NOW YOU KNOW
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How do I use this guide?

“Now That You Know” is for people who have recently tested positive for HIV. It will help you get through the first moments and days after you find out you have HIV. It will also help you figure out what you need to do in order to take care of yourself and others in the most healthy, hopeful ways possible.

You may find that you have many questions. You might want to read this guide from beginning to end, or you can look on the “Table of Contents” page for the topic that will be most helpful to you. You can also go to the end of the book to find out about places that offer services to people with HIV.

We hope “Now That You Know” is helpful to you.
I just tested positive for HIV. What does this mean for me?

Getting through the first moments...

Testing positive for HIV is usually upsetting, so it makes sense if you’re feeling confused or lost. What would be most helpful right now? Do you want to get information so that you can take some kind of action? Or do you want to explore and better understand your emotions? As you read on, you will see that there are a lot of things you can do to take care of yourself.

People have all kinds of different responses to having HIV. You may feel anger, fear, confusion, numbness, guilt, or sadness. These feelings may be so strong that you don’t know what to do with them or how you’ll deal with having HIV. You may feel upset, but at the same time know that you’ll be able to handle living with HIV. You may have very different feelings from moment to moment. All of your feelings are understandable and you have choices about how you respond to them. Just like in other situations that have been hard or scary, your feelings will likely change as you get more information and begin to make a plan for taking care of yourself both emotionally and physically.

If you’re feeling numb or overwhelmed, it can be helpful to focus on just getting through the day. There are many healthy and safe ways to be comforted. Sometimes it’s hard to figure out what will help. Turn the page for some helpful ideas.

If you are in crisis, thinking about hurting yourself or someone else, or just need someone to talk; call your doctor, friends, counselor, or family members.
Healthy and Safe Ways to Find Comfort:

» Talk to a friend
» Eat healthy food
» Watch your favorite TV shows or movies
» Listen to relaxing music
» Go for walks, go to the gym or get some other kind of exercise
» Get plenty of sleep
» Write about your feelings
» Talk to a religious or spiritual advisor
» Talk to a therapist

Could some of these help you, too? What else might work for you? Go ahead and make your own list and use it to help yourself get through difficult moments.
Questions to Ask

Reflecting and Redirecting

Like most people, you’ve probably already made it through some hard times. The questions on this page can help you figure out what you now have in your life to help you AND what else you need. There’s room for you to write down the answers if you’d like so you can come back to them later.

How do I feel about having HIV?

Is there someone I can talk to who also has HIV?

How have I made it through other tough situations?

How have other people I know dealt with difficult situations?

Having HIV is life-changing for most people. It can bring up questions about your expectations for your life and how they may need to change now that you know that you have HIV. People often feel weighed down, thinking they have to make many decisions right away.

It’s okay to slow down a bit. You can take charge of your life by taking the time you need to make the best choices for you.
What might make it hard for me to cope?
Difficulties might include having a hard time handling feelings, not knowing where to turn for help, lacking information about HIV, not having close, trusted friends, concerns about telling people in your life that you have HIV or having fear that people will discriminate against or reject you.

What are my strengths?
Your list might include such things as: you are a good person and have self worth, are flexible and creative in solving problems, have good support or are willing to seek it, and are able to express emotions and face your fears.

What do I need to help me take care of my emotional and physical health?
Look through “Resources” on pages 22-25 to find specific programs and services.
Available Support

Getting Help and Support

Having support in your life is especially important when you’re learning to live with HIV. If you need extra support there are many ways to find it. There are support groups for people with HIV, social activity groups, and many other kinds of services available.

To find out about support groups, ways to meet other people who are living with HIV or organizations that can help you with health care, finances, housing, insurance or other needs (see “Places That Can Help” on page 23).

Case Managers help people with HIV find services they need such as:

» Medical care
» Sexual health counseling
» Health insurance assistance
» Substance use treatment programs
» Assistance with paying for medications
» Mental health/counseling services
» Financial help
» Transportation
» Food/nutrition assistance
» Legal assistance
» Housing
» Other types of services

Find Case Managers at these Agencies:

Heartland Health Resource Center
2500 West 49th Street
Suite 103
Sioux Falls, SD 57105
605-271-4814 or
605-271-4813

Volunteers of America
111 New York Street
Rapid City, SD 57701
605-341-8336 or
605-791-2602
Health Care

What can I do to take care of my health?

Testing positive for HIV does not mean that you have AIDS or that you are going to get sick soon. HIV works slowly in the body, so most people with HIV feel and look healthy for many years. A person doesn’t have AIDS until HIV weakens the immune system so that it can no longer fight certain illnesses. With the medicines that are available now, people with HIV are living longer, healthier lives.

The most important thing to do is get medical care!

Research has shown that people stay healthier longer when they receive medical care from someone who specializes in the treatment of HIV. As a first step, you may want to make an appointment with an HIV Specialist (see “HIV Specialists In South Dakota” on page 28).

HIV Specialist

The HIV specialist can give you two basic blood tests: the CD4 cell (or T-cell) count and the viral load test. These tests give you an accurate picture of how healthy your immune system is right now. HIV attacks your CD4 cells. Knowing how many CD4 cells you have can tell you how well-equipped your immune system is for fighting HIV. The higher your CD4 cell count, the better. The viral load test tells you how much HIV is in your blood. The lower your viral load, the less HIV you have in your system, and the better your immune system can work to keep HIV under control.
What to Expect

What happens when I go to see an HIV specialist?

At your first visit, you’ll receive a complete physical including a series of blood tests and a TB (tuberculosis) test. If you have a record of vaccines that you’ve had in the past, take the record with you. You may need to catch up on your immunizations. Be prepared to answer a lot of questions about your overall health. There may also be some questions about your sexual and drug use history. The information you share is protected under the rules of doctor-patient confidentiality, so you can answer honestly and completely. This way, you and your HIV specialist can work together so you can stay as healthy as possible.

What HIV medications should I take? When should I start taking them?

Your HIV specialist will help you decide whether you should take them and the best time to start. In the meantime, you can gather information you’ll need about HIV medications — how they work in the body, the side effects, the benefits, how to take them, etc. — to make an informed choice when the time comes. Once you start treatment, you must be very strict about taking each and every dose every day at the time prescribed by your specialist. This is called treatment adherence. If you miss doses of your medicine, the HIV inside you can multiply and become resistant, meaning the drugs will no longer work for you. Resistance can also limit other treatment choices. For more information on medications go to http://www.thebody.com/content/12793/hiv-and-its-treatment.html.

What is a CD4 Cell?

CD4 cells, also called T-cells, are the type of white blood cells that fight infections in your body. They are also the cells that HIV infects. Over time, if you are not taking anti-HIV medicines, your CD4 count will go down. This puts you more at risk for infections and other health problems that are associated with HIV. CD4 counts go down at different rates in different people. This depends partly on your HIV viral load — the amount of HIV in your blood. Your CD4 count goes down more quickly if your viral load is high and more slowly if your viral load is lower. Anti-HIV medicines help to increase CD4 counts and lower viral loads. This can help you to stay healthier longer.
What if I can’t afford HIV medications and other things I might need?

Many services are available for FREE to people with HIV who have low incomes and live in South Dakota. A federal program called the Ryan White Program funds services for people living with HIV who fall at or below 300% of the Federal Poverty Level. For a single person, this means that your 2018 income has to be at or below $36,420.00 per year. (The amount changes if you have more people in your household.)

Services you can get include medical care, HIV medications, dental care, mental health care, drug/alcohol treatment, housing assistance, food and meal programs, case management, alternative therapies, and other types of services. A Ryan White Case Manager will help you find the services that you need (See the Case Manager information on page 8). If you have questions about Ryan White services, call the Ryan White Part B Program Manager at 1-800-592-1861 or 605-773-3737.

HIV and Hepatitis

HIV-positive people should be tested for Hepatitis A, B and C viruses. These viruses harm the liver, an important part of your body that helps you to stay healthy. Each type of Hepatitis is different from the other in some way.

In addition to HIV medications, there are also complementary treatments. It may be useful to talk with other HIV experts such as a nutritionist. Eating right, getting enough sleep, and exercising regularly help maintain your optimum weight and overall health. Yoga, acupuncture, and massage can reduce stress and increase peace of mind. You can choose the right combination to maintain your body and mind at their best performance levels. Ask your doctor for a referral or check out “Places That Can Help” on page 22.
Hepatitis

Knowing whether you have Hepatitis is important for the following reasons:

» It sometimes takes a long time to feel sick from Hepatitis B or C, so a lot of people don’t know until they get tested.

» If you don’t have Hepatitis A or B, you can get vaccines that will protect you from getting them. There is no vaccine for Hepatitis C.

» If you do have Hepatitis B or C, HIV can make it worse by making liver damage happen faster. Your doctor will help you keep an eye on your health and may suggest medicines that treat Hepatitis.

» Drinking alcohol can also make Hepatitis worse. If you have Hepatitis, you can learn about ways to stay as healthy as possible, such as reducing or avoiding alcohol.

HIV and women

If you are a woman who is pregnant, or considering pregnancy, getting treatment for HIV will reduce the risk of your baby contracting it.

It is important to:

» Find a doctor who specializes in HIV care for women

» Talk with your doctor about HIV medications and pregnancy

» Continue prenatal care throughout your pregnancy

» Talk with your doctor about other ways to keep you and your baby healthy, both during and after your pregnancy.
Telling people I’m HIV-positive

Deciding whether, when, or how to tell people about having HIV is an important part of adjusting to living with HIV. There are many ways that you can prepare yourself. You may want to start by looking at possible risks and benefits of telling people that you have HIV.

<table>
<thead>
<tr>
<th>RISKS</th>
<th>BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>They might feel upset, fearful, worried, sad, disappointed, or angry.</td>
<td>They might offer you support, help, and unconditional love.</td>
</tr>
<tr>
<td>They might treat you differently or discriminate against you.</td>
<td>You can get the medical care and services that you need.</td>
</tr>
<tr>
<td>They might reject you.</td>
<td>You can reduce the risk of passing HIV to others.</td>
</tr>
<tr>
<td>You might feel guilty or worried about them.</td>
<td>You can help others who are at risk for HIV or who just found they have it.</td>
</tr>
<tr>
<td>They might tell others.</td>
<td>Your relationships can be stronger because of your trust and honesty.</td>
</tr>
</tbody>
</table>

These questions can help you prepare for telling others:

» What do I hope to get out of telling this person?

» Why does this person need to know?

» Is this person at risk for HIV because of having sex or sharing drugs with me?

» Based on what I know of this person, is he/she likely to be very upset?

» Is this person going to be supportive of me? Do I want this person’s support?

» Can I trust this person to keep my information private?

» If I don’t tell this person, will it hurt his/her feelings?

» Will I worry more if I don’t tell this person?

» Could telling this person benefit me in some way?

» Do I feel emotionally strong and supported enough to handle this person’s reaction?

Remember that you don’t have to tell people right away. Take some time to think about it. You can’t know exactly how people will respond to your news, but you can try to prepare yourself for whatever their responses might be.
Telling Others

After you’ve thought it through and have decided you’re ready, these suggestions have been helpful to others:

**Find a comfortable setting**
Telling someone that you have HIV can be an emotional experience for both of you. Find a place that is comfortable and private, where you won’t be interrupted. Let the person know that you have something important to discuss. Make sure that both of you have plenty of time.

**Be ready for questions**
People you tell may ask you questions about HIV/AIDS, your health, and your plans for taking care of yourself. They may even ask how you got infected. Think about how or whether you want to answer these questions. You may not know the answers to some questions, and some may seem too personal. You can decide what you want to tell people and what you don’t. You can give them websites and phone numbers if they would like more information.

**Be ready for advice**
Offering advice is one way people can feel that they are being helpful. Let them know that you appreciate their support and suggestions. Tell them that you have a lot to think about and are learning how to stay as healthy as possible. You can decide whether the advice they are giving is or is not helpful to you.

**Be prepared for different reactions**
Upset, fearful, angry, sad, worried, betrayed, confused, loving, compassionate, helpful — these are just some feelings people might have in response to learning that you have HIV. Remember that negative reactions are usually based in fear. If someone gets upset, it’s usually because they care about you and are concerned about your well-being.
If someone has a strong emotional response, you may want to take a break from the conversation. Be sure to set a time to talk again later. People may need time to adjust to your news. You can also tell them that there are support groups for friends and family of people with HIV (see “Places That Can Help” on page 22).

**You are not responsible for the reactions of others**
Choosing to tell people you are HIV positive requires strength and courage. Some people may be unable to give you much support — especially at first. Even if they’re upset, people who care about you usually come around. Most importantly, focus on your self-care and getting support from people who are ready to be there for you.

**Finding the support you need**
There are many organizations that can help you if you need support. Your case manager can guide you to these organizations (see page 8). Counselors, therapists, support groups, and phone hotlines are available for you and those close to you. Many of these organizations are listed in this guide in “Places That Can Help” on page 23.

**Talking with children**
If there are young people near and dear to you, they will need special attention. Children can often sense when something major is occurring around them. There are many things to consider when informing children about a serious health issue. You can find good suggestions for talking with your children at these websites:

**thewellproject.org**

**www.womenshealth.gov/hiv-aids/**
Sex and Safety

HIV is contained in blood, semen, vaginal fluids, and breast milk. The only way to be sure that you don't pass HIV to a sexual partner is to avoid any contact that would allow these body fluids into a partner's body, such as unprotected anal, vaginal, and oral sex. If you do have sex, you may have to change some things in order to reduce the risk of passing HIV to others. Once you have HIV, it is responsible and respectful to:

» Tell people before you have sex with them that you have HIV.

» Make decisions together about how to approach sex in ways that are safer.

» Learn about things you can do sexually that are less likely to pass HIV.

» Use condoms for anal or vaginal sex. Condoms are very good protection, although not 100%.

» Be careful with oral sex. If your partner has inflamed gums or mouth sores, using a condom or other barrier can reduce the risk of passing HIV.

These strategies can also help reduce your risk of getting or passing other sexually transmitted diseases. For details on safer sex, condom use and other protection strategies, check out these websites:

» [www.hivstopswithme.org](http://www.hivstopswithme.org)

» [www.projectinform.org](http://www.projectinform.org)

» [www.aids.org](http://www.aids.org)
How do I tell people my past sexual partners that I have HIV?

Talking with people you’ve had sex with is different than talking with others in your life. You may hear this called “disclosure” or “notifying partners.” It can be uncomfortable to think that you could have passed HIV to people you’ve had sex with, and it’s sometimes difficult to talk about it. It’s common to think partners will get angry or reject you. Although this can happen, it often doesn’t. Partners may appreciate being told.

Here are some good reasons to tell people you’ve had sex with that you know you have HIV:

- The only way they can know if they have HIV is to get tested.
- If they test positive for HIV, they can learn how to take care of their health.
- They can also learn how to reduce the risk of passing HIV to other people they have sex with.
- If they don’t have HIV, they can learn more about reducing their risk of getting it.
- Women who are pregnant and know they have HIV can reduce the risk of passing HIV to their babies.

You can be helpful by telling them about the help and support you’ve learned about since finding out you have HIV. Turn to the people who care about you; both friends and professionals that you trust. They may be willing to help you, maybe even practice with you before you talk to a sex partner, and to be there for you afterwards.
It’s hard to think about telling people I’ve had sex with. I don’t know if I can do it.

If you feel uncomfortable telling people you’ve had sex with that you tested positive, there are trained counselors at the State Health Department who can help you. A Disease Intervention Specialist (DIS) can arrange to meet with the partner in a private setting. After explaining to the partner that he or she has had sexual contact with someone who has tested positive for HIV, the counselor will answer questions and offer free HIV testing. No information is released to the partner about yourself.

Another option is to have a DIS with you when you tell a partner. This is especially helpful if there will be a continuing sexual relationship between you and the partner.

Be SAFE!

Don’t risk being physically harmed!
If you think this could happen,
DON’T talk with a partner alone.
**Sex**

**Do I have to tell every person I have sex with from now on?**

Telling your partner before having sex helps to protect you medically, legally, and ethically. When a partner knows you have HIV, it often affects the decisions they make about safer sex. If they find out after sex, they may feel upset that they weren’t told and try to pursue legal action against you. The laws about this issue are different in each state. Many states require people with HIV to disclose their HIV status before sex and penalize those who don’t. To learn about the specifics of the laws about HIV in South Dakota check out the website listed below.

**South Dakota State Law**


22-18-31. Intentional exposure to HIV infection is a felony. Any person who, knowing himself or herself to be infected with HIV, intentionally exposes another person to infection by:

1. Engaging in sexual intercourse or other intimate physical contact with another person;

2. Transferring, donating, or providing blood, tissue, semen, organs, or other potentially infectious body fluids or parts for transfusion, transplantation, insemination, or other administration to another in any manner that presents a significant risk of HIV transmission;

3. Dispensing, delivering, exchanging, selling, or in any other way transferring to another person any non-sterile intravenous or intramuscular drug paraphernalia that has been contaminated by himself or herself; or

4. Throwing, smearing, or otherwise causing blood or semen, to come in contact with another person for the purpose of exposing that person to HIV infection; is guilty of criminal exposure to HIV.

Criminal exposure to HIV is a Class 3 felony.
Alcohol, drugs, and HIV

Learning that you have HIV may affect your use of alcohol, cigarettes, or other drugs. There are two very common reactions:

“Help me deal”

You might find yourself turning to alcohol, cigarettes, or illegal drugs to ease stress or handle tough emotions. Right away, you might feel like getting really drunk or really high just to numb out for a while. Once the news settles in, however, you’re likely to stop or really cut back.

On the other hand, you may notice slower changes in your substance use. Maybe you start drinking more in the middle of the week. Maybe you start smoking again after quitting years ago. Depression, fear, shame, feeling nervous about sex...these are hard, every day challenges of being HIV-positive. Over time, you may start relying more and more on alcohol or drugs to handle them.

What to do:

» Take a clear look at your drug, alcohol, or cigarette use. Are you using more or more often? What patterns do you notice?

» Think about your limits. “I know I’ve gone too far if ____________.”

» Look at other ways you might deal with stress or feelings. What has worked for you in the past?

» Use as safely as possible. For example, don’t drink and drive, or mix several drugs at once.

» If you’re in recovery and worried about relapse, make a support plan right away. Consider returning to support groups like AA or NA.

» You can pass HIV on to someone else. Do NOT share your needles or works with anyone. Plan ahead how you will avoid sharing needles or how you will use condoms, even when you’re high or drunk.
Facts about alcohol, drugs, and HIV

Alcohol and most street drugs can weaken your immune system. So can factors that come with substance use like staying up all night, not eating well, and stress. The more you use, the less your immune system can work to fight HIV or other infections.

Many drugs also affect HIV itself. Some studies suggest that stimulants such as crystal meth might make HIV spread more quickly in the brain.

**What about HIV medications?**

A lot of HIV medications don’t go well with street or party drugs. Your HIV medications might not work as well. Some may increase your risk of getting too high or even overdosing.

Taking your medications as directed by your doctor is critical to control your HIV. You might make your HIV worse if you are too drunk or high to take your pills on time.

Alcohol is cleared in your liver, the same place your HIV medications end up. If your liver is too busy taking care of alcohol all the time, it may not process your meds very well.

*It is very important to be honest with your doctor about all alcohol or drug use. Most providers will respect your honesty and do their best to help you without judging you.*
“The Wake-up call”

If you think you got HIV as a result of drugs or alcohol (sharing needles or having sex while high or drunk), this may be a turning point for you. Getting HIV motivates many people to cut down or to stop using once and for all. They see how bad the consequences have been. Or they start thinking more about their health. Maybe this is a time to make an important change in your life, too.

**What to do:**
Ask for help right away — a friend, family member, anyone you trust. You don’t have to do this alone! Don’t know where to start? Try your doctor, case manager, or drug/alcohol counselor. They can suggest good options for you. Be patient. Even though you are ready to quit today, it often takes a bit longer than you want to get into programs. You may get discouraged. Don’t let this stop you! Stay on track!

**Talk to someone you TRUST — friends, family members, doctor, etc.**
Places That Can Help

You do NOT have to be alone as you adjust to living with HIV. There are many organizations that can help you. The main phone numbers to have are 1-800-592-1861 or 605-773-3737. If you’re not sure exactly what you need or where to start, call one of the above listed numbers. They’ll help you figure it out. The people who answer the phone know where you can call to get health care, financial assistance, emotional support, housing, and other services that you might need. There are other places listed here that might also be useful to you.

Information about HIV and HIV Care Services

Tri-State Help—Housing Opportunities for Persons with AIDS (HOPWA) Program
605-332-0704 • www.hudexchange.info/hopwa/

South Dakota Department of Health—Ryan White Part B CARE Program
1-800-592-1861 • doh.sd.gov/diseases/infectious/ryanwhite/

Ryan White Part C Program (Falls Community Health)

Heartland Health Resource Center
605-271-4813 • heartlandhealthsd.org/

Volunteers of America Northern Rockies
605-341-8336 • VOANR.org

Healthcare

AIDS Drug Assistance Program (ADAP)
1-800-592-1861 or 605-773-3737 • doh.sd.gov/diseases/assets/Formulary.pdf

Medical Eligibility
605-773-4678 • dss.sd.gov/medicaid/generalinfo/verifylegibility/
Resources

HIV Testing Sites

Aberdeen DIS Field Office 1-866-805-1007 or 605-626-2373
402 South Main Street
Aberdeen, SD 57401

Pierre DIS Field Office 1-866-229-4927 or 605-773-2538
740 East Sioux
Suite 107
Pierre, SD 57501

Rapid City DIS Field Office 1-866-474-8221 or 605-394-2289
909 East St. Patrick Street
Suite 9
Rapid City, SD 57701

Sioux Falls DIS Field Office 1-866-315-9214 or 605-367-5363
1200 North West Avenue
Sioux Falls, SD 57104

Watertown DIS Field Office 1-866-817-4090 or 605-882-5097
2001 9th Avenue SW
Suite 500
Watertown, SD 57201

Falls Community Health 1-866-784-8494 or 605-367-8793
521 North Main
Sioux Falls, SD 57104

Heartland Health Resource Center 1-605-271-4813 or 1-605-271-4814
2500 West 49th Street
Suite 301
Sioux Falls, SD 57105

Volunteers of America 1-605-341-8336
111 New York Street
Rapid City, SD 57701
HIV Information and Resources

**Centers for Disease Control**
1-800-CDC-INFO or 1-800-232-4636  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

**National Institutes of Health—AIDS Information**
1-800-HIV-0440 or 1-800-448-0440  
[aidsinfo.nih.gov](http://aidsinfo.nih.gov)

**AIDS, Sex, and Teens**
[avert.org/aids-information.htm](http://avert.org/aids-information.htm)

**AIDS.gov**

**Resources - The Well Project**
[www.thewellproject.org](http://www.thewellproject.org)

**Women’s Health**

**Education for Children and Teens Affected by HIV/AIDS**
[inspireyouthproject.org/](http://inspireyouthproject.org/)

**Social Security for People with HIV/AIDS**
[www.socialsecurity.gov/pubs/10019.html](http://www.socialsecurity.gov/pubs/10019.html)
HIV Information and Resources

HIV Stops With Me
www.hivstopswithme.org

Project Inform
www.projectinform.org/

AIDS
www.aids.org

Coalition for Positive Sexuality
www.positive.org

South Dakota Quitline
1-866-SD-QUITS or 1-866-737-8487
sdquitline.com/

Living With HIV/AIDS
www.cdc.gov/hiv/basics/livingwithhiv/index.html

HIV and It’s Treatment: What You Should Know
aidsinfo.nih.gov/education-materials/fact-sheets

HIV Centers for Disease Control Resources
www.cdc.gov/hiv/library/index.html

HIV and Pregnancy
aidsinfo.nih.gov/education-materials/fact-sheets

The Body
www.thebody.com/
Ryan White Part B Program

Information and Application Pamphlet

April 1, 2018 To March 31, 2019

Ryan White Part B Care Program
Department of Health

615 East 4th Street, Pierre, SD  57501
1-800-592-1861 or 605-773-3737
Fax: 605-773-5509
HIV Specialists in South Dakota

Avera Medical Group
Infectious Disease Specialists
6709 S. Minnesota Ave.
Suite 102
Sioux Falls, SD 57108
(605) 322-7250

- Dr. Fares Masannat
- Dr. Jawad Nazir
- Dr. Brian Pepito
- Dr. Robert Kessler
- Dr. Asma Syed

Sanford Infectious Disease
1205 S. Grange Ave.
Suite 401
Sioux Falls, SD 57105
(605) 328-8120

- Dr. Srividaya Srinivasan
- Dr. Gerald David
- Dr. Wendall Hoffman
- Dr. Susan Hoover
- Dr. Jennifer Hsu

Falls Community Health
521 N. Main
Sioux Falls, SD 57104
(605) 367-8793

- Dr. Charles Schafer

Family Medicine Residency
502 E Monroe
Rapid City, SD 57701
(605) 755-1000

- Dr. Manuel Arbo

Storm Clinic
2315 W. 57th Street
Sioux Falls, SD 57108
(605) 271-5441

- Dr. Jeremy Storm

Community Health Center of the Black Hills
350 Pine Street
Rapid City, SD 57701
(605) 721-8939

- Jennifer Sobolik, CNP

Sioux Falls VA Health Care
2501 W 22nd Street
PO Box 5046
Sioux Falls, SD 57117
(605) 336-3230

- Dr. Veronica Soler

VA Black Hills Health Care
113 Comanche Rd.
Fort Meade, SD 57741
(605) 347-2511

- Dr. Gary Ott

Siouxland Comm. Health
1021 Nebraska Street
Sioux City, IA 51105
(712) 252-2477

- Dr. Kristi Walz
- Randy Guerdet PA-C
Resources

What is the Ryan White Part B CARE Program?

The Ryan White CARE Act is a federal program started in 1990 and includes a number of programs; previously called “Titles”. This pamphlet concerns the South Dakota Ryan White Part B Program, hereafter referred to as Part B. Part B funding is awarded to each state to improve the quality, availability, and organization of care for people with HIV disease statewide. A large part of the funding for Part B is designated for the AIDS Drug Assistance Program, referred to as ADAP.

This pamphlet describes the Part B program for the 2018 fiscal year (FY2019), which runs from April 1, 2018 through March 31, 2019. The goal of the Part B program is to assist low-income, HIV infected individuals with the cost of specific health care needs. Benefits of the program are determined by federal guidelines and a state advisory council made up of representatives from health care, people with HIV disease, support groups, and state agencies. The Department of Health is responsible for the administration of the program.

Who is eligible for the program?

To be eligible for the Part B program in FY2019, the applicant must:

» Be a resident of South Dakota
» Diagnosed as HIV positive;
» Have an income at or less than 300% of the federal poverty level (see table below).

Income Limitations effective April 1, 2017 - March 31, 2018

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max Yearly Income</td>
<td>$36,420</td>
<td>$49,380</td>
<td>$62,340</td>
<td>$75,300</td>
<td>$88,260</td>
<td>$101,220</td>
<td>$114,180</td>
<td>$127,140</td>
</tr>
</tbody>
</table>

How do I apply?

Individuals who meet the above criteria may apply by completing and submitting the Ryan White Part B Program Application Form (included with this pamphlet). **PLEASE KEEP THE REST OF THE PAMPHLET FOR FUTURE REFERENCE.** Include with your application the most current income tax return or signed statement indicating no return was filed.

You will be notified whether or not you are eligible for services through this program. Eligible applicants may be placed on a waiting list for the program if the program’s projected budget limit has been met when you apply.

*It is the responsibility of the applicant to supply information pertinent to the Part B program as requested by the program manager. It is also the responsibility of the applicant to notify the program manager of changes in address or phone number. You will be required to update your information every 6 months.*
Resources

Benefits and Limits
The programs listed below are described in further detail on the following pages. All services will be paid at the current Medicaid rate (except continuation of health insurance).

1. AIDS Drug Reimbursement Program (ADAP)
2. Patient Care (Home and Community Based Care)
3. Continuation of Health Insurance - evaluated for cost effectiveness

*Budgets are limited to funding provided by the federal grant. Benefits and the number of individuals served will be limited to remain within the budget.

If a client has not utilized benefits for 3 months, they will be considered no longer in need of services and will be excluded from the program. Clients excluded from the program will need to reapply for the program. Clients who jeopardize the Ryan White program may be administratively discharged.

All ADAP clients eligible for Medicare must apply for Medicare Part D and for low-income assistance.

Case Management
Case management services are available for clients and those that are on the waiting list. A case manager can help you access available services from the Ryan White Part B and Part C Programs, Medicaid, Medicare, insurance benefits, social security benefits, drug manufacturer patient assistance programs, employment, unemployment, food stamps, food banks, housing, medical, dental, and mental health care, transportation, etc.

Case management is available from highly qualified individuals under contract with the Part B program. All clients are strongly encouraged to take advantage of this service.

A client’s signature on the application form authorizes the South Dakota Department of Health to furnish your Part B application and associated documents with the Ryan White Part B program case manager(s) and the Part C program coordinator, if you apply for Part C services (see Part C below).

If a client does not want Part C case management or your Part B application and associated documents shared with the Part C program, attach a signed, written request for exemption to the application.

Part C
There is a Ryan White Part C program in South Dakota that can provide medical and support services to east river SD residents. Part C benefits are provided through clinics and can not be provided through state government agencies. Your application for Part B services may be shared with the Part C program operated by the City of Sioux Falls Health Department to provide you with the maximum benefits available in the state. Part B and C will coordinate to provide as many services to clients as possible. Please contact the Part C program for information about their benefits at 605 367-8767. At this time, there are no Part C programs in west river South Dakota but if you seek medical care in East River SD, the Part C program may be able to assist you.
AIDS Drug Reimbursement Program (ADAP)

The following drugs will be payable through this program from April 1, 2018 through March 31, 2019. All drugs will be reimbursed at the Medicaid rate to the pharmacy and are the oral form unless otherwise stated. Generics will be used when available. Before purchasing prescription drugs, the client is responsible for contacting the Ryan White Part B Program in order that a direct-billing arrangement can be set up.

**FORMULARY**

**Single Tablet Regimens**

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atripla</td>
<td>efavirenz + tenofovir disoproxil fumarate + emtricitabine</td>
</tr>
<tr>
<td>Complera</td>
<td>rilpivirine + tenofovir disoproxil fumarate + emtricitabine</td>
</tr>
<tr>
<td>Genvoya</td>
<td>elvitegravir + tenofovir alafenamide + emtricitabine + cobicistat</td>
</tr>
<tr>
<td>Juluca</td>
<td>dolutegravir + rilpivirine</td>
</tr>
<tr>
<td>Odefsy</td>
<td>rilpivirine + emtricitabine + tenofovir alafenamide</td>
</tr>
<tr>
<td>Stridil</td>
<td>elvitegravir + cobicistat + tenofovir disoproxil fumarate + emtricitabine</td>
</tr>
<tr>
<td>Triumeq</td>
<td>dolutegravir + abacavir + lamivudine</td>
</tr>
</tbody>
</table>

**Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTI)**

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combivir</td>
<td>zidovudine + lamivudine</td>
</tr>
<tr>
<td>Descovy</td>
<td>emtricitabine + tenofovir alafenamide</td>
</tr>
<tr>
<td>Emtriva</td>
<td>emtricitabine</td>
</tr>
<tr>
<td>Epivir</td>
<td>lamivudine</td>
</tr>
<tr>
<td>Epzicim</td>
<td>abacavir + lamivudine</td>
</tr>
<tr>
<td>Retrovir</td>
<td>zidovudine</td>
</tr>
<tr>
<td>Trizivir</td>
<td>abacavir + zidovudine + lamivudine</td>
</tr>
<tr>
<td>Truvada</td>
<td>tenofovir disoproxil fumarate + emtricitabine</td>
</tr>
<tr>
<td>Videx EC</td>
<td>didanosine</td>
</tr>
<tr>
<td>Viread</td>
<td>tenofovir disoproxil fumarate</td>
</tr>
<tr>
<td>Zerit</td>
<td>stavudine</td>
</tr>
<tr>
<td>Ziagen</td>
<td>abacavir</td>
</tr>
</tbody>
</table>
### Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edurant</td>
<td>rilpivirine</td>
</tr>
<tr>
<td>Intelence</td>
<td>etravirine</td>
</tr>
<tr>
<td>Rescriptor</td>
<td>delavirdine</td>
</tr>
<tr>
<td>Sustiva</td>
<td>efavirenz</td>
</tr>
<tr>
<td>Viramune and Viramune XR</td>
<td>nevirapine</td>
</tr>
<tr>
<td>Doravirine</td>
<td>doravirine</td>
</tr>
</tbody>
</table>

### Protease Inhibitors (PI)

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aptivus</td>
<td>tipranavir</td>
</tr>
<tr>
<td>Crixivan</td>
<td>indinavir</td>
</tr>
<tr>
<td>Evotaz</td>
<td>atazanavir + cobicistat</td>
</tr>
<tr>
<td>Invirase</td>
<td>saquinavir</td>
</tr>
<tr>
<td>Kaletra</td>
<td>lopinavir + ritonovir</td>
</tr>
<tr>
<td>Lexiva</td>
<td>fosamprenavir</td>
</tr>
<tr>
<td>Norvir</td>
<td>ritonavir</td>
</tr>
<tr>
<td>Prescobix</td>
<td>darunavir + cobicistat</td>
</tr>
<tr>
<td>Prezista</td>
<td>darunavir</td>
</tr>
<tr>
<td>Reyataz</td>
<td>atazanavir</td>
</tr>
<tr>
<td>Viracept</td>
<td>nelfinavir</td>
</tr>
</tbody>
</table>

### Integrase Inhibitors

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isentress</td>
<td>raltegravir</td>
</tr>
<tr>
<td>Tivicay</td>
<td>dolutegravir</td>
</tr>
<tr>
<td>Viteka</td>
<td>elvitegravir</td>
</tr>
</tbody>
</table>
## Resources

### Entry Inhibitors

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuzeon</td>
<td>enfuvirtide</td>
</tr>
<tr>
<td>Selzentry</td>
<td>maraviroyc</td>
</tr>
</tbody>
</table>

### Pharmacokinetic Enhancers

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tybost</td>
<td>cobicistat</td>
</tr>
</tbody>
</table>

### Opportunistic Infections / Antibiotics

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biaxin</td>
<td>clarithromycin</td>
</tr>
<tr>
<td>Cipro</td>
<td>ciprofloxacin</td>
</tr>
<tr>
<td>Dapsone</td>
<td>avlosulfon</td>
</tr>
<tr>
<td>Daraprim, Fansidar</td>
<td>pyrimethamine</td>
</tr>
<tr>
<td>Diflucan</td>
<td>fluconazole</td>
</tr>
<tr>
<td>Famvir</td>
<td>famciclovir</td>
</tr>
<tr>
<td>Filgrastim</td>
<td>neupogen</td>
</tr>
<tr>
<td>Humatin</td>
<td>paramomycin</td>
</tr>
<tr>
<td>Kenalog Cream</td>
<td>Triamcinolone Acetoinide Cream</td>
</tr>
<tr>
<td>Lamprene</td>
<td>clofazamine</td>
</tr>
<tr>
<td>Levaquin</td>
<td>levofloxacin</td>
</tr>
<tr>
<td>Mepron</td>
<td>atovaquone</td>
</tr>
<tr>
<td>Myambutol</td>
<td>ethambutol</td>
</tr>
<tr>
<td>Mycelex</td>
<td>clotimazole</td>
</tr>
<tr>
<td>Mycobutin</td>
<td>rifabutin</td>
</tr>
<tr>
<td>Nebupent</td>
<td>pentamidine</td>
</tr>
<tr>
<td>Septra, Bactrim</td>
<td>trimethoprim/sulfamethoxazole (TMP/SMX)</td>
</tr>
<tr>
<td>Sporanolox</td>
<td>itraconzole</td>
</tr>
<tr>
<td>Valcyte</td>
<td>valganciclovir</td>
</tr>
<tr>
<td>Valtrex</td>
<td>Valacyclovir hydrochloride</td>
</tr>
</tbody>
</table>
Resources

**Opportunistic Infections / Antibiotics (Continued)**

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zithromax</td>
<td>azithromycin</td>
</tr>
<tr>
<td>Zovirax</td>
<td>acyclovir</td>
</tr>
</tbody>
</table>

**Antidepressants**

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anafranil</td>
<td>clomipramine</td>
</tr>
<tr>
<td>Asendin</td>
<td>amoxapine</td>
</tr>
<tr>
<td>Aventyl</td>
<td>nortriptyline</td>
</tr>
<tr>
<td>Celexa</td>
<td>citalopram hydrobromide</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>duloxetine</td>
</tr>
<tr>
<td>Desyrel</td>
<td>trazadone HCl</td>
</tr>
<tr>
<td>Elavil</td>
<td>amitriptyline</td>
</tr>
<tr>
<td>Effexor</td>
<td>venlafaxine HCl</td>
</tr>
<tr>
<td>Emsam</td>
<td>selegiline</td>
</tr>
<tr>
<td>Etrafon</td>
<td>perphenazine/amitriptyline</td>
</tr>
<tr>
<td>Lexapro</td>
<td>escitalpram hydrobromide</td>
</tr>
<tr>
<td>Limbitrol</td>
<td>chlordiazepoxide/amitriptyline</td>
</tr>
<tr>
<td>Ludlomil</td>
<td>maprotiline</td>
</tr>
<tr>
<td>Luvox</td>
<td>fluvoxamine maleate</td>
</tr>
<tr>
<td>Marplan</td>
<td>isocarboxazid</td>
</tr>
<tr>
<td>Nardil</td>
<td>phenelzine sulfate</td>
</tr>
<tr>
<td>Norpramin</td>
<td>desipramine HCl</td>
</tr>
<tr>
<td>Pameler</td>
<td>nortriptyline</td>
</tr>
<tr>
<td>Parnate</td>
<td>tranylcypromine</td>
</tr>
<tr>
<td>Paxil</td>
<td>paroxetine HCl</td>
</tr>
<tr>
<td>Pexeva</td>
<td>paroxetine mycelate</td>
</tr>
<tr>
<td>Prozac</td>
<td>fluoxetine HCl</td>
</tr>
</tbody>
</table>
### Antidepressants (Continued)

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remeron</td>
<td>mirtazapine</td>
</tr>
<tr>
<td>Sarafem</td>
<td>fluoxemine HCl</td>
</tr>
<tr>
<td>Seroquel</td>
<td>quetiapine</td>
</tr>
<tr>
<td>Serzone</td>
<td>nefazodone HCl</td>
</tr>
<tr>
<td>Sinequan</td>
<td>doxepin</td>
</tr>
<tr>
<td>Surmontil</td>
<td>trimipramine</td>
</tr>
<tr>
<td>Symbax</td>
<td>olanzapine/fluoxetine</td>
</tr>
<tr>
<td>Tofranil</td>
<td>imipramine</td>
</tr>
<tr>
<td>Tofranil-PM</td>
<td>imipramine pamoate</td>
</tr>
<tr>
<td>Triavil</td>
<td>perphenazine/amitriptyline</td>
</tr>
<tr>
<td>Vivactil</td>
<td>protriptyline</td>
</tr>
<tr>
<td>Wellbutrin</td>
<td>bupropion</td>
</tr>
<tr>
<td>Zoloft</td>
<td>sertraline HCl</td>
</tr>
<tr>
<td>Zyban</td>
<td>bupropion HCl</td>
</tr>
</tbody>
</table>

### Hepatitis B

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baraclude</td>
<td>entecavir</td>
</tr>
<tr>
<td>Epivir HBV</td>
<td>lamivudine</td>
</tr>
<tr>
<td>Hepsera</td>
<td>adefovir dipivoxil</td>
</tr>
<tr>
<td>Intron A</td>
<td>interferon alpha-2b</td>
</tr>
<tr>
<td>Pegasys</td>
<td>pegylated interferon</td>
</tr>
<tr>
<td>Tyzeka</td>
<td>telbivudine</td>
</tr>
<tr>
<td>Vemlidy</td>
<td>tenofovir alafenamide</td>
</tr>
<tr>
<td>Viread</td>
<td>tenofovir</td>
</tr>
</tbody>
</table>
## Hepatitis C

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoPegus</td>
<td>ribavirin</td>
</tr>
<tr>
<td>Daklinza</td>
<td>daclatasvir</td>
</tr>
<tr>
<td>Epclusa</td>
<td>sofosbuvir, velpatasvir</td>
</tr>
<tr>
<td>Harvoni</td>
<td>ledipasvir/sofosbuvir</td>
</tr>
<tr>
<td>Incivek</td>
<td>telaprevir</td>
</tr>
<tr>
<td>Infergen</td>
<td>interferon aphacon-1</td>
</tr>
<tr>
<td>Intron A</td>
<td>interferon alpha-2b</td>
</tr>
<tr>
<td>Mavyret</td>
<td>glecaprevir and pibrentasvir</td>
</tr>
<tr>
<td>Olysio</td>
<td>simeprevir</td>
</tr>
<tr>
<td>Pegasys</td>
<td>pegylated interferon</td>
</tr>
<tr>
<td>Peginteron</td>
<td>pegylated interferon alpha-2b</td>
</tr>
<tr>
<td>Rebetol</td>
<td>ribavirin</td>
</tr>
<tr>
<td>Roferon</td>
<td>interferon alpha-2a</td>
</tr>
<tr>
<td>Sovaldi</td>
<td>sofosbuvir</td>
</tr>
<tr>
<td>Technivie</td>
<td>ombitasvir, paritaprevir and ritonavir</td>
</tr>
<tr>
<td>Victrelis</td>
<td>boceprevir</td>
</tr>
<tr>
<td>Viekira Pak</td>
<td>ombitasvir, paritaprevir and ritonavir tablets co-packaged with dasabuvir tablets</td>
</tr>
<tr>
<td>Vosevi</td>
<td></td>
</tr>
<tr>
<td>Zepatier</td>
<td>elbasvir, grazoprevir</td>
</tr>
</tbody>
</table>
### Other

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compazine</td>
<td>prochlorperazine</td>
</tr>
<tr>
<td>Zofran</td>
<td>ondansetron</td>
</tr>
<tr>
<td>Depakote</td>
<td>divalproex sodium</td>
</tr>
<tr>
<td>Dilantin</td>
<td>phenytoin</td>
</tr>
<tr>
<td>Duragesic</td>
<td>fentanyl</td>
</tr>
<tr>
<td>Leucovorin</td>
<td>leucovorin</td>
</tr>
<tr>
<td>Lyrica</td>
<td>pregabalin</td>
</tr>
<tr>
<td>Megace</td>
<td>megestrol</td>
</tr>
<tr>
<td>Morphin, MS Contin</td>
<td>morphin sulfate</td>
</tr>
<tr>
<td>Neurontin</td>
<td>gabapentin</td>
</tr>
<tr>
<td>Tylenol w/ Codeine</td>
<td>acetaminophen w/ codeine</td>
</tr>
</tbody>
</table>

### Immunizations

<table>
<thead>
<tr>
<th>BRAND OR TRADE NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Inactive Trialent (Agriflu, Fluad, Flu viral, Flu zone, Influvac, Vaxigrip)</td>
</tr>
<tr>
<td>Hepatitis A &amp; B</td>
<td>Twinrix</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>23-valent</td>
</tr>
</tbody>
</table>

*Drugs that are not on this list may be available through a patient assistance program from the drug manufacturer. Please ask your physician, case manager, or the drug manufacturer about these programs.

A single source pharmacy will be used for the ADAP. A client’s signature on the application form authorizes the South Dakota Department of Health to furnish your Part B application and associated documents with the Ryan White Part B program to the Ryan White Part B Pharmacy.

**Questions? Please call the Ryan White Part B CARE Program at 1-800-592-1861.**
**Continuation of Health Insurance**

The Ryan White Part B Program provides financial assistance for clients to maintain health insurance including insurance premiums, deductibles, and co-payments.

The client is responsible for providing the Department of Health with pertinent written information as requested concerning insurance plan benefits. Insurance plans are evaluated and approved as an eligible benefit of the Ryan White Part B Program based on cost-effectiveness. The plan must be more economical for the Ryan White Part B Program than paying for the services would be.

**Note:** Over the last few years, a number of federal and state laws have been passed that provide access to health insurance for many people regardless of their health status. The South Dakota Department of Commerce’s, Division of Insurance, has some important insurance information available on their website at [dlr.sd.gov/insurance/](http://dlr.sd.gov/insurance/) or you can call 605-773-3563 to speak to someone in the Division of Insurance regarding questions about your insurance rights.

**Grievance Procedure**

- If you are dissatisfied with the services that you are receiving, you may voice a complaint or grievance to your Case Manager.

- If you are unable to resolve the issue, you may, within 30 days, file your complaint or grievance in writing to: Ryan White Part B Program Manager, 615 East 4th Street, Pierre, SD 57501.

- The Ryan White Part B Program Manager will respond in writing within 14 days of receipt of the grievance or complaint informing you of the time and place of a meeting with the Ryan White Part B Program Manager and other appointed Health Department Officials.

**Patient Care Program (Home and Community Based Care)**

Prior authorization is required before services are received; the applicant is responsible for contacting the Ryan White Program to obtain authorization. **Services will be reimbursed to the provider at the current Medicaid rate. The program will not reimburse providers for services that are provided prior to authorization.**
1. **Home Health Care**
   - The Department of Health may provide for home health care visits, up to three hours a day or 21 hours a week, by a para-professional or home health aide who is employed by a certified home health agency and supervised by a registered nurse and/or physician. Home health care activities may include: activities of personal care, changing of linens, taking vital signs, assisting with ambulating or simple exercises, preparing and assisting with meals, etc.
   - Skilled Nursing visits may be provided up to three hours a day. A registered nurse may provide services as directed by a physician, to evaluate clients and establish a plan of care.

2. **Outpatient Primary Medical Care Services include:**
   - Office visits or consultations from a physician, physician’s assistant, or nurse practitioner
   - Eye exams from an ophthalmologist
   - HIV Viral Loads
   - CD4 counts
   - Genotyping/phenotyping
   - Durable medical equipment
   - Nutritional Services

3. **Mental Health Therapy** can be provided to the client by psychiatrists, psychologists, clinical nurse specialists, social workers, or counselors in private or public practice and not a family member of the client.

4. **Dental services** - diagnostic, prophylactic, and restorative dental services rendered by dentists, dental hygienists, and similar professional practitioners will be paid at the current Medicaid rate. Services eligible are those procedure codes currently allowed by Medicaid. It would be prudent for the client to discuss the Medicaid rate and eligible services with the dentist and the Ryan White Part B CARE program manager before services are administered.

5. **Direct Emergency Financial Assistance** - emergency expenses related to food, housing, rent, utilities, medications, or other needs. This assistance will be dependent upon available funding.
HIV Prevention Planning Group

Prevention Planning is a collaborative process through which health departments work with community members to design a state prevention plan that best represents the prevention needs of communities at risk for or already infected with HIV.

To prevent the spread of HIV, strategies are needed that are appropriate and acceptable to diverse communities. Therefore, South Dakota’s PPG process seeks the participation of every community affected by HIV: rural residents and urban residents, women at risk, people living with HIV, African Americans, Native Americans, injection drug users, people with disabilities, substance abusers, and youth. Planning group members and participants include department staff, community service providers, staff from statewide community-based organizations, and other concerned citizens.

Want to become a Member?

Does it cost anything to join?
No, membership is completely free. In fact, we reimburse members’ travel expenses to attend meetings.

Will I meet people who are HIV positive?
Possibly. Many individuals of varying health status participate in the meetings. Not everyone who participates in the meetings is infected with HIV. The health status of members is not usually discussed.

When and where are the meetings held?
The PPG meets about four times a year, at locations that rotate around the state. For the date and location of the next meeting, email the HIV/AIDS program coordinator at susan.gannon@state.sd.us.

Are meetings open to the public?
Yes, all meetings are open to the public. Members of the public are provided an opportunity to speak at every meeting.

Do I need to be an HIV expert?
No, people from all walks of life participate in PPG. We need members with passion and a willingness to fight for the health of South Dakota citizens.
South Dakota Ryan White Part B Initial Program Application Form

Please complete as much information as possible. You will be contacted by a case manager within 1 week of this dated application to complete the full application for services. Please make sure the phone number is accurate! You will need to provide proof of address, income, and HIV status when you meet with the case manager.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth Date:</th>
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<table>
<thead>
<tr>
<th>Physical Address:</th>
<th>City:</th>
<th>Zip Code:</th>
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<tr>
<th>Social Security Number</th>
<th>Gender:</th>
<th>Race:</th>
<th>Hispanic/Latino</th>
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<td></td>
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<td>□ Yes □ No</td>
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<tr>
<th>Best Contact Phone Number:</th>
<th>Is this your phone □ Yes □ No</th>
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<tr>
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<td>If &quot;no&quot; can we leave a message □ Yes □ No</td>
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What is the best time to contact you? □ Daytime □ Evening □ Anytime □ Specific Hours:

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<tr>
<th>Mailing Address: (leave blank if the same as physical address)</th>
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Have you seen a doctor to treat your HIV in SD? □ Yes □ No

If “yes” who is your current doctor?

Diagnosis Date/State where diagnosed:

Are you currently taking HAART? □ Yes □ No

If “yes” what?

Are you under 18 years old? □ Yes □ No

Are you a veteran? □ Yes □ No

Do you see a doctor at the VA? □ Yes □ No

Insurance Coverage – Applicant Insurance Information ONLY

Do you currently have Dental Insurance Coverage? □ YES □ NO

Do you currently have Health Insurance Coverage? □ YES □ NO

(if yes) Provide information below:

<table>
<thead>
<tr>
<th>Medicaid □ Yes □ No</th>
<th>Medicare □ Yes □ No - Medicare Part D □ Yes □ No</th>
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<tr>
<td>Number:</td>
<td>Part D Company: Part D Number:</td>
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| Private Insurance: □ Yes □ No | Coverage through Employer: □ Yes □ No |
| Company:                       | Employer Name: |
| Monthly Amount paid:           | Health Plan Name: |

Did you recently lose health insurance coverage? □ Yes □ No

If “yes” when?

Household Income; List all household members, including yourself that you support.

<table>
<thead>
<tr>
<th>Names</th>
<th>Birthdates</th>
<th>Yearly Gross Income</th>
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Total Income:

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief. Deliberate misrepresentation will subject applicants to prosecution under applicable State and Federal Statutes. By my signature, I authorize the South Dakota Department of Health to furnish the Ryan White Part B CARE case manager(s) and/or the SD Ryan White Part C program with a copy of this application and associated documents pertinent to the Ryan White Part B CARE Program. This authorization may be cancelled in writing at any time except to the extent the Ryan White Part B CARE Program has taken action upon it. If not cancelled, this authorization will terminate in one year or upon the following specified date: **ENTER DATE (one year from date signed):** ____________________________________________

Applicant Signature: ____________________________________________ Date: ________________

Guardian Signature (if client is under 18): ____________________________ ____________________________

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Acknowledgments

This publication is the result of many people giving generously of their time and expertise. The editors are particularly grateful to the many people living with HIV whose invaluable input helped to inform this project from the beginning. The editors also wish to acknowledge the many lessons that we have learned from those we have lost to HIV. We hope that this publication honors their contributions and their memories. Along with the many people who continue working to assist those affected by HIV, the editors hope “Now That You Know” will help people to live well and fully with HIV.

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