:
<b>Return to:</b> Karyn Smith	<b>Location:</b> 1981 E. Calvada Blvd. N., Ste 120, Pahrump, NV 89048	Phone: 751-7096

**Action requested:** (Include what, with whom, when, where, why, how much (\$) and terms)

Discussion and deliberation for approval of Amendment Number 1 to the Interlocal Agreement between Clark County and Nye County for the Ryan White RFQ No. 604274-16 for Medical, Core and Support Services for HIV/AIDS Infected and Affected Clients in the Las Vegas, Ryan White, Transitional Grant Area. The Amendment is to renew and extend the agreement for a one-year period from 03/01/2018 to 02/28/2019. This grant is administered out of Project G17061 and there is no County match required.

**Complete description of requested action:** (Include, if applicable, background, impact, long-term commitment, existing county policy, future goals, obtained by competitive bid, accountability measures)

Nye County Health and Human Services currently administers the Ryan White Grant that provides assistance for HIV/AIDS residents of Nye County. Clark County provides a vehicle that is used for transportation and this grant funds a full-time employee who handles case management for clients and serves as the main driver of the van; fuel and maintenance for the van; a part-time employee who manages the food bank; supplies; money for gas vouchers for those who cannot utilize the van service; money for food and food vouchers, and for rent, deposits and utilities through Emergency Financial Assistance, etc.

This grant has been administered by Nye County for over 11 years. No County Match is required.

Any information provided after the agenda is published or during the meeting of the Commissioners will require you to provide 20 copies: one for each Commissioner, one for the Clerk, one for the District Attorney, one for the Public and two for the County Manager. Contracts or documents requiring signature must be submitted with three original copies.

**Expenditure Impact by FY(s):** (Provide detail on Financial Form)

No financial impact

**Routing & Approval (Sign & Date)**

1. Dept	Date	6.	Date
2.	Date	7. HR	Date
3.	Date	8. Legal	Date
4.	Date	9. Finance	Date
5.	Date	10. County Manager	Date

BR 03-28-18  
 N/A  
 Place on Agenda  
 ITEM # 35

**AMENDMENT NO. 1  
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 3<sup>rd</sup> day of April 2018, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and NYE COUNTY (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 (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; PAGES A-1 to A-63 ARE DELETED AND REPLACED WITH THE FOLLOWING SECTION:

**EXHIBIT A  
NYE COUNTY - 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 *HN* 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/ r 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 30 unduplicated clients shall receive **Medical Case Management** services during the award period.
  2. A minimum of 15 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](http://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 who 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 who 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 who 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 who 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 who will have	95%	CAREWare/

	current labs (dated no more than 12 months from current date of service) documented on intake.		Chart Review
Client Reassessment	Percentage of clients who will have a completed reassessment form documented twice each at least three months apart within the 12 months measurement period.	85%	CAREWare/ Chart Review
Updated Client Acuity	Percentage of clients who 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 who 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 who 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 who 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 who will have a discharge summary documented in the client chart or in CAREWare.	100%	CAREWare/ Chart Review

**EXHIBIT A  
 NYE COUNTY-MEDICAL TRANSPORTATION ASSISTANCE  
 PROVIDER SPECIFIC SERVICES AND SCOPE OF WORK**

**Service Category and Requirements and Performance Measures**

A. **PROVIDER shall provide Medical Transportation Assistance** defined by HRSA as follows:

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

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

1. A minimum of **30** unduplicated clients shall receive **Medical Transportation** services during the award period.
2. A minimum of **10** service units shall be provided each month during the award period in **Medical Transportation** 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 Medical Transportation Assistance service standard** located at [www.lasvegashivaidscare.org](http://www.lasvegashivaidscare.org)

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

<b>Program Goals - Medical Transportation Services</b>	<b>Performance Measure</b>	<b>Target Percentage</b>	<b>Source</b>
Eligible Utilization of Bus Passes	Percentage Medical Transportation service encounters for bus pass utilization which will have documentation in the client file of eligible appointment/utilization with proof of service/appointment received.	95%	CAREWare/ Chart Review
Eligible Utilization of Van Transportation	Percentage of Medical Transportation service van encounters which will have documentation in CAREWare corresponding to the date of service on the provider log for all Medical Transportation service van encounters.	95%	CAREWare/ Chart Review
Van Transportation Requirements Met	Percentage of Medical Transportation service van transportation specific contract requirements which will be submitted to the Grantee at the end of the grant year including: <ul style="list-style-type: none"> <li>• Vehicle maintenance</li> <li>• Registration/Insurance</li> <li>• Drivers defensive driving and CPR</li> </ul>	100%	CAREWare/ Chart Review

	<p><b>course completion</b></p> <ul style="list-style-type: none"><li>• Logs ensuring van was not utilized for outside activities</li><li>• Preventive maintenanceschedules, receipts, and logs</li><li>• Copies of repair receipts</li><li>• Quarterly review of clients need for transportation services with case management staff</li></ul>		
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**EXHIBIT A  
 NYE COUNTY -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 **5** 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](http://www.lasvegashivaidscare.org)

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

<b>Program Goals - EFA</b>	<b>Performance Measure</b>	<b>Target Percentage</b>	<b>Source</b>
Documentation of Denial from at least Three Other Sources	Percentage of clients receiving EFA who 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

**EXHIBIT A**  
**NYE COUNTY - FOOD BANK/HOME DELIVERED MEALS**  
**PROVIDER SPECIFIC SERVICES AND SCOPE OF WORK**

**Service Category and Requirements and Performance Measures**

A. **PROVIDER shall provide Food Bank/Home Delivered Meals**, defined by HRSA as follows:

Food Bank/Home Delivered Meal refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water/filtration/purification systems in communities where issues of water safety exist.

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

1. A minimum of **30** unduplicated clients shall receive **Food Bank/Home Delivered Meals** services during the award period.
2. A minimum of **20** service units shall be provided each month during the award period in **Food Bank/Home Delivered Meals**.
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 Food Bank/Home Delivered Meals service standard** located at [www.lasvegashivaidscare.org](http://www.lasvegashivaidscare.org)

This Amendment No. 1 represent 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:**  
NYE COUNTY

By: \_\_\_\_\_  
STEVE SISOLAK, Chairman  
Board of County Commissioners

By: \_\_\_\_\_  
JOHN KOENIG, Chairman  
Board of County Commissioners

**ATTEST:**

By: \_\_\_\_\_  
LYNN GOYA,  
County Clerk

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

By: \_\_\_\_\_  
ELIZABETH VIBERT  
Deputy District Attorney