

DENVER  
**HIV**  **RESOURCES**  
PLANNING COUNCIL



**Orientation Manual**  
**2010**

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# Denver HIV Resources Planning Council

## Mission, Focus and Values

### **Mission:**

Our Mission is to assist the coordination of high quality, culturally proficient delivery of HIV/AIDS service in the Denver Transitional Grant Area (TGA).

### **Focus:**

To achieve this mission for 2009 – 2011, the Planning Council has chosen to focus on four primary focus areas: (1) Linkage to Care; (2) Eliminating Health Disparities; (3) Retention in Care; and (4) Adherence/Medical Self-Management.

**Linkage to Care.** Linking participants to medical care remains the priority area of focus for the TGA. Within both Part A- and MAI-funded programs, providers are tasked with ensuring that HIV positive individuals are brought into the continuum of care and linked with appropriate medical treatment. Outreach through MAI non-medical case management is designed specifically to identify out-of-care minority PLWH/As and to help these individuals integrate into the larger system of Part A-funded care. For non-minority participants, linkage to medical care also represents the first priority when the individual is introduced into the health system.

**Eliminating Health Disparities.** As participants are linked into care, the TGA places strong emphasis on assuring parity of service provision. Historically, women and minority populations have accessed the continuum of care at rates that equal or exceed their representation in the overall PLWH/A population. This is true both for primary medical treatment and for service provision within other core and support categories. The Planning Council remains committed to continuing this record of success in maintaining parity, particularly as the face of the epidemic changes and new vulnerable populations emerge.

**Retention in Care.** While linkage to care lies at the forefront of the TGA strategy, retention in care also persists as a predominant focus area necessary for ensuring that PLWH/As experience positive health outcomes. Individuals who seek regular HIV care and remain adherent to treatment regimes are able in many cases to experience significant improvement in health

outcomes. Once participants become integrated into the continuum of care, the objective of the medical case management system is to ensure follow up with medication protocols and regular primary care visits. In addition, participants are routinely assessed for other core service needs, such as mental health or substance abuse treatment that might promote lifestyle stability and ensure treatment adherence. Support services further enable clients to access stabilizing resources such as housing and financial assistance that make it easier to remain in care.

**Adherence/Medical Self-Management.** Adherence and medical self-management are crucial for ensuring that participants take responsibility for their health care and develop a stake in promoting positive health outcomes. Medical regimens for the treatment of HIV have become more consistent as research and pharmaceutical technologies have progressed. Providers are able to educate participants regarding how to maintain medication protocols that promote health stability over the long term. Through all of its service priorities, and particularly the core service categories, the TGA emphasizes a focus on participant empowerment and self-efficacy in remaining adherent to care.

### **Values:**

In identifying methods for addressing its key focus areas outlined above, the Planning Council considered three main questions:

1. What do we stand for?
2. What is our unique contribution?
3. How do we show value and efficacy of the future of the system of care?

Through their responses to these questions, Planning Council members emphasized four recurrent values that form the framework for a unified vision of coordinated care.

**Evidence-Based Decision Making.** Central to the vision of the future of care in the Denver TGA is the fundamental value that all decisions regarding allocations and service prioritization be based on evidence derived from three main sources. The first of these is needs assessment data gathered on an annual basis, with comprehensive needs assessments conducted every three years. The second source of evidence is client-level data collected through RWCAREWare. And the third is performance measurement of client-level and program Quality Indicators. The emphasis on a sound data-driven process of decision making serves to uphold the vision of a *quality* system of HIV care that prioritizes the continued improvement of health outcomes.

**Coordinated System of Care.** A second main value identified by the Planning Council is the notion of a coordinated system of care. In addition to ensuring that TGA providers communicate effectively with one another, the Planning Council is committed to maximizing

efficiencies and avoiding the duplication of efforts. Providers are encouraged to collaborate with other Part A-funded agencies and with providers outside of the Ryan White system. The Planning Council intends to coordinate the Part A system of care and planning processes with other Ryan White parts, HOPWA, Medicaid, and other related systems of care whenever possible. The values of coordination and collaboration support a vision of an integrated state-wide system of care that participants can navigate effectively.

**Responsiveness.** A third central value identified by the TGA is that of responsiveness within the system of care. A responsive system is one that upholds a vision of flexibility in meeting the needs of the changing epidemic. As the model of HIV changes from a terminal to a chronic disease, corresponding shifts must occur in care provision. The value of responsiveness upholds a vision of an adaptive system that provides cost-effective care while genuinely meeting the needs of those it is designed to serve.

**Equity.** Finally, the system of care is based on a fundamental value of equity, both in representation and access to care. In terms of representation, diverse consumer input is viewed as central to each stage of the decision-making process regarding service provision. With respect to system access, the value of equity serves to ensure that competent health care is a visible reality for all PWLH/As. An equity-based system helps to counter the marginalization of disenfranchised populations and to ensure that barriers to care are recognized and proactively addressed.

## Planning Council Duties and Responsibilities

The Planning Council plays an important role in assuring Ryan White services are available for people living with HIV/AIDS in the Denver area. Ryan White services are for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Ryan White fills gaps in care not covered by these other sources. The following describes the major duties of the planning council and how it helps to make decisions about Ryan White HIV/AIDS services to fund and deliver in the Denver area.

**Set Up Planning Body Operations.** Planning Councils must have procedures to guide their activities. They are usually outlined in their bylaws. The bylaws explain how the Planning Council operates.

**Conduct Needs Assessment.** The Planning Council works with the grantee to identify HIV needs by conducting a needs assessment. This involves first finding out how many persons living with HIV disease (both HIV infection and AIDS) are in the area through an epidemiologic profile. Next the needs of populations living with HIV disease are determined through focus groups, surveys, or other methods. Special attention should be given to determine the needs of those who know their HIV status and are not in care (unmet need).

**Set Priorities.** The Planning Council identifies and sets the priorities for Ryan White services in the Denver Area. This means they decide which services from the HRSA list of approved categories are important and a priority for the Continuum of Care Services offered in the Denver TGA. The Planning Council makes these decisions about priorities for funding based on many factors: (1) the needs assessment; (2) information about the most successful and economical ways of providing services; (3) priorities of people living with HIV who will use services; (4) making Part A funds work well with other services like HIV prevention and substance abuse; (5) the amount of funds from other sources like Medicaid and Medicare and (6) developing capacity for HIV services in historically underserved communities. Setting priorities takes place in the summer during the full day “Priority and Allocation Setting” Planning Council meeting.

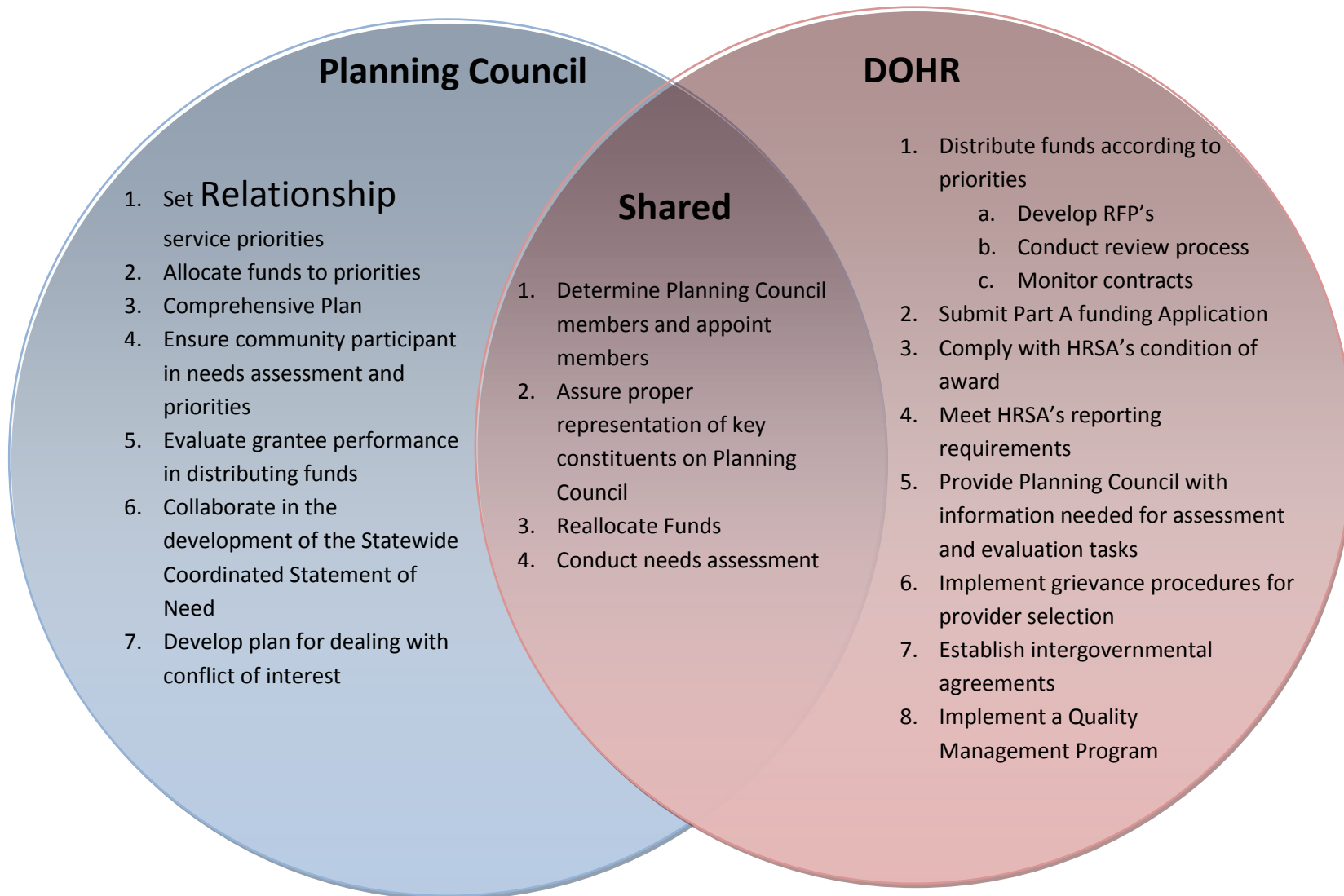
**Allocate Resources.** After it sets priorities, the Planning Council must allocate resources, which means it decides how much funding will be used to address these priorities. This takes place during the full day “Priority and Allocation Setting” Planning Council meeting. Allocations take place the summer prior to the year the decisions will be implemented. For example, decisions about funding received in 2010 will be made in the summer of 2009. HRSA does not provide us the actual dollar amount we will receive for 2010 until late Fall early Winter, so the decisions made at the 2009 Priority Setting and Allocation day are made using percentages instead of actual dollar amounts. Please note, the Planning Council does not decide which service organizations will receive funding, only the categories that will receive funding. The Denver Office of HIV Resources is responsible for making and monitoring grants to the service organizations. Please see Appendix 1 for most recent allocations.

**Develop the Comprehensive Plan.** The Planning Council works with the grantee in developing a written plan that defines short- and long-term goals for delivering HIV services. This is called a comprehensive plan. This plan is based, in part, on the results of the needs assessment. It is used to guide decisions – over several years – about how to deliver HIV/AIDS services for people living with HIV. This plan should be updated every three years, and it should work well with other existing local or State plans.

**Participate in the Statewide Coordinated Statement of Need (SCSN).** The SCSN is a way for all CARE Act programs in a State to work together in planning how to use Ryan White funds and avoid duplication of services. Representatives of the Planning Council – and the grantee (The Denver Office of HIV Resources) – must participate with other Ryan White programs in the State to develop a written SCSN.

**Assess the Administrative Mechanism.** The Planning Council is responsible for evaluating how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent.

# Relationship between Planning Council and Denver Office of HIV Resources (Grantee)





# Roles and Responsibilities of Planning Council Members

The duties and responsibilities of Denver HIV Resources Planning Council members are to:

1. Attend and actively participate in all Denver HIV Resources Planning Council meetings and retreats;
2. Participate in the Council orientation and training programs;
3. Participate in at least one committee other than the annual Priority Setting and Resource Allocation process. Participation may be considered via technology; i.e. email, teleconferencing;
4. Review Council or committee discussion/action prior to scheduled meetings.
5. Review Attendance and Policy Flow Chart.

## Confidentiality and Responsibility Policy

Confidentiality is a general standard of professional conduct of the City and County of Denver which applies to all members of the Denver Transitional Grant Area HIV Resources Planning Council (Planning Council). As a member of the Planning Council you will likely acquire personal information as you have contact with other members and as part of your work at Planning Council and Committee meetings.

In order to ensure the safety and privacy of those with HIV/AIDS, it is the policy of the Planning Council to protect the confidentiality and privacy of those all members and visitors and to hold confidential all personally identifying or individual information, communications, observations, and information made by, between, or about those living with HIV/AIDS. The Board and all agents, employees, consultants, and volunteers are charged with maintaining the confidentiality of service participants as outlined in Planning Council policies and in federal and state law. Planning Council shall not disclose any personally identifying information or individual information collected in connection with its operations and utilized through its programs or reveal any individual information without the informed, written, reasonably time-limited consent of the person about whom information is sought. The Planning Council will avoid any inadvertent release of personally identifying information or individual information about any persons.

A breach of confidentiality is defined as the release of personal identifying information (e.g., name, address, date of birth, telephone number, social security number, information that could reasonably lead to personal identification) **and** either: 1) other personal information (e.g., sexual orientation, drug use, etc.); or 2) diagnosis; test results, or the fact that a test has been performed to any person who does not “need to know” such information, unless the release is necessary for the business of the Planning Council and/or its committees.

Therefore as a Planning Council Member you agree to hold all discussions and information regarding any personal information confidential.

Refer to Appendix 3, [Page 39](#) to sign the Confidentiality Agreement. Please return completed form to the Planning Council Coordinator by FAX 720-865-5535

# Service Category Definitions (Alphabetically)

## CORE SERVICES

**AIDS pharmaceutical assistance (local)** includes local pharmacy assistance programs implemented by Part A, B, and/or C grantees that provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds, Part B base award funds, and/or Part C grant funds. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.

**Early intervention services (EIS)** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

**Health Insurance Premium & Cost Sharing Assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

**Home and community-based health services** include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are **NOT** included.

**Home health care** includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

**Medical case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

**Mental health services** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a

mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

**Oral health care** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

**Outpatient/ambulatory medical care** includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

**Substance abuse services - outpatient** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

## **SUPPORT SERVICES**

**Case management (non-medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

**Emergency financial assistance** is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available. **Note:** Part A and Part B programs must allocate, track, and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).

**Food bank/home-delivered meals** include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. This includes vouchers to purchase food.

**Housing services** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

**Medical transportation services** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

# Planning Council Committee Definitions

Standing committees of the Council may be created at any time by resolution of the Council to meet the operational needs of the Council. Any standing committee shall have powers and duties, and its membership shall be constituted, as the Council may determine. Committees may be assigned to study special issues and bring recommendations to the full Council. Grantee participation on committees shall be ex-officio. All committees must have a minimum of 20% PLWH membership with the exception of the Metro Denver AIDS Services Coalition.

In addition to standing committees the Council can establish subject specific workgroups to address specific issues in a short term and focused manner. Workgroups are given specific purposes and tasks to address. Once these are accomplished the workgroup disbands unless there is a related issue that the Council directs them to undertake.

**Evaluation and Assessment Committee** is responsible for conducting the annual needs assessment and developing and reviewing progress on the three-year comprehensive plan.

**Leadership Committee** is responsible for developing and sustaining the direction and work of the Planning Council. The Leadership Committee develops the Annual Operating Plans and the Comprehensive Plan for the TGA, assures implementation of the Needs Assessment, Priorities, and other Planning Council functions. The Leadership Committee analyzes data, identifies areas for improvement, and creates Workgroups to carry out the work of the Planning Council and address the needs of the TGA.

**Membership Development Committee** recruits and recommends to the Mayor potential Council members for vacancies on the Council. The committee also trains new Council members.

**Metro Denver AIDS Service Coalition (MDASC)**, which is comprised of service providers and consumers, establishes standards of care for the Ryan White funded services and reviews issues of concern for service providers in the Denver TGA.

**People of Color Leadership Committee's** mission is to increase communities of color involvement in Council and Minority AIDS Initiative related activities.

**Rebuilt +'s** mission is to increase involvement of consumers and those affected by HIV/AIDS in Council work, and to advise the council on related issues.

# Committee – Workgroup Co-Chair Job Description

## General Expectations

- The expectation of the Committee or Workgroup Chair is that they will attend every committee or workgroup meeting unless extraneous circumstances exist.
- One of the Chairs for each committee or workgroup must be a Planning Council Member.

## Meeting Preparation

- Set the goals and purpose of the upcoming meeting; include any agenda items identified in prior meeting.
- Incorporate any feedback from the Leadership Committee and/or Planning Council into the agenda.
- Incorporate follow-ups on past action steps into the agenda to ensure tasks were completed or being worked on.
- Prioritize all agenda items in importance to the goal of the meeting and the purpose of the committee or workgroup.
- Email Planning Council Coordinator the *Committee or Workgroup Agenda Form* two weeks prior to the workgroup meeting.
- Distribute agenda to workgroup members at least three days before the meeting.
- At the end of each meeting, discuss agenda items for the next meeting.

## Meeting Facilitation

- Assign someone to take notes and fill out the *Committee or Workgroup Communication Form*. This form will serve as the minutes for the workgroup and should be emailed to the Planning Council Coordinator no longer than one week after the meeting.
- Facilitate meeting.
- Continue to assess if the right people are at the table. Consider including experts in the topic area, consumers, and assure a diversity of race, gender, and experience.
- Ensure that the meeting discussions stay within the context of the workgroup's and Planning Council's scope:
  - Suggestions and solutions should tie in with Planning Council functions including the priority setting process, Needs Assessment, or specific issues set forth by the Leadership Committee.
  - Ensure that if programming is discussed it is in the context of the workgroup's purpose and scope. The Planning Council does not implement, assess, or oversee services or programs.
  - Most critical decisions will have to get Planning Council approval.

## Communication

- Ensure that either you or someone else is attending Leadership Committee on a regular basis to give updates on the committee or workgroup's progress.
- Ensure that either you or someone else is attending Planning Council meetings on a regular basis to give updates on the committee or workgroup's progress.

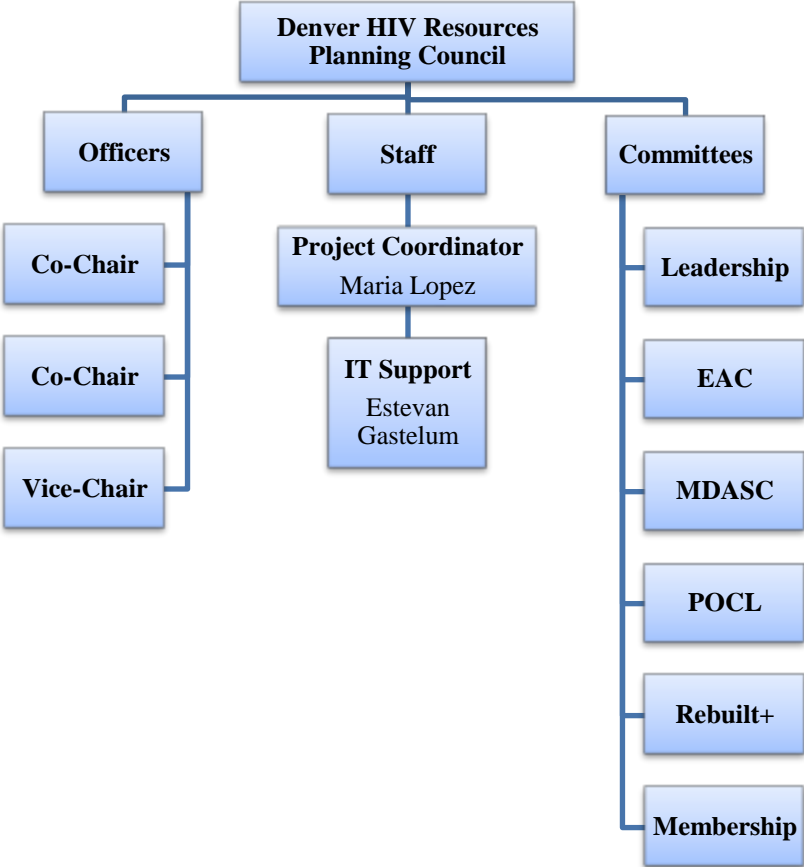
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## FY 2010 Priority Resource Allocation

		100% (Level Funding)					
	Service Category	Rank #	\$6,591,430				
			\$	%	% -	New %	New \$
Core	Outpatient/Ambulatory Health Services	1	\$2,454,649	37.24%	0.00%	37.24%	\$2,454,649
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2	\$0	0.00%	0.00%	0.00%	\$0
Core	AIDS Pharmaceutical Assistance (local)	3	\$616,958	9.36%	0.00%	9.36%	\$616,958
Core	Oral Health Care	4	\$845,680	12.83%	0.00%	12.83%	\$845,680
Core	Medical Case Management	5	\$744,832	11.30%	0.00%	11.30%	\$744,832
Core	Mental Health Services	6	\$445,581	6.76%	0.00%	6.76%	\$445,581
Core	Substance Abuse Services - outpatient	7	\$458,104	6.95%	0.00%	6.95%	\$458,104
Core	Early Intervention Services (EIS)	8	\$300,000	4.55%	0.00%	4.55%	\$300,000
Support	Housing Services	9	\$364,506	5.53%	0.00%	5.53%	\$364,506
Core	Health Insurance Premium & Cost Sharing Assistance	10	\$200,000	3.03%	0.00%	3.03%	\$200,000
Support	Emergency Financial Assistance	11	\$201,039	3.05%	0.00%	3.05%	\$201,039
Support	Case Management (non-Medical)	12	\$133,147	2.02%	0.00%	2.02%	\$133,147
Support	Medical Transportation Services*	13	\$90,303	1.37%	0.00%	1.37%	\$90,303
Support	Food Bank/Home Delivered Meals	14	\$137,102	2.08%	0.00%	2.08%	\$137,102
Core	Home Health Care	15	\$64,596	0.98%	0.00%	0.98%	\$64,596
Core	Home and Community-based Health Services*	16	\$34,935	0.53%	0.00%	0.53%	\$34,935
Support	Substance Abuse Services - residential	17	\$0	0.00%	0.00%	0.00%	\$0
<b>TOTAL</b>			<b>\$7,091,430</b>	<b>107.59%</b>	<b>0.00%</b>	<b>107.59%</b>	<b>\$7,091,430</b>
				<b>CORE</b>	<b>0.00%</b>	<b>93.54%</b>	<b>\$6,165,334</b>
				<b>SUPPORT</b>	<b>0.00%</b>	<b>14.05%</b>	<b>\$926,096</b>

# Planning Council Operating Structure

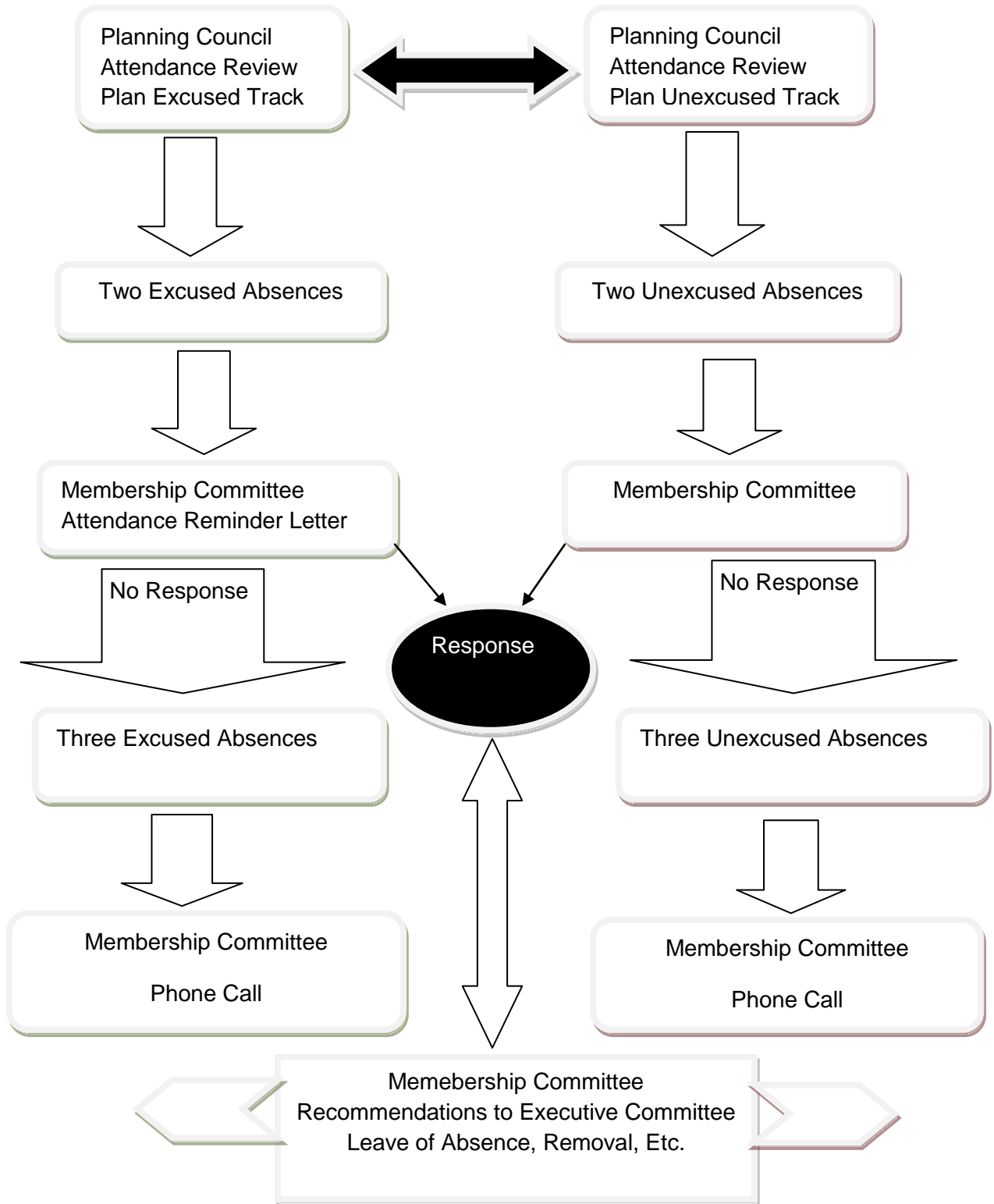




# Current Membership List

- Brook Bender
- Joshua Blum, MD
- Bob Bongiovanni
- Gerald Borden
- Thomas Deem
- Ernest Duff
- Jessica Forsyth, Co-Chair
- Edward Gardner, MD
- Scott Harris
- Kari Hartel
- Terra Haseman
- Lynn Hough, Grantee Co-Chair
- Scott Jackson
- Hassan A. Latif
- Kate Leos
- Leanne Loewenthal
- Devon Martin
- Sue O'Keefe
- Fabian Ortega
- Ruth Pederson
- Paula Rice
- Robert Riester
- Darius Lee Smith
- Richard Weinert, Vice-Chair

# Planning Council Membership



## Acronym List

**ACE** – AIDS Coalition for Education

**ADAD** – Alcohol and Drug Abuse Division

**ADAP** - AIDS Drug Assistance Program

**AETC** - AIDS Education and Training Centers

**AIDS** - Acquired Immunodeficiency Syndrome

**AHRQ** - Agency for Healthcare Research and Quality

**AOP** - Annual Operating Plan

**ARTS** – Addiction Research and Treatment Services

**ARV** - Anti Retro-Viral - Drug classification

**ASO** – AIDS Service Organization

**BCAP** - Boulder County AIDS Project

**CAC** – Certified Addictions Counselor

**CAP** - Colorado AIDS Project

**CBC** - Complete Blood Count

**CBI** – Colorado Bureau of Investigations

**CBO** – Community Based Organization

**CBDPP** – Community Based Dental Partnership Program

**CDC** – Centers for Disease Control and Prevention

**CDPHE** – Colorado Department of Public Health and Environment

**CEO** – Chief Elected Officer

**CFR** – Code of Federal Regulations

**CHIP** - Children’s Health Insurance Program

**CICP** - Colorado Indigent Care Program

**CM** – Case Manager

**CMS** – Centers for **M**edicare and **M**edicaid Services

**CP** - Comprehensive Plan

**CPCRA** – Community Programs for **C**linical **R**esearch on **A**IDS

**CQI** – Continuous **Q**uality **I**mprovement

**CRS** - Center for **R**esearch **S**trategies

**CW** - **CAREW**are

**DCBP** – Division of **C**ommunity **B**ased **P**rograms

**DHRPC** - Denver **H**IV **R**esources **P**lanning **C**ouncil

**DMS** – Diverse **M**anagement **S**olutions, LLC

**DOHR** - Denver **O**ffice of **H**IV **R**esources

**DORA** – Department of **R**egulatory **A**gencies

**DSP** – Division of **S**cience and **P**olicy

**DSS** – Division of **S**ervice **S**ystems

**DTTA** – Division of **T**raining and **T**echnical **A**ssistance

**DTGA** - Denver **T**ransitional **G**rant **A**rea

**EAC** - Evaluation and **A**ssessment **C**ommittee - of the Planning Council

**EIS** – Early **I**ntervention **S**ervices

**EMA** - Eligible **M**etropolitan **A**rea

**FB** – Food **B**ank

**FDA** – Food and **D**rug **A**ministration

**FY** - Fiscal **Y**ear

**GLBT** - Gay **L**esbian **B**isexual **T**ransgender - (also known as **LGBT**)

**HAART** - Highly **A**ctive **A**nti-**R**etroviral **T**herapy

**HAB** – HIV/**A**IDS **B**ureau

**HARS** - HIV/**A**IDS **R**eporting **S**ystem

**HDL** - High **D**ensity **L**ipoproteins

**HDM** – Home **D**elivered **M**eals

**HHS - Health and Human Services**

**HICP – Health Insurance Continuity Program**

**HIV - Human Immunodeficiency Virus**

**HIV/AIDS - Often used conjunction of HIV and AIDS.**

**HOPWA - Housing Opportunities for People With AIDS**

**HPV - Human Papilloma Virus - Cause of genital warts and cervical cancer.**

**HRSA - Health Resources and Services Administration HUD – U.S. Department of Housing and Urban Development**

**ID – Infectious Disease**

**IDU - Intravenous Drug Use**

**IGA – Intergovernmental Agreement**

**JFS - Jewish Family Service**

**KSA - Knowledge Skills Attitude**

**KAB - Knowledge Attitude Behavior**

**LC - Leadership Committee - of the Planning Council**

**LDL - Low Density Lipoproteins**

**LGBT - Lesbian Gay Bisexual Transgender - (also known as GLBT)**

**LTI - Leadership Training Institute**

**MAI - Minority AIDS Initiative**

**MCSM - Men of Color who have Sex with Men**

**MDASC - Metro Denver AIDS Services Coalition - of the Planning Council**

**MDC - Membership Development Committee - of the Planning Council**

**MHCD – Mental Health Corporation of Denver**

**MOC - Men Of Color**

**MOHR - Mayor’s Office of HIV Resources**

**MSM/IDU - Men who have Sex with Men who are also Injection Drug Users**

**NA - Needs Assessment**

**NCAP - Northern Colorado AIDS Project**

**NORC - Naturally Occurring Retirement Community**

**OI - Opportunistic Infection**

**OMB – Office of Management and Budget**

**OOC - Out Of Care**

**PHS – Public Health Service**

**POCLC - People Of Color Leadership Committee - of the Planning Council**

**PLWHA - People Living With HIV/AIDS**

**PMT - Peer Mentor Training**

**PWA - Person With AIDS**

**QA – Quality Assurance**

**QI – Quality Improvement**

**RBC - Red Blood Count**

**RDR – Ryan White Program Data Report**

**RFP - Request For Proposals**

**RSR – Ryan White HIV/AIDS Services Report**

**ROPES (Norms) – Respect; Openness, Opportunity; Participation, Privacy, Pass; Education; Sensitivity, Support**

**RT-PCR – Reverse Transcriptase Polymerase Chain Reaction**

**SAMHSA – Substance Abuse and Mental Health Services Administration**

**SCAP - Southern Colorado AIDS Project**

**SCSN – Statewide Coordinated Statement of Need**

**SIN - Strength In Numbers - An HIV, PLWA Social Networking Group with nationwide chapters.**

**SMART (Goals) – Specific; Measurable; Achievable; Relevant; Time-framed; SMT; Self Management Training**

**SOC – Standards Of Care**

**SPNS – Special Projects of National Significance**

**STD - Sexually Transmitted Disease**

**STI - Sexually Transmitted Infection (new term for STD)**

**TA – Technical Assistance**

**TBRA - Tenant Based Rental Assistance**

**TEN - Treatment Education Network**

**TGA - Transitional Grant Area**

**TOT - Training Of Trainers**

**UCHSC – University of Colorado Health Science Center**

**UCS – Unit Cost of Service**

**WBC - White Blood Count**

**WestCAP - Western Colorado AIDS Project**

**WG - Work Group**

**WLP – Women’s Lighthouse Project**

**WMSM - White Men Who Have Sex with Men**

**WAP – Women’s AIDS Project**

**WOC- Women Of Color**

# Glossary

**ADAD – Alcohol and Drug Abuse Division**

## **Administrative or Fiscal Agent**

Entity that functions to assist the grantee, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals [RFPs], monitoring contracts).

## **Agency for Healthcare Research and Quality (AHRQ)**

Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.

**AETC - AIDS Education and Training Centers**

## **AIDS Drug Assistance Program (ADAP)**

Administered by States and authorized under Part B of the Ryan White Treatment Modernization Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

## **AIDS Drug Assistance Program (ADAP)**

Administered by States and authorized under Part B of the Ryan White Treatment Modernization Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

## **AIDS (Acquired Immunodeficiency Syndrome)**

A disease caused by the human immunodeficiency virus.

## **AIDS Education and Training Center (AETC (see Part F)**

Regional centers providing education and training for primary care professionals and other AIDS-related personnel. Part F (AETC) s are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTT).

## **AIDS Service Organization (ASO)**

An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.



**Antiretroviral (ARV)**

A substance that fights against a retrovirus, such as HIV. (See Retrovirus)

**AOP - Annual Operating Plan****ARTS – Addiction Research and Treatment Services****CAC – Certified Addictions Counselor****CADR (see Ryan White Program Data Report, RDR)**

**CAP - Colorado AIDS Project** - AIDS Service Organization serving the Denver Metro Area, including: Denver, Adams, Arapahoe, Jefferson and Douglas Counties in Colorado.

**Capacity**

Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved PLWH in the EMA.

**CBC - Complete Blood Count****CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)**

Federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as the Ryan White Treatment Modernization Act.

**CBI – Colorado Bureau of Investigations****CHIP - Children’s Health Insurance Program****CICP - Colorado Indigent Care Program****CFR – Code of Federal Regulations****CP - Comprehensive Plan****Community-based organization (CBO)**

An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

**Centers for Disease Control and Prevention (CDC)**

Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.

**Centers for Medicare and Medicaid Services (CMS)**

Federal agency within HHS that administers the Medicaid, Medicare, and the Children’s Health Insurance

Program (CHIP).

**Chief Elected Official (CEO)**

The official recipient of Part A or Part B Ryan White HIV/AIDS Program funds. For Part A, this is usually a city mayor, county executive, or chair of the county board of supervisors. For Part B, this is usually the governor. The CEO is ultimately responsible for administering all aspects of their title's CARE Act funds and ensuring that all legal requirements are met.

**CM – Case Manager**

**Co-morbidity**

A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

**Community Based Dental Partnership Program (CBDPP)**

The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

**Community Forum or Public Meeting**

A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

**Comprehensive Planning**

The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

**Community Health Centers**

See Health Centers.

**Consortium/HIV Care Consortium**

A regional or statewide planning entity established by many State grantees under Part B of the Ryan White HIV/AIDS Program to plan and sometimes administer Part B services. An association of health care and support service agencies serving PLWHA under Part B.

**Continuous Quality Improvement**

An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

**Continuum of Care**

An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWHA.

**CPCRA (Community Programs for Clinical Research on AIDS)**

Community-based clinical trials network that obtains evidence to guide clinicians and PLWHA on the most appropriate use of available HIV therapies.

**Cultural Competence**

The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

**CRS - Center for Research Strategies**

**CW - CAREWare**

**DHRPC - Denver HIV Resources Planning Council**

**Division of Community Based Programs (DCBP)**

The division within HRSA's HIV/AIDS Bureau that is responsible for administering Part C, Part D, and the HIV/AIDS Dental Programs (the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP)).

**Division of Science and Policy (DSP)**

The office within HRSA's HIV/AIDS Bureau that administers the Part F (SPNS) Program, HIV/AIDS evaluation studies, policy, and data reporting.

**Division of Service Systems (DSS)**

The division within HRSA's HIV/AIDS Bureau that administers Part A and Part B of the Ryan White HIV/AIDS Program.

**Division of Training and Technical Assistance (DTTA)**

The division within HRSA's HIV/AIDS Bureau that administers the AIDS Education and Training Centers (Part F) and technical assistance and training activities of the HIV/AIDS Bureau.

**DMS – Diverse Management Solutions, LLC**

**DOHR - Denver Office of HIV Resources**

**DORA – Department of Regulatory Agencies**

**DTGA - Denver Transitional Grant Area**

**EAC - Evaluation and Assessment Committee - of the Planning Council**

**Early Intervention Services (EIS)**

Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

**Eligible Metropolitan Area (EMA)**

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. (See also Transitional Grant Area, TGA.)

**Epidemic**

A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.

**Epidemiologic Profile**

A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.

**Epidemiology**

The branch of medical science that studies the incidence, distribution, and control of disease in a population.

**Exposure Category**

In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.

**Family Centered Care**

A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

**Financial Status Report (FSR - Form 269)**

A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the grantee organization.

**Food and Drug Administration (FDA)**

Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS,

and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

**FB – Food Bank**

**FY - Fiscal Year**

**GLBT - Gay Lesbian Bisexual Transgender - (also known as LGBT)**

**Grantee**

The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award.

**HAART - Highly Active Anti-Retroviral Therapy - Combination drug therapy.**

**HARS - HIV/AIDS Reporting System**

**HDL - High Density Lipoproteins - “Good” Cholesterol**

**HDM – Home Delivered Meals**

**Health Centers**

Community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.

**Health Care for the Homeless Health Center**

A grantee funded under section 330(h) of the Public Health Service Act to provide primary health and related services to homeless individuals.

**Health Insurance Continuity Program (HICP)**

A program primarily under Part B of the Ryan White HIV/AIDS Program that makes premium payments, co-payments, deductibles, and/or risk pool payments on behalf of a client to purchase/maintain health insurance coverage.

**Health Resources and Services Administration (HRSA)**

The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

**HHS - Health and Human Services - The U.S. Department of Health and Human Services is the cabinet posted entity that oversees the health and well-being of U.S. citizens.**

**High-Risk Insurance Pool**

A State health insurance program that provides coverage for individuals who are denied coverage due to a

pre-existing condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.

**Highly Active Antiretroviral Therapy (HAART)**

HIV treatment using multiple antiretroviral drugs to reduce viral load to undetectable levels and maintain/increase CD4 levels.

**HIV/AIDS Bureau (HAB)**

The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program.

**HIV/AIDS Dental Reimbursement Program**

The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWHA.

**HIV Disease**

Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

**Home and Community Based Care**

A category of eligible services that States may fund under Part B of the Ryan White HIV/AIDS Program.

**HOPWA - Housing Opportunities for People With AIDS**

**Housing Opportunities for People With AIDS (HOPWA)**

A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

**HPV - Human Papilloma Virus** - Cause of genital warts and cervical cancer.

**HRSA - Health Resources and Services Administration**

**HUD (U.S. Department of Housing and Urban Development)**

The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

**Incidence**

The number of new cases of a disease that occur during a specified time period.

**Incidence Rate**

The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

## **Injection Drug User (IDU)**

## **Intergovernmental Agreement (IGA)**

A written agreement between a governmental agency and an outside agency that provides HIV services.

**LC - Leadership Committee** - of the Planning Council

**LDL - Low Density Lipoproteins** - "Bad" Cholesterol

**LGBT - Lesbian Gay Bisexual Transgender** - (also known as GLBT)

**LTI - Leadership Training Institute** - New York based training organization of Cikatelli and Associates, Inc.

## **Lead Agency**

The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency)

**MCSM - Men of Color who have Sex with Men**

**MDASC - Metro Denver AIDS Services Coalition** - of the Planning Council

**MDC - Membership Development Committee** - of the Planning Council

## **Medicaid Spend-down**

A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may "spend down" to eligibility level. The individual accomplishes spend-down by deducting accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the "medically needy" eligibility category, for these individuals.

## **Minority AIDS Initiative (MAI)**

A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

**MOC - Men Of Color**

**MOHR - Mayor's Office of HIV Resources** - City and County of Denver that administers Ryan White part A funds.

**MSM/IDU - Men who have Sex with Men who are also Injection Drug Users**

## **Multiply Diagnosed**

A person having multiple morbidities (e.g., substance abuse and HIV infection) (see co-morbidity).

**Needs Assessment (NA)**

A process of collecting information about the needs of PLWHA (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

**NCAP - Northern Colorado AIDS Project** - AIDS Service Organization serving Northern Colorado, including: Weld, Morgan, Logan, Sedgwick, Phillips, Yuma and Washington Counties.

**NORC - Naturally Occurring Retirement Community**

**Office of Management and Budget (OMB)**

The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

**Opportunistic Infection (OI) or Opportunistic Condition**

An infection or cancer that occurs in persons with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Examples include Kaposi's Sarcoma (KS); Pneumocystis jiroveci pneumonia (PCP); cryptosporidiosis; histoplasmosis; toxoplasmosis; other parasitic, viral, and fungal infections; and some types of cancers.

**OOC - Out Of Care**

**PACTG -Pediatric AIDS Clinical Trials Group**

**Part A**

The part of the Ryan White HIV/AIDS Program (formerly, Title I) that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV/AIDS epidemic.

**Part B**

The part of the Ryan White HIV/AIDS Program (formerly, Title II) that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

**Part C**

The part of the Ryan White HIV/AIDS Program (formerly, Title III) that supports outpatient primary medical care and early intervention services to PLWHA through grants to public and private non-profit organizations. Part C also funds capacity development and planning grants to prepare programs to provide EIS services.

**Part D**

The part of the Ryan White HIV/AIDS Program (formerly, Title IV) that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.



**Part F (AETC) (AIDS Education and Training Center)**

Regional centers providing education and training for primary care professionals and other AIDS-related personnel. Part F (AETC) s are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).

**Part F (Community Based Dental Partnership Program)**

The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

**Part F (HIV/AIDS Dental Reimbursement Program)**

The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWHA.

**Part F (SPNS) (Special Projects of National Significance)**

A health services demonstration, research, and evaluation program funded under Part F of the Ryan White HIV/AIDS Program to identify innovative models of HIV care. Part F (SPNS) projects are awarded competitively.

**PLWHA - People Living With HIV/AIDS**

**PHS (Public Health Service)**

An administrative entity of the U.S. Department of Health and Human Services.

**Planning Council**

A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to assess needs, establish a plan for the delivery of HIV care in the EMA, and establish priorities for the use of Ryan White HIV/AIDS Program Part A funds.

**Planning Process**

Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

**POCLC - People Of Color Leadership Committee - of the Planning Council**

**PMT - Peer Mentor Training**

**Prevalence**

The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

**Prevalence Rate**

The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

### **Priority Setting**

The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

### **Prophylaxis**

Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

### **PWA - Person With AIDS**

### **Quality**

The degree to which a health or social service meets or exceeds established professional standards and user expectations.

### **Quality Assurance (QA)**

The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

### **Quality Improvement (QI)**

Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

### **RBC - Red Blood Count**

### **Reflectiveness**

The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

### **Reliability**

The consistency of a measure or question in obtaining very similar or identical results when used repeatedly; for example, if you repeated a blood test three times on the same blood sample, it would be reliable if it generated the same results each time.

### **Representative**

Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

**Request for Proposals (RFP)**

An open and competitive process for selecting providers of services (sometimes called RFA or Request for Application).

**Resource Allocation**

The Part A Planning Council responsibility to assign Ryan White HIV/AIDS Program amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

**Risk Factor or Risk Behavior**

Behavior or other factor that places a person at risk for disease; for HIV/AIDS, this includes such factors as male-to-male sexual contact, injection drug use, and commercial sex work.

**Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)**

A laboratory technique that can detect and quantify the amount of HIV (viral load) in a person's blood or lymph nodes.

**ROPES (Norms) – Respect; Openness, Opportunity; Participation, Privacy, Pass; Education; Sensitivity, Support**

**Ryan White HIV/AIDS Program Services Report (RSR)**

Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

**Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White HIV/AIDS Program)**

Enacted in 2006, this legislation reauthorized the Ryan White Program, formerly called the Ryan White CARE Act.

**Ryan White Program Data Report (RDR)**

Formerly known as the CARE Act Data Report (CADR), a provider-based report generating aggregate client, provider, and service data for all Ryan White HIV/AIDS Program components. Reports information on all clients who receive at least one service during the reporting period.

**Salvage Therapy**

A treatment effort for people who are not responding to, or cannot tolerate the preferred, recommended treatments for a particular condition. In the context of HIV infection, drug treatments that are used or studied in individuals who have failed one or more HIV drug regimens. In this case, failed refers to the inability to achieve or sustain low viral load levels.

**SCAP - Southern Colorado AIDS Project - AIDS Service Organization serving Southern Colorado, including: Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, El Paso, Elbert, Fremont, Huerfano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Park, Prowers, Pueblo, Rio Grande, Saguache and Teller Counties.**

## **Statewide Coordinated Statement of Need (SCSN)**

A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize Ryan White HIV/AIDS Program coordination. The SCSN process is convened by the Part B grantee, with equal responsibility and input by all programs.

## **Section 340B Drug Discount Program**

A program administered by the HRSA's Bureau of Primary Care, Office of Pharmacy Affairs established by Section 340B of the Veteran's Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies.

## **Seroconversion**

The development of detectable antibodies to HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

## **Seroprevalence**

The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

## **Service Gaps**

All the service needs of all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care").

## **Sexually Transmitted Disease (STD)**

**SIN - Strength In Numbers** - An HIV, PLWA Social Networking Group with nationwide chapters.

**SMART (Goals)** – Specific; Measurable; Achievable; Relevant; Time-framed; **SMT; Self Management Training**

## **Standards of Care (SOC)**

The minimum level or standard of care that agencies must follow in the provision of Ryan White HIV/AIDS Treatment Modernization Act Part A funded services.

**STD - Sexually Transmitted Disease**

**STI - Sexually Transmitted Infection** (new term for STD)

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Federal agency within HHS that administers programs in substance abuse and mental health.

## **Surveillance**

An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and

diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

### **Surveillance Report**

A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

### **Target Population**

A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

### **TBRA - Tenant Based Rental Assistance**

### **Technical Assistance (TA)**

The delivery of practical program and technical support to the CARE Act community. TA is to assist grantees, planning bodies, and affected communities in designing, implementing, and evaluating CARE Act-supported planning and primary care service delivery systems.

### **Transitional Grant Area (TGA)**

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds. To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years. (See also Eligible Metropolitan Area, EMA.)

### **Transmission Category**

A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and perinatal transmission.

### **TOT - Training Of Trainers**

### **UCS – Unit Cost of Service**

### **Unmet Need**

The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

### **Viral Load**

In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

### **Western Blot**

A test for detecting the specific antibodies to HIV in a person's blood. It is commonly used to verify positive EIA tests.

**WestCAP - Western Colorado AIDS Project** - AIDS Service Organization serving Western Colorado, including: Moffat, Routt, Jackson, Grand, Summit, Eagle, Garfield, Rio Blanco, Mesa, Delta, Pitkin, Lake, Gunnison, Montrose, Ouray, Hinsdale, San Miguel, Dolores, San Juan, Montezuma, Archuleta and La Plata Counties.

**WG - Work Group**

**WMSM - White Men Who Have Sex with Men**

**WOC- Women Of Color**

**DENVER TRANSITIONAL GRANT AREA HIV RESOURCES PLANNING COUNCIL  
MEMBER CONFIDENTIALITY AND RESPONSIBILITY AGREEMENT**



Confidentiality is a general standard of professional conduct of the City and County of Denver which applies to all members of the Denver Transitional Grant Area HIV Resources Planning Council (Planning Council). As a member of the Planning Council you will likely acquire personal information as you have contact with other members and as part of your work at Planning Council and Committee meetings.

In order to ensure the safety and privacy of those with HIV/AIDS, it is the policy of the Planning Council to protect the confidentiality and privacy of those all members and visitors and to hold confidential all personally identifying or individual information, communications, observations, and information made by, between, or about those living with HIV/AIDS. The Board and all agents, employees, consultants, and volunteers are charged with maintaining the confidentiality of service participants as outlined in Planning Council policies and in federal and state law. Planning Council shall not disclose any personally identifying information or individual information collected in connection with its operations and utilized through its programs or reveal any individual information without the informed, written, reasonably time-limited consent of the person about whom information is sought. The Planning Council will avoid any inadvertent release of personally identifying information or individual information about any persons.

A breach of confidentiality is defined as the release of personal identifying information (e.g., name, address, date of birth, telephone number, social security number, information that could reasonably lead to personal identification) **and** either: 1) other personal information (e.g., sexual orientation, drug use, etc.); or 2) diagnosis; test results, or the fact that a test has been performed to any person who does not “need to know” such information, unless the release is necessary for the business of the Planning Council and/or its committees.

Therefore as a Planning Council Member you agree to hold all discussions and information regarding any personal information confidential.

**I have read and understand the above information.**

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**Printed Name**

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**Signature**

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**Date**