

# *WELCOME*

*NVH Consortium (NVHC)*

*Orientation Guide*



*Updated May 2016*



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Dear NVH Consortium Newcomer,

Welcome to the Northern Virginia HIV Consortium (also called the NVH Consortium). You are a vital part of the process of helping to deliver excellent services to people with HIV in Northern Virginia and beyond. Your participation helps to ensure that many voices are heard. The Consortium is one way that you can help.

We hope that this manual and orientation session will help you better understand how everything works. If you don't know something please ask questions.

The Ryan White HIV/AIDS Program is the largest Federal program focused exclusively on HIV/AIDS care. The program is 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 other funding sources. The legislation is called the *Ryan White HIV/AIDS Treatment Modernization Act of 2009*. It was first enacted in 1990 as the *Ryan White CARE (Comprehensive AIDS Resources Emergency) Act*.

While the Northern Virginia HIV Consortium predates the Ryan White CARE Act, the Act recognized the importance of an advisory body made up of service providers and service consumers to guide activities it funds. As such, the CARE Act integrated Consortia and like bodies as a requirement into its activities. Ryan White gets its name from a young man who developed AIDS and died of the disease in 1989. During his short lifetime he demonstrated a great deal of courage in the face of ignorance and discrimination. His courageous stand helped a reluctant US Congress to address HIV/AIDS.

If you have questions, please contact:

**Northern Virginia Regional Commission  
3040 Williams Drive, Suite 200  
Fairfax, VA 22031**

**703-642-0700  
info@novaregion.org**

We look forward to your active participation.

# NVH Consortium Bylaws

## **Article I. Name**

The name of this organization shall be the Northern Virginia HIV Consortium also known as NVH Consortium (the Consortium).

## **Article II. Purpose**

### **Section 1: Object**

- A. to provide an integrated, comprehensive response to the HIV/AIDS epidemic in Northern Virginia;
- B. to provide a forum for collaboration and problem-solving regarding HIV prevention and the major issues, in health, social services and quality of life for people living with and affected by HIV/AIDS living in the service area;
- C. to serve as a planning body for HIV prevention and health and social services for people living with and affected by HIV/AIDS;
- D. to promote cooperation among all community service providers providing HIV-related health and human services;
- E. to provide the exchange of information between community service providers and area residents in order to increase HIV prevention and the accessibility and visibility of HIV-related services;
- F. to monitor service plans, evaluate performance and assure a comprehensive continuum of care and prevention is available to all people in the service area infected by or at risk for HIV/AIDS; and
- G. to advocate for HIV prevention and the needs of persons living with and affected by HIV/AIDS in Northern Virginia.

### **Section 2: Service Area**

This organization serves the five jurisdictions and health districts of Alexandria, Arlington, Fairfax, Loudoun, and Prince William in the Commonwealth of Virginia. Additionally, adjoining Virginia localities in the Washington, D.C. Eligible Metropolitan Area may be included in the service area when designated by funding sources.

**Article III. Members**

**Section 1: Eligibility for Membership**

The Consortium is open to any public or private agency, organization or individual residing or working in the Consortium's geographic service area that demonstrates affirmative interest and concern to promote HIV prevention and improve the health and social welfare of people living with or affected by HIV/AIDS.

**Section 2: Composition of Membership**

It shall be the policy of this Consortium to recruit and retain members from all parts of the geographic service area, infected and affected population groups, and various fields of expertise, including people who have an active interest in HIV prevention and the care of persons living with HIV/AIDS.

It shall be the goal of this Consortium that at least twenty-five (25) percent of the members (including agency representatives) shall be persons living with HIV (determined by a self-designation method). The Consortium will actively recruit persons infected with HIV, their family members, and personal caregivers.

Appropriate action will be taken to recruit a membership that reflects the economic, social, racial, ethnic, sexual orientation and gender composition of the population served.

**Section 3: Membership Definitions**

- A. Membership is provisional until the membership candidate has attended at least three Consortium meetings within a six month period and/or attended a membership educational orientation. Until this standard has been met, the candidate may exercise all rights of membership except voting. Upon completion of one or both requirements, the candidate shall become a full member and may then exercise all rights of membership, including the right to vote.
- B. Individual Members. Individual members are individuals who have all the rights and responsibilities of membership.
- C. Organizational Members. When an organization holds the membership, that organization shall designate an individual or individuals to represent that organization, but only one representative shall exercise all rights and responsibilities of membership.
- D. Guests. Representatives of non-member organizations or individuals may attend meetings of the Consortium and its committees, based on mutual interests, for the beneficial exchange of information

related to the Consortium's purposes. Guests are not members and shall have no voting privileges but may fully participate in discussions.

**Section 4: Voting**

Each organizational representative and each individual member shall have one vote provided the member is present at the meeting, and each member shall have one vote irrespective of the number of organizations or positions that member represents. Proxy voting is not allowed.

**Section 5: Conflict of Interest**

Members will avoid any appearance of conflict of interest in the outcome of decisions that pertain to an agency in which a member is employed or affiliated.

**Section 6: Resignations and Membership Rolls**

Written resignations will be accepted when presented to the Consortium Chairperson.

Memberships are for up to one year, ending on the last day of each August. Membership shall automatically continue to the next year if the member or the organizational representative either (a) attended at least one Consortium meeting during the prior member year, or (b) if prior to the end of the year, they inform the Consortium in writing of their intention to continue their membership.

**Article IV. Officers**

The officers of this organization shall be the Chairperson, Vice-Chairperson, and Secretary.

**Section 1: Election and Terms of Officers**

A Vice-Chair/Chair-Elect shall be nominated and elected at the September Consortium meeting by a majority of the members present. In the event there is no majority vote after two ballots, the third balloting will be limited to the top two candidates from the second balloting. Abstentions are not valid votes. The Vice-Chair shall serve for a one year term beginning in October and then immediately proceed to the office of the Chair for the following year.

The office of Secretary is not elected.

**Section 2: Vacancy**

If a vacancy occurs in the office of the Chair, the Vice-Chair/Chair-Elect shall become Chair for the unexpired term. If the vacancy is six months or less, the Vice-Chair shall continue to serve as Chair for the successive one year term. However, if the Chair's unexpired term is greater than six months, an election will be held for a new Vice-Chair who will proceed to the office of Chairperson the following October.

If a vacancy occurs in the office of Vice Chair, an election shall occur in accordance with Section 1 above.

**Section 3: Chairperson Duties**

The Chairperson shall:

- A. preside at regular and special meetings of the Consortium and the Executive Committee;
- B. appoint Chairpersons of all standing and special committees but not the Provider Services or PLWH (Persons Living With HIV) Committees;
- C. be an ex-officio member of all standing committees but not the Provider Services or PLWH (Persons Living With HIV) Committees;
- D. appoint a parliamentarian; and
- E. abide by the other principles of membership encompassed in the Statement of Membership.

**Section 4: Vice-Chair Duties**

The Vice-Chair shall:

- A. serve as leader of the Consortium in the Chairperson's absence or as directed by the Chairperson;
- B. preside at meetings in the Chairperson's absence;
- C. serve as Chairperson-Elect; and
- D. perform other duties as assigned by the Chairperson.

**Section 5: Secretary Duties**

The NVRC Human Services Division Director, or designee, shall serve as Secretary of the Consortium and shall:

- A. keep and distribute minutes of Consortium meetings;
- B. issue meeting notices;
- C. maintain a current list of members; and
- D. perform the normal duties of a secretary.

**Article V. Meetings**

**Section 1: Regular Meetings**

The hours, date, and location of the regular monthly meeting shall be determined by the Executive Committee. The Secretary will provide written notice of the regular meetings prior to the meeting date. When the Secretary is apprised of meeting date changes, every effort will be made to notify members to ensure maximum participation.

**Section 2: Special Meetings**

The Executive Committee may call a special meeting by giving members written notice at least seven (7) calendar days in advance of the proposed meeting.

**Section 3: Annual Meeting**

The election of officers shall be at the annual meeting which will coincide with the regular September meeting.

**Section 4: Quorum**

If membership in the Consortium is fifteen (15) or less, a quorum shall consist of 33% (1/3) of listed members.

**Article VI. Executive Committee**

**Section 1: Composition of Committee**

The Executive Committee shall consist of the Consortium Chairperson, Vice-Chairperson, Secretary, Chairpersons of standing committees and the Northern Virginia Representatives of the Metropolitan Washington Regional Ryan White Planning Council (Planning Council).

## **Section 2: Meetings**

The Executive Committee shall hold open meetings between regular meetings of the Consortium and shall report to the Consortium on its activities and scheduled meeting dates.

## **Section 3: Committee Duties**

The Executive Committee shall be responsible for the following:

- A. coordination, leadership, and time frame for the annual Ryan White CARE Act regional application process;
- B. recommendation of agenda items for Consortium meetings;
- C. review and recommendations for Consortium Bylaws, membership, structures, and policies; and
- D. defining the broad purposes and responsibilities of standing committees.

## **Section 4: Interim Decisions**

Should the Executive Committee be required to make an interim decision before the next meeting of the Consortium due to time-sensitive circumstances, the Executive Committee shall report its decision to the next regularly-scheduled meeting of the Consortium for purposes of ratification.

## **Section 5: Voting**

All eligible members in attendance shall be entitled to full participation and voting rights.

# **Article VII. Committees and Liaisons**

## **Section 1: Establishing Committees**

The Consortium shall form standing committees and may form special committees and affiliations with independent community groups to assist in the accomplishment of its purposes.

- A. Non-members may be appointed to committees of the Consortium.
- B. The Consortium may send issues to committees for discussion, the development of strategies and objectives and/or for recommendations for action.

- C. Committees will bring recommendations to the Consortium for vote, adoption and implementation.

### **Section 2: Committee Meetings**

Standing and special committees shall meet at such times as are necessary. Standing committees shall be open to participation by all Consortium members, excluding the Provider Services and the PLWH (Persons Living With HIV) Committees.

No quorum rules apply to standing and special committee meetings.

### **Section 3: Committee Chairpersons**

The PLWH (Persons Living With HIV), Service Providers, and special committees shall elect their Chairpersons annually after Consortium elections. The Chairperson of the Consortium shall appoint the Chairpersons of all other standing committees. The terms of committee Chairpersons shall coincide with Consortium officers' one year terms.

## **Article VIII. Title I Planning Process**

### **Section 1: Purpose**

The purpose of the Title I Planning Process shall be the determination of priorities and allocation of funding granted pursuant to the Ryan White Comprehensive AIDS Resources Emergency (Care) Act (P.L. 101-381). This shall include, but not be limited to, separately, the priorities and allocations of the Minority AIDS Initiative (MAI) and Rural funding.

### **Section 2: Planning Committee**

- A. The Consortium, for purposes of the Planning Process, shall dissolve itself into the Planning Committee. Anyone who fulfills the guidance set forth by the Metropolitan Washington Regional HIV Health Services Planning Council (the Planning Council) shall be a member of the Planning Committee.
- B. The Committee shall meet in accordance with the following schedule:
  - 1. Orientation and Data Presentation Meeting or Meetings to explain both the procedure to be employed and offer for consideration relevant factual information and analysis necessary to fulfill the purpose. Following such presentation(s), the Committee shall issue ballots to establish priority of services.
  - 2. Allocation Meeting or Meetings to determine funding recommendations.

**Section 3: Planning Process Steering Committee**

- A. The Planning Process Steering Committee (the Steering Committee) shall be composed of the Chairperson and Vice-Chairperson of the Consortium and all Virginia Planning Council Members.
- B. The Chairperson and Vice-Chairperson of the Steering Committee must be Planning Council members and will be elected by the Steering Committee.
- C. The function of the Steering Committee shall be to lead the work of the Planning Committee.

**Section 4: Governance**

The composition, structure, and procedures of the Planning Committee shall be governed by the rules and regulations of the Planning Council. Such rules and regulations shall have priority over any Bylaw contained herein which may be in conflict.

**Section 5: Report**

The conclusions and recommendations of the Planning Committee shall be forwarded to the agent of the Consortium, the Northern Virginia Regional Commission (NVRC). NVRC shall then deliver the report to the Planning Council.

**Article IX. Parliamentary Authority**

The rules contained in the current *Robert's Rules of Order Newly Revised* shall govern the Consortium in all cases in which they are applicable and in which they are not in conflict with these Bylaws or Special Rules of Order.

**Article X. Amendment to Bylaws**

These Bylaws may be amended at any business meeting of the Consortium by a two-thirds vote of all those members attending, provided that written notice of the proposed action is given at the call to the meeting.

## **About the NVH Consortium**

### **What is the NVH Consortium?**

The Northern Virginia HIV Consortium is an independent membership organization of individuals and agencies providing services to, or advocacy on behalf of, people living with and affected by HIV and AIDS. As stated in the Consortium's Charter, the purpose of the Consortium "is to provide an integrated, comprehensive response to the HIV epidemic in Northern Virginia through a consortium of public and private agencies providing clinical, education, prevention, community support, research, planning and advocacy services."

Membership is open to individuals or representatives of any public or private organization providing AIDS education and/or services in the Northern Virginia area. The Northern Virginia representatives to the Metropolitan Washington Regional Ryan White Planning Council also serve.

Membership by people living with HIV/AIDS (PLWH/A) is strongly encouraged. There is a "PLWH/A Open Mike" period at every regular meeting of the Consortium, available to the first three PLWH/As who ask to speak. This is a forum for people living with HIV/AIDS to make comments that will be received by the Consortium for a later response. "Open Mike" is not a forum to air a grievance against a specific service provider.

To become a member, the agency representative or individual completes a membership form and submits it to the Northern Virginia Regional Commission (NVRC). This form is available from the NVRC website: [www.novaregion.org](http://www.novaregion.org), then click on *Programs and Projects* (at the top of the page), then on *HIV/AIDS*, then on *NVH Consortium*, then on *Membership Form* (highlighted in the description of the Consortium). The form may be also requested from the NVRC Receptionist at any time by calling 703-642-0700 or emailing: [reception@novaregion.org](mailto:reception@novaregion.org).

### **What does the Consortium Do?**

The Consortium was formed in 1988 to provide an integrated, comprehensive response to the HIV epidemic in Northern Virginia. This remains the primary goal of the Consortium. The Consortium provides a forum for public health, private agency and citizen collaboration in the assessment of the needs of the region's persons living with HIV/AIDS; exchanges information about the epidemic; discusses relevant local

and regional issues around service delivery; develops recommendations for resourcing services; and advocates for the needs of persons living with HIV/AIDS.

Since the first passage of the Ryan White CARE Act, the Consortium recommends guidance in the region's use of these funds:

Ryan White Part A funds are distributed to Eligible Metropolitan Areas (EMAs), including the Greater Washington DC EMA. The Consortium accepts three important responsibilities for Part A funds:

- 1) suggests Northern Virginia representatives to the Metro Washington Regional Ryan White Planning Council (the Planning Council);
- 2) develops priorities for Planning Council considerations for the distribution of Northern Virginia's portion of the region's Part A funds; and
- 3) makes periodic contributions to the Planning Council's application to the federal government for the Ryan White funds for the Greater Washington DC Eligible Metropolitan Area.

During the multi-month period each year when the Planning Council is planning for the use of the next year's funds, the Consortium serves as the Planning Council's Virginia Planning Committee. In this role, the Consortium receives information on the epidemic, and keeping that information in mind, develops service delivery and funding recommendations for Ryan White Part A funding in Virginia in the coming grant year. The Planning Council may accept or alter these recommendations. During these activities, Consortium voting rules are suspended and anyone who meets Planning Council criteria may participate and vote.

Ryan White Part B funds are distributed to each state. The Consortium fulfills similar requirements using funds from the Virginia Department of Health (VDH), the state's recipient agency for Part B. This includes receiving the state's award to the northern region and developing priorities for the distribution of these funds.

The Consortium is also concerned about housing for persons with AIDS. Under the federal Housing Opportunities for Persons with AIDS (HOPWA) legislation, the DC Dept. of Health, HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) receives and distributes these funds, with NVRC receiving a sub-award for funds to be used on the Virginia side of Metro Washington. The Consortium receives periodic briefings on HOPWA from NVRC, and helps decide service priorities in Suburban Virginia.

The Consortium encourages region wide planning for prevention activities and from time to time has received and distributed HIV/AIDS prevention funding in the region. More often, individual Consortium member agencies receive prevention funds directly from VDH or the CDC (federal Centers for Disease Control).

### **How is the Consortium Staffed?**

The Consortium has asked the Northern Virginia Regional Commission (NVRC) to provide administrative support to the activities of the Consortium. In that role, NVRC's Human Services Division provides staff to support the Consortium's day-to-day activities, including the provision of meeting space; the maintenance of membership and mailing lists; handling correspondence; holding the Consortium's archives of records; drafting, distributing and maintaining minutes of Consortia meetings; providing information to the community at large about the Consortium; and other tasks that may be required to further the Consortium's mission.

### **How Does the Consortium Distribute Funds?**

Ryan White legislation sets up a separation between the groups that make decisions on use of the funds and the entities responsible for selecting the service providers, deciding their contract amounts, and monitoring their progress in service delivery. This separation exists to limit chances for conflict of interest. Therefore, the Consortium cannot both decide service priorities and hand out the money. NVRC acts as the Consortium's fiduciary or administrative agent, receiving and overseeing the use of funds awarded to the region on behalf of the Consortium.

NVRC also acts for the Consortium as its agent with responsibility for the Consortium's compliance with applicable state and federal procurement laws and regulations in the distribution of both treatment and support service funds to other agencies with the region.

When serving as the administrative agent for the distribution of funds, NVRC is responsible for preparation of all Requests for Proposals, accomplishing the process of fair and unbiased review of proposals received, making awards to selected proposals, contracting with award recipients, monitoring contract performance, making all required reports to the original granting agency, and providing for the appropriate audits.

The administrative support activities provided the Consortium by NVRC are currently supported through Ryan White Part A and B funds and NVRC's general

funds allocated to human service activities. (General funds come from the contributions of NVRC's local government members and other sources.)

### **When and Where Does the Consortium Meet?**

The Consortium meets from 10 a.m. to noon on the first Thursday of most months. Special meetings may be called by the Chair. Normally meetings are held at NVRC. Participants who cannot attend the meeting in person have access through a conference call set up for most meetings. Consult the public calendar at [www.novaregion.org/HIV](http://www.novaregion.org/HIV) to find the next meeting.

### **How is the Consortium Governed?**

The Consortium is governed by bylaws developed in 1997 and revised in 2010.

#### Officers

The Consortium's Chair and Vice-Chair each serve a one year term. At the conclusion of the Vice-Chair's one-year term, he/she is elected to become the next Chair. Elections occur in September of each year, with officers taking office in October. NVRC's Director of Human Services appoints a member of NVRC's staff to serve as Secretary to the Consortium.

#### Voting

Each member present in person at the meeting, whether an agency/organization, Planning Council member, or individual member, is entitled to one vote when issues are put before the membership for formal vote. Most votes occur by voice vote, with the exception of the election of officers, traditionally accomplished through secret ballot.

#### Rules of Order

Meetings are conducted in accordance with Robert's Rules of Order. All business is determined by a simple majority vote of the members present. While members and others may participate in meetings via conference call, callers may not vote.

### **Does the Consortium Have Committees?**

As outlined in its bylaws, the Consortium shall form committees to assist in the accomplishment of its purposes. (See page 35 for current committees, chairs, contact information and schedules.) Each committee has specific responsibility related either to a particular special subset of the population of person living with HIV/AIDS or to

a specific activity of the Consortium. Ad hoc groups may be formed by the Chair as needed.

In addition, an Executive Committee, consisting of the officers and chairpersons of standing committees, is responsible for coordinating the Consortium's activities and for recommending agenda items for Consortium meetings. The Executive Committee cannot act for the Consortium unless the Consortium gives its express permission for the Committee to do so.

### **How Can I Join?**

Complete a membership form and submit it to the Northern Virginia Regional Commission (NVRC). You may copy it from pages 15 and 16 of this manual or download it from [www.novaregion.org/hiv](http://www.novaregion.org/hiv), then click on *NVH Consortium* in the left column, then on Membership Form (highlighted in the description of the Consortium or on the list on the left). Organizations may use a slightly different form to designate multiple representatives. Either form may also be requested from the NVRC Receptionist by calling 703-642-0700 or emailing: [reception@novaregion.org](mailto:reception@novaregion.org)



## NVH Consortium

c/o NVRC▪3040 Williams Drive Suite 200▪Fairfax, VA 22031▪703-642-0700▪fax 703-642-5077  
email: reception@novaregion.org

### Membership Form

I want to become a member of the NVH Consortium.

- *If you are joining as an individual, list your Name and leave the Organization line blank.*
- *If you represent an organization, list your Name and the Organization's name.*
- *If you want the membership to belong to the organization without designating a particular staff person, write "Executive Director or his/her Designee" under Name, and your agency's name under Organization.*

#### Contact Information:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### As a Consortium Member, I agree to:

1. Learn the Consortium's mission, purpose, programs and services and work to promote the Consortium.
2. Work to attract new members who will work for the Consortium and match the diversity of the community affected by HIV/AIDS.
3. Do the work expected of members, undertake special assignments and consider serving in leadership positions.
4. Urge those with grievances to follow established procedures for their resolution.
5. Stay informed and follow the trends in the HIV/AIDS epidemic.

**For my role in Consortium and Consortium Committee meetings, I agree to:**

1. Prepare for and participate in Consortium and Consortium Committee meetings.
2. Ask timely and appropriate questions at meetings that follow my conscience and views, while supporting the majority decision on issues the Consortium decides by vote.
3. Maintain the confidentiality of members' HIV status.
4. Suggest agenda items for Consortium and committee meetings, from time to time, to ensure that important matters are addressed.

**To Protect the Consortium from Conflicts of Interest, I agree to:**

1. Serve the HIV/AIDS community as a whole rather than advocating views that only serve a special interest group, a particular service provider or myself.
2. Maintain independence, objectivity and a sense of fairness.
3. Avoid even the appearance of favoritism that might embarrass the Consortium and weaken the funds allocation process.
4. Never accept favors or gifts from anyone receiving Ryan White funds or doing business with the Consortium.

**To safeguard funds under the Consortium's control, I agree to:**

1. Consider carefully the Consortium's decisions regarding allocation of CARE Act funds. I understand that for funding to continue to be available, decisions about how to spend these public funds must be made in fair, impartial and informed ways.
2. Thoughtfully read and understand the Consortium's budgets, expenditure reports and similar documents.

I/my organization agree(s) to the aforementioned duties of membership and agree(s) to abide by the Consortium's bylaws.

---

Signature

Date

Please return this form to NVRC, Attn: Receptionist, at the above address.

## HIV/AIDS Timeline

(additional details available at <http://www.kff.org/hiv/aids/timeline/>)

<b>1981</b>	"Gay cancer," later called GRID, (Gay Related Immuno Deficiency) claims 121 deaths in the U.S. since the mid-1970s
<b>1982</b>	Scientists call the new disease AIDS ( <a href="#">Acquired Immune Deficiency Syndrome</a> )  <a href="#">Center for Disease Control</a> says sexual contact or infected blood could transmit AIDS; U.S. begins formal tracking of all AIDS cases  285 cases reported in 17 U.S. states, five European countries
<b>1983</b>	Dr. <a href="#">Robert Gallo</a> of the <a href="#">National Institutes of Health</a> , Bethesda, Maryland, and Dr. Luc Montagnier of France's Pasteur Institute independently identify <a href="#">Human Immunodeficiency Virus</a> (HIV) that causes AIDS
<b>1985</b>	Movie actor <a href="#">Rock Hudson</a> dies of AIDS; the resulting publicity greatly increases AIDS awareness  Congress allocates \$70 million for AIDS research  First international AIDS conference held in Atlanta  Blood test for HIV approved; screening of U.S. blood supply begins
<b>1986</b>	<a href="#">Soviet Union</a> reports first AIDS case  Surgeon General C. Everett Koop sends AIDS information to all U.S. households  Scientists locate second type of AIDS virus, HIV-2, in West Africa; original virus is HIV-1
<b>1987</b>	<a href="#">FDA</a> approves <a href="#">AZT</a> , a potent new drug for AIDS patients, which prolongs the lives of some patients by reducing infections
<b>1988</b>	<a href="#">World Health Organization</a> begins World AIDS Day to focus attention on fighting the disease
<b>1991</b>	10 million people worldwide estimated to be HIV-positive, including 1 million in U.S.; more than 36,000 Americans have died of AIDS since the late 1970s

February 2010 from <http://www.infoplease.com/spot/aidstimeline1.html> and Updated from [https://en.wikipedia.org/wiki/Timeline\\_of\\_HIV/AIDS](https://en.wikipedia.org/wiki/Timeline_of_HIV/AIDS) and <https://www.aids.gov/hiv-aids-basics/hiv-aids-101/aids-timeline/>

<b>1992</b>	The first clinical trials using combinations of multiple drugs begin  FDA begins accelerated approval of experimental AIDS drugs
<b>1993</b>	U.S. annual AIDS deaths approach 45,000
<b>1994</b>	AIDS-related illnesses are the leading cause of death for adults 25-44 years old in U.S.
<b>1995</b>	Saquinavir, the first <a href="#">protease inhibitor</a> (which reduces the ability of AIDS to spread to new cells) is approved
<b>1991</b>	10 million people worldwide estimated to be HIV-positive, including 1 million in U.S.; more than 36,000 Americans have died of AIDS since the late 1970s
<b>1992</b>	The first clinical trials using combinations of multiple drugs begin  FDA begins accelerated approval of experimental AIDS drugs
<b>1993</b>	U.S. annual AIDS deaths approach 45,000
<b>1994</b>	AIDS-related illnesses are the leading cause of death for adults 25-44 years old in U.S.
<b>1995</b>	Saquinavir, the first <a href="#">protease inhibitor</a> (which reduces the ability of AIDS to spread to new cells) is approved
<b>1996</b>	Patients are often able to delay the onset of full-blown AIDS by taking a combination of as many as 60 different drugs called an AIDS "cocktail"  AIDS is 8th leading cause of death in U.S.
<b>1997</b>	Worldwide death toll climbs to 6.5 million (since mid-1970s)  U.S. government spends \$4.5 billion on AIDS/HIV treatment  AIDS-related illnesses drop to the fifth leading cause of death for adults 25-44 years old
<b>1998</b>	Clinical trials begin for AIDS vaccine, AIDSVAX, the only one of 40 AIDS vaccines developed since 1987, that is considered promising enough to widely test on human volunteers  U.S. AIDS deaths drop to 17,000 per year, due to drug therapies; AIDS drops to 14th leading cause of death in U.S.

February 2010 from <http://www.infoplease.com/spot/aidstimeline1.html> and Updated from [https://en.wikipedia.org/wiki/Timeline\\_of\\_HIV/AIDS](https://en.wikipedia.org/wiki/Timeline_of_HIV/AIDS) and <https://www.aids.gov/hiv-aids-basics/hiv-aids-101/aids-timeline/>

<p><b>1999</b></p>	<p>AIDS cases in <a href="#">Russia</a> rise by one-third, to 360,000</p> <p><a href="#">World Health Organization</a> (WHO) estimates that AIDS has caused the life expectancy in Southern Africa to drop from 59 years in the early 1990s to 45 years after 2005</p> <p>AIDS infections skyrocket in Southeast Asia</p> <p>U.S. government spends \$6.9 billion on AIDS/HIV treatment <a href="http://www.infoplease.com/spot/aidstimeline2.html">http://www.infoplease.com/spot/aidstimeline2.html</a> - top#top</p>
<p><b>2000</b></p>	<p>Officials note the spread of drug-resistant strains of HIV</p> <p>21.8 million people have died of AIDS since the late 1970s; infections rise in Eastern Europe, <a href="#">Russia</a>, <a href="#">India</a>, and Southeast Asia</p> <p>10% of the population between the ages of 15 and 49 has HIV/AIDS in 16 African countries, while in 7 African countries, infection rates reach 20%</p>
<p><b>2001</b></p>	<p>Drug companies begin offering AIDS drugs to poor countries at a discount</p> <p>An estimated \$6.9 billion is spent in the U.S. on the treatment of AIDS patients</p> <p>The <a href="#">UN</a> estimates that, around the world during 2001, there were 3 million deaths from AIDS, of which 2.3 million were in Sub-Saharan Africa. There were 5 million new infections, bringing the total to 40 million infected; and Africa has the most infected (more than 16 million) followed by South and Southeast Asia (more than 6 million).</p> <p>AIDS is spreading most rapidly in Eastern Europe and the Russian Federation, with 250,000 new infections in 2001</p> <p>AIDS has lowered the life expectancy in <a href="#">Botswana</a>, <a href="#">Malawi</a>, <a href="#">Mozambique</a>, and <a href="#">Swaziland</a> by 20 years, to under 40 years of age</p>
<p><b>2002</b></p>	<p>HIV is the leading cause of death worldwide for those 15–59</p> <p>FDA approves the first rapid finger-prick AIDS test</p>
<p><b>2003</b></p>	<p>President Bush announces PEPFAR, a \$15-billion, 5-year plan to combat AIDS in African and Caribbean nations</p> <p>The World Health Organization (WHO) announces the "3 by 5" initiative, aiming to start providing AIDS drugs to 3 million people in poor countries by 2005</p>

<b>2004</b>	<p>AIDS spreads rapidly in Russia and eastern Europe; according to a UN survey, almost 1% of Russians are HIV-positive</p> <p>FDA approves a saliva-based AIDS test</p> <p>A study finds that the rate of HIV prevalence in Uganda has dropped 70% since the early 1990s, due to local prevention efforts</p> <p>95% of those with AIDS live in the developing world. From 1981 through the end of 2004, more than 20 million people have died of AIDS</p>
<b>2005</b>	<p>FDA begins approving generic AIDS drugs, enabling U.S.-funded programs to provide more cost-effective treatment to poorer nations</p> <p>Several African nations insist on medication approved by WHO; in response, FDA and WHO agree to share information on generic drugs to expedite their approval</p> <p>Russian president Putin promised to increase AIDS funding from \$5 million in 2005 to at least \$100 million in 2006</p> <p>AZT's patent expires, and FDA approves several generic versions</p> <p>The number of people living with HIV in 2005 reached its highest level ever—an estimated 40.3 million people, nearly half of them women.</p>
<b>2006</b>	<p>A UN report issued the week before the 25<sup>th</sup> anniversary of the first journal article about what would become identified as AIDS has both good news and bad news.</p> <p>Good news: Many countries have achieved targets set in 2001, reducing the number of new infections and providing antiretroviral therapy to more victims. HIV testing, counseling, and education are all up. In many sub-Saharan countries, more young teens are staying abstinent, and condom use is increasing. And with 126 nations reporting, investigators have more data than ever.</p> <p>Bad news: Goals for youth education and prevention services aren't being met, those most at risk for AIDS are often not reached, many countries fell far short of all goals, and social issues underlying the spread of AIDS are being ignored.</p> <p>July 2006: The FDA approves the first single-pill, once-a-day AIDS treatment, thereby allowing patients to manage their disease without a complicated regimen of drugs that must be strictly followed to be effective. The pill, called Atripla, is considered an enormous breakthrough in AIDS treatment, and will help prevent the disease from mutating into drug-resistant strains, which occurs when drugs are not taken regularly. Two rival drug companies cooperated in creating the drug.</p>

February 2010 from <http://www.infoplease.com/spot/aidstimeline1.html> and Updated from [https://en.wikipedia.org/wiki/Timeline\\_of\\_HIV/AIDS](https://en.wikipedia.org/wiki/Timeline_of_HIV/AIDS) and <https://www.aids.gov/hiv-aids-basics/hiv-aids-101/aids-timeline/>

<b>2007</b>	U.S. Centers for Disease Control and Prevention reports over 565,000 people have died of AIDS in the U.S. since 1981.
<b>2008</b>	<p>A man in Berlin, Germany seems to be cured of AIDS after doctors gave him transplanted blood stem cells from a person naturally resistant to the virus. Such a treatment is difficult, the patient's immune system must essentially be shut down and restarted with the new stem cells, but first a donor must be found who is a good tissue match for the patient and has a rare genetic mutation, called Delta 32, which is resistant to H.I.V. People who have Delta 32 produce white blood cells in the bone marrow which lack the surface receptors that allow H.I.V. to invade the immune system.</p> <p>U.S. Congress lifts the blanket ban on HIV-positive travelers to the U.S., and gives the U.S. Department of Health and Human Services the authority to admit people living with HIV/AIDS on a case-by-case basis.</p>
<b>2010</b>	The first comprehensive <i>National HIV/AIDS Strategy for the United States</i> is released.
<b>2011</b>	Confirmation is published that the first patient cured of HIV, Timothy Ray Brown, still has a negative HIV status, 4 years after treatment
<b>2012</b>	The FDA approves the first at-home HIV test that will let users learn their HIV status right away.
<b>2015</b>	<p>The <i>National HIV/AIDS Strategy: Updated to 2020</i> retains the vision and goals of the original, but reflects scientific advances, transformations in healthcare access as a result of the Affordable Care Act, and a renewed emphasis on key populations, geographic areas, and practices necessary to end the domestic HIV epidemic.</p> <p>New, aggressive strain of HIV discovered in Cuba. The HIV strain CRF19 can progress to AIDS within two to three years of exposure to virus, rather than the typical 10.</p>

## Federal Laws and Regulations

### Ryan White

The legislation or law that governs Ryan White programs is called the Ryan White HIV/AIDS Treatment Modernization Act of 2009 (Public Law 111-87, which amended and extended Public Law 109-415). The legislation was first enacted in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. It has been amended and reauthorized four times: in 1996, 2000, 2006, and 2009.

Ryan White legislation authorizes several types of programs:

- **Part A (formerly Title I)** provides funds through sub-grants for direct services to low-income and underinsured people living with HIV/AIDS or AIDS in Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic. It also includes a subset of funding targeted to highly-impacted communities of color called the Minority AIDS Initiative (MAI).
- **Part B (formerly Title II)** provides funds to States by formula for similar services
- **Part C** provides grants directly to service providers such as ambulatory medical clinics to support outpatient HIV early intervention services and ambulatory care.
- **Part D** provides grants for Services for Women, Infants, Children, Youth and Families
- **Part F** funds Special Projects of National Significance, AIDS Education and Training Centers (AETC), and special Dental Programs.

## Organizations Involved in Distributing Part A, Part B & MAI Funds to Suburban Virginia

Organization	Responsibilities
Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB)	Part of the U.S. Dept. of Health and Human Services (HHS) that sets national policies, distributes funds to eligible entities, and monitors grantees. <a href="http://hab.hrsa.gov">http://hab.hrsa.gov</a>
Metro Washington Ryan White Planning Council (Planning Council)	Statutory planning body for Ryan White Part A services in the Greater Washington metropolitan area: consults with planning bodies for Maryland, West Virginia and suburban Virginia; determines allocation of funds and standards for services. Determines annual service and funding priorities and assesses the effectiveness of the Grantee and Administrative Agents in carrying out the grant. Provides information for the multi-year <i>Washington, DC Regional Eligible Metropolitan Area Comprehensive HIV Care Plan</i> . <a href="http://doh.dc.gov/service/ryan-white-planning-council">http://doh.dc.gov/service/ryan-white-planning-council</a>
District of Columbia, Dept. of Health, HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) Formerly HIV/AIDS/ Administration (HAA)	Grantee for Ryan White Part A and MAI for the Greater Washington metropolitan area. Also administers these funds for the District of Columbia. Prepares and submits the annual Ryan White funding request to HRSA on behalf of the EMA. Awards part of the DC EMA grant to the Administrative Agents representing Maryland, West Virginia and suburban Virginia. Prepares and submits the multi-year <i>Washington, DC Regional Eligible Metropolitan Area Comprehensive HIV Care Plan</i> . <a href="http://doh.dc.gov/page/hiv-aids-hepatitis-std-and-tb-administration-hahsta">doh.dc.gov/page/hiv-aids-hepatitis-std-and-tb-administration-hahsta</a>
Virginia Dept. of Health (VDH)	Grantee: Receives, distributes Ryan White Part B (formula award to states) funds and oversees contracted services for the balance of the Commonwealth of Virginia. Administers the AIDS Drug Assistance Program (ADAP) for Virginia. <a href="http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS">www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS</a>

Organization	Responsibilities
Northern Virginia Regional Commission	Administrative agent: receives the Virginia portion of the DC EMA Part A award and the Northern Virginia HIV Consortium allocation of the State of Virginia Part B award and distributes Ryan White Part A, Part B, and Minority AIDS Initiative funds to subcontracted service providers in 17 counties and cities in suburban Virginia.  <a href="http://www.novaregion.org/hiv">www.novaregion.org/hiv</a>
Northern Virginia HIV Consortium (NVH Consortium)	Advisory body: NVH Consortium is a 110-member community coalition concerned with HIV and AIDS issues in suburban Virginia and the state-designated policy-making body for Ryan White Part B programs. It operates under formal bylaws and is staffed by NVRC  <a href="http://www.novaregion.org/index.aspx?NID=366">www.novaregion.org/index.aspx?NID=366</a>

## Federal Laws and Regulations

### HOPWA

HOPWA (Housing Opportunities for Persons with AIDS) was established to help low-income persons living with HIV/AIDS and their families establish or maintain stable housing, reduce the risk of homelessness, and improve access to health care and other needed support services. HOPWA is the only Federal program dedicated to address the housing needs of persons living with HIV/AIDS and their families.

The HOPWA Program is administered by the U.S. Department of Housing and Urban Development, Office of Community Planning and Development (CPD).

HOPWA legislation authorizes several types of programs:

- Housing Information - NVRC operates the HIV Resources Project, [www.novaregion.org/hiv](http://www.novaregion.org/hiv) , a website featuring:
  - housing resources
  - information on HOPWA services and other services to people with HIV/AIDS
  - limited telephone consultation

- Operating Costs - partial operating support for a residence specifically for persons with HIV/AIDS
- Project-Based Rental Assistance - a rental subsidy tied to a specific housing project
- Tenant-Based Rental Assistance (TBRA) - a rental subsidy for an apartment found by the HOPWA eligible tenant that meets minimum housing quality and affordability standards.
- Acquisition, Rehabilitation, or New Construction of Housing Units

- Supportive Services (examples that have been offered in Suburban Virginia):
  - Housing focused Case Management
  - Employment Readiness, Placement, and Retention

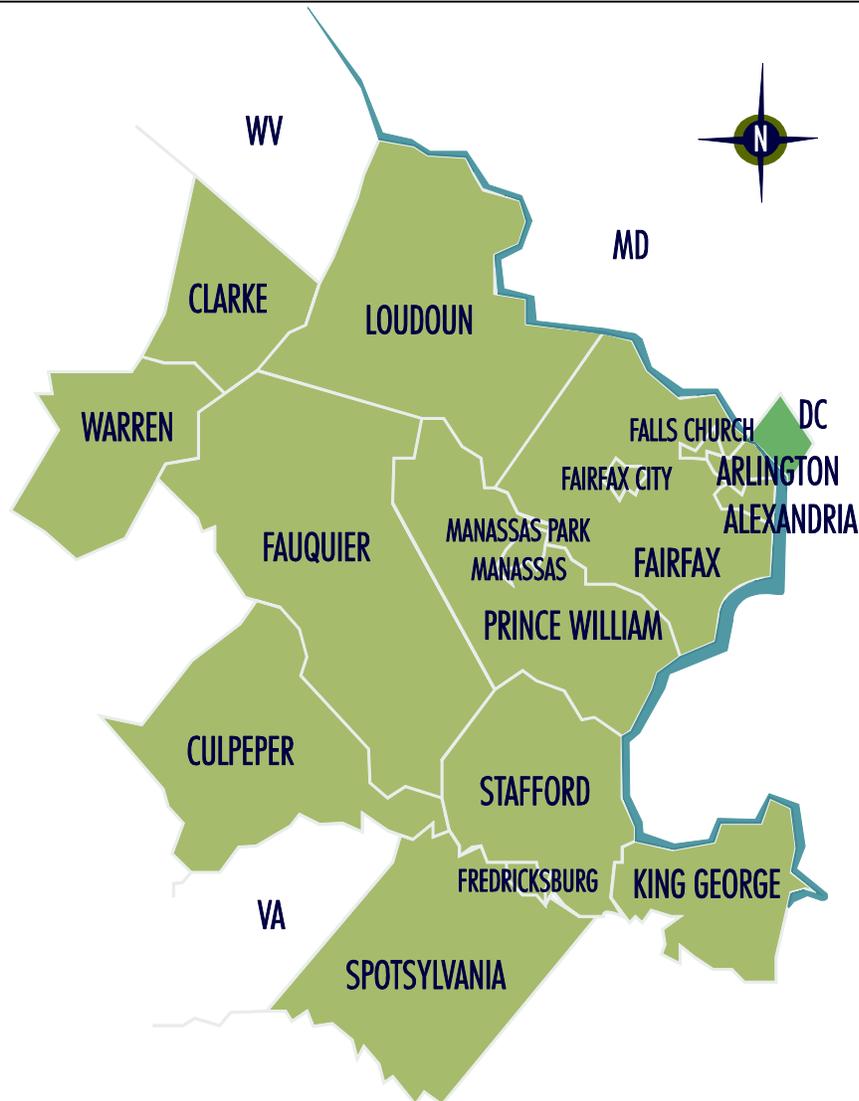
*Not offered in Suburban Virginia:*

- Chemical Dependency Treatment
- Mental Health Treatment
- Nutritional Services
- Assistance with Daily Living

### **Organizations Involved in Distributing HOPWA Funds to Suburban Virginia**

Organization	Responsibilities
U.S. Department of Housing and Urban Development, Office of Community Planning and Development (CPD)	Sets national policies, distributes funds to eligible entities, and monitors grantees  <a href="http://www.onecpd.info/hopwa">www.onecpd.info/hopwa</a>
District of Columbia Dept of Human Services (DHS), Dept. of Health (DOH), HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)	Grantee: has the contract with HUD for HOPWA. (DC Housing writes the Consolidated Plan)  (202) 671-4900
Northern Virginia Regional Commission	Subgrantee: distributes HOPWA funds and oversees contracted services for 17 counties and cities in suburban Virginia  <a href="http://www.novaregion.org/hiv">www.novaregion.org/hiv</a>

## Suburban Virginia Jurisdictions in the Washington DC Eligible Metropolitan Area



Virginia Part A funds may be used to serve persons with HIV/AIDS within the entire 17-county/city area (Suburban Virginia).

Part B funds may be used to serve such persons throughout Virginia with an emphasis on the above 17-county/city area.

HOPWA is available through NVRC for the Virginia side of the EMA, with the addition of Rappahannock County (located between Culpeper and Warren Counties), but without King George County. Additional HOPWA funding is available from the Virginia Department of Housing and Community Development (DHCD) for King George and adjoining counties. Although some Northern Virginia service providers may receive HOPWA funding from both sources, the different funding sources serve different jurisdictions.

## Ryan White CARE Act Part A &/or B Allowable Services in Suburban Virginia

### **Core Medical Services**

Outpatient/Ambulatory Health  
(Primary Medical) Care  
AIDS Drug Assistance (ADAP)\*  
AIDS Pharmaceutical Assistance (local)  
Oral Health (Dental) Care  
Early Intervention  
Health Insurance Premiums & Cost  
Sharing  
Home Health  
Home & Community-Based Health  
Hospice  
Mental Health  
Medical Nutrition Therapy  
Medical Case Management (including  
treatment adherence)  
Substance Abuse Services (outpatient)

### **Support Services**

Non-Medical Case Management  
Child Care  
Emergency Financial Assistance  
Food Bank / Home Delivered Meals  
Health Education / Risk Reduction  
Housing Services  
Legal Services  
Linguistics Services (interpretation &  
translation)  
Medical Transportation  
Outreach Services  
Psychosocial Support  
Referral for Health Care / Supportive  
Services  
Rehabilitation  
Respite Care

\* Administered by the Virginia Dept. of Health

Beginning in 2016, Treatment Adherence Counseling is no longer a separate services but an integral part of both Outpatient Ambulatory Health Services and Medical Case Management

## **Service Category Definitions**

Definitions for the services categories that may receive Ryan White Part A funding may change from year to year. A current list can be found at:

[http://www.vdh.virginia.gov/epidemiology/diseaseprevention/HCS/documents/HRSASvsDefinitions\\_000.pdf](http://www.vdh.virginia.gov/epidemiology/diseaseprevention/HCS/documents/HRSASvsDefinitions_000.pdf)

Each year HAHSTA (the DC HIV/AIDS, Hepatitis, STD and TB Administration) issues Part A planning guidance with the current definitions. Definitions may also be found in the most recent Metro Washington Regional Ryan White Planning Council's *Planning Process Data Presentation* notebook. This notebook is usually distributed at the June or July meeting of the Northern Virginia HIV Consortium.

## **Reimbursable Meeting Expenses for Unaffiliated PLWH/A Members of the Northern Virginia HIV Consortium**

### **General**

The Ryan White CARE Act authorizes reimbursement of certain costs that may be incurred by PLWH/As who are participating in Consortium activities. PLWH/As employed by or officially representing an organization should claim reimbursement from that organization under its policies and rates. PLWH/As not employed by or officially representing an organization are considered "Unaffiliated".

Reimbursement is available for transportation expenses, meals, child care, and lost wages, when such expenses are incurred to attend scheduled meetings of the Consortium and its committees, and to attend related meetings when such meetings are authorized by the Administrative Agent.

All claims for reimbursement must be accompanied by supporting receipts, in which the date and amount of itemized expenses is clearly documented, as follows:

### **Transportation Expenses**

Unaffiliated PLWH/As will be reimbursed at the rate per mile approved by NVRC for use of personal automobiles in travel to/from meetings of the Northern Virginia HIV Consortium or its Committees. (This rate per mile may change from year to year and is updated on the NVHC Expense Reimbursement Form.) To claim this reimbursement PLWH/As must submit copies of documentation of miles traveled, such as computerized driving instructions from the internet. Once submitted, NVRC keeps a copy of the supporting documentation on file.

Unaffiliated PLWH/As will be reimbursed for the actual cost of other transportation expenses incurred in authorized travel to/from meetings of the Northern Virginia HIV Consortium or its Committees with documentation (original dated receipt, published fare schedule, etc.). "Other transportation expenses" may include bus/subway/MetroAccess fares, taxi, or train; tolls; or parking fees.

Note: Taxis may only be used by PLWH/As (1) who do not have their own transportation, (2) who are unable to secure a ride with someone else, (3) who are

not eligible for using local paratransit (e.g. FASTRAN and others) and (4) who reside in an area without public transportation. Sharing taxi rides is encouraged wherever possible.

### **Meal Expenses**

Unaffiliated PLWH/As may request reimbursement for expenses incurred for meals they must take when meetings of the Northern Virginia HIV Consortium or its Committees keep them from eating at home.

In all cases, reimbursement of eligible meal expenses will be for actual receipted amounts not to exceed \$8.00 for breakfast, \$11.00 for lunch or \$22.00 for dinner. All receipts must be itemized and date and time appropriate.

### **Child Care Expenses**

Unaffiliated PLWH/As who have legal responsibility to care for one or more minor children may request reimbursement for child care expenses incurred while they attend meetings of the Northern Virginia HIV Consortium or its Committees. The Request for Child Care Verification form must be filled out completely and signed and submitted with the *NVH Consortium Expense Reimbursement Form*.

### **Lost Wages**

Unaffiliated PLWH/As who must take unpaid time off to attend meetings of the Northern Virginia HIV Consortium or its Committees may request reimbursement for lost wages incurred by their attendance. To receive payment for lost wages unaffiliated PLWH/As must provide documentation of employment, pay rate, regular hours worked per week and hours missed or leave without pay for the time claimed. Official confirmation of employment status, time records and pay stubs are required to document claims for lost wages.

### **To Claim Reimbursement:**

- 1) You must be a member of the Consortium.
- 2) You must reside within the Part A or Part B service area for Northern Virginia.
- 3) Your name must be on the sign-in sheet for each meeting for which reimbursement is claimed.

**To Claim Reimbursement, continued:**

- 4) For each meeting, the participant completes the *NVH Consortium Expense Reimbursement Form*, attaches the required receipts, and hands it to the Receptionist or mails it to NVRC in the postage paid envelope.

Please write the name and date of the meeting on the back of your receipts.

- 5) Reimbursement can be expected within 30 days of receipt of complete and accurate claim packages.
- 6) Requests for reimbursement submitted without receipts will not be paid.

# NVH Consortium Expense Reimbursement Form

Name: \_\_\_\_\_ check box below if new

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ check here if new

Name of Meeting: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Other

Meeting Address: **NVRC, 3040 Williams Drive, Suite 200, Fairfax, VA 22031**

		FOR NVRC USE ONLY	
Allowable Expenses with receipts (please attach to form)	Totals	*RC #	Revised
<b>Transportation:</b>			
Personal Car Mileage _____	0.54		
Number of miles driven round trip _____	Per Mile _____		
Bus/Subway/Metro Fare _____			
Parking _____			
Toll _____			
Train _____			
Taxi _____			
<b>Meals</b>			
Breakfast _____	actual amount up to \$ 8.00		
Lunch _____	actual amount up to \$ 11.00		
Dinner _____	actual amount up to \$ 22.00		
<b>Babysitting/Child Care</b>			
_____			
\$ per hour _____	# of hours paid _____		
<b>Lost Wages</b>			
_____			
\$ per hour _____	# of hours _____		
<b>Total Expenses</b>			

*As an unaffiliated PLWH member of the NVH Consortium, I am eligible to receive reimbursement for expenses related to attending meetings of the Consortium and its committees. I am aware that this reimbursement may be taxable. NVRC is not responsible for withholding any taxes. I expect to receive an IRS 1099 Misc. Income Tax form at the end of the year indicating the money I received.*

Requested by: \_\_\_\_\_  
Signature Date

Reviewed by: \_\_\_\_\_  
Northern Virginia Regional Commission Signature Date

**\* Key to Reimbursement Corrections**

- #1. Not a member. #2. Did not sign the sign in sheet. #3. Mileage entered by member exceeds mileage on file. #4. Math incorrect. #5. No receipt, copy of tolls on file. #6. Did not attend a meeting between meals claimed. #7. Time/date/or name of establishment stamped on receipt altered or missing. #8. Non-specific receipt (can't tell how many people ate or if only food items were purchased.) #9. Missing or illegible receipt. #10. Other

**REQUEST FOR CHILDCARE VERIFICATION**  
**Please attach to the NVH Consortium Expense Reimbursement Form**

Name of Consortium Member \_\_\_\_\_

Name of Childcare Provider \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Ph. # \_\_\_\_\_

**“The aforementioned information is required to be eligible for childcare reimbursement”**

Please complete the following:

Date/Time Services began: \_\_\_\_\_ / \_\_\_\_\_

Date/Time Services Ended \_\_\_\_\_ / \_\_\_\_\_

**List each child under the age of 13 years:**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

\$ \_\_\_\_\_ Per hour

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

\$ \_\_\_\_\_ Per hour

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

\$ \_\_\_\_\_ Per hour

**Total childcare expenses for the care of the above child/children:**

\$ \_\_\_\_\_

.....  
I certify that the above information is true and correct and that I receive no other form of financial assistance for childcare costs claimed for this meeting:

\_\_\_\_\_ Date \_\_\_\_\_

## Consortium and Committee Chairs, Contacts and Schedules

\* **not eligible for reimbursement**

<b>Committee</b>	<b>Date</b>	<b>Location</b>	<b>Time</b>
<p>Case Management &amp; Supportive Services Committee</p> <p>Co-Chair: Katherine Chacon  <a href="mailto:kchacon@nvfs.org">kchacon@nvfs.org</a> 571-748-2581</p> <p>Co-Chair: Linda D'Jassebi, Attorney  <a href="mailto:ldjassebi@lsnv.org">ldjassebi@lsnv.org</a> 703-647-4752</p>	<p>3rd Tuesday of January, March, May or June, September, and November</p>	<p>NVRC 3040 Williams Dr. Suite 200 Fairfax VA 22031</p>	<p>12 noon – 1:30 PM</p>
<p>Clinical Care (Medical/Mental Health/SA) Committee</p> <p>Committee is being reconstituted</p>	<p>To be determined</p>	<p>To be determined</p>	<p>To be determined</p>
<p>NVH Consortium</p> <p>Chair: Neshelle Terrell, Alexandria Health Dept.  <a href="mailto:Neshelle.Terrell@vdh.virginia.gov">Neshelle.Terrell@vdh.virginia.gov</a> 703-746-4933</p> <p>Vice Chair: Wade Menear 703-595-8402  <a href="mailto:wmenear@gmail.com">wmenear@gmail.com</a></p>	<p>1st Thursday of most months</p>	<p>NVRC 3040 Williams Dr. Suite 200 Fairfax VA 22031</p>	<p>10:00 AM. –12:00 noon</p>
<p>NVH Executive Committee</p> <p>Chair: Neshelle Terrell, Alexandria Health Dept.  <a href="mailto:Neshelle.Terrell@vdh.virginia.gov">Neshelle.Terrell@vdh.virginia.gov</a> 703-746-4933</p> <p>Vice Chair: Wade Menear 703-595-8402  <a href="mailto:wmenear@gmail.com">wmenear@gmail.com</a></p>	<p>3rd Monday of some months, upon call of the Chair</p>		
<p>*Prevention and Education</p> <p>Co-Chair: Neshelle Terrell, Alexandria Health Dept.  <a href="mailto:Neshelle.Terrell@vdh.virginia.gov">Neshelle.Terrell@vdh.virginia.gov</a> 703-746-4933</p> <p>Co-Chair: vacant</p>	<p>2nd Friday of January, March, May, July, September, and November</p>	<p>Locations vary by month</p>	<p>10:00 AM – 12 noon</p>
<p>*Public Affairs Committee</p> <p>Chair: Sue Rowland, VORA  <a href="mailto:sue@suerowlandconsulting.com">sue@suerowlandconsulting.com</a> 703-626-7392</p>	<p>As Needed</p>	<p>By conference call or at NVRC</p>	<p>10:00 AM – 11:30 AM</p>
<p>PLWH/A Committee (Part A &amp; B business)</p> <p>Keith Callahan  <a href="mailto:keith200781@yahoo.com">keith200781@yahoo.com</a> 571-263-2291</p> <p>Vice Chair: Mike Hughes 571-422-8182  <a href="mailto:mtuse@aol.com">mtuse@aol.com</a></p>	<p>Monthly on the 3<sup>rd</sup> Wednesday</p>	<p>NVRC 3040 Williams Dr. Suite 200 Fairfax VA 22031</p>	<p>12 noon – 1:30 PM</p>

# **NORTHERN VIRGINIA HIV CONSORTIUM**

## **Committee Mission Statements**

### CLINICAL CARE COMMITTEE

#### **MISSION STATEMENT**

The purpose of the Clinical Care Committee of the Northern Virginia HIV Consortium is to promote equal access to quality, standardized HIV-related primary medical care and mental health/substance abuse treatment for persons living with HIV in Northern and Northwest Virginia.

The service areas addressed by the Clinical Care Committee include: primary medical care, dental care, mental health, substance abuse treatment, and drug assistance.

The committee identifies service gaps and barriers to obtaining services, prioritizes needs and recommends plans of action to the Northern Virginia HIV Consortium.

The committee makes recommendations regarding priority of service needs and allocation of resources in the Ryan White CARE Act planning process.

Clinical care issues are referred to the committee by the Consortium for review and recommendation.

### JOINT PART A & PART B PLWH/A (PERSONS LIVING WITH HIV/AIDS) COMMITTEE

#### **MISSION STATEMENT**

The mission of the PLWH/A (Persons Living with HIV/AIDS) Committee is to raise and achieve consensus upon issues affecting individuals living with HIV/AIDS and the community represented by such individuals; and to effectively present those issues to the Planning Council's Consumer Access Committee on Part A and the Northern Virginia HIV Consortium on Part B for each body's consideration and solution.

## Acronyms and Definitions

**ACA** - The Affordable Care Act is formally the Patient Protection and Affordable Care Act of 2010 and is also known as “health care reform”. It establishes Health Insurance Marketplaces (or exchanges) with subsidies for lower income people and has many other provisions aimed at increasing the rate of health insurance coverage for Americans and reducing the overall costs of health care.

**ACTG (AIDS Clinical Trials Group)** - A network of medical centers around the country in which Federally funded clinical trials are conducted to test the safety and efficacy of experimental treatments for AIDS and HIV infection; studies funded by the National Institute of Allergy and Infectious Diseases (NIAID).

**Acute HIV Infection** – The period following infection when there is a rapid production of virus. An estimated 80 to 90% in individuals with primary HIV infection develop an acute syndrome (disorder) characterized by flulike symptoms of fever, fatigue, swollen lymph nodes, sore throat, headache, aching muscles, and sometimes skin rash. Following infection, the immune system produces antibody and a cellular response to the virus (seroconversion) and a broad HIV-1 specific immune response occurs, usually within an average of 3 weeks after HIV infection. High levels of virus (HIV RNA) can be found in the blood at this time.

**Administrative Agent** - Refers to NVRC, the fiscal agent (for Ryan White Part A, B & MAI) that receives Ryan White money on behalf of the Virginia cities and counties within the Greater Washington EMA. See also Grantee. NVRC acts as a Sub-grantee. The Prince George’s Health Dept. is the Ryan White Part A Administrative Agent for the Maryland cities and counties with the EMA. Administrative Agent functions include assisting the grantee, consortium or other planning body in disbursing program funds, developing reimbursement and accounting systems, developing Requests for Applications (RFAs), and monitoring contracts.

**ADA** - The Americans with Disabilities Act

**ADAP (AIDS Drug Assistance Program)** – A program authorized and primarily funded under Part B of the CARE Act to help pay for HIV medications in several ways. Virginia ADAP is administered by a State agencies for HIV/AIDS (the Virginia Department of Health in Virginia). Traditional or Direct ADAP furnishes medications only. Insurance assistance programs cover some premium payments and medications through: the Medicare Part D Assistance Program (MPAP); Insurance Continuation Assistance Program (ICAP); and Health Insurance Marketplace Assistance (HIMAP). See HIMAP, MPAP, ICAP. For more Information, contact: [www.vdh.virginia.gov/ADAP](http://www.vdh.virginia.gov/ADAP) or the Medication Assistance Hotline: 1-855-362-0658.

**AETC (AIDS Education and Training Center)** - Regional centers providing education and training for primary care professionals and other AIDS-related clinicians; authorized under Part F of the Ryan White CARE Act and administered by HRSA's Division of Training and Technical Assistance. Inova is an education and training site for the Pennsylvania/Mid-Atlantic AETC.

**AIDS (Acquired Immunodeficiency Syndrome)** - Disease caused by the human immunodeficiency virus (HIV). It is marked by the presence of opportunistic infections that do not affect persons with healthy immune systems.

**AIDS Housing Opportunity Act of 1992** – The law that established the Housing Opportunities for Persons with AIDS (HOPWA) program, a federally-funded grant program that provides housing assistance and related supportive services for persons living with HIV/AIDS and their families. HOPWA is administered by the U.S. Department of Housing and Urban Development (HUD), Office of Community Planning and Development (OCPD).

**ASO (AIDS Service Organization)** - An organization which provides medical or support services primarily or exclusively to populations infected with and affected by HIV disease.

**Allocations** - The legislatively mandated responsibility of Ryan White Part A planning councils and Part B Consortia to assign CARE Act amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations. Allocation decisions should consider all available sources of funding for Ryan White eligible services, and propose using Ryan White funding in categories where other sources will not meet the need. Also known as **Resource Allocation**.

**Anonymous Testing** – Testing for HIV where patient-identifying information is not linked to testing information, including the request for tests or test results.

**Ballot** – During the PSRA process, this refers to the form on which eligible persons vote their opinions about most important to least important service categories. A ballot is also used to vote in Consortium leadership (e.g. chair and vice chair)

**bDNA Assay (bDNA test)** – A test developed by Bayer for measuring the amount of HIV (as well as other viruses) in blood plasma. It is accurate through out all stages of HIV infection.

**CAB (Community Advisory Board)** – A group of consumers and other interested people who provide input and advice to a clinic or other organization about the services it provides and issues like access and quality.

**CAPER** (Consolidated Annual Performance and Evaluation Report) – End of year reporting requirement for HOPWA grantees, NVRC, and vendors.

**CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)** - The original Federal legislation created to address the health care and service needs of people living with HIV disease and their families in the United States, and its territories; enacted in 1990, and reauthorized in 1996. Replaced, in 2006, by the Ryan White Treatment Modernization Act, which is still known as the CARE Act, extended in 2009.

**CBC (Congressional Black Caucus)**

**CBO (Community-Based Organization)** - An nonprofit organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

**CDC (Centers for Disease Control and Prevention)** -The Federal agency within the U.S. Department of Health and Human Services that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process, among other programs; responsible for monitoring and reporting of infectious diseases; administers AIDS surveillance grants; and publishes epidemiologic reports such as the HIV/AIDS Surveillance Report.

**CD4** - One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect a cell. CD4 molecules are present on "CD4 cells" (helper T-lymphocytes), macrophages, and dendritic cells, among others. Normally, CD4 acts as an accessory molecule, forming part of larger structures (such as the T-cell receptor) through which T-cells and other cells signal each other. In particular, it participates in the interaction between helper T-cells and the MHC (Major Histocompatibility Complex) class molecules on antigen presenting cells.

**CD4 Count** - The most commonly used surrogate marker for assessing the state of the immune system. As CD4 cell count declines, the risk of developing opportunistic infections increases. The normal range for CD4 cell counts is 500 to 1500 per cubic millimeter of blood. CD4 counts should be rechecked at least every six to 12 months if CD4 counts are greater than 500/mm<sup>3</sup>. If the count is lower, testing every three months is advised.

**CEO (Chief Elected Official)** - The official recipient of Part A CARE Act funds within the EMA, usually the city mayor, county executive, or chair of the county board of supervisors. The CEO is ultimately responsible for administering all aspects of the CARE Act in the EMA and ensuring that all legal requirements are met. In EMAs with more than one political jurisdiction, the recipient of Part A CARE Act funds is the CEO of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of people with AIDS in the EMA. In our case this is the Mayor of the District of Columbia.

**Certification** - A written assertion, based on supporting evidence, which must be kept available for inspection when required by a contract.

**CMS (Centers for Medicare and Medicaid Services)** – The agency within the U.S. Dept. of Health and Human Services that is responsible for administering Medicare, Medicaid, and the Child Health Insurance Programs (CHIP) for uninsured children. CMS was instrumental in the rollout of Marketplace Health Insurance. Formerly known as HCFA – Health Care Financing Authority.

**Comprehensive Planning** - The process of determining the organization and delivery of HIV services under Ryan White; strategy used by a planning body to improve decision making about services and maintain a continuum of care for PLWH. The resulting multi-year documents are known as the *Washington, DC Regional Eligible Metropolitan Area Comprehensive HIV Care Plan* and the *Virginia Comprehensive Plan for HIV Services*.

**Conflict of Interest** - HRSA defines conflict of interest as a participant having an actual or perceived interest in an action that will result or has the appearance of resulting in personal, professional, or organizational gain. Participants in the planning process must refrain from making motions that relate to services or funding their agency could or does provide.

**Consolidated Plan** - The process of establishing a unified vision for community development actions and outlining the organization and delivery of the four Consolidated Planning and Development (CPD) formula housing programs funded by HUD (federal Dept. of Housing & Urban Development). It meets the plan submission requirements for these HUD programs: Community Development Block Grant (CDBG); HOME Investment Partnerships (HOME); Homelessness Prevention and Rapid Re-Housing Program (HPRP); Emergency Shelter Grant (ESG); and Housing Opportunities for Persons with AIDS (**HOPWA**) in eligible jurisdictions. The Consolidated Plans affecting suburban Virginia are prepared by the public housing and community development offices in the District of Columbia, Alexandria, Arlington, Fairfax, Loudoun, Prince William, and the state of Virginia.

**Consortium/HIV Care Consortium** - A regional or Statewide planning entity established by many grantees under Part B of the CARE Act to plan and advise, and in other parts of the country, sometimes administer, Ryan White services; an association of health care and support service providers and PLWH/A. In Northern Virginia, the Northern Virginia HIV/AIDS Consortium (NVHC) advises NVRC, the Virginia Department of Health and the Metropolitan Washington Health Services Planning Council on HIV/AIDS issues and needs in suburban Virginia. NVHC also advises NVRC on funding priorities for HOPWA.

**Contractors** – Organizations that receive funds to deliver HIV/AIDS services under agreements with NVRC as Administrative Agent for the Ryan White CARE Act or HOPWA. Also known as providers or vendors.

**Cost burden** - Under contracts from HUD, the extent to which gross housing costs, including utility costs, exceed 30 percent of gross income, based on data available from the U.S. Census Bureau.

**Data Presentation** – Before voting on Ryan White service priorities or allocations, Consortium participants are required to attend one Data Presentation to help inform their priority and allocation decision making. Data Presentations usually include: (1) an epidemiological presentation about the numbers and characteristics of persons with HIV/AIDS in the region, including trends in new infections; (2) a summary of service utilization information from the previous year – how many Ryan White clients received what types of services; (3) results from needs assessments focus groups or surveys; and (4) other information that helps participants understand the needs for HIV/AIDS care in the region.

**Direct ADAP** – Traditional ADAP where the Virginia Dept. of Health provides HIV/AIDS medications for eligible low-income persons. See ADAP.

**EIS (HIV Early Intervention Services)** - Short-term intensive activities designed to ensure the rapid enrollment of those with HIV (or reenrollment for those who have dropped out of care) into systems of care, and as needed, as well short-term follow-up activities to ensure maintenance in care. EIS is a core medical service under Ryan White Parts A and B.

**EIHA (Early Identification of Individuals with HIV/AIDS)** - The identifying, counseling, testing, informing and referring of diagnosed and undiagnosed individuals to appropriate services, as well as linking newly diagnosed HIV/AIDS positive individuals to care.

**ELISA (Enzyme-Linked Immunosorbent Agency)** - The most common test used to detect the presence of HIV antibodies in the blood, which are indicative of ongoing HIV infection. A positive ELISA test result must be confirmed by another test called a Western Blot.

**EMA** - Eligible Metropolitan Area, the geographic area eligible to receive Part A CARE Act funds. The boundaries of the metropolitan area are determined by Census Bureau. Eligibility is determined by the number of AIDS cases reported to the Centers for Disease Control and Prevention (CDC). Some EMAs include just one city, other EMAs are composed of several cities and/or counties; and some EMAs extend over more than one state. Northern Virginia is part of the Washington, DC EMA (see map on page 21). There are no other areas in Virginia meeting the case count requirements to be an EMAs; Norfolk has a sufficient case count to receive Part A funds as a Transitional Grant Area (TGA).

**Epidemic** - An outbreak or unusually high occurrence of a disease or illness in a population or area.

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

**Fair Market Rent (FMR)** - The rent that would be required in the particular housing market area in order to obtain privately owned, decent, safe, and sanitary rental housing of modest (non-luxury) nature with suitable amenities. Separate FMRs are established by HUD for dwelling units of varying sizes (number of bedrooms) in varying localities. These are usually updated annually.

**FDA (Food and Drug Administration)**- The federal public health service agency responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used in the diagnosis, treatment, and prevention of HIV disease. The FDA also works with the blood-banking industry to safeguard the nation's blood supply.

**Fiscal Agent** – See **Administrative Agent**

**FOAC (Fiscal Oversight & Allocations Committee) Report** – The monthly report on Part A and MAI expenditures submitted by NVRC as an Administrative Agent to DC HAHSTA.

**FQHC (Federally Qualified Health Center)**– FQHCs must provide comprehensive health services to an underserved area or population, offer a sliding fee scale, have an ongoing quality assurance program, and have a governing board of directors. They are approved for funding under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits.

**Grantee** – Under Ryan White, the organization that receives the award of Ryan White funds from HRSA and administers its subcontracts. Under HOPWA, the organization that receives the contract from CPD and administers its subgrants. In metro Washington the grantee for both Ryan White Part A and HOPWA is the District of Columbia Dept. of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA). The Virginia Dept. of Health is the grantee for Ryan White Part B funds to the Commonwealth of Virginia. The Virginia Dept. of Housing and Community Development is the HOPWA grantee for all parts of the state outside directly-funded metropolitan areas.

**HAART (Highly Active Antiretroviral Therapy)** - Aggressive anti-HIV medications usually including a combination of protease and reverse transcriptase inhibitors whose purpose is to reduce viral load to undetectable levels.

**HAB (HIV/AIDS Bureau)** - The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (DHHS) that is responsible for administering the CARE Act.

**HAHSTA** - The HIV/AIDS, Hepatitis, STD & TB Administration within the DC Dept. of Health. The grantee for Ryan White Part A and MAI, and sub-grantee for HOPWA for the Washington metropolitan area. At various times in the past, HAHSTA was known as HAA or AHA.

**HCFA (Health Care Financing Administration)** – The former name for the Centers for Medicare and Medicaid Services (CMS).

**Health Insurance Terms** - For information on a variety of terms associated with the Affordable Care Act and Marketplace Insurance see: [www.healthcare.gov/glossary](http://www.healthcare.gov/glossary).

**HIMAP (Health Insurance Marketplace Assistance Program)** - The Virginia ADAP program that will pay both medication costs and health insurance premiums for eligible individuals enrolled in VDH-approved Affordable Care Act plans. Those who enroll in insurance without first enrolling in ADAP may not be eligible for ADAP support.

**HIV Disease** - The entire spectrum of the natural history of the human immunodeficiency virus, from post infection through the clinical definition of AIDS.

**HOPWA (Housing Opportunities for People with AIDS)** - A program administered by the U.S. Department of Housing and Urban Development (HUD) which provides funding to support housing for low-income PLWH/A and their families. HOPWA seeks to help them establish or maintain stable housing, reduce the risk of homelessness, and improve access to health care and other needed support services.

**HOPWA Authorizing Legislation** – see AIDS Housing Opportunity Act of 1992.

**Housing Choice Voucher (formerly Section 8)** - a rental subsidy program for very low-income families. The tenants pay 30% of their monthly adjusted income towards rent, with the subsidy payment making up the rest of the rent payment up to a maximum determined by apartment size and location. Tenants' income cannot exceed limits established by HUD. Persons and/or family must meet other program or local housing office and/or landlord regulations. This type of housing subsidy is portable, i.e., it follows the tenant when they move.

**Housing Counseling** - Advice on buying a home, conducting a housing search, renting, mortgage default and foreclosure, credit issues, discrimination and fair housing issues, and reverse mortgages.

**HRSA (U.S. Health Resources Services Administration)** – The federal granting agency for Ryan White funds.

**HUD (Department of Housing and Urban Development)** - The federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for Persons with HIV/AIDS (HOPWA).

**ICAP (Insurance Continuation Assistance Program)** - The Virginia ADAP program that pays medication copayments and deductibles for eligible low-income persons with private health insurance that covers the antiretrovirals offered on the ADAP Formulary. Medications on the Ryan White Part B Non-ADAP Formulary can also be covered.

**IDU** - Injection Drug User.

**IGA (Intergovernmental Agreement)** - A written agreement between governmental agencies in different jurisdictions. NVRC has an IGA with the District of Columbia to administer Ryan White funds on behalf of Suburban Virginia.

**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 per population per specified time period, often expressed per 100,000 population (AIDS rates are often expressed this way).

**Insurance-Related Words**— see Health Insurance Terms.

**Lead Agency** -The agency within a Part B consortium responsible for contract administration; also called a fiscal agent. NVRC is the Lead Agency for Part B in Northern Virginia.

**MAI (Minority AIDS Initiative)** – Programs to evaluate and address the disproportionate impact of HIV/AIDS on minorities funded under Part A of the Ryan White CARE Act.

**Maintenance of Effort** – The contractual requirement that a government funding HIV/AIDS services maintain expenditures of its own funds for HIV-related services/activities at a level equal to the preceding one-year period.

**Medication Eligibility Hotline 1-855-362-0658** – A toll-free phone line staffed by the Virginia Dept. of Health for information on HIV medication programs, including ADAP, MPAP, HIMAP, and ICAP.

**Monthly Data/Narrative Report** – The monthly report on services delivered submitted by Ryan White contractors to NVRC as an Administrative Agent. Northern Virginia Regional Commission submits a consolidated report on Part A services to the District of Columbia HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) and on Part B services to the VDH, HIV Care Services.

**MPAP (Medicare Part D Assistance Program)** - The Virginia ADAP program that pays monthly premiums and medication copayments and deductibles for eligible low-income persons with Medicare Part D Prescription Drug Coverage.

**Needs Assessment** - A systematic process to determine the service needs of a defined population; a definition of the extent of need, available services, and service gaps by population and geographic area.

**NIH (National Institutes of Health)** -- The federal agency that includes 24 separate research institutes and centers, among them the National Institute of Allergy and Infectious Diseases, National Institute of Mental Health, and National Institute of Drug Abuse. Within the Office of the NIH Director is the Office of AIDS Research, which is responsible for planning, coordinating, evaluating, and funding all NIH AIDS research.

**NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitor)** – A type of drug used to treat HIV/AIDS. It is a member of a class of compounds (delavirdine, nevirapine) that acts to combine directly with and block the action of HIV's reverse transcriptase. In contrast, nucleoside analogs block reverse transcriptase by capping the unfinished DNA chain that the enzyme is constructing. NNRTIs have suffered from HIV's ability to mutate rapidly and become resistant to their effects.

**NOGA (Notice of Grant Award)** – A document authorizing the expenditure of funds reimbursable under an IGA (Intergovernmental Agreement).

**Northern Virginia** – The cities and counties which make up Planning District 8 for which the Northern Virginia Regional Commission administers funds for Ryan White. The Part B funds received by NVRC are targeted to Northern Virginia, see specific jurisdictions below, but may be used for residents elsewhere in Virginia.

Cities of

- Alexandria
- Fairfax City
- Falls Church
- Manassas
- Manassas Park

Counties of

- Arlington
- Fairfax
- Loudoun
- Prince William

also see **Suburban Virginia** for other jurisdictions eligible for Part A and MAI funds.

**NVHC** - Northern Virginia HIV/AIDS Consortium. See **Consortium/HIV Care Consortium**.

**NVRC** - The Northern Virginia Regional Commission, a state-designated council of governments, that administers Ryan White Part A and HOPWA grants in Suburban Virginia and administers Part B grants in Northern Virginia.

**Nucleoside Analog** - A type of antiviral drug (AZT, ddl, ddC, d4T) whose structure constitutes a defective version of a natural nucleoside. Nucleoside analogs may take the place of the natural nucleosides, blocking the completion of a viral DNA chain during infection of a new cell by HIV. The HIV enzyme reverse transcriptase is more likely to incorporate nucleoside analogs into the DNA it is constructing than is the DNA polymerase that cells use for DNA construction.

**Off-the-Top** - Before individual jurisdictions awards of Ryan White Part A dollars are made to Virginia, Maryland, etc., the Metro DC Ryan White Planning Council may identify and earmark

funding for items “off the top” of the EMA - wide award. “Off the top” categories may be identified in the law or may be those initiatives that help more than one jurisdiction. Current “off the top” funding categories include: Early Intervention Services, AIDS Pharmaceutical Assistance, and regional medical care.

**OMB (Office of Management and Budget)** - The office within the executive branch of the Federal government which prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

**Opportunistic Condition/Opportunistic Infection (OI)** - An infection or cancer that occurs especially or exclusively in persons with weak immune systems due to AIDS, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. KS, PCP, toxoplasmosis, and cytomegalovirus are all examples of opportunistic conditions.

**Part A (formerly Title I)** -The part of the CARE Act that provides emergency assistance to urban metropolitan areas (EMAs) disproportionately affected by the HIV epidemic.

**Part B (formerly Title II)** - The part of the CARE Act that enables States and Territories to improve the quality, availability, and organization of health care and support services to individuals with HIV and their families. ADAP is usually the biggest program within Part B.

**PCIP (Pre-existing Condition Insurance Plan)** - An interim program of the Affordable Care Act that ended March 31, 2014. It offered insurance to individuals with HIV/AIDS or other qualifying pre-existing condition who had been uninsured for the prior 6 months through a national high-risk pool.

**Planning Council** - The body described in the Ryan White law responsible for determining service priorities and funding allocations, among other policy duties, for Part A grants received from HRSA. The Metropolitan Washington Ryan White Planning Council is the designated body for the greater Washington DC Eligible Metropolitan Area.

**PLWH/A** – Person or people living with HIV disease and/or AIDS. Also known as PWA or PLWH.

**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).

**PrEP (pre-exposure prophylaxis)** – A method to prevent HIV infection for people who are at substantial risk of contracting HIV by taking a pill every day.

**Prioritization** - Ordering the list of Ryan White eligible service categories from the most important services to the least important ones for a grant year and geographic area. Prioritization does not take into account any information on funding. The ballot allows participants to record her/his individual opinions about services. Individual ballots are then added together to present a Consortium - wide view of services in priority order. During the priority setting discussion each summer, the service priority order resulting from the ballots may be revised slightly based on group discussion.

**Priority Setting** - The process used by a planning council or consortium to establish numerical 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 been brought under control (secondary prophylaxis or maintenance therapy).

**Protease** - An enzyme that triggers the breakdown of proteins. HIV's protease enzyme breaks apart long strands of viral protein into the separate proteins constituting the viral core and the enzymes it contains. HIV protease acts as new virus particles are budding off a cell membrane.

**Protease Inhibitor** - A drug that binds to HIV protease and blocks it from working, thus preventing the production of new, functional viral particles.

**PSRA (Priority Setting and Resource Allocation)** - the annual cycle overseen by the Metro Washington Ryan White Planning Council to guide funding and services for the next funding cycle. PSRA usually occurs during June and July. During PSRA, the Consortium convenes as the Suburban Virginia Planning Committee of the Planning Council. See individual term definitions.

**PWA** – Person or people living with HIV/AIDS disease. Now known as **PLWH** or **PLWH/A**.

**QA (Quality Assurance)** - A broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards.

**QI (Quality Improvement)** - Activities aimed at improving performance of organizations.

**QHP (Qualified Health Plan)** – Under the Affordable Care Act, a health insurance plan certified to offer insurance through a health insurance marketplace. A QHP provides all the essential services described in the ACA. Insurers must apply separately to each marketplace, whether federally or state-operated.

**Resource Allocation** – See **Allocations**.

**Retrovirus** - A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus. After a retrovirus penetrates a cell, it constructs a DNA version of its genes using a special enzyme, reverse transcriptase. This DNA then becomes part of the cell's genetic material.

**Reverse Transcriptase** - A uniquely viral enzyme that constructs DNA from an RNA template, which is an essential step in the life cycle of a retrovirus such as HIV. The RNA-based genes of HIV and other retroviruses must be converted to DNA if they are to integrate into the cellular genome.

**RFP or RFA (Request for Proposals or Request for Applications)** - An open and competitive process for selecting providers of services.

**Roll-up** - the process of combining information from Virginia, Maryland, DC and West Virginia to present a comprehensive report to the Metro DC Ryan White Planning Council.

**RSR (Ryan White Program Services Report)** – The annual client-level report designed by the HIV/AIDS Bureau of the federal Health Resources and Services Administration. It encompasses data on the characteristics of funded grantees, their providers and the clients served with Ryan White funds.

**Ryan White Authorizing Legislation** – see CARE Act/

**Salvage Therapy** - A final therapy for people who are nonresponsive to or cannot tolerate other available treatments for a particular condition.

**SAMHSA (Substance Abuse and Mental Health Services Administration)** - The agency within the U.S. Department of Health and Human Services that administers alcohol, substance abuse, and mental health programs.

**SCSN (Statewide Coordinated Statement of Need)** - A written statement of need for the entire state developed through a process designed to collaboratively identify significant HIV issues and maximize CARE Act program coordination; the SCSN process is convened by the Part A or B grantee, with equal responsibility and input by all programs; representatives must include all CARE Act titles and Part F managers, providers, PLWH, and public health agency(s). Referred to as a SCAN.

**Section 8 Tenant Based** - See **Housing Choice Voucher**

**Seroconversion** - 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 develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

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

**Report** - A report that provides information about the percent or rate of people in specific testing groups and populations who have tested positive for HIV.

**Service Category Definitions** - The HRSA-provided descriptions of the types of services eligible for funding under Ryan White, including the permissible and minimum requirements of each.

**Short-Term Rent, Mortgage, and Utilities Assistance (STRMU)** - HOPWA emergency assistance paid to a landlord, mortgage holder or utility company in order to allow eligible residents who have encountered financial hardships not of their own making to remain in their own housing.

**STD/STI** - Sexually Transmitted Disease/ Sexually Transmitted Infection.

**Suburban Virginia** – The cities and counties for which the Northern Virginia Regional Commission administers funds for Ryan White Part A and MAI:

Cities of

- Alexandria
- Fairfax City
- Falls Church
- Fredericksburg
- Manassas
- Manassas Park

Counties of

- Clarke
- Culpeper
- Fairfax
- Fauquier
- King George (not HOPWA)
- Loudoun
- Prince William
- Rappahannock (HOPWA only)
- Spotsylvania
- Stafford
- Warren

See also **Northern Virginia**

The HOPWA program administered by NVRC is available to generally the same geographic area with the exception of Rappahannock and King George Counties.

**NVHC** - Northern Virginia HIV Consortium. See **Consortium/HIV Care Consortium**.

**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.

**TA** -Technical assistance.

**Target Population** - A group of people to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

**Title I** – see **Part A**.

**Title II** – see **Part B**.

**Utility Assistance** - Financial assistance paid to a utility company in order to allow eligible residents to remain in their own housing. Covers unforeseen circumstances for a specific period of time.

**VDH (Virginia Department of Health)** - Its Office of Epidemiology, Division of Disease Prevention has two primary HIV-related responsibilities: HIV Prevention administers Center for Disease Control (CDC) funds for all of Virginia and HIV Care Services administers Ryan White Part B funds for ADAP and other services throughout Virginia.

**VDHCD (Virginia Department of Housing and Community Development)** - The administrative organization for HOPWA funds in Virginia outside the more urban areas.

**Viral Load** - The amount of HIV RNA per unit of blood plasma. An indicator of virus concentration and reproduction rate, HIV viral load is increasingly employed as a predictor of disease progression. It can be measured by PCR or bDNA tests and is expressed in number of copies of or equivalents to the HIV RNA genome per milliliter of plasma. (Note that there are two RNA copies per HIV virion.)

**Viremia** - The presence of virus in blood or blood plasma. Plasma viremia is a quantitative measurement of HIV levels similar to viral load but is accomplished by seeing how much of a patient's plasma is required to spark an HIV infection in a laboratory cell culture.

**Virginia AIDS Drug Assistance Program (ADAP):** - see **ADAP** and **MPAP**

**Websites** - For a list of HIV/AIDS and related websites, visit NVRC's HIV Resources pages: [www.novaregion.org/hiv](http://www.novaregion.org/hiv). Click on Get Help or Housing Resources or Learn More at the top of the page. For other issues, visit NVRC's Helping Resources pages: [www.novaregion.org/helpingresources](http://www.novaregion.org/helpingresources).

**Western Blot** - A test for detecting the specific antibodies to HIV in a person's blood. It commonly is used to verify positive ELISA tests. A Western Blot test is more reliable than the ELISA, but it is harder and more costly to perform. All positive HIV antibody tests should be confirmed with a Western Blot test.

# HIV Resources Project of Northern Virginia

[www.novaregion.org/hiv](http://www.novaregion.org/hiv)

**About the Project** | **Get Help** | **Housing Resources** | **Learn More**

## HIV Resources Project of Northern Virginia

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- Ryan White Cross-Part Collaborative QM

**APARTMENT LISTS**

**NVH CONSORTIUM**

### Making Connections - Improving Lives

The HIV Resources Project exists to help persons living with HIV/AIDS and their caregivers in suburban Virginia identify appropriate housing options and supportive services that will contribute to enhanced health outcomes and quality of life. [Read more about the HIV Resources Project](#)

[NVRC's location, directions and parking information](#)

### Calendar

**Thu, May 5**  
NVH Consortium

**Fri, May 13**  
NVHC Prevention & Education Committee

**Tue, May 17**  
NVHC Case Management & Support Services

### Quick Links

- Agencies Providing HIV/AIDS Services
- Ryan White Income Guidelines & Eligibility
- HOPWA Income Limit & Fair Market Rent
- 2015 Quick Guide in Print
- Homeless Shelter Lists
- Affordable Housing Lists

[View More Links](#)

### Public Notices

#### ACA Enrollment for 2016 Closed on January 31, 2016, Unless Someone has a Major Life Change

All Ryan White clients or those who are eligible to become Ryan White clients, who qualify for insurance coverage under the Affordable Care Act (ACA) or "Obamacare" must enroll or re-enroll during this Open Enrollment. Following the close of the Open Enrollment (1/31/16), only those who change a job that provides their coverage, have a change in status, i.e. get married, or who have a change in residence to a location where their current coverage is no longer available, may qualify for a special enrollment period (SEP). Otherwise you will need to wait until next year's open enrollment period and may be required to pay tax penalties as mandated under the ACA.

#### Hepatitis C Medication for Persons with HIV

[Read on...](#)

*Looking for HIV-related services in the northern Virginia area?*

*Want a list of the homeless shelters in northern Virginia?*

*Want to get involved in the planning process for HIV/AIDS services in the northern Virginia region?*

The answer to these and many other questions can be found at the HIV Resources Project of Northern Virginia website ([www.novaregion.org/hiv](http://www.novaregion.org/hiv)). The picture above is taken directly from the website and shows the different “pages” you can access. Click on Get Help or Housing Resources or Learn More at the top of the page, or any of the topics on either side. Many users find the “Agencies Providing HIV/AIDS Services” and “Housing Resources” pages helpful in locating important information.

Find out what HIV services are available to people living with HIV/AIDS and their families in your community!

You may find helpful resources not limited to PLWH/A at [www.novaregion.org/helpingresources](http://www.novaregion.org/helpingresources) If you visit the HIV Resources Project or Helping Resources websites and find them useful, please let others know.

If you can't find what you're looking for on the website or need other information, contact NVRC:

email [hopwa-info@novaregion.org](mailto:hopwa-info@novaregion.org)

Phone 703-642-0700.