



Nevada Office of HIV/AIDS Ryan White Part B Program Service Standards Nevada Medication Assistance Program (NMAP)

I. HRSA Service Definition

Ryan White HIV/AIDS Program (RWHAP), under the Health Resources and Services Administration (HRSA), is the federal funding source for the Ryan White Part B (RWPB) and Nevada Medication Assistance Program (NMAP).

NMAP is a state-administered program authorized under RWPB to cover costs associated with providing U.S. Food and Drug Administration (FDA) approved medications to low-income clients living with Human Immunodeficiency Virus (HIV) who have no coverage or limited health care coverage. RWHAP NMAP formularies must include at least one FDA-approved medication in each drug class of core antiretroviral medications from the U.S. Department of Health and Human Services (DHHS)' Clinical Guidelines for the Treatment of HIV. RWHAP NMAPs also provides access to medications by using program funds to purchase health insurance coverage and through medication cost sharing for eligible NMAP clients. RWHAP NMAPs must assess and compare the aggregate cost of paying for the health insurance coverage versus paying for the full cost of medications to ensure that purchasing health insurance coverage is cost effective in the aggregate. With prior approval, RWHAP NMAPs may use a limited amount of program funds for activities that enhance access, adherence, and monitoring of HIV antiretroviral therapy.

II. Service Goals and Objectives

This policy update addresses the NMAP goals and objectives of providing lifesaving medication assistance to people living with HIV/AIDS (PLWH). It will address premium and cost-sharing assistance, maintenance of private health insurance coverage as it relates to the Patient Protection and Affordable Care Act (PPACA), and the provision of providing medication assistance as payer of last resort.

The NMAP Program represents Nevada's prescription drug safety net for PLWH, providing life-saving medications to low-income uninsured and underinsured individuals. Medications used to treat HIV are extremely costly and without insurance coverage or public benefits access to these medications is unaffordable for many PLWH.

III. Currently Funded NMAP Services

1. Medicare Part D Co-Payment
2. Medicare Supplement Premium- Partial Payment (Part C/D)
3. Medicare Supplement Premiums- Full Payment (Part C/D)
4. Other Health Insurance Premium- Partial Payment
5. Other Health Insurance Premium- Full Payment
6. Other Health Insurance Co-Payment
7. NMAP Medication Assistance



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IV. NMAP Services

Health Insurance Assistance Services

Health Insurance to Provide Medications (HIP-Rx) is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical and prescription benefits under a health insurance plan. This includes:

- Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications;
- Paying prescription drug co-pays and deductibles on behalf of the NMAP clients;
- Providing funds to contribute to a client's Medicare Part D True Out-Of-Pocket (TrOOP) costs.

Funding allocated to NMAP provides an approved formulary of medications to people living with HIV/AIDS (PLWH) for the treatment of HIV disease or the prevention of opportunistic infections.

CAREWare must be updated to indicate the type(s) of health insurance assistance service(s) that the client received during the reporting period. Funded services include:

1. **Medicare Part D Co-Payment** - Medicare Part D medication coinsurance or co-payment
2. **Medicare Supplement Premium- Partial Payment (Part C/D)** – Medicare Part C (Health Plan) or Medicare Part D (Drug Plan) partial premium payment where NMAP pays less than 100% of the premium cost, such as when the client receives a premium subsidy
3. **Medicare Supplement Premiums- Full Payment (Part C/D)** - Medicare Part C (Health Plan) or Medicare Part D (Drug Plan) full premium payment where NMAP pays 100% of the premium cost
4. **Other Health Insurance Premium- Partial Payment** – A health insurance plan, such as a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan where NMAP pays a partial premium payment (i.e., such as when the client receives a premium subsidy through the Advance Premium Tax Credit)
5. **Other Health Insurance Premium- Full Payment** - A health insurance plan, such as a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan where NMAP pays the full premium payment
6. **Other Health Insurance Co-Payment** – A health insurance medication coinsurance or co-payment



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In NMAP's Domain of CAREWare, indicate the total amount (\$0 to \$100,000) of insurance premiums paid on behalf of the client during the reporting period in the Insurance Services Tab for premium payments and the Drug Services Tab for medication coinsurance or co-payments. Note: The Office of HIV/AIDS (OHA) uploads medication coinsurance and co-payment data from the Ramsell Pharmacy Benefits Manager (PBM) for any medication billed to NMAP. In rare circumstances where the Ramsell PBM cannot be billed for a medication coinsurance and co-payment, the information will need to be manually entered in NMAPs Domain of CAREWare on the Drug Services Tab, and the NMAP Coordinator should be notified.

Direct Medication Assistance Services

If an applicant is not eligible for a health insurance plan (a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan) or public health insurance option (Medicare, Medicaid, VA, HIS, etc.), then NMAP will cover the full cost of any medication that is on the NMAP Formulary. Funding allocated to NMAP provides an approved formulary of medications to people living with HIV/AIDS (PLWH) for the treatment of HIV disease or the prevention of opportunistic infections.

CAREWare must be updated to indicate the type(s) of medication assistance service(s) that the client received during the reporting period. Funded services include:

1. ***NMAP Medication Assistance*** – A medication payment for an uninsured client

In NMAPs Domain of CAREWare, indicate the total amount (\$0 to \$100,000) of the medication payment paid on behalf of the client during the reporting period in the Drug Services Tab. Note: The Office of HIV/AIDS (OHA) uploads medication payment data from the Ramsell Pharmacy Benefits Manager (PBM) for any medication that has billed to NMAP. In rare circumstances where the Ramsell PBM cannot be billed for payment, the information will need to be manually entered in NMAPs Domain of CAREWare on the Drug Services Tab.

V. Service Delivery

NMAP Enrollment

Clients must first meet the requirements for Ryan White Universal Eligibility:

1. Proof of HIV/AIDS Diagnosis
2. Verification of Income at or below 400% Federal Poverty Level (FPL)
3. Proof of Nevada Residency



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Once it is determined that the client needs for medication and/or health insurance assistance, the NMAP referral process can begin. The originating agency will send a referral to NMAP (see Common Guidance Document 19-02 for CAREWare instructions). NMAP will have 14 calendar days to review the referral for completion and either deny or accept the referral. If the referral is accepted, NMAP must place the client in the correct health insurance and/or medication assistance category and begin service delivery.

If it is determined that the client does not have a completed Ryan White Universal Eligibility application, NMAP will have 14 days (from receipt of a referral) to do the following:

1. The referral must be assigned to a case manager.
2. There will be a minimum of 3 attempts (one of which must be in writing) to notify the client and obtain missing eligibility information. The client must be informed of the next steps if the referral is denied.
3. All attempts must be documented in CAREWare Part B with detailed accounts of all attempts in the service notes.
4. If the case manager obtains the missing eligibility documentation, the documents must be uploaded into the CAREWare Part B Eligibility and Enrollment Fields tab.
5. If the referral is denied, it must be rejected in CAREWare Part B and sent back to the originating agency with the reason(s) for the denial.

Emergency Referrals:

Emergency enrollment referrals should be submitted if the client has less than seven (7) days of HIV medications. NMAP must assess that we have a completed Ryan White Universal Eligibility application to approve NMAP services. Once the determination of a completed Ryan White Universal Eligibility application is made, NMAP will have 48 hours (from receipt of a referral) to enroll the client in the correct health insurance or medication assistance category and begin service delivery.

If it is determined that the client does not have a completed Ryan White Universal Eligibility application, NMAP will have 48 hours (from receipt of a referral) to do the following:

1. The referral will be assigned to a case manager.
2. There will be a minimum of 4 attempts to notify the client and obtain missing eligibility information. The client must be informed of next steps if the referral is denied.
3. All attempts must be documented in CAREWare Part B with detailed accounts of all attempts in the service notes.
4. If the case manager obtains the missing eligibility documentation, the documents must be uploaded into the CAREWare Part B Eligibility and Enrollment Fields tab.



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5. If the referral is denied, it must be rejected in CAREWare Part B and sent back to the originating agency with the reason(s) for the denial.

NMAP Medication Assistance Categories

Within NMAP, there are six internal NMAP medication assistance categories that a client may be enrolled into within the Ramsell, Pharmacy Benefit Management (PBM), System: Medicare, Insured, Employer-Sponsored Insurance, Uninsured, Provisional, and Emergency. Clients in the Medicare, Employer-Sponsored Insurance, Uninsured, and Insured medication assistance categories will receive Ramsell Pharmacy Benefit cards. Clients in the Provisional and Emergency medication assistance categories will receive a temporary Ramsell Pharmacy Benefit cards.

- Medication costs associated with the Ramsell medication assistance category of Medicare is considered **Medicare Part D Co-Payments** within CAREWare.
- Medication costs associated with the Ramsell medication assistance categories of Insured and Employer-Sponsored Insurance are considered **Other Health Insurance Co-Payment** within CAREWare.
- Medication costs associated with the Ramsell medication assistance categories of Uninsured, Provisional, and Emergency are considered **NMAP Medication Assistance** within CAREWare.

Medicare

Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) are available to the individuals below:

- Age 65 or older **and** a U.S. citizen or lawfully admitted noncitizen who has lived in the U.S. for five continuous years; or
- Under the age of 65 **and** receiving Social Security Disability (SSDI) benefits or Railroad Retirement Board Disability benefits for at least 24 months from the date of entitlement; or
- Under the age of 65 and receiving Social Security Disability (SSDI) benefits or Railroad Retirement Board Disability benefits with Amyotrophic Lateral Sclerosis (known as ALS or Lou Gehrig's disease); or
- Any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).



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Medicare Part D is the prescription drug benefit section of the Medicare Modernization Act of 2003. The Ramsell medication assistance category, Medicare, was implemented to work in conjunction with Medicare Part D. Medicare Part D would act as your primary insurance, and NMAP would act as your secondary insurance to cover the remaining co-payment price.

Medicare Part D co-payments paid on the client's behalf by NMAP count towards the client's True Out-of-Pocket Cost (TrOOP). TrOOP costs count towards the Medicare beneficiary's out-of-pocket threshold, which once reached, will determine that the client begins Catastrophic Coverage. Catastrophic Coverage is when Medicare Part D pays 95% of the drug cost, and the client pays the larger of either 5% of the drug cost or \$2.95 (for generic) or \$7.20 (for name brand). Clients at 150% FPL or below qualify for Low-Income Subsidy (LIS) and are required to apply for the LIS assistance through the Social Security Administration.

It is the client's responsibility to maintain adherence to the Medicare Part D and the Part D insurance provider's rules and regulations. Correspondence from Medicare or the health insurance plan is not sent to the NMAP Program; it is sent directly to the client.

In accordance with Medicare rules, clients will select their Medicare Part D provider during open enrollment each year. This should be done as early in the open enrollment period as possible to allow time for processing through multiple agencies. Existing eligible clients will notify their NMAP case manager, with proper documentation, of their provider choice. New clients will generally be enrolled in their Medicare Part D plan on the 1st of the following month. If the eligibility date is after the 15th of the month, the client will be eligible beginning the 1st of the month following the upcoming month. Exceptions can be made to enroll more quickly.

NMAP requires all deemed eligible clients to enroll into a Medicare Part D plan. NMAP strongly encourages Medicare clients to enroll into a Part C plan; if deemed eligible.

Insured

NMAP funding is the payer of last resort for HIV medications. The program is responsible for providing HIV medications on the NMAP closed formulary to eligible clients in the most cost-effective delivery system. All clients and potential clients will be evaluated for inclusion in other programs before NMAP funding is used as payment for medications. The NMAP enrollment process will help to determine which NMAP service is the most cost-effective delivery system for the program.

HRSA guidelines permit each state to purchase health insurance for eligible NMAP clients for the sole purpose of providing medications. When fiscally suitable, NMAP assist clients with health insurance premiums and/or co-payments, depending on individual circumstances. NMAP is the payer of last resort; therefore, a client's primary insurance, i.e., Medicaid,



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Medicare, employer-sponsored insurance, spousal employer-sponsored insurance, COBRA, etc., must be billed first for covered medications and NMAP should be billed second to cover the medication co-payment.

NMAP may assist eligible clients with health insurance premiums and medication co-payment assistance if the cost of paying the health insurance premium and medication co-payments are less than the cost to provide the client with direct medication assistance. Clients are required to disclose all insurance information during the Ryan White Universal Eligibility application process and present documentation when requested during the NMAP enrollment process (i.e., premium information, open enrollment timeframe, CORBA application, etc.). Clients will only have to submit proof of the monthly health insurance premium amount at their Ryan White Universal Eligibility Annual and Recertification application appointments. It is the responsibility of the client to report any change(s) that may occur within their six-month certification. It is the expectation of the Office of HIV/AIDS that all changes are reported to the NMAP Program within 10 days of notification of that change; this includes but is not limited to any increase or decrease in premium payments.

If a client's circumstances change and they become eligible to enroll in health insurance through an employer, the Health Insurance Exchange, Medicare, Medicaid, etc., the client must present the health insurance information, enroll in the other insurance product, and report that change to the NMAP Program through a case manager within 10 days of notification of that change. Similarly, if health insurance status changes, the client should inform the case manager so that accurate premiums are paid by the NMAP Program. Failure to produce the information in a timely manner may result in a lapse in health insurance premium payment, which would impact the client's health insurance enrollment and may cause the client to be suspended and/or disenrolled from NMAP.

Effective October 1, 2013, the State of Nevada implemented a Health Insurance Exchange in compliance with the Affordable Care Act (ACA). The web portal is called Nevada Health Link (NHL). All Nevadans are required to apply for marketplace insurance through Healthcare.Gov if they do not have insurance through other means. NMAP clients will be educated through NMAP case managers who specialize in health insurance to decide the best health insurance plan that will cover their unique health needs and medications. If Nevada Health Link decides that the client's income makes them eligible for insurance, then the NMAP Program must encourage enrollment in an approved insurance plan. The NMAP program has determined that it is cost-effective to enroll clients into an insurance product versus paying the medication's full cost.



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All clients who are signed up for health insurance and receive an Advance Premium Tax Credit from the Internal Revenue Service (IRS) to assist with the affordability of monthly health insurance premiums will be required to provide all relevant tax information for the covered year. The NMAP program will assist the client with the Advance Premium Tax Credit reconciliation process.

Qualified health insurance plans (QHP) sold on and off the Exchange/Marketplace are required to accept premium payments from the Ryan White associated providers under regulations of the Affordable Care Act. If there are any issues with an insurance company regarding health insurance premium payments, please contact the Nevada Office of HIV/AIDS.

Note: Enrolled NMAP insured clients are required to utilize NMAP medication assistance for copays, co-insurance, and/or deductibles. Failure of enrolled NMAP insured clients to utilize the program for 90 days, within a calendar year, will result in the client's disenrollment from NMAP.

Employer-Sponsored Insurance

All clients must maintain current Ryan White Universal Eligibility enrollment through an annual certification and recertification to remain active and receive benefits. As program funds allow, NMAP will assist clients with health insurance premiums and/or medication co-payments.

Clients with credible and affordable employer-based coverage that has been reviewed and approved by NMAP may keep their current insurance and may qualify for health insurance premium assistance. NMAP will also cover a client jointly insured through a spouse's employer-based coverage.

When NMAP negotiates with an employer to accept health insurance premiums on behalf of a client, the company should be aware that the premium must be an after-tax item, not a pre-tax item. Meaning, the client is not paying the premium, so they do not qualify for pre-tax or tax-free deductions.

Clients may opt-out of their employer-sponsored insurance plans to opt-in to an On-Marketplace plan so long as they meet one of the following criteria:

- The employer-sponsored insurance does not accept 3rd party payments;
- The employer-sponsored insurance requires the use of mail order; and
- The employer-sponsored insurance requires the use of a Specialty Pharmacy outside of NMAP's Pharmacy Network.



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Note: Enrolled NMAP insured clients are required to utilize NMAP medication assistance for copays, co-insurance, and or deductibles. Failure of enrolled NMAP insured clients to utilize the program for 90 days, within a calendar year, will result in the client's disenrollment from NMAP.

Uninsured

If an NMAP applicant is not eligible for a health insurance plan (a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan) or public health insurance option (Medicare, Medicaid, VA, HIS, etc.), then NMAP will cover the full cost of any medication that is on the NMAP Formulary.

NMAP Formulary

The NMAP Formulary currently has over 40 Antiretroviral Medications (ARVs) and over 100 other related medications. The Formulary is updated with input from the Food and Drug Administration (FDA), National Alliance of State & Territorial AIDS Directors (NASTAD), and HIV/AIDS Medical Advisory Committee (MAC) in concordance with the Nevada OHA Policy 19- 01 Medical Advisory Committee Policy and Procedures.

Provisional

The provisional medication assistance category provides temporary assistance to NMAP-eligible clients while eligibility is determined for Medicaid or for another insurance product to have an effective start date. This category will also be used for those clients who have a completed Universal Ryan White Eligibility application, and the NMAP Program is waiting to receive information to determine the appropriate NMAP services. This NMAP medication assistance category will not receive a Ramsell benefit card. While enrolled in Provisional medication assistance, the client will receive 30 days of eligibility at a time and will be re-evaluated every 30 days until placed in the appropriate NMAP medication assistance categories. Every change in the Ramsell medication assistance category needs to be recorded in CAREWare Part B as a non-medical case management NMAP Coordination service. A temporary benefit card will be printed and given to the client. Once the appropriate NMAP medication assistance category is determined, the client will be mailed a Ramsell benefit card.

Emergency

The Emergency medication assistance category is for **new** NMAP-eligible clients with less than seven (7) days' worth of medications. While enrolled in Emergency medication assistance, the client will receive 30 days of eligibility. During the 30 days of Emergency enrollment, the NMAP Program will determine which Ramsell medication assistance category is best suited for the client and extend NMAP services for the remainder of the client's Universal Ryan White Eligibility period. A temporary benefit card will be printed and given to the client. Once the appropriate Ramsell medication assistance category is determined, the client will be mailed a Ramsell benefit card. The Emergency medication assistance category is only used for 30 days of enrollment and cannot be renewed.



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Continued Enrollment

To remain active and receive Ryan White or NMAP Program benefits, all clients must maintain Universal Ryan White Eligibility to avoid a lapse of benefits. Case managers will contact the Office of HIV/AIDS staff if a client has unique circumstances or if there is any doubt that the client qualifies for the NMAP Program. The client should be informed that they will be contacted once the questions have been clarified. This client may need to receive a 30-day Provisional enrollment into NMAP if the applicant's medication adherence would be impacted until the question(s) can be clarified. Case managers must notify the Office of HIV/AIDS, in writing, regarding any NMAP Program client that has become disqualified from health insurance before they cease paying insurance premiums; this includes noncompliance for recertification.

Financial Reimbursement

HRSA strictly prohibits reimbursement to clients for any expenses.

Medicaid

In 2012, Nevada Governor Brian Sandoval announced that under the ACA Nevada, would expand Medicaid to cover incomes up to 138% Federal Poverty Level (FPL), in most cases, although some exceptions apply. Ryan White clients are encouraged to apply for Medicaid if they meet the eligibility requirements. If the client is ineligible for Medicaid, then the case manager will determine if they meet health insurance eligibility requirements through another source.

Clients whose income is at or below 140% Federal Poverty Level (FPL) must be assisted with a referral to Medicaid for an eligibility determination. If a client's income makes them eligible for Medicaid, eligible clients **must** participate in Medicaid. If a client refuses a referral to Medicaid, the client will still receive NMAP benefits, but services will be limited to uninsured medication assistance. NMAP cannot pay health insurance premiums for clients that are Medicaid eligible as the NMAP Program is the payer of last resort.

Clients that have provided proof of a Medicaid application but have not been authorized for Medicaid benefits may receive NMAP services as a "bridge" between Medicaid and NMAP Program benefits. Medicaid eligible clients are **not eligible** to receive NMAP services.

Pharmacy Assistance Program

Drug manufacturers provide the Pharmacy Assistance Program or Patient Assistance Program (PAP). If a client cannot obtain medications through the NMAP Program, the client may be referred to a PAP program. The PAP may assist clients with medications at no charge or for a cost-share. NMAP does not allow the use of the PAP for a drug(s) on the NMAP formulary.



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Pharmacy Agreements

For a pharmacy to participate in the NMAP pharmacy network, the pharmacy must be credentialed by NMAP's Pharmacy Benefits Manager (PBM). As part of the credentialing process, pharmacies/340B entities must attest and comply with all NMAP's Policy. NMAP **shall not be** responsible for any penalties that may be incurred as a result of a Health Resources and Services Administration (HRSA), Office of Pharmacy Affairs (OPA), or Pharmaceutical Manufacture's audit. If an entity participates in the Federal 340B Program, they are individually responsible for compliance with federal law.

Ramsell is Nevada's Pharmacy Benefit Manager (PBM) for NMAP. Clients deemed eligible for NMAP will be entered into the PBM system by the NMAP provider. Pharmacists will not bill NMAP for the medication(s) for clients who have not met Universal Ryan White Eligibility and who have not been activated in the Ramsell PBM system.

Insurance Pharmacy Network

Clients must access medication assistance through the NMAP's approved pharmacy network administered by NMAP's PBM. If a client chooses to use an out-of-network pharmacy, the client is choosing to opt-out of enrollment and services in NMAP. Opting out of NMAP means the program will no longer be able to pay for the client's insurance premiums and/or the costs of medications, and the client will be responsible for the full cost of their medications and/or insurance premiums.

VI. Licensing, Knowledge, Skills, and Experience

NMAP Program coordination and processing services are provided by a non-medical case manager with at least six months of relevant experience in outreach, community services, supportive work with families and individuals, geriatrics, supportive services for the youth, corrections, public relations, or related fields. The suggested minimum educational experience shall be a High School Degree or GED. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV, they must receive HIV specific training within six months of hire.

VII. Summary

These service-specific standards shall be followed by all funded providers that provide Part B-funded NMAP services. It is expected that all providers follow these standards and the universal programmatic and administrative National Monitoring Standards. Provider organizations and staff may exceed any of these standards as part of the program delivery.



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VIII. Recommendations

All Part B funded providers must adhere to these service category-specific standards, all program standards and ensure that they are familiar with their individual Part B subgrant recipients to meet their deliverables and associated expectations.

IX. References and further reading

All Part B funded providers should read their individual Part B contracts, as well as but not limited to, the Quality Management Plan and all local policies and guidelines set forth by the Office of HIV/AIDS regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative National Monitoring Standards.

[Federally approved clinical guidelines for the treatment of HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Recipients: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Service Standards](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.](#)

X. Revision Schedule

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XI. Contact

For further information or clarification please contact NMAP at NVADAP@health.nv.gov.