



State of Nevada  
Department of Health and Human Services  
HEALTH DIVISION

# Acronyms, Definitions and Glossary For the HIV/AIDS SECTION

Ryan White HIV/AIDS Part B and the HIV Prevention Programs

2012-2015



January 30, 2013

Health Resources and Services Administration  
National Alliance of State & Territorial AIDS Directors

## **FORWARD**

Nevada State Health Division partners with other agencies and community-based organizations to meet the service goals under the federally funded Ryan White HIV/AIDS Part B (RWPB) and the HIV Prevention Programs for qualifying Nevada's citizens infected and affected by HIV/AIDS.

The Ryan White HIV/AIDS Program (Public Law 111-87, October 30, 2009) is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas.

RWPB staff works to establish, maintain and improve a seamless system to immediately link people diagnosed with HIV to continuous and coordinated quality care; enhance the number and diversity of available providers of clinical care and support services for people with HIV; and support people with HIV with co-occurring health conditions and those who have challenges meeting their basic needs.

HIV Prevention Program staff coordinates its' efforts in collaboration with the local health districts, HIV Prevention Planning Groups, HIV-infected and affected communities, state and local HIV prevention providers, and other concerned and committed citizens to improve HIV Prevention service delivery in Nevada; to ensure the HIV Prevention planning process supports a broad-based participation; that HIV Prevention needs are adequately identified in each jurisdiction; and that resources target those at greatest need and interventions set forth in its Jurisdictional HIV Prevention Plan.

There is a 'language' of concepts, definitions, and specialized terms spoken and understood in every field. That of the HIV/AIDS particular domain of knowledge is no different. The use of acronyms is so commonplace, we may forget our intended audience is unaware or perhaps even confused by what seems commonplace to the everyday user. Whether you are new to the HIV/AIDS field or not, we trust this resource, "Acronyms, Definitions and Glossary for the HIV/AIDS SECTION, Ryan White HIV/AIDS Part B and HIV Prevention Programs", will be useful to you in understanding the many facets of the RWPB Program. You may also visit the following LINKS to other resources for HIV/AIDS-related terms:

[http://aidsinfo.nih.gov/contentfiles/GlossaryHIVrelatedTerms\\_English.pdf](http://aidsinfo.nih.gov/contentfiles/GlossaryHIVrelatedTerms_English.pdf);  
<http://aidsinfo.nih.gov/education-materials/glossary>, or <http://www.cdc.gov/>

Sincerely,



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Updated 02/08/2013

## Table of Contents

A. Forward.....	2
B. Acronyms At-A-Glance .....	4
C. RWPB Service Category Definitions with Code Chart .....	10
D. ADAP Glossary: Definitions & Acronyms (NASTAD) .....	15
E. Glossary of Terms (HRSA) .....	23
F. Glossary of HIV Prevention Terms.....	40

**ACRONYMS AT-A-GLANCE**  
**Nevada State Health Division ~ HIV/AIDS SECTION**  
**Ryan White HIV/AIDS Part B and HIV Prevention Programs**

340B	Public Health Services 340B Drug Pricing Program
A&E	Allocation and Expenditure Report
AAC	ADAP Advisory Council
AAR	Annual Administrative Report
ACF	Administration for Children and Families
ACCEPT	Access for Community Cultural Education, Programs and Training
ACCESS	Access to Healthcare Network (see AHN)
ACTG	AIDS Clinical Trials Group
ADAP	AIDS Drug Assistance Program
ADR	ADAP Data Report
AETC	AIDS Education and Training Center
AFAN	Aid for AIDS of Nevada
AHN	Access to Healthcare Network (see ACCESS)
AHRQ	Agency for Healthcare Research and Quality
AI/AN	American Indian/Alaska Native
AIDS	Acquired Immunodeficiency Syndrome
amfAR	American Foundation for AIDS Research
AMP	Average Manufacturer Price
APA	AIDS Pharmaceutical Assistance Program
APHA	American Public Health Association
API	Asian and Pacific Islander
AQR	ADAP Quarterly Report
ARIES	AIDS Regional Information & Evaluation System
ART	Antiretroviral Therapy
ARTAS	Anti-Retroviral Treatment and Access to Services
ARV	Antiretroviral HIV Drugs
ASO	AIDS Service Organization
ASO	Administrative Services Officer
ASTHO	Association of State and Territorial Officials
ATSDR	Agency for Toxic Substances and Disease Registry
AWP	Average Wholesale Price
BCFCW	Bureau of Child, Family & Community Wellness
BDR	Bill Draft Request, Nevada Legislature
BOH	Board of Health, Nevada
BSR	Budget Status Report
CAB	Community Advisory Board
CADR	CARE Act Data Report (see RDR)
CARE	Comprehensive AIDS Resources Emergency Act
CBDPP	Community-Based Dental Partnership Program
CBO	Community-Based Organization
CCC	Community Counseling Center of Southern Nevada

CCHD	Clark County Health District (see SNHD)
CCHHS	Carson City Health & Human Services
CCP	Comprehensive Care Plan
CCR	Central Contractor Registration (see SAM), Federal
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CEO	Chief Elected Official
CEO	Chief Executive Officer
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
CLD	Client-Level Data
CLEO	Caseload Evaluation Organization
CLI	Community Level Intervention
CLIA	Clinical Laboratory Improvements Act
CLRS	Client Level Reporting System
COB	Continuation of Benefits
COMC	Community Outreach Medical Center of Southern Nevada
CPCRA	Community Programs for Clinical Research on AIDS
CPG	Community Planning Group
CPG SoN	Community Planning Group of Southern Nevada, HIV Prevention
CQI	Continuous Quality Improvement
CQM	Clinical Quality Management
CMS	Centers for Medicare and Medicaid Services
CRCS	Comprehensive Risk Counseling & Services
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CTR	Counseling, Testing, and Referral
CTS	Counseling and Testing Services
DCBP	Division of Community Based Programs
DHAP	Division of HIV/AIDS Prevention
DEBI	Diffusion of Effective Behavioral Interventions
DHHS	Department of Health and Human Services
DRP	Dental Reimbursement Program
DSP	Division of Science and Policy
DSS	Division of Service Systems
DTTA	Division of Training and Technical Assistance
DUNS	Dun & Bradstreet Numbers
EBI	Effective Behavioral Intervention
eHARS	Electronic HIV/AIDS Reporting System
EHB	Electronic Handbook
EIHA	Early Intervention of Individuals with HIV/AIDS
EIN	Employers Identification Number
EIS	Early Intervention Services
ELISA	Enzyme-Linked Immunosorbent Assay
EMA/TGA	Eligible Metropolitan Area/Transitional Grant Area

EMR	Electronic Medical Record
Epi	Epidemiology
EPLS	Exclusions Portion of Performance Information
ER	Event Record
FaR	Frontier and Rural Areas of Nevada
FAR	Federal Acquisition Regulation
FAST	Find, Assess, Stabilize & Treat Program, Southern Nevada
FBO	Faith Based Organization
FCP	Federal Ceiling Price
FCR	Federal Contractor Registry
FDA	Food and Drug Administration
FFR	Federal Financial Report
FPDS	Federal Procurement Data System
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FSS	Federal Supply Schedule
FTE	Full-Time Equivalent
FY	Fiscal Year (State of Nevada, 07/01/20xx – 06/30/20xx)
GAO	Government Accountability Office
GART	Genotypic Antiretroviral Resistance Test
GAMC	General Assistance Medical Care
GHAT	Government HIV Administrative Team
GLI	Group Level Intervention
GPRA	Government Performance and Results Act
GSA	General Services Administration
HAART	Highly Active Antiretroviral Therapy
HADRP	HIV/AIDS Dental Reimbursement Program
HAB	HIV/AIDS Bureau
HARS	HIV/AIDS Reporting Systems (see eHARS)
HC/PI	Health Communication/Public Information
HE/RR	Health Education and Risk Reduction
HHS	US Department of Health and Human Services
HICP	Health Insurance Continuity Program
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HMMWG	HIV Medicare and Medicaid Working Group
HOPES	Northern Nevada HIV Outpatient Program, Education and Services
HOPWA	Housing Opportunities for People with AIDS
HPLS	HIV Prevention Leadership Summit
HRSA	Health Resources and Services Administration
HUD	US Department of Housing and Urban Development
IAE	Integrated Acquisition Environment – GSA
IDU	Injection Drug User
IGA	Intergovernmental Agreement
IHS	Indian Health Service

ILI	Individual Level Intervention
IPR	Interim Progress Report
INSTI	Integrase Strand Transfer Inhibitor
LCB	Legislative Counsel Bureau, Nevada
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex
LHDs	Local Health Departments
LIS	Low-Income Subsidy
MAC	HIV/AIDS Medical Advisory Committee, NSHD
MAI	Minority AIDS Initiative
MCM	Medical Case Management
MPIN	Marketing Partner Identification Number, Federal
MSM	Men Who Have Sex With Men
NA&E	Needs Assessment & Evaluation
NAETC	Nevada AIDS Education and Training Center
NAPWA	National Association of People with AIDS
NASTAD	National Alliance of State & Territorial AIDS Directors
NCHSTP	National Center for HIV/STD and TB Prevention
NCM	Non-medical Case Management
NDALC	Nevada Disability Advocacy & Law Center
NHAS	National HIV/AIDS Strategy
NIDA	National Institute of Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NMAC	National Minority AIDS Council
NNHPPG	Northern Nevada HIV Prevention Planning Group (formerly NNPC)
NNPC	Northern Nevada Planning Council (see NNHPPG)
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor
NOA	Notice of Award
NOGA	Notice of Grant Award
NNPC	Northern Nevada Planning Council (see NNHPPG)
NPHA	Nevada Public Health Association
NPHF	Nevada Public Health Foundation
NR/NIR	No Reported/No Identified Risk
NRTI	Nucleoside Reverse Transcriptase Inhibitor
NSHD	Nevada State Health Division
NtRTI	Nucleoside Reverse Transcriptase Inhibitor
OAP	Office of AIDS Policy
OAR	Office of AIDS Research
OI	Opportunistic Infection
OMB	Office of Management and Budget
ONAP	Office of National AIDS Policy
OOC	Out of Care
OPA	Office of Pharmacy Affairs
OPHIE	Office of Public Health, Informatics, & Epidemiology
OPHS	Office of Public Health and Science

ORCA	Online Representations and Certifications Application (see SAM), Federal
PACTG	Pediatric AIDS Clinical Trials Group
PAPs	Patient Assistance Programs
PART	Performance and Assessment Rating Tool
PART	Phenotypic Antiretroviral Resistance Test
PART A	Ryan White HIV/AIDS Program – EMAs/disproportionately affected
PART B	Ryan White HIV/AIDS Program – states/territories/primary health care/medications
PART C	Ryan White HIV/AIDS Program – outpatient primary care/early intervention
PART D	Ryan White HIV/AIDS Program – infants, children, youth, and women w/HIV
PART F	Ryan White HIV/AIDS Program – AETC for primary care professionals
PART F	Ryan White HIV/AIDS Program – CBDPP for dental care/training professionals
PART F	Ryan White HIV/AIDS Program – HADRP for dental care uncompensated costs
PART F	Ryan White HIV/AIDS Program – SPNS for innovative models of HIV care
PBM	Pharmacy Benefit Manager
PCF	Patient Care Fund
PCP	Pneumocystis Carinii Pneumonia
PCR	Polymerase Chain Reaction
PCRS	Partner Counseling and Referral Services
PEMS	Program Evaluation and Monitoring System
PEP	Post Exposure Prophylaxis
PEPFAR	President’s Emergency plan for AIDS Relief
PFS	Proposal for Services, RWPB
PHI	Protected Health Information
PHS	Public Health Service
PHSA	Public Health Service Act
PI	Participant Information
PIR	Party, Inclusion, and Representation
PL	Public Law
PLWA	Persons Living with AIDS
PLWH	Persons Living with HIV
PLWHA	Persons Living With HIV/AIDS
PrEP	Pre-Exposure Prophylaxis
PPIRS	Past Performance Information Retrieval System
PRO	Professional Review Organization
PS	Partner Services
PSA	Public Service Announcement
PSC	Program Support Center
PSC	Product and Services Code
PTE	Part-Time Equivalent
QA	Quality Assurance
QIP	Quality Improvement Project
QM	Quality Management
QMAC	Quality Management and Assessment Committee
RAGE	Rebuilding All Goals Efficiently, Inc.
RDR	Ryan White HIV/AIDS Program Annual Data Report (formerly CADR)



RFA	Request for Applications
RFI	Request for Information
RFP	Request for Proposals
RFR	Request for Reimbursement
RSR	Ryan White HIV/AIDS Program Services Report
RT	Reverse Transcriptase
RT-PCR	Reverse Transcriptase Polymerase Chain Reaction
RWC	Ryan White Care (Part A or B)
RWPA	Ryan White HIV/AIDS Part A Program
RWPB	Ryan White HIV/AIDS Part B Program
SAM	Federal System for Award Management (for CCRs and ORCAs)
SAMS	Secure Access Management Services, aka WebEval
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTA	Substance Abuse Prevention & Treatment Agency
SATF	State AIDS Task Force
SCHIP	State Children's Health Insurance Program
SCSN	Statewide Coordinated Statement of Need
SEP	Syringe Exchange Programs
SLMB	Specified Low-Income Medicare Beneficiary
SNHD	Southern Nevada Health District (formerly CCHD)
SPAP	State Pharmaceutical Assistance Program
SPNS	Special Project of National Significance
STD	Sexually Transmitted Disease
STD/I	Sexually Transmitted Disease/Infection
STI	Sexually Transmitted Infection
TA	Technical Assistance
TANF	Temporary Aid to Needy Families
TB	Tuberculosis
TGA	Transitional Grant Area (see EMA)
TrOOP	True Out of Pocket Expenditures
UCI	Unique Client Identifier
UNAIDS	United Nations Programme on HIV/AIDS
UNLV	University of Nevada, Las Vegas
UNR	University of Nevada, Reno
UNSOM	University of Nevada, School of Medicine
VAMC	Veterans Administration Medical Center
VL	Viral Load
WCHD	Washoe County Health District
WHO	World Health Organization
WIC	Women, Infants & Children
WICY	Women, Infants, Children, & Youth
XML	Extensible Markup Language
Y/YA	Youth/Young Adult
YMSM	Young Men Who Have Sex with Men (< 25 years of age)

## HRSA SERVICE CATEGORY DEFINITIONS & CODE CHART

CODE	CORE MEDICAL SERVICES	CODE	SUPPORT SERVICES
1a	Outpatient / Ambulatory Health Services	2a	Case Management (non-medical)
1b	AIDS Drug Assistance Program (ADAP) Treatments & Eligibility	2b	Child Care Services
1c	AIDS Pharmaceutical Assistance (local)	2c	Emergency Financial Services
1d	Oral Health Care	2d	Food Bank / Home-Delivered Meals
1e	Early Intervention Services	2e	Health Education / Risk Reduction
1f	Health insurance Premium & Cost Sharing Assistance	2f	Housing Services
1g	Home Health Care	2g	Legal Services
1h	Home and Community-Based Health Services	2h	Linguistics Services
1i	Hospice Services	2i	Medical Transportation Services
1j	Mental Health Services	2j	Outreach Services
1k	Medical Nutrition Therapy	2k	Psychosocial Support Services
1l	Medical Case Management (including Treatment Adherence)	2l	Referral for Health Care / Supportive Services
1m	Substance Abuse Services - Outpatient	2m	Rehabilitation Services
<b>RWPB SERVICE PROVIDER CODES</b>		2n	Respite Care
		2o	Substance Abuse Residential
		2p	Treatment Adherence Counseling

### 1) Core Services

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

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. NOTE: Early Intervention Services provided by Ryan White Part C and Part D Programs should be included here under Outpatient/ Ambulatory medical care.

b) AIDS Drug Assistance Program (ADAP treatments) is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.

c) AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.

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

e) Early intervention services (EIS) include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. NOTE: EIS provided by Ryan White Part C and Part D Programs should NOT be reported here. Part C and Part D EIS should be included under Outpatient/ Ambulatory medical care.

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

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

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

i) Hospice services include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

j) Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

k) Medical nutrition therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

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

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

## **2) Support Services**

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

b) Child care services are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training. (NOTE: This does not include child care while a client is at work.)

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

- d) Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item; includes vouchers to purchase food.
- e) Health education/risk reduction is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.
- f) Housing services are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.
- g) Legal services are the provision of services to individuals with respect to powers of attorney, do not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.
- h) Linguistics services include the provision of interpretation and translation services.
- i) Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
- j) Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and maybe enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.
- k) Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.
- l) Referral for health care/supportive services is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the nonmedical case management system by professional case managers, informally through support staff, or as part of an outreach program.

m) Rehabilitation services are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

n) Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

o) Substance abuse services – residential is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short term).

p) Treatment adherence counseling is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

# ADAP GLOSSARY: DEFINITIONS & ACRONYMS



**AIDS Drug Assistance Program (ADAP)** - A state administered program authorized under Part B (formerly Title II) of the Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009 (Ryan White Program) that provides Food and Drug Administration (FDA) approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAPs may also purchase insurance and provide adherence monitoring and outreach under the flexibility policy.

**ADAP Dollars** - Any funds, regardless of source, that comprise the ADAP budget and are expended on the provision of medications and other ADAP allowable services (including administrative costs for the program).

**ADAP Crisis Task Force** - A group of state ADAP and AIDS directors, convened by NASTAD, to negotiate with the manufacturers of HIV antiretrovirals and other high-cost medications to secure supplemental discounts/rebates for all ADAPs nationally.

**ADAP Earmark** - Amount of federal Ryan White Program, Part B (formerly Title II) dollars specifically designated by Congress through the annual appropriations process to ADAP for the federal fiscal year.

**ADAP Flexibility Policy** - Provides grantees greater flexibility in the use of ADAP funds and permits expenditures of up to 50 percent of ADAP funds for services that improve access to medications, increase adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications. Grantees must request to use ADAP dollars for services other than medications in writing to HRSA.

**ADAP HRSA Quarterly Report** - As part of the funding requirements, ADAP grantees must submit quarterly reports to HRSA that include information on patients served, pharmaceuticals purchased, pricing, other sources of support to provide AIDS medications, eligibility requirements, cost data, and coordination with Medicaid.

**ADAP Supplemental Grant Award** - Authorized under Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program), ADAP Supplemental grants are used for the purchase of medications by states and territories with demonstrated severe need to increase access to HIV/AIDS related medications. These grants must be used to expand ADAP formularies, target resources to reflect the changes in the epidemic, and enhance the ADAP's ability to remove eligibility restrictions. States must meet HRSA eligibility criteria in order to apply for ADAP Supplemental funds.

**Average Manufacturer Price (AMP)** - The average price paid to a manufacturer by wholesalers for drugs distributed to retail pharmacies. 340B and Federal Supply Schedule (FSS) prices, as well as prices associated with direct sales to HMOs and hospitals, are excluded from AMP under the rebate program.

**Average Wholesale Price (AWP)** - A national average of list prices charged by wholesalers to pharmacies. AWP is sometimes referred to as the "sticker price" because it is not the actual price that larger purchasers normally pay. AWP information is publicly available.

**Best Price (BP)** - The lowest price available to any wholesaler, retailer, provider, health maintenance organization (HMO), nonprofit entity, or the government. BP excludes prices to the 340B covered entities as well as the **Big 4** (i.e., the Department of Veterans Affairs (VA), Department of Defense (DOD), Public Health Service (PHS), and Coast Guard).

**Back Billing** - In some instances, ADAP covers an individual's prescription costs but later determines there is another payer source, for example, state Medicaid. Once it is certain that another payer should have covered a client's previous claims, the ADAP can request reimbursement for expenditures previously incurred or "back bill." Another scenario for back billing is when individuals apply and are eligible for Medicaid. Their eligibility coverage back dates three months PRIOR to the application date. ADAP covers the individual while they wait for their Medicaid eligibility determination and then "back-bills" Medicaid for any drugs or services they paid for during the interim wait time (see also pay and chase).

**Best Price (BP)** - The lowest price available to any wholesaler, retailer, provider, health maintenance organization (HMO), nonprofit entity, or the government. BP excludes prices to the 340B covered entities as well as the **Big 4** (i.e., the Department of Veterans Affairs (VA), Department of Defense (DOD), Public Health Service (PHS), and Coast Guard).

**Central State Pharmacy** - A health department or other state agency's centralized pharmacy that dispenses drugs through mail-order or distributes drugs to a pharmacy or network of pharmacies for dispensing to clients.

**Centers for Medicare and Medicaid Services (CMS)** - Formerly known as the Health Care Financing Administration (HCFA), CMS focuses on federal programs administered by states. These programs include Medicaid, Medicare, the State Children's Health Insurance Program (SCHIP), insurance regulation functions, survey and certification, and the Clinical Laboratory Improvements Act (CLIA).

**Coordination of Benefits** - The activities that ensure when multiple payers exist for medications and/or services that the appropriate costs are paid by the responsible payer. Ryan White Program funds are the payer of last resort, making it necessary for all other payers (Medicare Part D, Medicaid, private insurance, etc.) to be utilized first before using these federal dollars.

**Co-Insurance** - A percentage of the cost of prescription drugs that a client must pay when enrolled in some health plans (i.e., Medicare Part D Plans). Some ADAPs will pay the co-insurance for ADAP formulary drugs.



**Co-Payment** - A set amount an individual must pay upon receiving medical services or prescriptions. For example, there may be a \$10 co-payment required each time a prescription is purchased at a retail pharmacy. Some ADAPs will pay the co-payments for ADAP formulary drugs.

**Contract Pharmacy** - An arrangement through which an ADAP may contract with an outside pharmacy to provide comprehensive pharmacy services. Pharmacy services may include dispensing, record keeping, drug utilization review, formulary maintenance, patient profiles, and counseling.

**Core Medical Services** - Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, grantees receiving funds under Parts A, B, and C (formerly Titles I, II and III) must spend at least 75 percent of funds on core medical services. These services include: outpatient and ambulatory health services; pharmaceutical assistance (ADAP and other local pharmacy programs); oral health; early intervention services; health insurance premium assistance; home health care; home and community-based services; hospice services; mental health services; medical nutritional therapy; medical case management, including treatment adherence services; and outpatient substance abuse treatment services.

**Cost Share/Patient Share** - The ADAP client's monetary cost for program participation. Some ADAPs require that program participants share in the cost of their medications. The mechanisms for this requirement vary from state to state but are usually based upon client income and set on a sliding scale fee. Some ADAPs require a monthly cost share payment to the program while other ADAPs mandate a nominal cost per prescription. The funds from the cost share component are returned to the ADAP to defray administrative and programmatic costs.

**Deductible** - The amount a health insurance beneficiary must pay before a third party payer begins to provide coverage for health services. Amounts can change from year to year. Some ADAPs pay this cost for eligible clients.

**Dis-Enroll** - To remove a client from ADAP. Following dis-enrollment, the individual would have to complete a new application and be enrolled in the ADAP again to receive services.

**Dispensing Fee** - The charge for professional services provided by the pharmacist when dispensing a prescription (including overhead expenses and profit). Medicaid and most direct pay insurance prescription programs use dispensing fees to establish pharmacy payment for prescriptions. Dispensing fees do not include any payment for the drugs being dispensed. Dispensing fees will vary based upon the negotiated rates with the pharmacies.

**Dual-Eligible** - Individuals who are eligible for both Medicare and Medicaid.

**Federal Ceiling Price (FCP)** - The maximum price manufacturers can charge for FSS-listed brand name drugs to the Big 4, even if the FSS price is higher. FCP must be at least 24 percent below the non-Federal average manufacturer price and are not publicly available.

**Federal Supply Schedule (FSS)** - Multiple award contracts used by Federal agencies, U.S. territories, Indian tribes and other specified entities to purchase supplies and services from outside

vendors. ADAPs are not eligible to purchase under this program. FSS prices for the pharmaceutical schedule are negotiated by the Veterans' Administration and are based on the prices that manufacturers charge their "most-favored" non-Federal customers under comparable terms and conditions. Because terms and conditions can vary by drug and vendor, the most-favored customer price may not be the lowest price in the market. FSS prices are publicly available.

**Formulary** - ADAP drug list that establishes the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing and/or reimbursement.

**Closed/restricted formulary** - allows only those drug products listed to be dispensed or reimbursed.

**Open formulary** - covers all FDA-approved drugs prescribed by a physician with no restrictions or with restrictions such as higher patient cost-sharing requirements for certain drugs.

**Tiered formulary** - also referred to as "step therapy" and is a cost containment measure that categorizes medications for a particular condition based upon their cost. For example, a tier one medication would be one that is lowest cost and recommended to be used first, unless there are medical restrictions for doing so. Tier two would be a different medication that is prescribed for the same condition as the tier one drug but is more expensive. Step therapy or tiered formularies are most commonly used by ADAPs with medications prescribed for depression, respiratory problems, and opportunistic infections.

**Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB)** - The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers The Ryan White Program. HAB includes:

**The Office of the Associate Administrator** - provides leadership and direction for HRSA's HIV/AIDS programs and activities and oversees collaboration with other national health programs;

**The Division of Service Systems (DSS)** - administers Part A (formerly Title I) and Part B (formerly Title II) of the Ryan White Program, including the AIDS Drug Assistance Program (ADAP);

**The Division of Community-Based Programs (DCBP)** - administers Part C (formerly Title III) and Part D (formerly Title IV), the HIV/AIDS Dental Reimbursement Program, and the community-based Dental Partnership Program;

**The Division of Training and Technical Assistance (DTTA)** - administers planning, training, and technical assistance activities for Ryan White Program grantees. This office also administers the AIDS Education and Training Centers (AETC) Program;

**The Division of Science and Policy (DSP)** - serves as HAB's principal source of program data collection and evaluation, the development of innovative models of care (Special Programs of National Significance, or SPNS), and the focal point for coordination of program performance activities and development of policy guidance; and

**The Office of Program Support** - responsible for administrative and management support.

**Health Resources and Services Administration Project Officers** - Project officers are scientific and/or technical staff members who are experts in their content area. They are responsible for

ensuring that grants comply with legislative mandates and meet their programmatic objectives. They write program guidance which define the grant program objectives, monitor grantees' performance, and evaluate grantee achievements.

**Insurance Continuation** - The payment of all or some combination of insurance premiums, co-pays, or deductibles for clients who have existing insurance policies through their current employment, Consolidated Omnibus Budget Reconciliation Act (COBRA) or other supplemental programs. HRSA allows ADAP funds to be used for insurance continuation with certain restrictions.

**Insurance Purchasing** - The purchase of new insurance policies through the insurance industry market or state high risk insurance pools.

**Medicaid Surplus Income Spend Down** - Also known as the Medically Needy Program. Some state Medicaid programs require that eligible participants must pay a designated amount out of pocket toward their healthcare costs. The amount is based on the amount by which the person's income exceeds the state's Medicaid income eligibility levels. Once this amount has been paid by the client, their Medicaid benefits begin covering 100 percent of these costs. Ryan White Program funds may NOT be used for Medicaid spend down. However, some ADAPs assist clients with spend down requirements using state funds, or use this requirement to reduce the individual's annual income for program eligibility.

**Minority AIDS Initiative (MAI)** - Created in 1998 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States, MAI provides funding across several Department of Health and Human Service (DHHS) agencies/programs, including Ryan White, to strengthen organizational capacity and expand HIV-related services in minority communities. The Ryan White component of the MAI was codified in the 2006 reauthorization. In fiscal year 2007, the MAI was funded at \$399.3 million including \$128.5 million through Ryan White.

**Office of Pharmacy Affairs (OPA)** - A component of HRSA's Healthcare Systems Bureau, the Office of Pharmacy Affairs has three primary functions:

- Administration of the 340B Drug Pricing Program, through which certain federally funded grantees and other safety net health care providers may purchase prescription medication at significantly reduced prices.

- Development of innovative pharmacy services models and technical assistance.

- Serve as a federal resource about pharmacy.

**Office of Pharmacy Affairs (OPA) Alternative Method Demonstration Project** - A formal process established by OPA to consider the testing of alternative methods of participating in the drug discount program established by section 340B of the PHSA. If successful, the new methods of accessing discounted drugs would be incorporated into the 340B program's published guidelines. Projects that involve one or a combination of the following features are eligible for testing: the development of a network of covered entities, the use of multiple contracted pharmacy services sites, or the utilization of a contracted pharmacy to supplement in-house pharmacy services.

**Patient Assistance Programs (PAPs)** - Programs through which many pharmaceutical manufacturers provide free or greatly subsidized medications to indigent patients.

**Pay and Chase** - This occurs when an ADAP pays a prescription bill up front to a retail pharmacy and then requests reimbursement or “bills” a third party payer afterward. For example, John Doe has insurance coverage but ADAP does not have the systems in place to be able to pay only the part of the bill/claim that Mr. Doe would have been responsible for, so ADAP pays the whole claim and sends a bill to John Doe’s insurance company. The insurance company pays ADAP back minus what the individual would have been responsible for (See also back billing).

**Pharmacy Benefit Manager (PBM)** - An organization that provides administrative services in processing and adjudicating prescription claims for pharmacy benefit programs.

**Pharmacy Network** - A group of pharmacies where an ADAP client may have their prescriptions filled.

**Point of Purchase/Direct Purchasing/Central Drug Purchasing** - The 340B discount allows ADAPs that operate a central drug purchasing and dispensing system to receive an upfront discount at the point of sale/point of purchase. ADAPs using this model centrally purchase and dispense medications through their own pharmacy or a single contract pharmacy service provider.

**Rebate Option/ Rebate States** - These are ADAPs that pay retail pharmacies a pre-determined amount at the point of sale for drugs dispensed to ADAP clients. ADAP then bills drug manufacturers for the 340B Unit Rebate amount for the number of units dispensed. Rebate ADAPs do not typically use a central pharmacy for distribution but have a network of pharmacies across the state from which ADAP clients can access their drugs.

**The Ryan White HIV/AIDS Treatment Modernization Act of 2009** - The Ryan White CARE Act, “Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009”, or “Ryan White Program” is the single largest federal program designed specifically for people with HIV/AIDS. First enacted in 1990, it provides care and treatment to individuals and families affected by HIV/AIDS. The Ryan White Program has five parts - **Part A** (formerly Title I) funds eligible metropolitan areas and transitional grant areas, 75 percent of grant funds must be spent for core services; **Part B** (formerly Title II) funds States/Territories, 75 percent must be spent for core services; **Part C** (formerly Title III) funds early intervention services, 75 percent must be spent for core services; **Part D** (formerly Title IV) grants support services for women, infants, children & youth and **Part F** comprises Special Projects of National Significance, AIDS Education & Training Centers (AETCs), Dental Programs and the Minority AIDS Initiative.

**True Out of Pocket Expenditures (TrOOP)** - This is the amount of money that a Medicare Part D enrolled client will have to pay from their own money to reach the “catastrophic limit” making Part D the primary payer for medications. Payments for drugs, co-payments, and coinsurance made by the beneficiary, friends, family members, ADAP, State Pharmacy Assistance Programs, charities, and the Medicare low-income subsidy (LIS) count towards TrOOP costs.

**Wrap Around Benefits** - The mechanism ADAPs use to assist low-income ADAP clients with costs associated with Medicare Part D. Paying co-payments for medications or monthly premium costs,

and covering the beneficiary once they reach the coverage gap, are all considered “wrap-around” services. ADAPs assist eligible clients with these costs so the clients can maintain their eligibility for Medicare Part D drug benefits and, because wrapping around is usually less expensive than providing the HIV/AIDS prescription drugs through ADAP.

**340B Ceiling Price** - The maximum price that manufacturers can charge covered entities participating in the Public Health Service's 340B Drug Pricing Program. Covered entities receive a minimum discount of 15.1 percent of Average Manufacturer Price (AMP) for brand name drugs and 11 percent of AMP for generic and over-the-counter drugs and are entitled to an additional discount if the price of the drug has increased faster than the rate of inflation. Covered entities may negotiate lower discounts, i.e., sub-ceiling prices.

**340B Covered Entities and Entity Enrollment Process** - Covered entities are those eligible entities or programs authorized by Section 340B of the PHS Act to participate in the outpatient discount drug pricing program.

The entity enrollment process is the way through which discounted outpatient drugs are available to covered entities under Section 340B of the PHS Act. The enrollment process and a list of programs authorized under Section 340B to participate in the discount drug pricing program can be found at <http://www.hrsa.gov/opa/introduction.htm>.

**340B Program** - The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the PHS Act. Section 340B limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies. ADAP is a covered 340B entity and is entitled to the discounted drug prices available to all 340B entities.

**340B Prime Vendor Program** - The 340B law requires the Department of Health and Human Services (DHHS), to create a "prime vendor" program for the entities in the 340B drug discount program. The prime vendor handles price negotiation and drug distribution responsibilities for those entities that choose to join the prime vendor. A covered entity does not have to join the prime vendor program in order to participate in the 340B program although covered entities are encouraged to join. HealthCare Purchasing Partners International, Inc. is the current HRSA prime vendor.

#### Resources:

- National Alliance of State and Territorial AIDS Directors (NASTAD) – [www.NASTAD.org](http://www.NASTAD.org)
- HRSA HIV/AIDS Bureau – [www.hab.hrsa.gov](http://www.hab.hrsa.gov)
- HRSA 340B Prime Vendor Program – [www.340bpvp.com/public/](http://www.340bpvp.com/public/)
- HRSA Office of Pharmacy Affairs – [www.hrsa.gov/opa](http://www.hrsa.gov/opa)
- HRSA Target Center – technical assistance for the Ryan White community – <http://careacttarget.org/>
- Kaiser Family Foundation – [www.kff.org/hivaids/us.cfm](http://www.kff.org/hivaids/us.cfm)
- Pharmacy Services Support Center – <http://pssc.aphanet.org>
- ADAP listserv sponsored by NASTAD – [NASTADTA@NASTAD.org](mailto:NASTADTA@NASTAD.org)
- National Alliance of State and Territorial AIDS Directors, *National ADAP Monitoring Project Annual Report*. May 2011.

- Ryan White HIV/AIDS Treatment Modernization Act, (2009).
- Current treatment guidelines - <http://aidsinfo.nih.gov>
- Comprehensive information on ARVs and OI medications - [www.aidsmeds.com](http://www.aidsmeds.com)

*NASTAD is funded under a HRSA Cooperative Agreement to provide States with technical assistance on ADAP program administration. States interested in investigating cost containment strategies may contact NASTAD at [NASTADTA@nastad.org](mailto:NASTADTA@nastad.org) to discuss specific technical assistance needs. Part B grantees and ADAPs may also obtain technical assistance through their HRSA project officer.*

# GLOSSARY OF TERMS - HRSA



*Health Resources and Services Administration*

## **HIV/AIDS Programs**

**HRSA's HIV/AIDS Bureau Vision and Mission:**

**Vision**.....Optimal HIV/AIDS care and treatment for all.

**Mission**.....Provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families.

## **Glossary of Terms**

### **Administrative or Fiscal Agent**

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

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

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

### **AIDS Clinical Trials Group (ACTG)**

Formerly called Adult AIDS Clinical Trials Group (AACTG), this federally funded program supports the largest network of HIV/AIDS researchers and clinical trial units in the world. AIDS Clinical Trials Group (ACTG) develops and conducts research related to HIV infection and its complications.

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

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

**AIDS (Acquired Immunodeficiency Syndrome)**

A disease caused by the human immunodeficiency virus.

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

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

**AIDS Service Organization (ASO)**

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

**Antiretroviral**

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

**CADR** (see Ryan White Program Data Report, RDR)

**Capacity**

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

**CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)**

Federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as: The Ryan White Treatment Modernization Act. The program's services are available in all 50 states and U.S. territories.

**Community-based Organization (CBO)**

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

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

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



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

Federal agency within HHS that administers the Medicaid, Medicare, and the Children's Health Insurance Program (CHIP).

**Chief Elected Official (CEO)**

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

**Co-morbidity**

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

**Combination Drug Therapy**

Taking two or more antiretroviral drugs at a time. There's no cure for HIV/AIDS, but a variety of drugs can be used in combination to control the virus. Each of the classes of anti-HIV drugs blocks the virus in different ways. It's best to combine at least three drugs from two different classes to avoid creating strains of HIV that are immune to single drugs, making treatment more effective in the long term.

**Combination Drugs**

Medications that contain two different types of medication in the same .

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

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

**Community Forum or Public Meeting**

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

**Comprehensive Planning**

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

care for PLWH.

### **Community Health Centers**

See: Health Centers.

### **Consortium/HIV Care Consortium**

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

### **Continuous Quality Improvement**

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

### **Continuum of Care**

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

### **Core Services**

Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c).

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

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

### **Cultural Competence**

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

### **Data Terms**

Definitions of terms used in the Ryan White Services Report (RSR) for reporting client level data.

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

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

Community-Based Dental Partnership Program (CBDPP).

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

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

**Division of Service Systems (DSS)**

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

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

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

**Drug Resistance**

When a bacteria, virus, or other microorganism mutates (changes form) and becomes insensitive to (resistant to) a drug that was previously effective. Drug resistance can be a cause of HIV treatment failure. Also known as: Resistance.

**Early Intervention Services (EIS)**

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

**Eligible Metropolitan Area (EMA)**

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

**Entry Inhibitor**

Entry inhibitors represent a generation of antivirals for the treatment of HIV infection, mechanisms of action and resistance pathways. Several compounds which block the attachment of HIV gp120 to either the CD4 T cell receptor or the CCR5/CXCR4 co-receptors are currently in clinical development. Most of these compounds have different molecular structures and specific mechanisms of action.

**Enzyme-Linked Immunosorbent Assay (ELISA)**

A laboratory test to detect the presence of HIV antibodies in the blood, oral fluid, or urine. The immune system responds to HIV infection by producing HIV antibodies. A positive result on an enzyme-linked immunosorbent assay (ELISA) must be confirmed by a second, different

antibody test (a positive Western blot) for a person to be definitively diagnosed with HIV infection. Also known as: Enzyme Immunoassay.

### **Epidemic**

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

### **Epidemiologic Profile**

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

### **Epidemiology**

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

### **Exposure Category**

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

### **Family Centered Care**

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

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

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

### **Food and Drug Administration (FDA)**

Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

### **Fusion Inhibitor**

Antiretroviral (ARV) HIV drug class. Fusion inhibitors block the HIV envelope from merging with the host cell membrane (fusion). This prevents HIV from entering the host cell.

### **Genotypic Assay**

See: Genotypic Antiretroviral Resistance Test (GART)

**Genotypic Antiretroviral Resistance Test (GART)**

A type of resistance test that detects drug-resistant mutations in HIV genes. Resistance testing is used to guide selection of an HIV regimen when initiating or changing antiretroviral therapy (ART). Also known as: Genotypic Assay

**Grantee**

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

**HAART - Highly Active Antiretroviral Therapy**

The recommended treatment for HIV infection, Antiretroviral Therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating, and to reduce viral load to undetectable levels and maintain/increase CD4 levels. Also known as Combination Therapy, Combined Antiretroviral Therapy.

**Health Care for the Homeless Health Center**

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

**Health Centers**

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

**Health Insurance Continuity Program (HICP)**

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

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

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

**High-Risk Insurance Pool**

A State health insurance program that provides coverage for individuals who are denied coverage due to a pre-existing condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.

**Highly Active Antiretroviral Therapy (HAART)**

The recommended treatment for HIV infection. Antiretroviral therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug

classes to prevent HIV from replicating, and to reduce viral load to undetectable levels and maintain/increase CD4 levels. Also known as: Combination Therapy, Combined Antiretroviral Therapy.

### **HIV/AIDS Bureau (HAB)**

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

### **HIV/AIDS Dental Reimbursement Program**

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

### **HIV Disease**

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

### **Home and Community Based Care**

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

### **Housing Opportunities for People with AIDS (HOPWA)**

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

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

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

### **Incidence**

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

### **Incidence Rate**

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

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

Drugs can be taken in a variety of ways including drinking, smoking, snorting and rubbing, but it is the injection of drugs that creates the biggest risk of HIV transmission.

Millions of people worldwide are injecting drug users (IDUs), and blood transfer through the sharing of drug taking equipment, particularly infected needles, is an extremely effective way of

transmitting HIV. Around 30% of global HIV infections outside of sub-Saharan Africa are caused by the use of injecting drugs, and it accounts for an ever growing proportion of those living with the virus.

The illegal nature of injection drug use can also create barriers to accessing adequate treatment and prevention services making IDUs more vulnerable to HIV and its effects. The crossover with prostitution further means they are in positions to transmit the virus between other at-risk populations.

### **Integrase**

An enzyme found in HIV (and other retroviruses). HIV uses integrase to insert (integrate) its viral DNA into the DNA of the host cell. Integration is a crucial step in the HIV life cycle and is targeted by a class of antiretroviral (ARV) HIV drugs called integrase strand transfer inhibitors (INSTIs).

### **Integrase Inhibitor**

See: Integrase Strand Transfer Inhibitor (INSTI)

### **Integrase Strand Transfer Inhibitor (INSTI)**

Antiretroviral (ARV) HIV drug class. Integrase strand transfer inhibitors (INSTIs) block integrase (an HIV enzyme). HIV uses integrase to insert (integrate) its viral DNA into the DNA of the host cell. Blocking integrase prevents HIV from replicating. Also known as: Integrase Inhibitor.

### **Intergovernmental Agreement (IGA)**

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

### **Lead Agency**

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

### **Medicaid Spend-down**

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

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

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

**Multiply Diagnosed**

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

**Mutation**

A permanent change in the genetic material of a cell or microorganism. Some mutations can be transmitted when the cell or microorganism replicates. Some HIV mutations cause the virus to become resistant to certain antiretroviral (ARV) drugs.

**Needs Assessment**

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

**Non-Nucleoside Analogue Reverse Transcriptase Inhibitor**

See: Non-Nucleoside Reverse Transcriptase Inhibitor

**Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)**

Antiretroviral (ARV) HIV drug class. Non-nucleoside reverse transcriptase inhibitors (NNRTIs) bind to and block HIV reverse transcriptase (an HIV enzyme). HIV uses reverse transcriptase to convert its RNA into DNA (reverse transcription). Blocking reverse transcriptase and reverse transcription prevents HIV from replicating.

**Nucleoside**

Precursor to a nucleotide. The body converts nucleosides into nucleotides, which are then used to make nucleic acids.

**Nucleoside Analogue Reverse Transcriptase Inhibitor**

See: Nucleoside Reverse Transcriptase Inhibitor (NRTI)

**Nucleoside Reverse Transcriptase Inhibitor (NRTI)**

Antiretroviral (ARV) HIV drug class. Nucleoside reverse transcriptase inhibitors (NRTIs) block reverse transcriptase (an HIV enzyme). HIV uses reverse transcriptase to convert its RNA into DNA (reverse transcription). Blocking reverse transcriptase and reverse transcription prevents HIV from replicating.

**Nucleotide**

A building block of nucleic acids. DNA and RNA are nucleic acids.

**Nucleotide Analogue Reverse Transcriptase Inhibitor**

Also known as: Nucleotide Reverse Transcriptase Inhibitor (NtRTI)



**Nucleotide Reverse Transcriptase Inhibitor (NtRTI)**

A type of antiretroviral (ARV) HIV drug. Nucleotide reverse transcriptase inhibitors (NtRTIs) interfere with the HIV life cycle in the same way as NRTIs. Both block reverse transcription. NtRTIs are included in the NRTI drug class.

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

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

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

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

**Part A**

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

**Part B**

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

**Part C**

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

**Part D**

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

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

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

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

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

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

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

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

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

### **Pediatric AIDS Clinical Trials Group (PACTG)**

A large clinical trials network that evaluates treatments for HIV-infected children and adolescents and that develops new therapeutic approaches for preventing mother-to-child transmission of HIV. Originally an independent network, Pediatric AIDS Clinical Trials Group (PACTG) investigators are now merged with the International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) Group.

### **People Living with HIV/AIDS (PLWHA)**

Infants, children, adolescents, and adults infected with HIV/AIDS.

### **Phenotypic Assay**

A type of resistance test that measures the extent to which a person's strain of HIV will multiply in different concentrations of antiretroviral (ARV) drugs. Resistance testing is used to guide selection of an HIV regimen when initiating or changing antiretroviral therapy (ART). Also Known As: Phenotypic Antiretroviral Resistance Test.

### **Planning Council**

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

### **Planning Process**

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

### **Polymerase Chain Reaction (PCR)**

A laboratory technique used to produce large amounts of specific DNA fragments. PCR is used for genetic testing and to diagnose disease.

**Prevalence**

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

**Prevalence Rate**

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

**Priority Setting**

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

**Prophylaxis**

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

**Protease**

A type of enzyme that breaks down proteins into smaller proteins or smaller protein units, such as peptides or amino acids. HIV protease cuts up large precursor proteins into smaller proteins. These smaller proteins combine with HIV's genetic material to form a new HIV virus. Protease inhibitors (PIs) prevent HIV from replicating by blocking protease.

**Protease Inhibitor**

Antiretroviral (ARV) HIV drug class. Protease inhibitors (PIs) block protease (an HIV enzyme). This prevents new HIV from forming.

**Quality**

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

**Quality Assurance (QA)**

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

**Quality Improvement (QI)**

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

**Reflectiveness**

The extent to which the demographics of the planning body's membership look like the

demographics of the epidemic in the service area.

**Reliability**

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

**Representative**

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

**Resistance**

Also known as: Drug Resistance. When a bacteria, virus, or other microorganism mutates (changes form) and becomes insensitive to (resistant to) a drug that was previously effective. Drug resistance can be a cause of HIV treatment failure.

**Request for Proposals (RFP)**

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

**Resource Allocation**

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

**Retrovirus**

A type of virus that uses RNA as its genetic material. After infecting a cell, a retrovirus uses an enzyme called reverse transcriptase to convert its RNA into DNA. The retrovirus then integrates its viral DNA into the DNA of the host cell, which allows the retrovirus to replicate. HIV, the virus that causes AIDS, is a retrovirus.

**Reverse Transcriptase (RT)**

An enzyme found in HIV (and other retroviruses). HIV uses reverse transcriptase (RT) to convert its RNA into viral DNA, a process called reverse transcription. Non-nucleoside reverse transcriptase inhibitors (NNRTIs) prevent HIV from replicating by blocking RT.

**Risk Factor or Risk Behavior**

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

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

A laboratory technique that can detect and quantify the amount of HIV (viral load) in a person's blood or lymph nodes. A viral load test. Viral load tests are used to diagnose acute HIV infection, guide treatment choices, and monitor response to antiretroviral therapy (ART).

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

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

### **Ryan White HIV/AIDS Act of 2009 (Ryan White HIV/AIDS Program)**

Enacted in 2009, this legislation reauthorized the Ryan White Program, formerly called the Ryan White CARE Act and the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

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

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

### **Salvage Therapy**

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

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

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

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

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

### **Seroconversion**

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

### **Seroprevalence**

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

### **Service Gaps**

All the service needs of all PLWH except for the need for primary health care for individuals who

know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care").

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

An infectious disease that spreads from person to person during sexual contact. Sexually transmitted infections, such as syphilis, HIV infection, and gonorrhea, are caused by bacteria, parasites, and viruses.

### **Special Projects of National Significance (SPNS)** (see Part F, above)

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

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

### **Support Services**

Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c).cases).

### **Surveillance**

An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

### **Surveillance Report**

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

### **Target Population**

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

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

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

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

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White

HIV/AIDS Program Part A funds To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years. (See also Eligible Metropolitan Area, EMA.)

**Transmission Category**

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

**Unmet Need**

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

**Viral Load**

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

**Viral Tropism**

When HIV selectively attaches to a particular coreceptor on the surface of the host cell; HIV can attach to either the CCR5 coreceptor (R5-tropic) or the CXCR4 coreceptor (X4-tropic) or both (dual-tropic).

**Viremia**

The presence of viruses in the blood.

**Western Blot**

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

**Wild-Type Virus**

The naturally occurring, non-mutated strain of a virus. When exposed to antiretroviral (ARV) drugs, wild-type HIV can develop mutations that make the virus resistant to specific ARV drugs.

## GLOSSARY OF HIV PREVENTION TERMS

**Accountability:** An obligation or willingness to accept responsibility.

**Application:** A health department's or other agency's formal request to CDC for HIV prevention funding. The application contains a written narrative and budget reflecting the priorities described in the jurisdiction's comprehensive HIV prevention plan.

**Behavioral data:** Information collected from studies that examine human behavior relevant to disease risk. For instance, relevant behavioral data for HIV risk may include sexual activity, substance use, condom use, etc.

**Behavioral intervention:** See "Intervention."

**Capacity building:** Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.

**CARE Act:** The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the primary federal legislation created to address the health and support service needs of persons in the United States living with HIV/AIDS, and their families. Enacted in 1990, the CARE Act was reauthorized in 1996.

**Centers for Disease Control and Prevention (CDC):** The lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

**Collaboration:** Working with another person, organization, or group for mutual benefit by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

**Community level intervention (CLI):** An intervention that seeks to improve the risk conditions and behaviors in a community through a focus on the community as a whole, rather than by intervening only with individuals or small groups. This is often done by attempting to alter social norms, policies, or characteristics of the environment. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.

**Community services assessment:** A description of the prevention needs of populations at risk for HIV infection, the prevention interventions/activities implemented to address these needs (regardless of funding source), and service gaps. The community services assessment is comprised of:

- **Resource inventory** – Current HIV prevention and related resources and activities in the project area, regardless of the funding source. A comprehensive resource inventory includes information regarding HIV prevention activities within the project area and other education and prevention activities that are likely to contribute to HIV risk reduction.
- **Needs assessment** – A process for obtaining and analyzing information to determine the current status and service needs of a defined population or geographic area.



- **Gap analysis** – a description of the unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile. The unmet needs are identified by a comparison of the needs assessment and resource inventory.

**Concurrence:** The HIV prevention planning group's (HPPG's) agreement that the health department's application for HIV prevention funds reflects the HPPG's target populations and intervention priorities (see "non-concurrence"). As part of its application to the CDC for federal HIV prevention funds, every health department must include a letter of concurrence, non-concurrence, or concurrence with reservations from each HPPG officially convened and recognized in the jurisdiction.

**Conflict of interest:** Conflict between the private interests and public obligations of a person in an official position.

**Cooperative agreement:** A financial assistance mechanism that may be used instead of a grant when the awarding office anticipates substantial federal programmatic involvement with the recipient.

**Coordination:** Aligning processes, services, or systems, to achieve increased efficiencies, benefits or improved outcomes. Examples of coordination may include sharing information, such as progress reports, with state and local health departments, or structuring prevention delivery systems to reduce duplication of effort.

**Cost-effectiveness:** The relative costs and effectiveness of proposed strategies and interventions, either demonstrated or probable.

**Culturally appropriate:** Conforming to a culture's acceptable expressions and standards of behavior and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.

**Demographics:** The statistical characteristics of human populations such as age, race, ethnicity, sex, and size.

**Diversity:** Individual differences along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, health or disease status, or other ideologies. The concept of diversity encompasses acceptance, respect, and understanding that each individual is unique.

**Epidemic:** The rapid spread, growth, or occurrence of cases of an illness, specific health-related behavior, or other health-related events in a community or region in excess of normal expectancy.

**Epidemiologic profile:** A document that describes the HIV/AIDS epidemic within various populations and identifies characteristics of both HIV-infected and HIV-negative persons in defined geographic areas. It is composed of information gathered to describe the effect of HIV/AIDS on an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics. The epidemiologic profile serves as the scientific basis for the identification and prioritization of HIV prevention and care needs in any given jurisdiction.

**Epidemiology:** The study of the causes, spread, control and prevention of disease in human beings.

**Evidenced-based:** Behavioral, social, and structural interventions that are relevant to HIV risk reduction, have been tested using a methodologically rigorous design, and have been shown to be effective in a research setting.

These evidence- or science-based interventions have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and, produced significantly greater positive results when compared to the control/comparison group(s), while not producing negative results. CDC expects its grantees to deliver interventions based on a range of evidence. These interventions may include:

- *Evidenced-based interventions* (that meet the criteria described above and can be found in CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* (1999). These interventions can either be implemented exactly as intended and within a context similar to the original intervention or adapted and tailored to a different target population if the core elements of the intervention are maintained.
- *Interventions with insufficient evidence of effectiveness based on prior outcome monitoring data suggesting positive effects, but that cannot be rigorously proven.* These interventions must be based on sound science and theory; a logic model that matches the science and theory to the intended outcomes of interest; and a logic model that matches relevant behavioral-epi data from their community and target population.

**Group-level interventions (GLIs):** Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. Group-level interventions use peer and non-peer models involving a range of skills, information, education, and support.

**Health communications/public information (HC/PI):** The delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences. The messages are designed to build general support for safe behavior, support personal risk-reduction efforts, and inform people at risk for infection about how to get specific services. Channels of delivery include electronic media, print media, hotlines, clearinghouses, and presentations/lectures.

**Health education/risk reduction (HE/RR):** Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community-based interventions.

**High risk behavior:** A behavior in a high prevalence setting that places an individual at risk for HIV or STDs or in *any* setting in which either partner is infected.

**HIV prevention counseling:** An interactive process between client and counselor aimed at identifying concrete, acceptable, and appropriate ways to reduce risky sex and needle-sharing behaviors related to HIV acquisition (for HIV-uninfected clients) or transmission (for HIV-infected clients).

**Incidence:** The number of new cases in a defined population within a certain time period, often a year, which can be used to measure disease frequency. It is important to understand the difference between HIV incidence, which refers to new cases, and new HIV diagnosis, which does not reflect when a person was infected.

**Incidence rate:** The number of new cases in a specific area during a specific time period among those at risk of becoming cases in the same area and time period. The incidence rate provides a measure of the impact of illness relative to the size of the population. Incidence rate is calculated by

dividing incidence in the specified period by the population in which cases occurred. A multiplier is used to convert the resulting fraction to a number over a common denominator, often 100,000.

**Inclusion:** Meaningful involvement of members in the process with an active voice in decision-making. An inclusive process assures that the views, perspectives, and needs of all affected communities are actively included.

**Individual-level interventions (ILIs):** Health education and risk-reduction counseling provided for one individual at a time. ILIs help clients make plans for behavior change and ongoing appraisals of their own behavior and include skills-building activities. These interventions also facilitate linkages to services in both clinic and community settings (for example, substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and help clients make plans to obtain these services.

**Injection drug user (IDU):** Someone who uses a needle to inject drugs into his or her body.

**Intervention:** A specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviors, or practices of individuals and populations to reduce their health risk. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation.

**Intervention plan:** A plan setting forth the goals, expectations, and implementation procedures for an intervention. It should describe the evidence or theory basis for the intervention, justification for application to the target population and setting, and the service delivery plan.

**Jurisdiction:** An area or region that is the responsibility of a particular governmental agency. This term usually refers to an area where a state or local health department monitors HIV prevention activities. (For example, Jonestown is within the jurisdiction of the Jones County Health Department.)

**Jurisdictional HIV Prevention Planning:** this is a process in which a diverse group of stakeholders come together to develop, implement, and monitor goals and objectives established in a jurisdictional plan to address HIV prevention, care, and treatment within jurisdictions.

**Jurisdictional HIV Prevention Planning Group (HPPG):** The official HIV prevention planning body that follows the Jurisdictional Prevention Planning Guidance to develop jurisdictional HIV prevention plans for project areas.

**Logic model:** A systematic and visual way to present and share understanding of the relationships among the resources available to operate a program, planned activities, and anticipated changes or results. The most basic logic model is a picture of how a program will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how these activities are linked to the results the program is expected to achieve.

**Management and staffing plan:** A plan describing the roles, responsibilities, and relationships of all staff in the program, regardless of funding source. An organization chart provides a visual description of these relationships.

**Men who have sex with men (MSM):** Men who report sexual contact with other men (that is, homosexual contact) and men who report sexual contact with both men and women (that is, bisexual contact), whether or not they identify as “gay.”

**Met need:** A need within a specific target population for HIV prevention services which is currently being addressed through existing HIV prevention resources. These resources are available to, appropriate for, and accessible to that population (as determined through the community services assessment of prevention needs). For example, a project area with an organization for African American gay, bisexual, lesbian, and transgender individuals may meet the HIV/AIDS education needs of African American men who have sex with men through its outreach, public information, and group counseling efforts. (See also “Unmet need.”)

**MSM/IDU:** Men who report both sexual contact with other men and injection drug use as risk factors for HIV infection.

**Non-concurrence:** A Jurisdictional HIV Prevention Planning Group's disagreement with the program priorities identified in the health department's application for CDC funding. Non-concurrence also may mean that a HPPG has determined that the health department has not fully collaborated in developing the comprehensive plan.

**Outcome evaluation:** Evaluation employing rigorous methods to determine whether the prevention program has an effect on the predetermined set of goals. The use of such methods allows ruling out factors that might otherwise appear responsible for the changes seen. These measurements assess the effects of interventions on client outcomes such as knowledge, attitudes, beliefs, and behavior.

**Outcome monitoring:** Efforts to track the progress of clients or a program based upon outcome measures set forth in program goals. These measurements assess the effects of interventions on client outcomes such as knowledge, attitudes, beliefs, and behavior. Monitoring allows the identification of changes that occurred, but the intervention may not have been responsible for the change. This would take a more rigorous approach (see Outcome evaluation).

**Outreach:** HIV/AIDS interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in neighborhoods or other areas where they typically congregate. Outreach may include distribution of condoms and educational materials as well as HIV testing. A major purpose of outreach activities is to encourage those at high risk to learn their HIV status.

**Parity:** The ability of prevention planning group members to equally participate and carry-out planning tasks or duties in the community planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process, and have equal voice in voting and other decision-making activities.

**Partner counseling and referral services (PCRS):** A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

**PLWHA:** A person or persons living with HIV or AIDS.

**Prevalence:** The total number of cases of a disease in a given population at a particular point in time. For HIV/AIDS surveillance, prevalence refers to living persons with HIV disease, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.

**Prevention activity:** Activity that focuses on behavioral interventions, structural interventions, capacity building, or information gathering.

**Prevention case management (PCM):** Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. PCM is a hybrid of HIV risk-reduction counseling and traditional case management, which provide intensive, ongoing, and individualized prevention counseling, support, and service brokerage.

**Prevalence rate:** The number of people living with a disease or condition in a defined population on a specified date, divided by that population. It is often expressed per 100,000 persons.

**Prevention need:** A documented necessity for HIV prevention services within a specific target population.

The documentation is based on numbers, proportions, or other estimates of the impact of HIV or AIDS among this population from the epidemiologic profile. Prevention need also is based on information from the epidemiologic profile and community services assessment.

**Prevention program:** An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, for example, to increase condom use with non-steady partners.

**Prevention services:** Interventions, strategies, programs, and structures designed to change behavior that may lead to HIV infection or other diseases. Examples of HIV prevention services include street outreach, educational sessions, condom distribution, and mentoring and counseling programs.

**Priority set of prevention interventions/activities:** A set of interventions/activities identified in the Jurisdictional HIV Prevention Plan, which, if implemented, can have a major effect on the HIV epidemic in a target population.

**Priority population:** A population identified through the epidemiologic profile and community services assessment that requires prevention efforts due to high rates of HIV infection and the presence of risky behavior.

**Program announcement:** A CDC announcement in the Federal Register describing the amount of funding available for a particular public health goal and soliciting applications for funding. The program announcement describes required activities and asks the applicants to describe how they will carry out the required activities.

**Program indicator:** A quantitative measure of program performance.

**Public information program:** Activities funded through the cooperative agreement to build general support for safe behavior, dispel myths about HIV/AIDS, address barriers to effective risk reduction programs, and support efforts for personal risk reduction. In addition to addressing general audiences, public information programs should inform persons at risk of infection about how to obtain specific prevention and treatment services such as counseling, testing, referral, partner counseling and referral services, and STD screening and treatment.

**Project area:** Same as “Jurisdiction.”

**Qualitative data:** Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, open-ended interviews, direct observations, ethnographic studies, and documents.

Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships rather than numeric or statistical analysis. Qualitative data often complement and help explain quantitative data.

**Quantitative data:** Numeric information -- such as numbers, rates, and percentages -- representing counts or measurements suitable for statistical analysis.

**Referral:** A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with assistance in identifying and accessing services (such as, setting up appointments and providing transportation). Referral does not include ongoing support or case management. There should be a strong working relationship with other providers and agencies that might be able to provide needed services.

**Relevance:** The extent to which an intervention plan addresses the needs of affected populations in the jurisdiction and other community stakeholders. As described in the Guidance, relevance is the extent to which the populations targeted in the intervention plan are consistent with the target populations in the comprehensive HIV prevention plan.

**Representation:** The act of serving as an official member reflecting the perspective of a specific community. A representative should reflect that community's values, norms, and behaviors, and have expertise in understanding and addressing the specific HIV prevention needs of the population. Representatives also must be able to participate in the group and objectively weigh the overall priority prevention needs of the jurisdiction.

**Representative:** A sample having the same distribution of characteristics as the population from which it is drawn. Thus the sample can be used to draw conclusions about the population.

**Risk factor or risk behavior:** Behavior or other factor that places a person at risk for disease. For example, drug use is a factor that increases risk of acquiring HIV infection; and factors such as sharing injection drug use equipment, unprotected anal or vaginal sexual contact, and commercial unprotected sex increase the risk of acquiring and transmitting HIV.

**Seroprevalence:** The number of people in a population who test HIV-positive based on serology (blood serum) specimens. Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 1,000 persons tested.

**Science-based:** See "Evidence-based."

**Socio-demographic factors:** Important background information about the population of interest, such as age, sex, race, educational status, income, and geographic location. These factors are often thought of as explanatory, because they help make sense of the results of analyses.

**Socioeconomic status (SES):** A description of a person's societal status using factors or measurements such as income levels, relationship to the national poverty line, educational achievement, neighborhood of residence, or home ownership.

**Structural intervention:** An intervention designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change.

(An example might be changing the operating hours of a testing site or providing bus tokens for access.)

**Surveillance:** The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.

**Target populations:** Populations that are the focus of HIV prevention efforts because they have high rates of HIV infection and high levels of risky behavior. Groups are often identified using a combination of behavioral risk factors and demographic characteristics.

**Technical assistance (TA):** The delivery of expert programmatic, scientific, and technical support to organizations and communities in the design, implementation, evaluation of HIV prevention interventions and programs. CDC funds a National Technical Assistance Providers' Network to assist HIV prevention community planning groups in all phases of the community planning process.

**Transmission categories:** Classification of infected individuals based on how the individual may have been exposed to HIV, such as injection drug use.

**Unmet need:** An unmet need is a requirement for HIV prevention services within a specific target population that is not currently being addressed through existing HIV prevention services and activities, either because no services are available or because available services are either inappropriate for or inaccessible to the target population. For example, a project area lacking Spanish-language HIV counseling and testing services will not meet the needs of Latinos with limited-English proficiency. (See also "Met need.")