RAPID stART

THE NEW STANDARD FOR HIV CARE

QUICK START KIT

RAPID stART

Until now, there has been no uniform standard for linking newly diagnosed clients to medical care. Some patients see a provider quickly; others may not start care for weeks.

Rapid start of Anti-Retroviral Therapy (Rapid stART) is a new, evidence-informed protocol that links a patient to a prescribing HIV provider within seven business days of their diagnosis (ideally on the same day). When possible, patients begin antiretroviral therapy (ART) at their first medical appointment.

Rapid stART is a paradigm shift in how we practice HIV care.

WHAT'S INSIDE

I. Introduction:

This Comprehensive Rapid stART Manual aims to provide a detailed guide for service providers, healthcare professionals, and individuals working with HIV positive clients. This manual will facilitate the seamless linkage to care, delivery of services and ensure a welcoming environment for clients while empowering them to make informed decisions. The Comprehensive Linkage Experience offers guidance on how to connect clients to the appropriate services effectively.

II. HIV Testing Protocols:

Learn about the different Types of HIV Tests available and how to implement the U Equals U concept, which emphasizes the prevention benefits of antiretroviral treatment.

III. Rapid stART Response Team:

This section provides a practical step-by-step guide on how to use the manual effectively. It includes specific instructions and notes on utilizing the information presented in the manual for different scenarios. This section also utlines the eight steps of the Response Team when addressing HIV-related emergencies.

IV. Service Providers:

Access a comprehensive list of service providers to ensure clients have access to various support systems.

V. Eligibility:

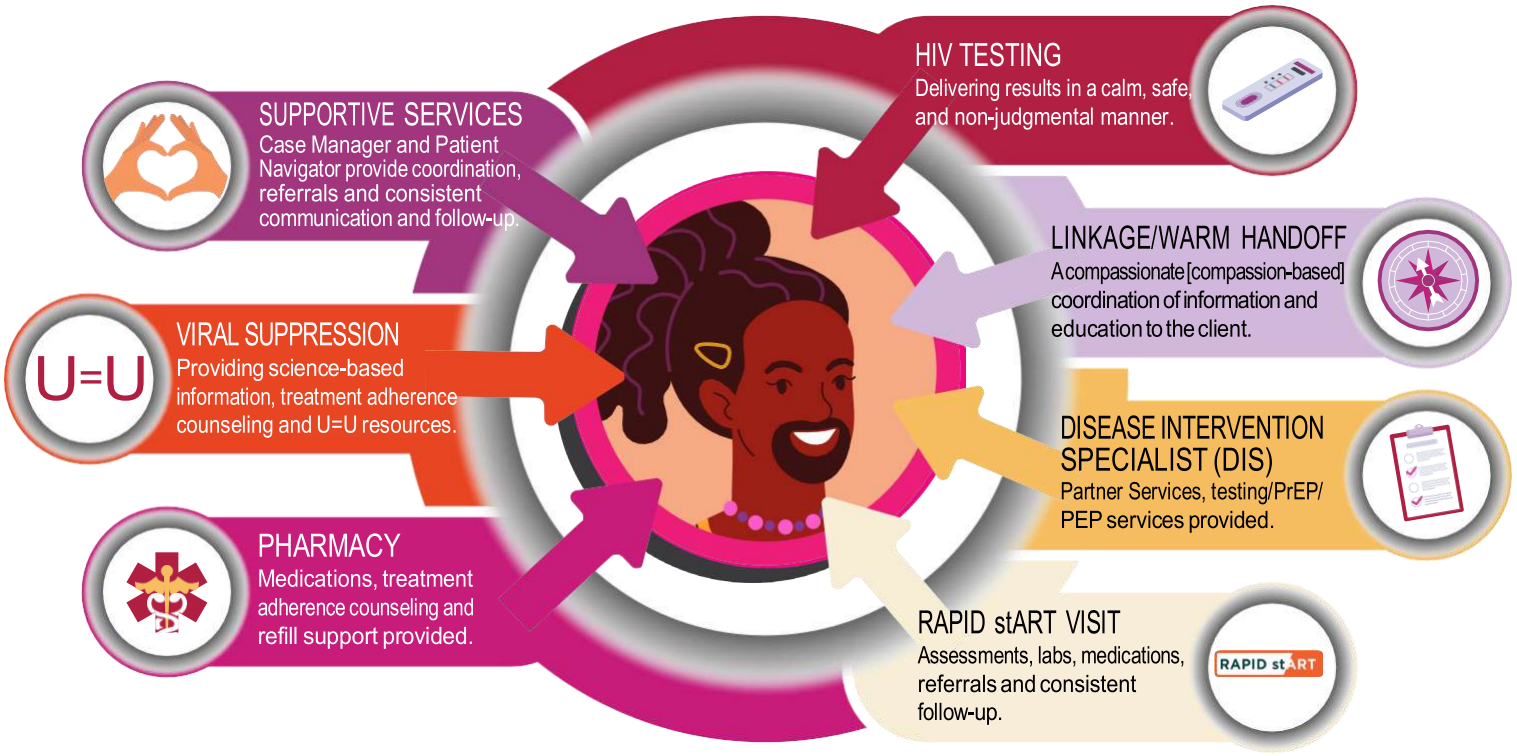
In this section, you will find information on Ryan White HIV/AIDS Program Services and the role of the Disease Intervention Specialist. Learn about the criteria for eligibility and how to assist clients in accessing these services.

VI. CARE Team:

Understanding the workflow is essential for streamlining processes and optimizing care. This section covers the roles and responsibilities of the Care Team.

VII. Rapid stART Supporting Materials:

CREATING A COMPREHENSIVE LINKAGE EXPERIENCE



RAPID START LINKAGE TO CARE EXPERIENCE

When linking clients to HIV care, creating a positive experience is crucial to the clients' successful engagement and retention in services. Providers don't get a second chance to make a first impression. It's important to demonstrate to clients that every interaction with them isn't just helping them enter care—it's also about establishing long-term relationships with them to support their needs and health outcomes. To demonstrate this, HIV providers need to offer their clients culturally compassionate and humble care, educational tools, and connections to Ryan White HIV/AIDS Program and community resources that can make engagement in care and viral suppression easier. Most importantly, clients need to be educated and supported to make informed choices to guide their healthcare.

Developing relationships with other providers is just as meaningful. Service providers should constantly collaborate and communicate to support every client's needs. When providers are siloed, clients become lost to care. By connecting with other providers, your team will be more aware of issues impacting the client, and thus, impacting their ability to remain in care.

Keeping a relationship strong means sharing responsibilities. This includes the relationship we have with our clients.

CREATING A COMPREHENSIVE LINKAGE EXPERIENCE (CONT.)

HIV TESTING

- The testing provider will deliver the HIV test results to the client in a calm, safe, and non-judgmental manner.
- Accurate, science-based information will be provided to the client.
- The testing provider will contact the Rapid stART Response Team.

LINKAGE/WARM HANDOFF

- The HIV testing provider coordinates the transfer of the client to the Rapid stART Response Team.
- The Response Team makes the initial medical appointment based on the client's location/provider preferences.
- The Response Team will offer to attend the appointment with the client.
- Transportation for the client to attend their appointment will be coordinated, if needed.
- The client will receive HIV information and education prior to attending their medical appointment.
- The Response Team will confirm the client attended their medical appointment and will update the referring provider.

DISEASE INTERVENTION SPECIALIST (DIS)

- DIS staff will complete an interview with the client to obtain contact information for partners who might be at risk for acquiring HIV.
- These partners will be confidentially notified of their possible exposure or potential risk.
- HIV, STI and Hepatitis testing resources will be shared.
- PrEP/PEP education, resources, and referrals will be provided.
- Time frames for DIS to contact clients and partners varies.

RAPID START VISIT

- A Rapid stART Response Team member will attend the medical appointment with the client, if requested.
- A Care Team approach to services will be provided (client led care team, including the medical provider, case manager, pharmacist, and others).
- A case manager will complete a psychosocial assessment.
- A visit with a medical provider will be completed.
- Initial HIV and other labs are completed.
- The client's preferred medications are provided.
- A Peer/Patient Navigator and case manager will provide the client with referrals to other care and supportive services, and additional support.
- The client and case manager will establish an agreed-upon care plan for future medical appointments and other services. The care plan will include a consistent communication strategy.

PHARMACY

- The client will receive their medications on the same day as their first medical appointment.
- Treatment adherence counseling will be provided.
- The client will receive continuing support to ensure medication refills are completed.

VIRAL SUPPRESSION

- The client will receive science-based education on the importance of viral suppression in maintaining overall health and wellness, and its value as high-impact HIV prevention.
- Ongoing treatment adherence counseling will be provided.
- Resources related to viral suppression will be shared.

SUPPORTIVE SERVICES

- The client's case manager and Peer/Patient Navigator will coordinate continued referrals to Ryan White HIV/AIDS Program care and support services.
- Referrals are provided to reduce barriers, and other community services.
- Consistent communication among service providers is essential to ensuring the client remains in care and virally suppressed.

ENCOURAGE YOUR CLIENTS TO TAKE OWNERSHIP OF THEIR HIV CARE

Clients may feel overwhelmed by receiving an HIV diagnosis and rapidly entering care. To cope, they may try to rely on providers and staff to guide their care, and even make decisions. It's important to set an expectation that your client will be the leader and decision-maker for their health care.

Here's some messaging providers can use to empower their clients as they start HIV treatment.

YOUR CARE, YOUR WAY

- **You are in control of your care.**
- **Your care team may include your medical provider, pharmacist, case manager, and others.**
- **Use the expertise of your care team to inform your decisions.**
- **You have the final say about what treatment options are best for you.**

SPEAK UP

- **Talk to your provider about any symptoms you've had before and after your HIV diagnosis.**
- **Share any concerns or fears you have as you begin treatment.**
- **If something is difficult to understand, have your provider explain it to you in another way that makes sense.**

OPEN UP

- **Your care team will need to know more about you before you begin treatment.**
- **You may be asked to talk about your health history, relationships, social life, work/school schedule, and home life.**
- **Be open and honest about your physical and mental health.**

TEAM UP

- **You are the expert on your body. Your care team are experts on HIV.**
- **Use their knowledge to keep your health at its best (and to become an expert yourself).**
- **Together, you'll be able to develop a treatment plan that meets your needs.**

BUDDY UP

- **Managing your HIV is easier with the care and support of someone close to you.**
- **If you've told a friend or family member you have HIV, ask them to come with you to your first few medical visits.**
- **If no one knows yet and you're concerned about privacy, a peer navigator can support you.**

CHANGE IT UP (if needed)

- **Everyone deserves high-quality, compassionate care.**
- **You should always feel welcomed and respected when you access any HIV service.**
- **If you're not getting the care you want or need, a case manager can help you find a new provider.**

CREATING A WELCOMING ENVIRONMENT FOR YOUR CLIENTS

HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender, age, or where they live. However, certain groups of people in the United States are more likely to get HIV. Groups disproportionally impacted by HIV include:

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men.
- Black women.
- Transgender women
- Youth aged 13–24 years.
- People who inject drugs.

Focusing HIV prevention and care efforts on these priority populations will reduce the HIV-related disparities they experience, which is essential to ending the local and national HIV epidemic by 2030.

Here are some considerations that can create a welcoming environment for your clients.

PRACTICE CULTURAL HUMILITY

Cultural humility is lifelong learning to understand a client's identity related to race and ethnicity, gender, sexual orientation, socioeconomic status, education, social needs, and other factors.

A "culturally competent" provider needs to have knowledge and awareness of:

- Health-related beliefs, practices, and cultural values of diverse populations.
- Illness and diagnostic incidence and prevalence among culturally and ethnically diverse populations.
- Treatment efficacy data (if any) of culturally and ethnically diverse populations.

CREATE AN INVITING SPACE FOR LGBTQIA+ CLIENTS

Many LGBTQIA+ people have experienced discrimination, ignorance, or fear in health care settings. Because of this, LGBTQIA+ people may have expectations of having a negative medical care visit. Some ways to increase the comfort of LGBTQIA+ patients include:

- Using forms that reflect LGBTQIA+ people and their relationships.
- Displaying signs, brochures, magazines, and other materials that are welcoming and inclusive of LGBTQIA+ people.
- Visibly posting a nondiscrimination statement.
- Having staff trained on respectful communication and service delivery.

AFFIRM GENDER IDENTITIES

Creating a welcoming, gender-inclusive environment is critical to engaging people who identify as transgender, nonbinary, genderqueer or gender-diverse—perhaps the most vulnerable individuals at risk for acquiring HIV.

- Ask people what their pronouns are (in conversation and on forms). Then, use their preferred pronouns.
- Providing gender-neutral bathrooms.
- Ask clients about what staff can do to respect their gender identity.
- Educate yourself and staff on the spectrum of gender identities, to be more supportive of your clients.
- Normalize sharing pronouns, and let patients know your pronouns.

CREATING A WELCOMING ENVIRONMENT FOR YOUR CLIENTS (CONT.)

BE SEX POSITIVE

Sex positivity involves being non-judgmental and respectful regarding the diversity of sexuality and gender expressions as long as consent exists. Some sex-positive attitudes include:

- Being comfortable discussing sex without shame or awkwardness. Ask questions, and answer questions about sex and sexuality.
- Accepting others' sexual practices, as long as the participants consent and feel safe, without moral judgment.
- Conveying the importance of HIV/STI prevention-based safe sex for your patients and their partners.

Safe sex can also include emotional and psychological safety, such as supporting a partner with a sexual dysfunction or one with a history of sexual abuse.

ACKNOWLEDGING IMPLICIT BIASES

Implicit bias describes the unconscious, subtle associations we make between groups of people and stereotypes about those groups. These biases affect our understanding, actions and decisions.

Implicit bias is not intentional, but it can still impact how we judge others based on factors such as race, ability, gender, culture or language. Learning about our biases and understanding our individual role in growth and change are needed now more than ever.

RECOGNIZE THE ROLE OF TRAUMA-INFORMED CARE

Trauma-informed care acknowledges the need to understand a client's life experiences in order to deliver effective care. It has the potential to improve client engagement, treatment adherence, health outcomes, and provider and staff wellness.

Traumatic experiences impact the HIV care continuum and influence whether a person contracts HIV, is diagnosed, starts treatment, stays in care, and maintains viral suppression.

Trauma-informed care is an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, or behaviorally. Core principles of a trauma-informed approach include:

- **Client Empowerment:** Using individuals' strengths to empower them in the development of their treatment.
- **Choice:** Informing clients about their treatment options and allowing them to choose based on their preferences.
- **Collaboration:** Maximizing collaboration among health care staff, clients, and their families in organizational and treatment planning.
- **Safety:** Developing health care settings and activities that ensure the clients' physical and emotional safety.
- **Trustworthiness:** Setting clear expectations with clients about what proposed treatments entail, who will provide services, and how care will be provided.

For more information, please visit the following online resources:

https://www.cdc.gov/hiv/group/index.html

https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html#strategies

https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

https://diversity.ucsf.edu/programs-resources/training/unconscious-bias-training

TYPES OF HIV TESTS

Selecting an HIV test for a particular clinical/non-clinical setting requires an assessment of the likelihood of HIV in the patient population, and an understanding of the tests themselves. The Rapid stART Response team can help to evaluate your setting and workflow to determine the best testing options to provide to your patients.

Some federal and local public health programs and private entities offer free or low-cost HIV tests to providers, especially those that serve population groups most at risk for acquiring HIV. The Rapid stART Response Team can connect you to these resources.

NUCLEIC ACID TEST (NAT)

10 to 33 days detection window

- A NAT looks for the actual virus in the blood. A NAT can detect HIV sooner than other types of tests.
- With a NAT, the health care provider will draw blood from the patient's vein and send the sample to a lab for testing.
- This test should be considered for people who have had a recent exposure or a possible exposure and have early symptoms of HIV and who have tested negative with an antibody or antigen/antibody test.

ANTIGEN/ ANTIBODY TEST

18 to 45 days detection window

- An antigen/antibody test looks for both HIV antibodies and antigens.
- Antigen/antibody tests are recommended for testing done in labs and are common in the United States. This lab test involves drawing blood from a vein.
- There is also a rapid antigen/antibody test available that is done with blood from a finger stick.

ANTIBODY TEST

23 to 90 days detection window

- An antibody test looks for antibodies to HIV in a patient's blood or oral fluid.
- In general, antibody tests that use blood from a vein can detect HIV sooner than tests done with blood from a finger stick or with oral fluid.
- Most rapid tests and the only HIV self-test approved by the U.S. Food and Drug Administration (FDA) are antibody tests.

RECOMMENDATIONS FOR ROUTINE HIV SCREENING

SCREENING FOR HIV

Routine screening for HIV should be performed for the following groups:

- All persons 13-64 years of age and in all health care settings.
- All persons diagnosed with tuberculosis.
- All persons seeking treatment for sexually transmitted infections. including all persons attending sexual health clinics.

REPEAT SCREENING

Repeat HIV testing should be performed at least once a year for persons considered at high risk for acquiring HIV:

- Persons who inject drugs and their sex partners.
- Persons who exchange sex for money or drugs.
- Sex partners of persons with HIV.
- Persons or their partners who have had more than one sex partner since their most recent HIV test.

CONSENT AND PRETEST INFORMATION

- The HIV screening process should be voluntary.
- Persons undergoing HIV testing should be informed that HIV testing will be performed unless they decline (opt-out screening).
- Written consent for HIV testing should not be required, since the general consent for medical care is considered sufficient to encompass consent for HIV testing.

DIAGNOSTIC TESTING FOR HIV INFECTION

Diagnostic HIV testing should be performed if a person has any of the following:

- Clinical signs or symptoms consistent with chronic HIV, an opportunistic illness characteristic of AIDS.
- A clinical syndrome that suggests acute HIV in a person with recent sex or injection drug activity that would increase their risk for acquiring HIV.

SCREENING PREGNANT PEOPLE

- Opt-out HIV screening is recommended for all pregnant people, with HIV testing performed as early as possible in the pregnancy.
- If a pregnant person declines HIV testing, the medical provider should discuss and address the reasons for declining the test.
- In some circumstances, such as with pregnant individuals who have possible exposure to HIV during pregnancy, the test should be repeated in the third trimester, preferably prior to week 36 gestation.
- If an individual presents in labor and has undocumented HIV status, an expedited HIV test should be performed, unless they decline HIV testing.

COMMUNICATING TEST RESULTS

- **Negative HIV Test Result:** Informing persons of negative HIV test results can be conducted without direct personal contact between the health care provider and the patient. In this situation, persons who test negative for HIV, but are considered to have a high risk for HIV acquisition, should be advised to get periodic retesting, and ideally, they should receive prevention counseling or have a referral for prevention counseling.
- **Positive HIV Test Result:** If the person tests positive for HIV, the positive test results should be communicated confidentially via personal contact from a physician, advanced nurse practitioner, physician assistant, nurse, counselor, or other skilled staff member. Part of the process of providing a positive HIV test result is to ensure the newly diagnosed individual is linked to clinical care, counseling, support, and prevention services.

For more information, please visit the National HIV Curriculum at:
https://www.hiv.uw.edu/go/screening-diagnosis/recommendations-testing/core-concept/all

DISEASE INTERVENTION SPECIALIST

The Southern Nevada Health District is the local health authority that is responsible for immediately investigating any communicable disease including HIV and all circumstances connected with it, and shall take such measures for the prevention, suppression and control of the disease as are required by local and state health regulations.

The team members who carry out this task within the local community are the Disease Intervention Specialists (DIS). HIV is one of these communicable diseases. DIS are responsible for varying tasks to include:

- Public Health Investigation
- Client (case or contact) engagement and case management
- Provider and Health Care System Engagement
- Outbreak Detection and Response

DATA COLLECTED FROM REPORTS AND INVESTIGATIONS LOOKS AT

- Who is being diagnosed in our community?
- Where in Clark County?
- What are the common variables?
- How are people getting infected? Mode of transmission?

WHY WE COLLECT DATA

Disease Intervention Specialists collect data as a crucial part of their efforts to end the HIV epidemic. By gathering and analyzing data on HIV transmission patterns, demographics, and risk factors, they gain insights into the disease's spread and its impact on different communities. This information helps them develop targeted prevention strategies, allocate resources effectively, and identify areas where interventions are most needed, ultimately working towards reducing HIV transmission and improving public health outcomes.

DISEASE INTERVENTION SPECIALIST (CONT.)

IMPROVE HEALTH OUTCOMES

The information collected is used to look at what interventions might work best to reduce HIV infections for these specific populations being impacted. This information is communicated back to community partners that work to reduce new HIV infections. The community partners in prevention and care programing use the data to design programs aimed at improving health outcomes and reducing health disparities.

COMPONENTS OF INVESTIGATION BY DISEASE INTERVENTION SPECIALISTS

Disease Intervention Services are a state required services to be provided in the local community. These services are provided in a culturally humble manner with an acute focus on client education, referral for services, and information gathering. This is done to protect the health of residents of Clark County and its visitors.

UNDETECTABLE= UNTRANSMITTABLE (U=U)

People with HIV (PWH) can lead long and healthy lives by taking medicines that keep the virus undetectable. People who maintain an undetectable viral load for at least six months cannot transmit HIV through sex. This is known as "undetectable equals untransmittable," or "U=U."

Combined data from 2008 to 2018 show that there were ZERO linked HIV transmissions after more than a hundred thousand condomless sex acts within both heterosexual and male-male serodiscordant couples where the partner with HIV had a durably undetectable viral load.

Antiretroviral therapy (ART) is a powerful tool to prevent HIV transmission. Health care providers who treat clients with HIV have an important role in supporting HIV prevention. Educating clients about the value of U=U can help them manage their HIV. Engaging clients in routine, brief conversations about treatment as prevention can also help providers become more familiar with each of their clients, and the potential adherence and transmission risks clients might have.

WHY IS U=U IMPORTANT?

Knowing U=U can be transformative for PWH and their interpersonal relationships. This affirms that they are not disease vectors and can be touched and loved.

Many PWH still face both institutional and personal stigma and discrimination. As a result, many avoid relationships, sexual or otherwise, because of their perceived potential to transmit HIV.

TALK TO YOUR CLIENTS ABOUT U=U

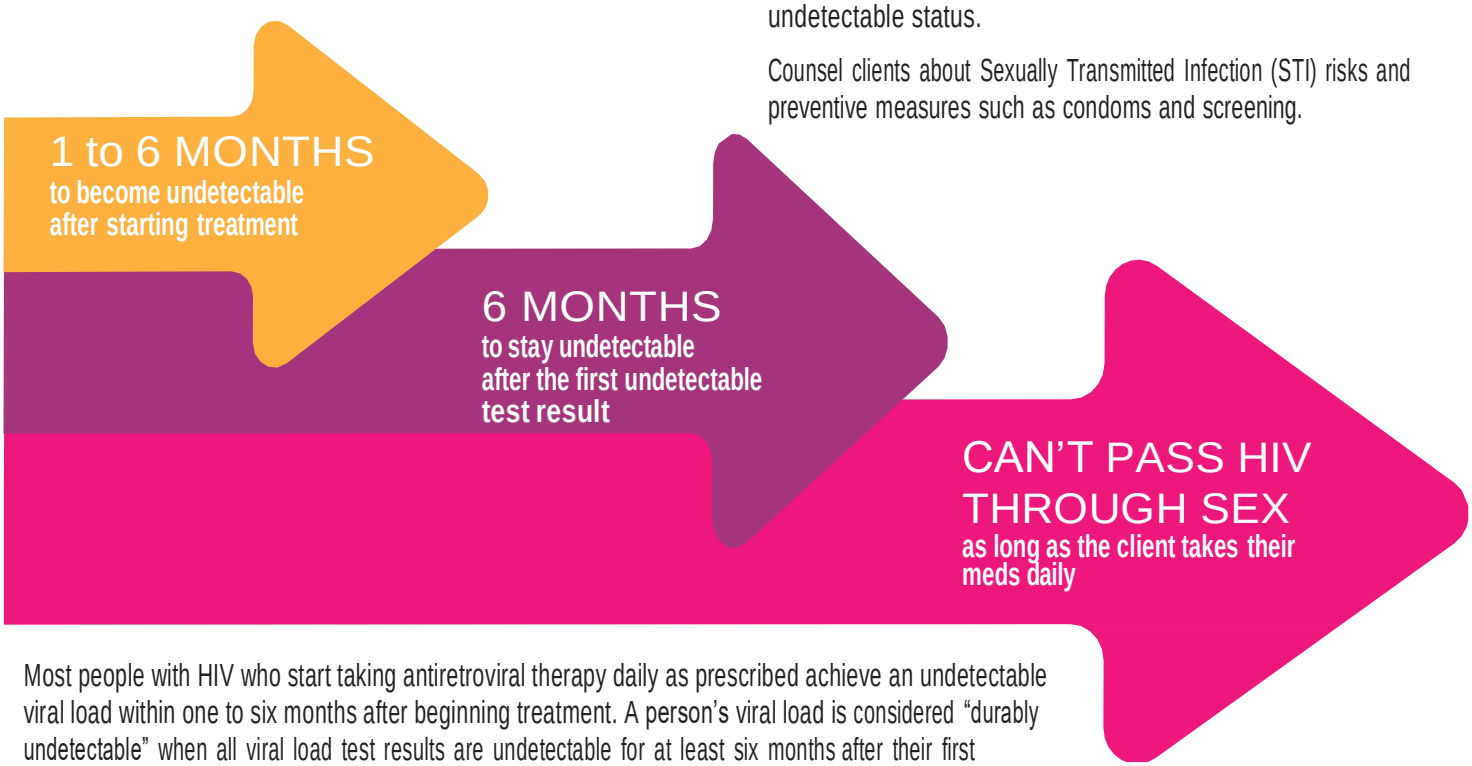
Counsel clients on the necessity of staying undetectable for U=U to work.

Educate them on the importance of taking HIV medications daily to stay healthy and prevent HIV transmission to their sexual partners.

Explain and reinforce that when the virus is suppressed, they will not transmit HIV to partners.

Encourage clients to know their viral load by keeping their medical appointments. This will also allow their partners to know of the client's undetectable status.

Counsel clients about Sexually Transmitted Infection (STI) risks and preventive measures such as condoms and screening.



Most people with HIV who start taking antiretroviral therapy daily as prescribed achieve an undetectable viral load within one to six months after beginning treatment. A person's viral load is considered "durably undetectable" when all viral load test results are undetectable for at least six months after their first undetectable test result. This means that most people will need to be on treatment for 7 to 12 months to have a durably undetectable viral load.

RAPID stART PROTOCOL

KNOW THE FACTS SO YOUR AGENCY CAN:

- **Connect** Your Client to the Rapid stART Response Team.
- **Know** the Science.
- **Become** a Rapid stART Provider.

Until now, there has been no uniform standard for linking newly diagnosed HIV clients to medical care. Some clients see a provider quickly while others may not start care for weeks.

Rapid start of Anti-Retroviral Therapy (Rapid stART) is a new, evidence-informed protocol that links a client to a prescribing HIV provider within 7 days of their diagnosis. Clients begin antiretroviral therapy (ART) immediately after their first HIV medical appointment. Rapid stART is a paradigm shift in how we practice HIV care.

Rapid stART refers to starting HIV antiretroviral therapy (ART) treatment as soon as possible after the diagnosis of HIV infection, preferably on the first clinic visit.

Rapid stART may serve to:

- Decrease time to virologic suppression by removing obstacles to care.
- Support equitable access to treatment.
- Limit the HIV viral reservoir for persons with acute infection.
- Reduce new HIV infections.

The illustration highlights the Rapid stART Care Continuum to support local clients' needs.

Rapid stART is recommended by Health and Human Services guidelines. Clients who engaged in care via the Rapid stART protocol have achieved viral suppression in as little as **21 days**. Viral suppression can reduce the number of new HIV diagnosis. Overall, Rapid stART supports improved outcomes for clients and communities!

The Rapid stART Response Team is interested in educating community partners about the new protocol for newly diagnosed clients. If your agency is interested in further details about the protocol, the science behind it, or becoming part of the Ryan White HIV/AIDS Program System of Care, please call **855-RAP1DNV** (855-727-1368).

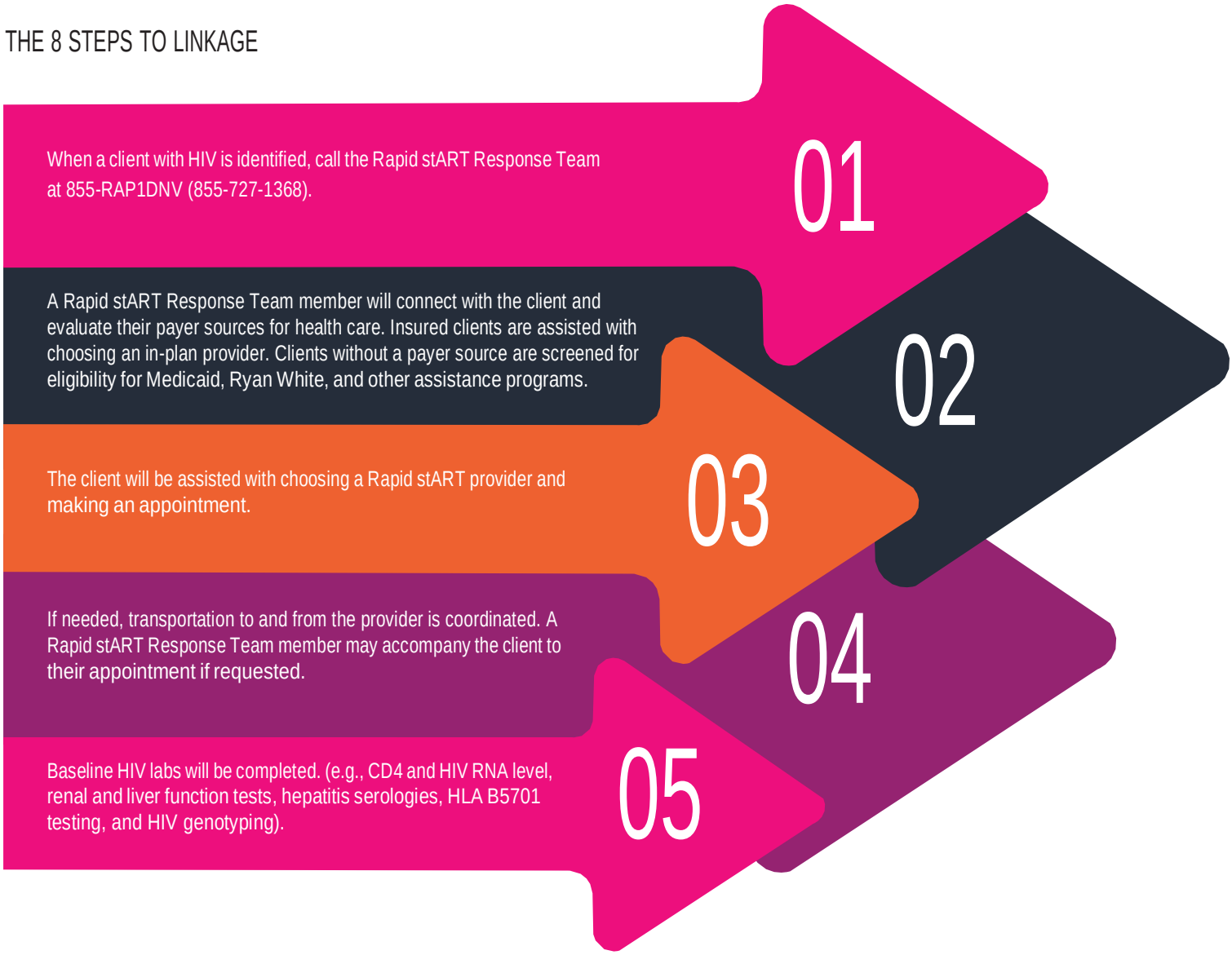
8 STEPS TO LINKAGE

ENSURING YOUR CLIENTS GET LINKED TO HIV MEDICAL PROVIDERS AND SUPPORTIVE SERVICES WITHIN 7 DAYS!

This resource provides support to the HIV testing providers within the community. The Rapid stART Response Team streamlines linkage to care by assisting the client to quickly connect to a prescribing HIV provider for same-day medication, and additional lab testing.

To ensure individualized care, the Rapid stART Response Team will help clients along each step of the way toward achieving successful self-management of their HIV, and ultimately improved health outcomes.

THE 8 STEPS TO LINKAGE



8 STEPS TO LINKAGE (CONT.)

06

Anti-Retroviral Therapy (ART) will be immediately prescribed and provided. Alternatively, the client may receive short-term 'starter packs' of HIV meds to provide immediate treatment until eligibility for assistance programs is determined. Offering immediate access to ART is possible in part because of the safety, tolerability, high barrier to resistance, and effectiveness of first-line ART regimens.

07

The Response stART Response Team will maintain contact with the client to ensure engagement in care and treatment adherence, and to coordinate supportive service needs.

08

The Rapid stART Response Team will remain in contact with the referring provider and confirm the client's linkage to care.

A BETTER HEALTH OUTCOME

The Rapid stART Response Team has established relationships with local expert HIV Care Teams.

Medical appointments will be made within seven days. It is just one call to the Rapid stART Response Team to provide the client with immediate assistance.

Clients referred to the Rapid stART Response Team successfully reach viral suppression in a few as 21 days, creating a healthier community.

CLIENTS QUALIFY FOR RESOURCES AND SUPPORTIVE SERVICES

Most major insurances are accepted for medical care, and those who are uninsured will still be seen. Once the client has begun treatment, the Rapid stART Response Team will follow up with the referring provider to confirm linkage to care.

To connect your client to the Rapid stART Response Team, call **855-RAP1DNV** (855-727-1368).

RYAN WHITE HIV/AIDS PROGRAM PART A CORE SERVICES

Outpatient/Ambulatory Health Services
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.

Oral Health Care
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
Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management and Substance Use Disorder Care.

Health Insurance Premium and Cost Sharing Assistance
Provides financial assistance for eligible clients with HIV to maintain continuity of health insurance to receive medical and pharmacy benefits under a health care coverage program.

Mental Health Services
Provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients 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.

Medical Nutrition Therapy
Provision of nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling.

Medical Case Management
Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Substance Use Disorder - Outpatient
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.

RYAN WHITE HIV/AIDS PROGRAM PART A CORE SERVICES (CONT.)

Emergency Financial Assistance
Limited one-time or short-term payments to assist an eligible client with an emergent need for paying for essential utilities, housing, food (including groceries and food vouchers), transportation, and medication.

Food Bank/Home Delivered Meals
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 personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

Health Education/Risk Reduction
Provision of education to clients with HIV about HIV transmission and how to reduce the risk of HIV transmission.

Medical Transportation
Provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Psychosocial Support Services
Provision of group or individual support and counseling services to assist eligible people with HIV to address behavioral and physical health concerns.

Linguistic Services
Includes interpretation and translation activities, both oral and written to eligible clients.

Please scan the QR code for a list of Providers funded by the Ryan White HIV/AIDS Program Part A Program or go to https://lasvegastga.com/providers/

Any of these agencies will help you determine how to best access their particular service offering.

RYAN WHITE HIV/AIDS PROGRAM PART A PROVIDER NETWORK

Access to Healthcare Network (AHN)
www.accesstohealthcare.org
1090 E Desert Inn Rd
STE 100
Las Vegas, NV 89109
(884) 609-4623

AID FOR AIDS OF NEVADA (AFAN)
www.afanlv.org
1830 E Sahara Ave
STE 210
Las Vegas, NV 89104
(702) 382-2326

AIDS HEALTHCARE FOUNDATION (AHF)
www.aidshealth.org
Las Vegas Healthcare Center
3201 S Maryland Pkwy
STE 218
Las Vegas, NV 89109
(702) 862-8075

North Las Vegas Healthcare Center
1815 E Lake Mead Blvd
STE 113
Las Vegas, NV 89030
(702) 639-8110

COMMUNITY COUNSELING CENTER (CCC)
www.cccofsn.org
714 E Sahara Ave
Las Vegas, NV 89104
(702) 369-8700

COMMUNITY OUTREACH MEDICAL CENTER (COMC)
www.nvcomc.org
1090 E Desert Inn Rd
STE 200
Las Vegas, NV 89109
(702) 657-3873

Dignity Health
www.dignityhealth.org/las-vegas/classes-and-events

Wellness Center- Blue Diamond
4855 Blue Diamond Rd
STE 220
Las Vegas NV 89139

Wellness Center- West Flamingo
9880 W Flamingo Rd
STE 220
Las Vegas, NV 89147

Wellness Center- North Las Vegas
1550 W Craig Rd
STE 150
North Las Vegas, NV 89031

Wellness Center- Sahara (2023)
4980 W Sahara Ave
Las Vegas, NV 89146
(702) 620-7025

RYAN WHITE HIV/AIDS PROGRAM PART A PROVIDER NETWORK (CONT.)

GOLDEN RAINBOW
www.goldenrainbow.org
714 E Sahara Ave
STE 101
Las Vegas, NV 89104
(702) 384-2899

TRAC-B
www.harmreductioncenterlv.org
6114 W Charleston Blvd
Las Vegas, NV 89146
(702) 862-0899

NORTH COUNTRY HEALTHCARE (NCHC)
www.northcountryhealthcare.org
1510 N Stockton Hill Rd
Kingman, AZ 86401
(928) 718-4530

NYE COUNTY HEALTH & HUMAN SERVICES
www.nyecounty.net
1981 E Calvada Blvd N
STE #120
Pahrump, NV 89048
(775) 751-7090

SOUTHERN NEVADA HEALTH DISTRICT (SNHD)
www.snchc.org
280 S Decatur Blvd
Las Vegas, NV 89107
(702) 759-0813

UMC WELLNESS CENTER
www.umcsn.com/medical-services/hiv-aids-wellness-center
701 Shadow Ln
STE 200
Las Vegas, NV 89106
(702) 383-2691

UNLV SCHOOL OF DENTAL MEDICINE
www.unlv.edu/dental/become
1700 W Charleston
BLDG #A
Las Vegas, NV 89106
(702) 774-0772

ELIGIBILITY FOR SERVICES

DON'T LET MEDICAL COVERAGE BE A CARE STOPPER

There is no cost for a Rapid stART Medical Visit!

Once a client is linked to care, the Case Manager will introduce them to the Ryan White HIV/AIDS Program Services System of Care and guide them through the Ryan White HIV/AIDS Program Services eligibility process.

The Case Manager can also help determine if a client qualifies for insurance and other financial and community resources in Clark County that are **free** or available at a **low cost**. These services include but are not limited to:

- **Labs**
- **Medical Insurance Co-pays**
- **Housing**
- **Transportation Assistance**
- **Mental Health**
- **Dental**

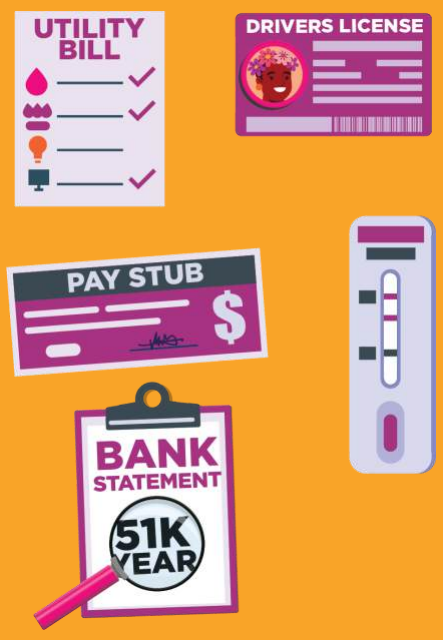
To establish Ryan White HIV/AIDS Program eligibility, **three** items are need

- Verification of the client's HIV diagnosis, like lab results from a recent doctor's visit.
- Documents showing the client lives in Clark County, such as a utility bill, lease or state-issued ID like a driver's license.
- Documents showing a client earns less than $51K a year, such as a recent pay stub or bank statement.
- Once eligible, clients can benefit from all the supportive services within the Ryan White HIV/AIDS Program System of Care. In addition, clients can benefit from a Case Manager supporting them through their care journey.

Referring clients to the Rapid stART Response Team will help ensure better health outcomes. Call **855-RAP1DNV** (855-727-1368).

FREE AND LOW-COST CARE AND SERVICES ARE AVAILABLE RIGHT HERE IN CLARK COUNTY!

ITEMS NEEDED FROM THE CLIENT DURING THE ELIGIBILITY PROCESS:

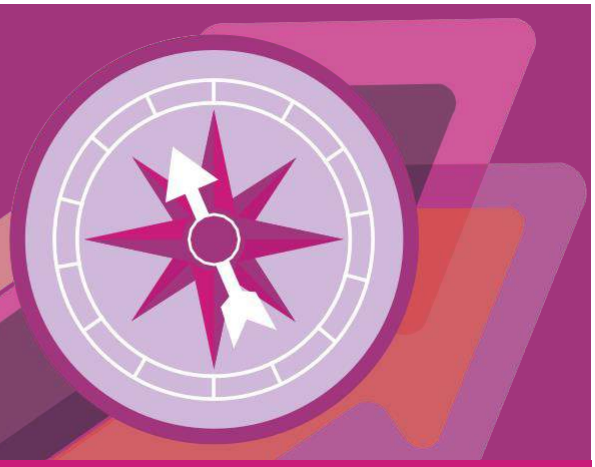


CARE TEAM

The Care Team supports clients in a comprehensive way by bringing multiple services to the clients simultaneously. This whole-client approach has been proven to save clients time and resources while providing a higher quality of care. In addition, it allows the client to ask questions before, during, and after the appointment.

Client Navigator

- Communicates Frequently with the Client.
- Works to Address Client Barriers.
- Coordinates Services Between Providers.
- Works to Help Address Client Concerns/Questions.
- Provides Support to the Client.



Medical Provider

- Provides a Comprehensive Medical Visit.
- Ensures Required Labs are Completed.
- Prescribes ART Therapy.
- Provides Medication Adherence.
- Answers Questions About Care.
- Ensures Client Gets ART Therapy at First Visit.

Case Manager

- Completes a Psychosocial Assessment.
- Creates a Care Plan with Client.
- Identifies Immediate Barriers.
- Provides Referrals to Address Barriers.
- Coordinates Supportive Services for Client.
- Screens Client for Ryan White HIV/AIDS Program Eligibility.

CODING GUIDE FOR ROUTINE HIV TESTING IN HEALTH CARE SETTINGS

TEST PRODUCT

CODE	RAPID TEST MODIFIER	DESCRIPTION
86689		Antibody; HTLV or HIV antibody, confirmatory test (e.g, Western Blot)
86701	92	Antibody; HIV-1
86702	92	Antibody; HIV-2
86703	92	Antibody; HIV-1 and HIV-2, single assay
87534		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87390	92	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; HIV-1

TEST ADMINISTRATION

CODE	DESCRIPTION
36415	Collection of venous blood by venipuncture

CODING GUIDE FOR ROUTINE HIV TESTING IN HEALTH CARE SETTINGS (CONT.)

OFFICE SERVICE

CODE	DESCRIPTION
99385	Initial comprehensive preventive medicine service evaluation and management, 18–39 years of age (new patient)
99386	Initial comprehensive preventive medicine service evaluation and management, 40-64 years of age (new patient)
99395	Periodic comprehensive preventive medicine reevaluation and management, 18–39 years of age (established patient)
99396	Periodic comprehensive preventive medicine reevaluation and management, 40-64 years of age (established patient)
99211-99215	HIV counseling for patients with positive test results; office or other outpatient visit for the evaluation and management of an established patient

MEDICARE HCPCS CODES

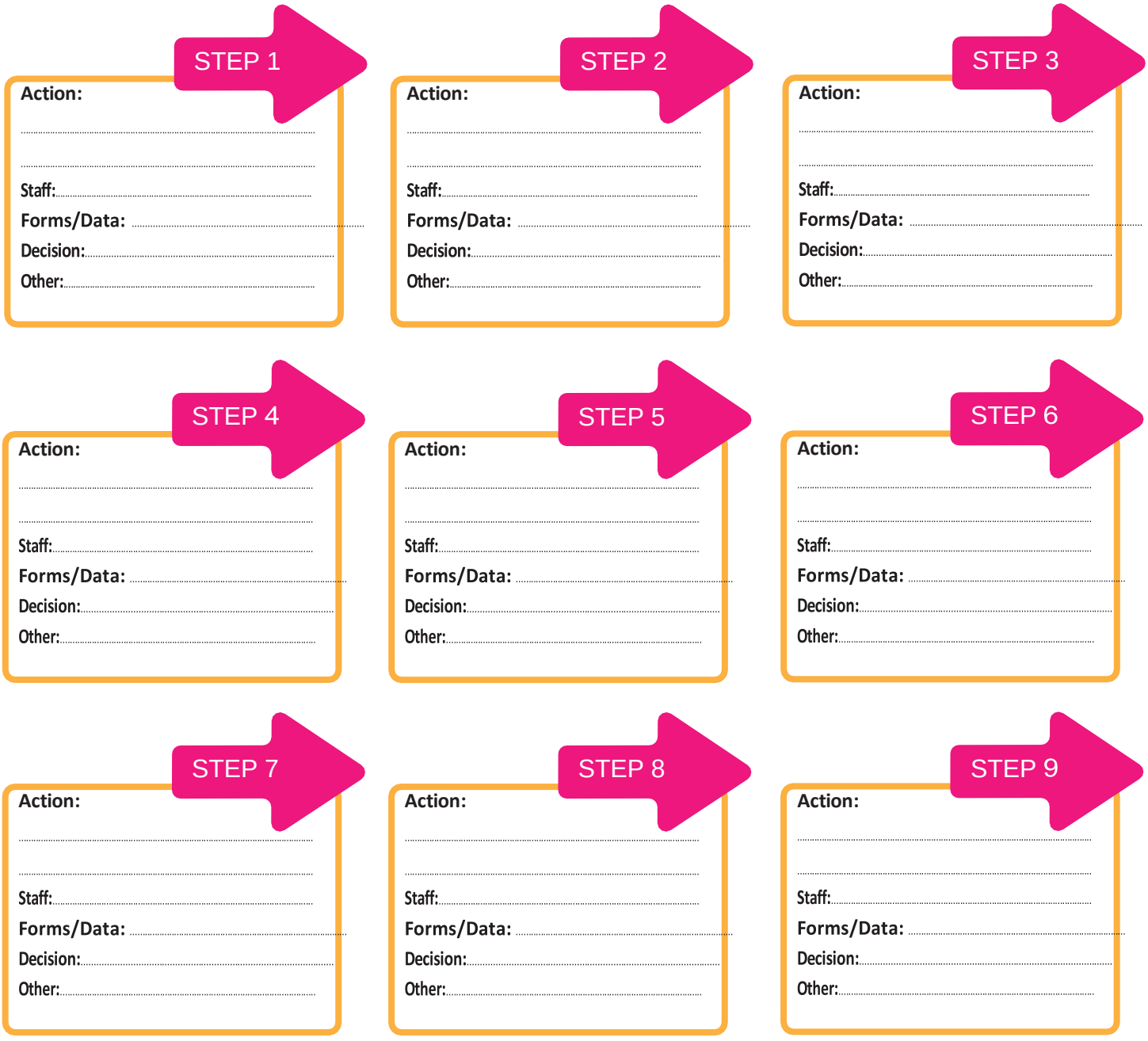
TEST PRODUCT	
CODE	**DESCRIPTION**
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi- quantitative, multiple-step method, HIV-1 or HIV-2, screening
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening

ICD 10 - CM DIAGNOSIS CODES

SITUATION	CODE	DESCRIPTION
Patient seen as part of a routine medical exam	Z00.00	Routine general medical examination at a health care facility
Patient seen to determine his/her HIV status (can be used in addition to routine medical ex-am)	Z11.59	Special screening for other specified viral diseases
Asymptomatic patient in a known high-risk group for HIV (can be used in addition to routine medical exam)	Z72.89	Other problems related to lifestyle
Counseling provided during the encounter for the test (add additional code if applicable)	Z71.7	HIV counseling
Returning patient informed of his/her HIV negative test results	Z71.7	HIV counseling
Returning patient informed of his/her HIV positive test results AND patient is asymptomatic	Z21	Asymptomatic HIV infection status
Returning patient informed of his/her HIV positive test results, AND patient is symptomatic	B20	HIV disease
HIV counseling provided to patient with positive test results	Z71.7	HIV counseling
Patient seen as part of prenatal medical examination	V73.89	Patient seen as part of a routine prenatal care
Patient seen for first pregnancy	V22.0	Supervision of normal first pregnancy
Patient seen for other-than-first pregnancy (second, third, etc.)	V22.1	Supervision of other normal pregnancy
Management of high-risk pregnancy	V23.8	Other High-Risk Pregnancy
Management of high-risk pregnancy	V23.9	Supervision of unspecified high-risk pregnancy

WORKFLOW MAPPING

Use this template to map out the steps to your HIV-related workflow. Who will interact with clients? What decisions need to occur, and when? Mapping your workflow will improve the efficiency and effectiveness of your HIV care by detailing the people, resources, and activities involved.



STEP 10

Action:

Staff:

Forms/Data:

Decision:

Other:

STEP 11

Action:

Staff:

Forms/Data:

Decision:

Other:

STEP 12

Action:

Staff:

Forms/Data:

Decision:

Other:

STEP 13

Action:

Staff:

Forms/Data:

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Other:

STEP 14

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STEP 15

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STEP 16

Action:

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STEP 17

Action:

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STEP 18

Action:

Staff:

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Decision:

Other:

STEP 19

Action:

Staff:

Forms/Data:

Decision:

Other:

STEP 20

Action:

Staff:

Forms/Data:

Decision:

Other:

STEP 21

Action:

Staff:

Forms/Data:

Decision:

Other:

NOTES

NOTES

LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES

The Las Vegas TGA Ryan White HIV/AIDS Program is committed to serving individuals who are living with, or affected by an HIV diagnosis. A network of quality providers work with clients to limit new cases of HIV and continue to improve the quality of life for those who have been impacted.

About the Las Vegas TGA Part A HIV/AIDS Program

The Part A HIV/AIDS Program provides high quality, patient-centered services to disadvantaged people with HIV. Available services include medical care, dental services, case management, health insurance premium and cost sharing assistance, transportation, and more.

For more information about the Ryan White HIV/AIDS Program, visit
www.lasvegastga.com

Implementation of the Rapid stART protocol is led by Clark County Social Service Office of HIV in collaboration with local medical providers and the Pacific AIDS Education & Training Center - Nevada. Rapid stART is funded by an Ending the HIV Epidemic (EHE) cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $2,015,473.00 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.