



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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**\*\*CHANGE IN VENUE\*\***

# Consumer Caucus

Hybrid (In Person & Virtual) Meeting

Thursday, June 8, 2023

1:30PM-3:00PM (PST)

St. Anne's Conference & Event Center

155 N. Occidental Blvd., Los Angeles, CA 90026

*\*\*Lunch & Complimentary On-Site Valet Parking Available\*\**

*Please indicate to valet that you are attending the Consumer Caucus Meeting*

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 VIRTUALLY VIA WEBEX. CLICK [HERE](#) FOR MORE INFO.

*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*

**TO ATTEND IN PERSON:**

St. Anne's Conference & Events Center

155 N. Occidental Blvd., Los Angeles 90026

Lunch & Complimentary Valet Parking Available:

*Please let valet know you are attending the Consumer Caucus meeting*

**TO ATTEND VIRTUALLY:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m357ef941b881e58ef2406e61c8e0aff>

**MEETING PASSWORD: CAUCUS**

**TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2592 981 8539**

**LIKE WHAT WE DO?**

Apply to become a Commissioner at: <https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication>

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



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## CONSUMER CAUCUS (CC) HYBRID (IN PERSON & VIRTUAL) MEETING AGENDA

Thursday, June 8, 2023 @ 1:30PM-3:00PM

St. Anne's Conference & Event Center  
155 N. Occidental Blvd., Los Angeles, CA 90026

**\*\*Lunch & Complimentary On-Site Valet Parking Available\*\***

*Please indicate to valet that you are attending the Consumer Caucus Meeting*

### TO JOIN VIRTUALLY BY COMPUTER:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m357ef941b881e58ef2406e61c8e0aff>

**MEETING PASSWORD:** CAUCUS

**TO JOIN BY PHONE:** +1-213-306-3065 **MEETING #/ACCESS CODE:** 2592 981 8539

- |  |                 |
|--|-----------------|
| 1. CO-CHAIR WELCOME & INTRODUCTIONS  | 1:30PM – 1:35PM |
| 2. COH MEETING DEBRIEF   | 1:35PM – 1:45PM |
| 3. ED/STAFF REPORT   | 1:45PM – 1:50PM |
| a. County/Commission Operational Updates   |                 |
| 4. CO CHAIR REPORT   | 1:50PM – 2:00PM |
| a. 2023 Workplan & Meeting Schedule Review   |                 |
| • 2023 Meeting Agenda Development  |                 |
| • HRSA Closed Listening Session Follow-Up  |                 |
| b. <a href="#">Long Term Survivors Awareness Day (June 5)</a>  |                 |
| c. <a href="#">Caribbean American HIV/AIDS Awareness Day (June 8)</a>  |                 |
| d. <a href="#">National HIV Testing Awareness Day (June 27)</a>  |                 |
| 5. MEMBER REPORTS ( <i>Opportunity for COH Caucus members to provide updates from their assigned COH Committees <b>and</b> related conferences/events attended to better coordinate activities and harness feedback from a consumer perspective.</i> ) | 2:00PM – 2:05PM |
| 6. DISCUSSION  | 2:05PM – 2:50PM |
| a. Universal Service Standards & Patient Bill of Rights Overview Presentation  |                 |
| b. Opportunities to Improve Consumer Engagement  |                 |
| 7. AGENDA DEVELOPMENT FOR NEXT MEETING   | 2:50PM – 2:55PM |
| 8. PUBLIC COMMENTS & ANNOUNCEMENTS   | 2:55PM – 3:00PM |
| 9. ADJOURNMENT   | 3:00PM          |



## LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14<sup>th</sup> 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)**

## Consumer Caucus Workplan 2023

**\*Adopted 1/12/23\***

**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	<b>Create a safe environment for consumers</b> ( <i>people in need of HIV care and prevention services</i> )	Motivate members to challenge their environment Increase awareness of the caucus in the community	Ongoing	Develop a meeting schedule for 2023 inclusive of community engagement activities, evaluating HIV-related programs and services, educational presentations, and capacity building activities; refer to Co-Chairs for recommendations.
2	<b>Advocacy:</b> <i>Work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation</i>	Advocate for items the Caucus prioritizes	Ongoing	<u>Suggestion:</u> 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. Invite topical SMEs to present.  Draft letter to HRSA based on closed listening session outcome.
3	<b>Comprehensive HIV Plan (CHP):</b> <i>Participate in advancing the goals of the CHP to ensure the consumer voice is prioritized</i>	Participation in CHP implementation	Ongoing	
4	<b>Leadership and Capacity Building Training:</b> <i>Identify training opportunities that foster and nurture (PLWH &amp; HIV-neg) consumer leadership and empowerment in COH and community.</i>	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.  The 2023 Training Schedule has been finalized and is now available on the COH's website; click <a href="#">here</a> to access.

5	<p><b>Consumer Recruitment &amp; Participation in COH:</b> <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i></p>	<ul style="list-style-type: none"> <li>-Identify mechanism for retaining Caucus members</li> <li>-Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services</li> <li>-Recruit members that need HIV care and prevention services</li> <li>-Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus</li> </ul>	Ongoing	<p><b>Question:</b></p> <ul style="list-style-type: none"> <li>-Why would anyone come to Caucus meetings?</li> <li>-Why won't providers recruit?</li> <li>-How can we get providers to encourage their clients/patients to attend?</li> <li>-What is the incentive for unaffiliated consumers to attend meetings?</li> </ul>
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# Equity Lens for Decision Making

Below are the current equity lens questions for use in planning, decision-making and implementation for policies, practices, and programs. These are a guide only, and there may be other factors to consider. The Lens is an ever-evolving tool for decision making, that changes as our constructs and understandings change.

## SECTION 1: Basic Racial Equity Lens

1. What is the policy, program or decision under review?
2. What racial, cultural and/or ethnic group(s) experience disparities related to this policy, program or decision? Are they at the table? (If not, why?)
3. How might the policy, program or decision affect the group(s)? How might it be perceived by the group(s)?
4. Does the policy, program or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in systemic change that addresses institutional racism?
5. Does the policy, program, or decision produce any intentional benefits or unintended consequences for the affected group(s)?
6. Based on the above responses, what are the possible revisions to the policy, program, or decision under review?
7. What next step is recommended and how will it be advanced?

*Adapted from: Portland State University Equity Lens Assessment Tool*

## SECTION 2: Multi-Dimension Equity Lens

(Broad inclusion of multiple as well as intersecting historically marginalized groups and underserved populations) These questions provide more global considerations and speak to macro issues such as policy as well as individual project, program or micro issue decision making, action and implementation.

### People

- How have we adequately ensured that our operational processes are inclusive and that elements of the process have not created barriers to meaningful participation?
- Which stakeholder groups would we like to have included but were unable to facilitate?
- Who is affected—positively, negatively, or not at all—by this decision, process, and actions? List positives and negatives.
- What are the specific ways this decision, process, or action, etc. is expected to reduce disparities and advance social justice?
- How have you intentionally involved stakeholders who are also members of the communities affected by the strategic investment or resource allocation? How do you validate your assessment?

### Place

- On the basis of Harvard Chan School of Public Health's social, physical and cultural location, how does this process compensate for access limitations of various stakeholder groups?
- How have we modified our process to support access by marginalized community stakeholders?

### Process

- How are our processes supporting the empowerment of communities historically most affected by inequities?
- How are processes ensuring that participants' emotional and physical safety needs are addressed?
- How are processes supporting participants' need to be productive and feel valued?
- How are our processes building ongoing community capacity for involvement with Harvard Chan School of Public Health by those communities historically most affected by inequities?
- How are we using this opportunity to contribute to the leadership development of those from marginalized communities?
- What types of biases have influenced the work of your group and how have these been identified and addressed?
- What improvements to team processes can you support for naming and identifying unaddressed bias?
- What have we learned about effective practices that we can recommend being continued by other offices and departments?
- What are the barriers to more equitable outcomes? (e.g. mandated, political, financial, programmatic, or managerial)



# 2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our [website](#) for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
<b><u>General Orientation and Commission on HIV Overview *</u></b>	March 29 3:00 - 4:30 PM
<b><u>Priority Setting and Resource Allocation Process &amp; Service Standards Development *</u></b>	April 12 3:00 - 4:30 PM
<b><u>Tips for Making Effective Written and Oral Public Comments</u></b>	May 24 3:00 - 4:00 PM
<b><u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *</u></b>	July 19 3:00 - 4:30 PM
<b><u>Public Health 101</u></b>	August 16 3:00 - 4:30 PM
<b><u>Sexual Health and Wellness</u></b>	September 20 3:00 - 5:00 PM
<b><u>Health Literacy and Self-Advocacy</u></b>	October 18 3:00 - 4:30 PM
<b><u>Policy Priorities and Legislative Docket Development Process *</u></b>	November 15 3:00 - 4:30 PM
<b><u>Co-Chair Roles and Responsibilities</u></b>	December 6 4:00 - 5:00 PM

*\*Mandatory core trainings for all commissioners.*

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# **RYAN WHITE PROGRAM UNIVERSAL SERVICE STANDARDS**

Approved by COH on 2/11/21

**DRAFT FOR PUBLIC COMMENT**

**PUBLIC COMMENT PERIOD: May 5, 2023-  
June 5, 2023**

Email comments to [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org)



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



### **Service Standard Review Guiding Questions for Public Comments**

The Los Angeles County Commission on HIV announces an opportunity for the public to submit comments for the draft **Universal Service Standards for HIV Care** being updated by the Standards and Best Practices Committee. We welcome feedback from consumers, providers, community members, and any HIV stakeholders interested in improving HIV care in Los Angeles County. Please distribute the document widely within you networks. The document is included below and can accessed at: <https://hiv.lacounty.gov/service-standards>

Please email comments to: [HIVCOMM@LACHIV.ORG](mailto:HIVCOMM@LACHIV.ORG)

The public comment period ends on **June 6, 2023**.

#### **When providing public comment, consider responding to the following:**

1. Are the Universal Service Standards presented up-to-date and consistent with national standards of high quality HIV and STD prevention services?
2. Are the standards reasonable and achievable for providers? Why or why not?
3. Are the proposed Universal Services Standards client-centered? Is there anything missing related to HIV prevention and care?



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**IMPORTANT:** Service standards must 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:

- [Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/18\)](#)
- [HIV/AIDS Bureau, 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**

Standards of Care outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. Standards of Care are available for each service category to set the minimum level of care Ryan White funded agencies should offer to clients. The Standards are intended to help Ryan White Part A funded agencies meet the needs of their clients. Providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Universal Standards of Care to reflect current guidelines from federal and national agencies on HIV care and treatment, and to establish the minimum standards of care necessary to achieve optimal health among people living with HIV (PLWH), regardless of where services are received in the County. The development of the Standards includes guidance from service providers, consumers and members of the Los Angeles County Commission on HIV, Standards and Best Practices Committee.

## **UNIVERSAL STANDARDS OVERVIEW**

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible and non-discriminatory to all people living with HIV in Los Angeles County with a focus on highly impacted populations
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how maintaining an undetectable viral load results in little to no risk of HIV transmission
- Protect client rights and ensure quality of care
- Provide client-centered, age appropriate, culturally, and linguistically competent care
- Provide high quality services through experienced and trained staff
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of addressing grievances
- Prevent information technology security risks and protect patient information and records
- Inform clients of services, establish eligibility, and collect information through an intake process
- Effectively assess client needs and encourage informed and active participation
- Address client needs through coordination of care and referrals to needed services
- Ensure that the quality of service and materials given to patients during telehealth encounter is similar with in-person visits.

### **1. GENERAL AGENCY POLICIES**

All agencies offering Ryan White services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility. Agency policies and procedures facilitates service delivery as well as ensures safety and well-being of clients and staff. Agencies are encouraged to build their telehealth technology infrastructure and capacity to include videoconferencing to facilitate patient-provider connectivity and relationships.

<b>1.0 GENERAL AGENCY POLICIES</b>	
<b>Standard</b>	<b>Documentation</b>
1.1 Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services.	1.1 Written client confidentiality policy on file with specific information technology safeguards for confidentiality and patient information if using telehealth service modality.
1.2 Agency is responsible for informing the patient that they have the right to obtain copies of their medical and other health records maintained by the agency.	1.2 Written policy for informing the patient of their rights to receive a copy of their medical records. The policy should contain a description of the process for obtaining records, such as a verbal or written request and a reasonable timeframe for patients to receive the information.
1.3 Client determines what information of theirs can be released and with whom it can be shared. Services using telehealth modality are subject to consent by the patient.	<p>1.3 Completed <i>Release of Information Form</i> on file including:</p> <ul style="list-style-type: none"> <li>• Name of agency/individual with whom information will be shared</li> <li>• Information to be shared</li> <li>• Duration of the release consent</li> <li>• Client signature</li> </ul> <p>For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant. The form must also be compliant with the CA Medi-Cal telehealth policy.<sup>1</sup></p>
1.4 Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services.	<p>1.4 Written grievance procedure on file that includes, at minimum:</p> <ul style="list-style-type: none"> <li>• Client process to file a grievance</li> <li>• Information on the Los Angeles County Department of Public Health, Division of HIV &amp; STD Programs (DHSP) Customer Support Program 1-800-260-8787. Additional ways to file grievances can be found at:  <a href="#">DHSP CSP CustomerSupportForm Website -ENG-Final 12.2022.pdf(lacounty.gov)</a></li> </ul> <p>DHSP Customer Support Program information is posted in a visible location on site or provided to the patient at the beginning of a telehealth encounter.</p>

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1.5 Agency provides eligibility requirements for services available upon request. Eligibility requirements must follow guidance from Division of HIV & STD Programs (DHSP) and <a href="#">HRSA under Policy Clarification Notice #16- 02</a> . <sup>4</sup>	1.5 Written eligibility requirements on file.
1.6 All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use. Protection of client files and information must cover use of electronic medical records, phones, text messages, email, and telehealth modalities.	1.6 Client files must be locked and/or password protected with access provided only to appropriate personnel. Agencies must establish written procedures and IT policies for message encryption and restrictions on staff access to protect client information.
1.7 Agency maintains progress notes of all communication between provider and client.	1.7 Legible progress notes maintained in individual client files that include, at minimum: <ul style="list-style-type: none"><li>• Date of communication or service</li><li>• Service(s) provided</li></ul> Recommended referrals linking clients to needed services (See Section 6: Referrals and Case Closure)
1.8 Agency develops or utilizes an existing crisis management policy.	1.8 Written crisis management policy on file that includes, at minimum: <ul style="list-style-type: none"><li>• Mental health crises</li><li>• Dangerous behavior by clients or staff</li></ul>
1.9 Agency develops a policy on utilization of Universal Precaution Procedures <a href="https://www.cdc.gov/niosh/topics/bbp/universal.html">https://www.cdc.gov/niosh/topics/bbp/universal.html</a> <ul style="list-style-type: none"><li>• Staff members are trained in universal precautions.</li></ul>	1.9 Written policy or procedure on file. Documentation of staff training in personnel file.
1.10 Agency ensures compliance with Americans with Disabilities Act (ADA) criteria for programmatic accessibility (e.g. building and design accessibility, parking, etc.). For agencies with multiple sites, all sites must comply with the ADA requirements.	1.10 ADA criteria on file at all sites.
1.11 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	1.11 Signed confirmation of compliance with applicable regulations on file.

**2. CLIENT RIGHTS AND RESPONSIBILITIES**

A key component of HIV/AIDS service delivery is the historic and continued involvement of people living with HIV in the design and evaluation of services. The quality of care and quality of life for people living with HIV/AIDS is maximized when people living with HIV are active participants in their own health care decisions with their providers. This can be facilitated by ensuring that clients are aware of and understand the importance of their input in the development of HIV programming.

<b>2.0 CLIENT RIGHTS AND RESPONSIBILITIES</b>	
<b>Standard</b>	<b>Documentation</b>
2.1 Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category.	2.1 Written eligibility requirements on file. Client utilization data made available to funder.
2.2 Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client centered.	2.2 Written documentation of how input was received to inform service planning and evaluation in regular reports. Lists may include: <ul style="list-style-type: none"> <li>• Consumer Advisory Board meetings</li> <li>• Participation of people living with HIV in HIV program committees or other planning bodies</li> <li>• Needs assessments</li> <li>• Anonymous patient satisfaction surveys. Discreet drop off boxes should be available in various sites throughout the agency and/or anonymous electronic follow-up surveys emailed to patients after their appointment.</li> <li>• Focus groups</li> </ul>
2.3 Agency ensures that clients receive information technology support and training on how to use telehealth services.	2.3 Written checklists and/or “how to” guides are provided to patients prior to their telehealth appointment. Materials may be emailed to patient and/or posted on the agency website. The document should contain at least the following information: <ul style="list-style-type: none"> <li>• Instructions on how to use telehealth tools (i.e., phone, laptop, tablets, etc.) in plain language and available in the patient’s preferred language.</li> <li>• Telephone number for technical support or trouble shooting available before, during and after the telehealth appointment.</li> </ul>

<p>2.4 Agency ensures that clients retain the right to accept or decline a telehealth visit. The ultimate decision on the mode of service delivery, whether in-person or telehealth, must be determined by the client first before an appointment is made.</p>	<p>2.4 Written procedures and telehealth acceptance or denial form completed by patients prior to the appointment.</p>
<p>2.5 Agency provides each client a copy of the <i>Patient &amp; Client Bill of Rights &amp; Responsibilities (Appendix B)</i> document that informs them of the following:</p> <ul style="list-style-type: none"> <li>• Confidentiality policy</li> <li>• Expectations and responsibilities of the client when seeking services</li> <li>• Client right to file a grievance</li> <li>• Client right to receive no-cost interpreter services</li> <li>• Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days)</li> <li>• Reasons for which a client may be removed from services and the process that occurs during involuntary removal</li> </ul>	<p>2.5 <i>Patient and Client Bill of Rights</i> document is signed by client and kept on file.</p>

**3. STAFF REQUIREMENTS AND QUALIFICATIONS**

Staff must be well qualified and, if necessary, hold all required licenses, registration, and/or degrees in accordance with applicable State and federal regulations as well as requirements of the Los Angeles County Department of Public Health, Division of HIV & STD Programs. At minimum, all staff will be able to provide timely, linguistically, and culturally competent care to people living with HIV. Staff will complete orientation through their respective hiring agency, including a review of established programmatic guidelines, and supplemental trainings as required by the Los Angeles County Department of Public Health, Division of HIV and STD Programs. The [AIDS Education Training Center \(AETC\)](#) offers a variety of training for the HIV workforce.

<b>3.0 STAFF REQUIREMENTS AND QUALIFICATIONS</b>	
<b>Standard</b>	<b>Documentation</b>
<p>3.1 Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served. Employment is an essential part of leading an independent, self-directed life for all people, including those living with HIV/AIDS. Agencies should develop policies that strive to hire PLWH in all facets of service delivery, whenever appropriate.</p>	<p>3.1 Hiring policy and staff resumes on file.</p>

# DRAFT

<p>3.2 If a position requires licensed staff, staff must be licensed to provide services.</p>	<p>3.2 Copy of current license on file.</p>
<p>3.3 Staff will participate in trainings appropriate to their job description and program</p> <ul style="list-style-type: none"><li>a. Required education on how a client achieving and maintaining an undetectable viral load for a minimum of six months will not sexually transmit HIV.</li><li>b. Staff should have experience in or participate in trainings on:<ul style="list-style-type: none"><li>• LGBTQ+/Transgender community and</li><li>• <u>HIV Navigation Services (HNS)</u> provided by Centers for Disease Control and Prevention (CDC).</li><li>• Trauma informed care</li></ul></li></ul>	<p>3.3 Documentation of completed trainings on file</p>
<p>3.4 New staff will participate in trainings to increase capacity for fulfilling the responsibilities of their position.</p> <ul style="list-style-type: none"><li>a. Required completion of an agency-based orientation within 6 weeks of hire</li><li>b. Training within 3 months of being hired appropriate to the job description.</li><li>c. Additional trainings appropriate to the job description and Ryan White service category.</li></ul>	<p>3.4 Documentation of completed trainings on file</p>
<p>3.5 Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met.</p>	<p>3.5 Documentation of staff efforts of coordinating across systems for the client on file (e.g. housing case management services, etc.).</p>

**4. CULTURAL AND LINGUISTIC COMPETENCE**

Ryan White funded agencies must provide services that are culturally and linguistically competent based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. As noted in the CLAS Standards, ensuring culturally and linguistically appropriate services advances health equity, improves quality, and helps eliminate health care disparities by establishing a blueprint for health and health care organizations. For the purpose of these standards, culture is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics (Source: National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Office of Minority Health, US Department of Health and Human Services. April 2013 <https://www.thinkculturalhealth.hhs.gov/clas/standards>). The standards below are adapted directly from the National CLAS Standards.

Agencies should also strive towards acknowledging implicit bias, how it plays a role in service delivery, and how it can be addressed and countered. Agencies must provide services that align with strategies to reduce implicit bias by the Institute for Healthcare Improvement. For the purpose of the standards, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.

Cultural competence and acknowledging implicit bias rely on behaviors, attitudes, and policies that come together in a system, agency, or among individuals that reduces stigma and enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider’s, those who have low literacy skills, and/or those with disabilities. Cultural and linguistic competence is a goal toward which all service providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities, and understanding that culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime. However, agencies should ensure staff are involved in a continual process of learning, personal growth, and training that increases cultural and linguistic competence, addresses implicit bias, decreases stigma, and enhances the ability to provide appropriate services to all individuals living with HIV/AIDS.

Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services. Interpretation refers to verbal communication where speech is translated from a speaker to a receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

<b>4.0 CULTURAL AND LINGUISTIC COMPETENCE</b>	
<b>Standard</b>	<b>Documentation</b>
4.1 Recruit, promote, and support a culturally and linguistically diverse workforce that are responsive to the population served.	4.1 Documentation of how staff demographics reflect the demographics of clients served on file (e.g. race, gender identity, age, sexual orientation, lived experience etc.)

4.2 Agency develops or utilizes existing culturally and linguistically appropriate policies and practices. Agency educates and trains workforce on culturally and linguistically appropriate practices on an ongoing basis.	4.2 Written policy and practices on file Documentation of completed trainings on file.
4.3 Provide resources onsite to facilitate communication for individuals who experience impairment due to a challenging medical condition or status (e.g. augmentative and alternative communication resources or auxiliary aids and services)	4.3 Resources on file a. Checklist of resources onsite that are available for client use. Type of accommodations provided documented in client file.
4.4 Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	4.4 <i>Signed Patient &amp; Client Bill of Rights</i> document on file that includes notice of right to obtain no-cost interpreter services.
4.5 Ensure the competence of individuals providing language assistance a. Use of untrained individuals and/or minors as interpreters should be avoided Ensure quality of language skills of self-reported bilingual staff who use their non-English language skills during client encounters	4.5 Staff resumes and language certifications, if available, on file.
4.6 Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area in clinic points of entry (e.g. registration desks, front desks, reception, waiting rooms, etc.) and areas where work with client is performed (e.g. clinic rooms, meeting rooms, etc.)	4.6 Materials and signage in a visible location and/or on file for reference.

**5. INTAKE AND ELIGIBILITY**

All clients who request or are referred to HIV services will participate in an intake process conducted by appropriately trained staff. The intake worker will review client rights and responsibilities, explain available services, the confidentiality and grievance policy, assess immediate service needs, and secure permission to release information

<b>5.0 INTAKE AND ELIGIBILITY</b>	
<b>Standard</b>	<b>Documentation</b>
<p>5.1 Intake process begins within 5 days of initial contact and is completed within 30 days of initial contact with client.</p>	<p>5.1 Completed intake on file that includes, at minimum:</p> <ul style="list-style-type: none"> <li>• Client’s legal name, name if different than legal name, and pronouns</li> <li>• Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address.</li> <li>• Preferred method of communication (e.g., phone, email, or mail)</li> <li>• Emergency contact information</li> <li>• Preferred language of communication</li> <li>• Enrollment in other HIV/AIDS services.</li> <li>• Primary reason and need for seeking services at agency</li> </ul> <p>If client chooses not to complete the intake within 30 days of initial contact, document attempts to contact client and mode of communication in client file.</p>
<p>5.2 Agency determines client eligibility</p>	<p>5.2 Documentation includes:</p> <ul style="list-style-type: none"> <li>• Los Angeles County resident</li> <li>• Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV &amp; STD Programs</li> <li>• Verification of HIV positive status</li> </ul>

## 6. REFERRALS AND CASE CLOSURE

A client case may be closed through a systematic process that includes case closure justification and a transition plan to other services or other provider agencies, if applicable. Agencies should maintain a list of resources available for the client for referral purposes. If the client does not agree with the reason for case closure, they should follow the grievance policy at the provider agency and/or be referred to the Department of Public Health, Division of HIV and STD Programs Grievance Line.

<b>6.0 REFERRALS AND CASE CLOSURE</b>	
<b>Standard</b>	<b>Documentation</b>
<p>6.1. Agency will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals</p> <p>a. Staff will provide referrals to link clients to services based on assessments and reassessments</p>	<p>6.1 Identified resources for referrals at provider agency (e.g. lists on file, access to websites)</p> <p>a. Written documentation of recommended referrals in client file</p>
<p>6.2 If needed, staff will engage additional providers for specific support services (e.g. behavioral health, substance use, housing)</p>	<p>6.2 Agency establishes partnerships with agencies for referrals as needed. Memoranda of Understanding (MOU) on file.</p>
<p>6.3 For clients with missed appointments or pending case closure, staff will attempt to contact client.</p> <p>a. Cases may be closed if the client:</p> <ul style="list-style-type: none"> <li>• Relocates out of the service area</li> <li>• Is no longer eligible for the service</li> <li>• Discontinues the service</li> <li>• No longer needs the service</li> <li>• Puts the agency, service provider, or other clients at risk</li> <li>• Uses the service improperly or has not complied with the services agreement</li> <li>• Is deceased</li> <li>• Has had no direct agency contact, after repeated attempts, for a period of 12 months.</li> </ul>	<p>6.3 Attempts to contact client and mode of communication documented in file.</p> <p>a. Justification for case closure documented in client file</p>
<p>6.4 Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition.</p>	<p>6.4 Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for case closure; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.</p>

6.5 Agency develops or utilizes existing due process policy for involuntary removal of clients from services; policy includes a series of verbal and written warnings before final notice and case closure.	6.5 Due process policy on file as part of transition, and case closure policy described in the <i>Patient &amp; Client Bill of Rights</i> document. (Refer to Appendix B).
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**APPENDIX A: RYAN WHITE PART A SERVICE CATEGORIES**

The Ryan White HIV/AIDS Program Part A provides assistance to communities that are most severely impacted by the HIV epidemic. Part A funds must be used to provide core medical and support services for people living with HIV.

**SERVICE CATEGORIES**

<b><u>CORE MEDICAL SERVICES</u></b>	<b><u>SUPPORT SERVICES</u></b>
Outpatient/Ambulatory Health Services	Non-Medical Case Management Services
AIDS Drug Assistance Program Treatments	Child Care Services
AIDS Pharmaceutical Assistance	Emergency Financial Assistance
Oral Health Care	Food Bank/Home Delivered Meals
Early Intervention Services (EIS)	Health Education/Risk Reduction
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	Housing
Home Health Care	Other Professional Services
Home and Community-Based Services	Linguistic Services
Hospice Services	Medical Transportation
Mental health Services	Outreach Services
Medical Nutrition Therapy	Psychosocial Support Services
Medical Case Management, including Treatment Adherence	Referral for Health Care and Support Services
Substance Abuse Outpatient Care	Rehabilitation Services
	Respite Care
	Substance Abuse Services (residential)

## **APPENDIX B: PATIENT & CLIENT BILL OF RIGHTS AND RESPONSIBILITIES**

It is the provider's responsibility to provide clients a copy of the Patient & Client Bill of Rights and Responsibilities in all service settings, including telehealth. The purpose of this Patient and Client Bill of Rights is to help enable clients to act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and Responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment, or support services for HIV/AIDS, you have the right to:

### **A. Respectful Treatment and Preventative Services**

1. Receive considerate, respectful, professional, confidential, and timely care and preventative services (such as screenings and vaccinations) in a safe client-centered, trauma-informed environment without bias.
2. Receive equal and unbiased care according to your age and needs in accordance with federal and State laws.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses, and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Review your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).

### **B. Competent, High-Quality Care**

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or care services.
4. Have their phone calls and/or emails answered with 1-5 business days.

### **C. Participate in the Decision-making Treatment Process**

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which treatment option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Have access to patient-specific education resources and reliable information and training about patient self-management.
5. Refuse any and all treatments recommended and be told of the effect that not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
6. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
7. Refuse to participate in research without prejudice or penalty of any sort.

8. Refuse any offered services or end participation in any program without bias or impact on your care.
9. Be informed of the procedures at the agency for resolving misunderstandings, making complaints, or filing grievances.
10. Receive a response to a complaint or grievance within 30-45 days of filing it.
11. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

**D. Confidentiality and Privacy**

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. (Your agency will ask you to acknowledge receipt of this document.)
2. Keep your HIV status confidential. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. (Your physician has the right to accept or refuse your request with an explanation.)

**E. Billing Information and Assistance**

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment, and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

**F. Patient/Client Responsibilities**

In order to help your provider give you the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are provided.
4. Follow the treatment plan you have agreed to and understand the consequences of failing to adhere to the recommended course of treatment or of using alternative treatments.
5. Understand that cases may be closed if the client:
  - i. Relocates out of the service area
  - ii. Is no longer eligible for the service(s)
  - iii. Discontinues the service(s)
  - iv. No longer needs the service(s)
  - v. Puts the agency, service provider, or other clients at risk
  - vi. Uses the service(s) improperly or has not complied with the services agreement
  - vii. Is deceased
  - viii. Has had no direct agency contact, after repeated attempts, for a period of 12 months
6. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
7. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.

8. Follow the agency's rules and regulations concerning patient/client care and conduct.
9. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
10. Refrain from the use of profanity or abusive or hostile language; threats, violence, or intimidations; carrying weapons of any sort; theft or vandalism; sexual harassment and misconduct.
11. If you are a person living with a Substance Use Disorder, please be open and honest with your provider about your substance use so that any issues can be properly addressed.

### **For More Help or Information**

Your first step in getting more information involving any complaints or grievances is to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve the problem in a reasonable time span, or if serious concerns or issues arise and you would like to speak with someone outside the agency, you may call the number below for confidential, independent information and assistance.

**Division of HIV and STD Programs** | [Customer Support Program](#)

(800) 260-8787 | 8:00 am – 5:00 Monday – Friday

## **APPENDIX C: TELEHEALTH RESOURCES**

- **Federal and National Resources:**
  - HRSA’s Ryan White HIV/AIDS Program Expanding HIV Care Through Telehealth CARE Action Newsletter October 2019:  
<https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/telehealth.pdf>
- **Telehealth Discretion During Coronavirus:**
  - AAFP Comprehensive Telehealth Toolkit:  
[https://www.aafp.org/dam/AAFP/documents/practice\\_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf](https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf)
  - ACP Telehealth Guidance & Resources: <https://www.acponline.org/practice-resources/business-resources/telehealth>
  - ACP Telemedicine Checklist: [https://www.acponline.org/system/files/documents/practice-resources/health-information-technology/telehealth/video\\_visit\\_telemedicine\\_checklist\\_web.pdf](https://www.acponline.org/system/files/documents/practice-resources/health-information-technology/telehealth/video_visit_telemedicine_checklist_web.pdf)
  - AMA Telehealth Quick Guide: <https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>
  - CMS Flexibilities for Physicians: <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf> - “Under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services.”
  - CMS Flexibilities for RHCs and FQHCs: <https://www.cms.gov/files/document/covid-rural-health-clinics.pdf> - “Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. (During the PHE, some telehealth services can be furnished using audio-only technology.)”
  - CMS Fact Sheet on Virtual Services: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
  - [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)
  - [Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic](#)