LOS ANGELES COUNTY
COMMISSION ON HIV

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Consumer Caucus

Virtual Meeting

If you are a person living with or at risk of HIV, we invite you to be a part of a unified effort to help improve HIV prevention & care service delivery in Los Angeles County

Thursday, February 9, 2023
3:00-4:30pm (PST)

Agenda and meeting materials will be posted on
http://hiv.lacounty.gov/Meetings
under "Other Meetings"

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK HERE FOR MORE INFO.

TO JOIN BY COMPUTER:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m4ddbdf8a169517f9fb39fd59ce90c29b

Meeting password: CAUCUS

TO JOIN BY PHONE:

1-213-306-3065
Access Code/Event #: 2594 877 8924

For a brief tutorial on how to use WebEx, please check out this video:
http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

LIKE WHAT WE DO?

Apply to become a Commissioner at: https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication

For application assistance call (213) 738-2816 or email hivcomm@lachiv.org

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CONSUMER CAUCUS (CC)

VIRTUAL MEETING AGENDA

Thursday, February 9, 2023 @ 3:00 PM – 4:30 PM

TO JOIN BY COMPUTER

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m4ddbdf8a169517f9fb39fd59ce90c29b

MEETING PASSWORD: CAUCUS

TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE:** 2594 877 8924

1. CO-CHAIR WELCOME & INTRODUCTIONS 3:00PM – 3:05PM
2. COH MEETING DEBRIEF 3:05PM – 3:15PM
3. ED/STAFF REPORT 3:15PM – 3:20PM
   a. County/Commission Operational Updates
      - Resumption of In-Person Brown Act Meetings Beginning March 2023
      - Consumer Caucus "Closed" Listening Session w/ Health Resources & Services Administration (HRSA) | Thursday, February 16th @ 4-5PM
4. CO CHAIR REPORT 3:20PM – 3:30PM
   a. 2023 Workplan | FINAL REVIEW & ADOPTION
   b. 2023 Meeting Frequency & Schedule
   c. 2022 Ryan White National Conference | MATERIALS NOW AVAILABLE
5. MEMBER REPORTS (*Opportunity for COH Caucus members to provide updates from their assigned COH Committees **and** related conferences/events attended to better coordinate activities and harness feedback from a consumer perspective.)* 3:30PM – 3:35PM
6. DISCUSSION 3:35PM – 4:20PM
   a. Overview of Draft Oral Healthcare Service Standards
   b. City of Los Angeles Five Year Housing & Community Development Consolidated Plan
   c. Opportunities to Improve Consumer Engagement
7. AGENDA DEVELOPMENT FOR NEXT MEETING 4:20PM – 4:25PM
8. PUBLIC COMMENTS & ANNOUNCEMENTS 4:25PM – 4:30PM
9. ADJOURNMENT 4:30PM

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We strive for consensus and compassion in all our interactions.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **We give and accept respectful and constructive feedback.**
7) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
8) **We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
9) **We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**

LOS ANGELES COUNTY COMMISSION ON HIV

Consumer Caucus Workplan 2023
Adopted 1/12/23
2/9/23 Updates Highlighted

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2023.
CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.
CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	**Create a safe environment for consumers** *(people in need of HIV care and prevention services)*	Motivate members to challenge their environment Increase awareness of the caucus in the community	Ongoing	
2	**Advocacy:** *Work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation*	Advocate for items the Caucus prioritizes	Ongoing	Suggestion: In response to DHSP's request to reassess COH activities to be more responsive and action oriented in meeting the needs of the community, coordinate a series of listening sessions as part of the CC meetings to evaluate and provide feedback on RWP services.
3	**Comprehensive HIV Plan (CHP):** *Participate in advancing the goals of the CHP to ensure the consumer voice is prioritized*	Participation in CHP implementation	Ongoing	
4	**Leadership and Capacity Building Training**: *Identify training opportunities that foster and nurture (PLWH & HIV-neg) consumer leadership and empowerment in COH and community.*	Continue soliciting ideas from consumers for training topics	Ongoing	CC was invited to participate in the January 23 OPS Committee meeting discussion re: the development of the 2023 training plan. The plan will be finalized for presentation at the February 23 OPS meeting and will be made available to the CC and entire membership.
5	**Consumer Recruitment & Participation in COH**: *Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.*	-Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus	Ongoing	**Question:** -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?

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February 6, 2023

TO: Commission on HIV Members and Alternates
FROM: Cheryl Barrit, Executive Director

RE: **Resumption of In-Person Brown Act Meetings Beginning March 6, 2023**

This memorandum serves to communicate important information pertaining to the Commission on HIV in-person Brown Act meetings procedures beginning March 6, 2023.

On October 17, 2022, Governor Gavin Newsom announced that the COVID-19 State of Emergency will end on February 28, 2023. The announcement signaled the end of Assembly Bill (AB) 361, which permits teleconferencing without complying with some of the Brown Act teleconferencing requirements should a legislative body hold a public meeting during a proclaimed state of emergency. A state of emergency can only be declared by the Governor, not declared by local officials or public health departments.

Assembly Bill 2449 | Applies to Full Commission and Standing Committee Meetings
Governor Newsom signed **AB 2449**, effective January 1, 2023 until January 1, 2026 which changed the law to:

- Teleconferencing may be conducted without posting the agenda at each teleconference location and without each location being accessible to the public under certain conditions, including:
  - At least a quorum of the members are present in person from a singular public location.
  - The legislative body provides two-way audio-visual platform or two-way telephonic service with live webcasting to allow the public to remotely hear and visually observe the meeting, and remotely address the legislative body;
  - The agenda notifies the public of the ways to access the meeting and offer public comment via a call-in or internet-based service option, and in person.

- Members may only appear remotely in their official capacity if:
  - The member notifies the body at their earliest opportunity, including at the start of a regular meeting, of the need to appear remotely for **"just cause**. "Just cause" is defined as a childcare or caregiving need, a contagious illness, a need related to a disability, or travel while on official business of the body or another agency. In this case, the body does not need to vote to allow the remote appearance) **or;**
  - There are "**emergency circumstances**" preventing the member's in-person appearance. "Emergency circumstances" are defined as a physical or family medical emergency that prevents a member from attending in person. In this case, the member must provide a general description of the circumstance, and the legislative body must vote to allow the remote appearance.
  - The member participates using **both audio and video** and discloses the presence of any persons over 18 years of age.

A member cannot appear remotely due to "just cause" or "emergency circumstances" for more than three consecutive months, or for 20% of regular meetings in a calendar year, or **more than two meetings if the legislative body meets fewer than ten times per year**

Please be aware that due to the limitations for Commissioners to attend meetings virtually and/or via teleconference under AB 2449, members must be prepared to attend the full Commission and their assigned Committee meetings **in person beginning on March 6, 2023.** Staff will be tracking attendance in compliance with AB 2449. The number of remote attendance due to "just cause" or "emergency circumstances" are counted separately for Commission and Committee meetings.

To ensure the safety and well-being of Commissioners, County staff, and members of the public, the COH will enforce the following safety measures for in-person meetings:

- Caucuses, workgroups, and subgroups will continue to be held virtually, unless the groups have agreed by consensus to meet in person, subject to the availability of meeting rooms at the Vermont Corridor. Staff will work with these non-Brown Act subgroups to plan in advance and select months that they will meet in person.
- Masking will be recommended for in-person meetings. Masks will be provided to participants upon request.
- In-person meetings will provide the capability for the public to participate via WebEx and in-person.
- Meeting notices and agendas will encourage members of the public to participate in COH full body and standing committee meetings via WebEx.

COVID-19 Vaccination Mandate

On June 27, 2022, the Executive Office of the BOS notified County Commissioners of updates to the County mandate on COVID-19 vaccination.

On October 1, 2021, the BOS COVID-19 vaccination mandate went into effect, requiring that all "County workforce members," including County employees, interns, volunteers, and commissioners, be fully vaccinated against COVID-19. Consistent with this mandate, Commissioners are encouraged to be vaccinated against COVID-19 before in-person meetings resume.

Once in-person meetings resume, members who have not provided proof of vaccination against COVID-19 will be required to submit a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting.

Thank you for your leadership and service and please reach out for any questions at cbarrit@lachiv.org or 2130618-6164.

LOS ANGELES COUNTY
COMMISSION ON HIV

Instructions and Guiding Questions for Public Comments: Oral Health Care Services standards

On January 4, 2023, the Los Angeles County Commission on HIV (COH) announced an opportunity for the public to offer comments for the draft service standards for **Oral health Care Services** being updated by the Standards and Best Practices Committee. Consumer, provider, and community feedback is critical for the service standards development process. We invite you to share your comments and distribute the document widely within your networks.

The document can also be accessed at: https://hiv.lacounty.gov/service-standards

Please email comments to: HIVCOMM@LACHIV.ORG

THE PUBLIC COMMENT PERIOD ENDS ON FEBRUARY 3, 2023.

When providing public comment, consider responding to the following:

1. What barriers currently exist in providing Oral Health Care Services for individuals living with HIV? How do the proposed standards address these barriers?
2. Are the proposed standards reasonable and achievable for provider agencies? How can the proposed standards be made more reasonable and achievable for provider agencies?
3. Are the proposed standards client-centered? How can the proposed standards be made more client-centered?
4. Do the proposed standards meet consumer needs? What is missing regarding service delivery for Oral Health Care Services under the Ryan White HIV/AIDS Program?
5. Do the proposed standards support the importance of the client/provider relationship in determining treatment plan options? How can the proposed standards better support the importance of the client/provider relationship in determining treatment plan options?

DRAFT UNDER REVIEW

SERVICE STANDARDS FOR ORAL HEALTH CARE SERVICES

LOS ANGELES COUNTY
COMMISSION ON HIV

Under review by the Standards and Best Practices Committee of the Los Angeles County Commission on HIV.

Current draft as of 1/4/23

DRAFT

SERVICE STANDARDS: ORAL HEALTH CARE SERVICES

IMPORTANT: The service standards for Oral Health Care Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

Human Resource Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) # 16-02 *(Revised 10/22/18)*: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

HRSA HAB, Division of Metropolitan HIV/AIDS Programs: National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

Service Standards: Ryan White HIV/AIDS Programs

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White-funded agencies offer to clients, however, providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV (COH) developed Oral Health Care Services standards to establish the minimum services necessary to provide oral health care services to people living with HIV. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP), members of the Los Angeles County COH Standards and Best Practices Committee (SBP), caucuses, and the public-at-large.

SERVICE DESCRIPTION

Oral health care services are an integral part of primary medical care for all people living with HIV. Most HIV infected patients can receive routine, comprehensive oral health care in the same manner as any other person. All treatment will be administered according to published research and available standards of care. In addition, the COH developed a Dental Implants addendum to provide specific service delivery guidance to Ryan White Part A-funded agencies regarding the provision of dental implants. For more information, see the Oral Health Care Service Standard Addendum.

Service shall include (but not limited to):

- Routine dental care and oral health education and counseling
- Obtaining a comprehensive medical and oral hygiene history and consulting primary medical providers as necessary
- Providing educational, prophylactic, diagnostic and therapeutic dental services to patients with a written confirmation of HIV status

- Providing medication appropriate to oral health care services, including all currently approved drugs for HIV-related oral manifestations
- Providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, prosthodontists, endodontists, oral surgeons, oral pathologists, oral medicine practitioners and registered dietitians
- Maintaining individual patient dental records in accordance with current standards
- Complying with infection control guidelines and procedures established by the California Occupation Safety and Health Administration (Cal-OSHA)

The following are priorities for HIV oral health treatment:

1. Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
2. Elimination of presenting symptoms
3. Elimination of infection
4. Preservation of dentition and restoration of functioning

Recurring themes in this standard include:

- Good oral health is an important factor in the overall health management of people living with HIV.
- Treatment modifications should only be used when a patient's health status demands them.
- Comprehensive evaluation is a critical component of appropriate oral health care services.
- Treatment plans should be made in conjunction with the patient.
- Collaboration with primary medical providers is necessary to provide comprehensive dental treatment.
- Prevention and early detection should be emphasized.

GENERAL CONSIDERATIONS: <u>There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV</u>. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for the patient. If, however, a patient's medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

HIV/AIDS oral health care services shall be provided by dental care professionals who have applicable professional degrees and current California State licenses. Dental staff can include dentists, dental assistants, dental assistants in extended functions, dental hygienists, and dental hygienists in extended practice. Clinical supervision shall be performed by a licensed dentist responsible for all clinical operations.

Dentists: A dentist must complete a four-year dental program and possess a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree. Additionally, dentists must pass a three-part examination as well as the California jurisprudence exam and a professional ethics exam. Dentists are regulated by the California Dental Board (please see Dental Board of California for further information).

Registered Dental Assistants (RDA): RDAs must possess a diploma or certificate in dental assisting from an educational program approved by the California Dental Board, or 18 months of satisfactory work experience as a dental assistant. RDAs are regulated by the California Dental Board (please see Dental Board of California for further information).

Registered Dental Assistants in Extended Functions (RDAEF)[1]: RDAEF holds a current licensure as a Registered Dental Assistant or has completed the requirements for licensure as a RDA, completed a Board-approved course in the application of Pit & Fissure Sealants, completed a Board-approved RDAEF program, passed a written examination administered by the Board, and submitted fingerprint clearances from both the Department of Justice and the Federal Bureau of Investigation. RDAEFs are regulated by the California Dental Board (please see Dental Board of California for further information).

Registered Dental Hygienists (RDH): RDHs must have been granted a diploma or certificate in dental hygiene from an approved dental hygiene educational program. RDHs are regulated by the California Dental Board (please see Dental Board of California for further information).

Registered Dental Hygienists in Extended Functions (RDHEF)[2]: RDHEF holds a current license as a registered dental hygienist in California, completed clinical training approved by the dental hygiene board in a facility affiliated with a dental school under the direct supervision of the dental school faculty, performed satisfactorily on an examination required by the dental hygiene board, and completed an application form and paid all application fees required by the dental hygiene board. RDHEF are regulated by the California Dental Board (please see Dental Board of California for further information).

[1] Registered Dental Assistant in Extended Functions Applicants - Dental Board of California
[2] Codes Display Text (ca.gov)

SERVICE STANDARDS

All contractors must meet the Universal Standards of Care approved by the COH in addition to the following Oral Health Care Services standards. The Universal Standards of Care can be accessed at: https://hiv.lacounty.gov/service-standards

SERVICE COMPONENT	STANDARD	DOCUMENTATION
INTAKE	Intake process will begin during first contact with client.	Intake took in client file to include (at minimum): • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
	Consent for Services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibilities and the Division on HIV and STD Programs (DHSP) Customer Support Program[3].	Signed, dated forms in client file.
EVALUATION When presenting for dental services, people living with HIV should be given a comprehensive oral	A comprehensive oral evaluation will be given to patients living with HIV and will include: • Documentation of patient's presenting complaint	Signed, dated evaluation on file in patient chart.

[3] The program aims to assist consumers of HIV and STD services who have experienced difficult accessing services from DHSP-funded providers throughout Los Angeles County.

evaluation. When indicated, diagnostic tests relevant to the evaluation of the patient should be performed and used in diagnosis and treatment planning. In addition, full medical status information from the patient's medical provider, including most recent lab work results, should be obtained, and considered by the dentist	• Caries charting • Radiographs or panoramic and bitewings and selected periapical films • Complete periodontal exam or PSR (Periodontal Screening Record) • Comprehensive head and neck exam • Complete intra-oral exam, including evaluation for HIV-associated lesions • Pain assessment	
	As indicated, diagnostic tests relevant to the evaluation will be used in diagnosis and treatment planning. Biopsies of suspicious oral lesions will be taken.	Signed, dated evaluation in patient chart to detail additional tests.
	Full medical status information will be obtained from the patient's medical provider and considered in the evaluation. The medical history and current medication list will be updated regularly to ensure all medical and treatment changes are noted.	Signed, dated evaluation in patient chart to detail medical status information.
	Obtain a thorough medical, dental, and psychosocial history to assess the patient's oral hygiene habits and periodontal stability and determine the patient's capacity to achieve dental implant success and the possibility of dental implant failure.	Client Chart/Treatment Plan/Provider Progress Notes
	Clinician, after patient assessment, will make necessary referrals to specialty programs including, but not limited to smoking cessation	

	programs; substance use treatment; medical nutritional therapy, thereby increasing patients' success rate for receiving dental implants.	
	The clinicians referring patients to specialty Oral Healthcare services will complete a referral form, educate the patient, and discuss treatment plan alternatives with patient.	
TREATMENT PLANNING In conjunction with the patient, each dental provider shall develop a comprehensive, multidisciplinary treatment plan. The patient's primary reason for the visit should be considered by the dental professional when developing the dental treatment plan. Treatment priority should be given to the management of pain, infection, traumatic injury, or other emergency conditions. Dental provider will support and reinforce patient understanding, agreement, and education in the patient's treatment plan. Ensure patient understanding that dental implants arefor medical necessity (as determined by the dental provider through assessments and evaluation) and would lead to improved	A comprehensive, multidisciplinary treatment plan will be developed in conjunction with the patient.	Treatment plan dated and signed by both the provider and patient in patient file.
	Patient's primary reason for dental visit should be addressed in treatment plan.	Treatment plan dated and signed by both the provider and patient in the patient file to detail.
	Patient strengths and limitations will be considered in development of treatment plan.	Treatment plan dated and signed by both the provider and patient in patient file to detail.
	Treatment priority will be given to pain management, infection, traumatic injury, or other emergency conditions.	Treatment plan dated and signed by both the provider and patient in patient file to detail.
	Treatment plan will include consideration of the following factors: • Tooth and/or tissue supported prosthetic options • Fixed protheses, removable prostheses or combination • Soft and hard tissue characteristics and morphology, ridge relationships, occlusion and occlusal forces, aesthetics, and parafunctional habits	Treatment plan dated and signed by both the provider and patient in file to detail.

HIV health outcomes. Reinforce that Ryan White funds cannot be used to provide dental implants for cosmetic purposes.	• Restorative implications, endodontic status, tooth position and periodontal prognosis • Craniofacial, musculoskeletal relationships	
	Six-month recall schedule will be used to monitor any changes. A three-month recall schedule may be considered to limit disease progression and maintain healthy periodontal tissues in advanced cases of periodontitis or caries.	Signed, dated progress note in patient file to detail.
	Treatment plans will be updated as deemed necessary.	Signed, dated progress note in patient file to detail.
	The receiving clinician will review the referral, consider the patient's medical, dental, and psychosocial history to determine treatment plan options that offer the patient the most successful outcome based on published literature. The clinician will discuss with patient dental implant options with the goal of achieving optimal health outcomes.	Referral in Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will consider the patient's perspective in deciding which treatment plan to use.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will discuss treatment plan alternatives with the patient and collaborate with the patient to determine their treatment plan.	
	The clinician and the patient will revisit the treatment plan periodically to determine if any	

	adjustments are necessary to achieve the treatment goal.	
	The clinician will educate patients on how to maintain dental implants and the importance of routine care.	
INFORMED CONSENT Patients will sign an informed consent document for all dental procedures. This informed consent process will be ongoing as indicated by the dental treatment plan.	As part of the informed consent process, dental professionals will provide the following before obtaining consent: • Diagnostic information • Recommended treatment • Alternative treatment • Benefits and risks of treatment • Limitations of treatment	Signed, dated progress note or informed consent in patient field to detail.
	Dental providers will describe all options for dental treatment and allow the patient to be part of the decision-making process.	Signed, dated progress note or informed consent in client file to detail.
	After the informed consent discussion, patients will sign an informed consent for all dental procedures.	Signed, dated informed consent in client file.
	This informed consent process will be ongoing as indicated by the dental treatment plan.	Ongoing signed, dated informed consents in client file (as needed).
MEDICAL CONSULTATION AND PRIMARY CARE PARTICIPATION Dentists can play an important part in reminding patients of the need for regular primary medical care and CBC, CD4, viral load tests every three to six months depending on the past history of HIV infection and level of suppression achieved	Primary care physicians will be consulted when providing dental treatment.	Signed, dated progress note to detail consultations.
	Primary care physicians will be consulted when providing dental treatment depending on the medical needs of the patient. Consultation with medical providers will be: • To obtain the necessary laboratory test results • When there is any doubt about the accuracy of the	Signed, dated progress note to detail consultations.

and encouraging patients to adhere to their medication regimens. However, even the highest number of viral copies has no impact on the provision of dental care. If a patient is not under the regular care of a primary care physician, the patient should be urged to seek care and a referral to primary care will be made.	information provided by the patient • When there is a change in the patient's general health, determine the severity of the condition and the need for treatment modifications • If after evaluating the patient's medical history and the laboratory tests, the oral health provider decides that treatment should occur in a hospital setting • New medications are indicated to ensure medication safety and prevent drug/drug interactions • Oral opportunistic infections are presents	
	Dentists will encourage consistent medical care in their patients and provide referrals as necessary. Under certain circumstances, dental professionals may require further medical information to determine safety and appropriateness of care.	Signed, dated progress notes to detail referrals and discussion.
	Programs may decide to discontinue oral health services if a client has not engaged in primary medical care. Patients will be made aware of this policy at time of intake into the program.	Signed, dated progress notes to detail referrals and discussion. Policy on file at provider agency. Intake materials will also state this policy.
	Under certain circumstances, dental professionals may require further medical information to determine	Signed, dated progress notes to detail discussion.

	safety and appropriateness of care.	
PREVENTION/EARLY INTERVENTION Dental professionals will emphasize prevention and early detection of oral disease by educating patients about preventive oral health practices, including instruction in oral hygiene. In addition, dental professionals may provide counseling regarding behaviors (e.g., tobacco use, unprotected oral sex, body piercing in oral structures) and general health conditions that can compromise oral health. The impact of good nutrition on preserving good oral health should be discussed.	Dental professionals will educate patients about preventive oral health practices.	Signed, dated progress note in patient file to detail education efforts.
	Routine examinations and regular prophylaxis will be scheduled twice a year.	Signed, dated progress note or treatment plan in patient file to detail schedule.
	Dental professionals will provide basic nutritional counseling to assist in oral health maintenance. Referrals to an RD and others will be made, as needed.	Signed, dated progress note to detail nutrition discussion and referrals made.
	Root planing/scaling will be offered as necessary, either directly or by referral.	Signed, dated progress note or treatment plan in patient file to detail.
SPECIAL TREATMENT CONSIDERATIONS	As indicated, the following modifications to standard dental treatment should be considered: • Bleeding tendencies may determine whether or not to recommend full mouth scaling and root planning or multiple extractions in one visit. • In severe cases, patients may be treated more sagely in a hospital environment where blood transfusions are available. • Deep block injections should be avoided in patients with bleeding tendencies. • A pre-treatment antibacterial mouth rinse	Signed, dated process note or treatment plan in patient file to detail treatment modifications and referrals.

	should be used for those patients with periodontal disease. • Patients with salivary hypofunction should be closely monitored for caries, periodontitis, soft tissue lesions and salivary gland disease. • Fluoride supplements should be prescribed for those with increase caries and salivary hypofunction. Referral to dental professional experiences in oral mucosal and salivary gland diseases should be made in severe cases of xerostomia.	
	Routine examinations and regularly prophylaxis will be scheduled twice a year.	Signed, dated progress note or treatment plan in patient file to detail scheduled.
	Root planning/scaling will be offered as necessary, either directly or by referral.	Signed, dated progress note or treatment plan in patient file to detail.
TRIAGE, REFERRAL, COORDINATION On occasion, patients will require a higher level of oral health treatment services than a given agency is able to provide. Coordinating oral health care with primary care medical providers is vital. Regular contact with a client's primary care clinic will ensure integration of services and better client care. Train referring dental providers on how to	As needed, dental providers will refer patients to full range of oral health care providers, including: • Periodontists • Endodontists • Prosthodontists • Oral surgeons • Oral pathologists • Oral medicine practitioners	Signed, dated progress note to document referrals in patient chart.
	Providers will attempt to contact a client's primary care clinic if required or as clinically indicated to coordinate and integrate care.	Documentation of contact with primary medical clinics and providers to be placed in progress notes. In

adequately complete referral forms to allow more flexibility in treatment planning for receiving specialty dental providers.		
OUTREACH Programs providing dental care for people living with HIV will actively promote their services through known linkages and direct outreach.	Programs will promote dental services for people living with HIV through linkages or outreach.	Service promotion/outreach plan on file at provider agency.
CLIENT RETENTION	Programs shall develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs shall provide regular follow-up procedures to encourage and help maintain a client in oral health treatment services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact • Text messaging
STAFFING REQUIREMENTS AND QUALIFICATIONS	Provider will ensure that all staff providing oral health care services will possess applicable professional degrees and current California state licenses.	Documentation of professional degrees and licenses on file.
	Providers shall be trained and oriented before providing oral health care services both in general dentistry and HIV specific oral health services. Training will include: • Basic HIV information • Office and policy orientation • Infection control and sterilization techniques	Training documentation on file maintained in personnel record.

	• Methods of initial evaluation of the patient living with HIV disease • Health maintenance education and counseling • Recognition and treatment of common oral manifestations and complications of HIV disease • Recognition of oral signs and symptoms of advanced HIV disease	
	Oral health care providers will practice according to California state law and the ethical codes of their respective professional organizations.	Chart review will ensure legally and ethically appropriate practice.
	Dentist in charge of dental operations shall provide clinical supervision to dental staff.	Documentation of supervision on file.
	Dental care staff will complete documentation required by program.	Periodic chart review to confirm.
	Providers will seek continuing education about HIV disease and associated oral health treatment considerations.	Documentation of trainings in employee file.

ACRONYMS

AIDS *Acquired Immune Deficiency Syndrome*
CAL-OSHA *California Occupation Safety and Health Administration*
CD4 *Cluster Designation 4*
DDS *Doctor of Dental Surgery*
DHSP *Division of HIV and STD Programs*
HBV *Hepatitis B Virus*
HIPAA *Health Insurance Portability and Accountability Act*
HIV *Human Immunodeficiency Virus*
RDA *Registered Dental Assistant*
RDH *Registered Dental Hygienists*
STD *Sexually Transmitted Disease*

DEFINITIONS AND DESCRIPTIONS

Client registration and intake is the process that determines a person's eligibility for oral services.

Registered Dental Assistant (RDA) is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

Registered Dental Hygienist (RDH) is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and RDA under the designated supervision of a licensed dentist.

Oral prophylaxis is a preventive dental procedure that includes the complete removal of calculus, soft deposits, plaque, and stains from the coronal portions of the tooth. This treatment enables a patient to maintain healthy hard and soft tissues.

Direct supervision is supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

General supervision is the supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

Basic supportive dental procedures are the fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility, and inability to precipitate potentially hazardous conditions for the patient being treated.

Standard precautions are an approach to infection control that integrates and expands the elements of universal precautions (human blood and certain human body fluids treated as if known to be infectious for HIV, Hepatitis B Virus (HBV) and other blood-borne pathogens). Standard precautions apply to contact with all body fluids, secretions, and excretions (except for sweat), regardless of whether they contain blood, and to contact with non-intact skin and mucous membranes.

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YOUR NEIGHBORHOOD YOUR FUTURE

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Paths to Prosperity

Every year, Los Angeles receives over $100 million in federal grant funds to benefit lower-income residents through housing, parks, shelters, small business loans, and more.

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5:00 PM - 6:30 PM
Both sessions will contain the same information and be presented in both Spanish and English.

Monday
Feb 13th
5 – 6:30 PM

Please also take our survey here!

Wednesday
Feb 15th
5 – 6:30 PM

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Website: LA4Families.org/community-input **E-mail comments to: cifd.planning@lacity.org**

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As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities. Sign language interpreters, assistive listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability, your request should be received no later than three working days (72 hours) in advance of the need. For more information please call Jessica Martinez at (213) 574-6465 or by e-mail at cifd.planning@lacity.org
Due to technological changes, if TTY is needed to contact us, please use Telecommunication Relay Services (TRS) such as Text-to-Voice TTY-based TRS, Speech-to-Speech Relay Service, Shared Non-English Language Relay Services, Captioned Telephone Service; IP Captioned Telephone Service, Internet Protocol Relay Service, or Video Relay Service.

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COMMUNITY INVESTMENT FOR FAMILIES DEPARTMENT
Paths to Prosperity

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13 de Febrero
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Debido a los cambios tecnológicos, si necesita TTY para comunicarse con nosotros, utilice los servicios de retransmisión de telecomunicaciones (TRS), como el TRS de texto a voz basado en TTY, el servicio de retransmisión de voz a voz, los servicios compartidos de retransmisión en idiomas distintos del inglés, los servicios subtitulados. Servicio telefónico; Servicio telefónico con subtítulos IP, Servicio de retransmisión de protocolo de Internet o Servicio de retransmisión de video.