LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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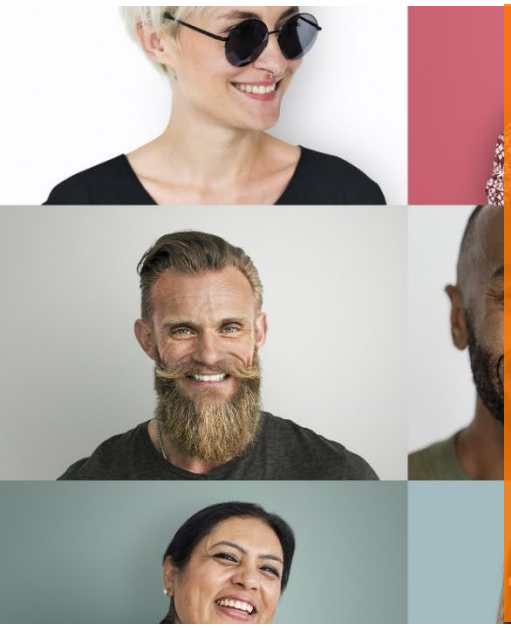

STANDARDS AND BEST PRACTICES COMMITTEE SPECIAL MEETING

TUESDAY, NOVEMBER 12, 2024
****1:30pm-3:30pm (PST)****

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*
Agenda and meeting materials will be posted on our website at http://hiv.lacounty.gov/Meetings

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/rdb806c1f187bd773017bcc3e96448f78

Notice of Teleconferencing Sites

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://www.surveymonkey.com/r/COHMembershipApp
For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

AGENDA FOR THE SPECIAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, NOVEMBER 12, 2024| 1:30 PM – 3:30 PM
Please note different date and time

510 S. Vermont Ave
Terrace Level Conference Rooms
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

For those attending in person, as a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th floor) where our meetings are held.

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/rdb806c1f187bd773017bcc3e96448f78
To Join by Telephone: 1-213-306-3065
Password: STANDARDS Access Code: 2539 533 6494

Standards and Best Practices Committee (SBP) Members:			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Dahlia Ale-Ferlito	Mikhaela Cielo, MD
Sandra Cuevas	Kerry Ferguson (Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames
Lauren Gersh, LCSW *(Committee-only)*	David Hardy, MD *(Alternate)*	Mark Mintline, DDS *(Committee-only)*	Andre Molette
Byron Patel, RN	Martin Sattah, MD	Russell Ybarra	
QUORUM: 7			

AGENDA POSTED: November 6, 2024.

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. **Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.***

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an

agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

1. Call to Order & Meeting Guidelines/Reminders — 10:00 AM – 10:03 AM
2. Introductions, Roll Call, & Conflict of Interest Statements — 10:03 AM – 10:05 AM
3. Approval of Agenda — **MOTION #1** — 10:05 AM – 10:07 AM
4. Approval of Meeting Minutes — **MOTION #2** — 10:07 AM – 10:10 AM

II. PUBLIC COMMENT — 10:10 AM – 10:15 AM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

6. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

7. Executive Director/Staff Report — 10:15 AM – 10:25 AM
    a. Operational and Commission—Updates
        i. 2025-2027 COH Co-Chair Open Nominations & Elections | January 9, 2025
        ii. November 14, 2024 Annual Conference | Flyer
        iii. December 3, 2024 District 5 Antelope Valley World AIDS Day Event | Flyer
        iv. December 6, 2024 District 2 Black Caucus World AIDS Day Event | Flyer

v. February 13, 2025 Consumer Resource Fair | Flyer

8. Co-Chair Report 10:25 AM – 10:35 AM
   a. 2024 Workplan and Meeting Schedule—Updates
   b. Service Standards Revision Tracker—Updates
   c. 2025 Committee Co-Chair Open Nominations & Elections | Reminder
9. Division on HIV and STD Programs (DHSP) Report 10:35 AM—10:45 AM

V. DISCUSSION ITEMS

10. Emergency Financial Assistance Service Standards Review 10:45 AM—11:15 AM
    MOTION #3: Approve the Emergency Financial Assistance service standards, as presented or revised, and elevate to the Executive Committee.
11. Housing Service Standards Review 11:15 AM—11:50 AM
    a. Residential Care Facility for the Chronically Ill (RCFCI)
    b. Transitional Residential Care Facility (TRCF)
    c. Permanent Supportive Housing Program (PSHP)

VI. NEXT STEPS 11:50 AM – 11:55 AM

12. Task/Assignments Recap
13. Agenda development for the next meeting

VII. ANNOUNCEMENTS 11:55 AM – 12:00 PM

14. Opportunity for members of the public and the committee to make announcements.

VIII. ADJOURNMENT 12:00 PM

15. Adjournment for the meeting of November 12, 2024.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.
MOTION #3	Approve Emergency Financial Assistance service standards, as presented or revised, and elevate to the Executive Committee.

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet.

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial HERE or contact Commission staff at hivcomm@lachiv.org.

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

Approved by COH 6/8/23

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. 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 approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
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) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

LOS ANGELES COUNTY COMMISSION ON HIV

2024 MEMBERSHIP ROSTER| UPDATED 9.30.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative			***Vacant***	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			***Vacant***		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette ***(LOA)***	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC|OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			***Vacant***		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			***Vacant***		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Vilma Mendoza	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC|OPS	Bridget Gordon	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	David Hardy (SBP)
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhDC, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman ***(LOA)***	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen ***(LOA)***	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA ***(LOA)***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS | PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS ***(LOA)***	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	**43**						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 47

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts.***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.***

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
CONOLLY	**Lilieth**	No Affiliation	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MUHONEN	**Matthew**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SAUNDERS	**Dee**	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE
2024 MEETING CALENDAR | (updated 11.06.24)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
~~**Feb. 6, 2024**~~	Meeting Cancelled due to significant weather event.
Mar. 5, 2024 10am to 12pm *Room TK08*	Review and Adopt 2024 Committee workplan and meeting calendar. Deliberate and establish standards review schedule for 2024. Review and approve HIV/STI Prevention Services standards. HIV/STI Prevention Services standards on Executive Committee agenda
Apr. 2, 2024 10am to 12pm *Room TK05*	Service standard development refresher. Review AOM service standards. HIV/STI Prevention Services standards on COH agenda
May 7, 2024 10am to 12pm *Room TK08*	Continue review of AOM service standards
Jun. 4, 2024 10am to 12pm *Room TK11*	LA LGBT Center AOM Program Presentation Initiate review of Emergency Financial Assistance (EFA) service standards
Jul. 2, 2024 10am to 12pm *Room TK11*	Continue review of AOM service standards Continue review of EFA service standards
Aug. 6, 2024 10am to 12pm *Room TK11*	Finalize review of AOM service standards Continue review of EFA service standards
Sep. 3, 2024 10am to 12pm *Room TK11*	Continue review of EFA service standards Continue review of Transportation Services standards
Oct. 1, 2024 10am to 12pm *Room TK 11*	Finalize review of EFA service standards Finalize review of Transportation Services standards
Nov. 12, 2024 1:30pm-3:30pm *Room TK 02*	Announce co-chair nominations for 2024. Review EFA public comments and vote to approve. Initiate review of Temporary and Permanent Housing service standards **REMINDER: Commission on HIV Annual Conference 11/14/2024**
Dec. 3, 2024 10am to 12pm *Pending*	Reflect on 2024 accomplishments. Draft workplan and meeting calendar for 2025

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave. Floor 14, Los Angeles, CA 90020| (213) 738-2816 | hivcomm@lachiv.org

Public Comment Period for Draft Emergency Financial Assistance (EFA) Service Standards *Posted: October 2, 2024*

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft **Emergency Financial Assistance (EFA)** service standards revised by the Standards and Best Practices Committee. Comments from consumers, providers, HIV prevention and care stakeholders, and the general public are welcome. A draft of the document is posted to the COH website and can be found at: https://hiv.lacounty.gov/service-standards. Comments can be submitted via email to HIVCOMM@LACHIV.ORG. Additionally, consumers of EFA services can request for a physical copy of the service standards be mailed to their home address. For more information, please contact COH staff at jgaribay@lachiv.org or at (213) 738-2816.

After reading the document, consider responding to the following questions when providing public comment:

1. Are the EFA service standards reasonable and achievable for providers? Why or why not?
2. Do the EFA service standards meet consumer needs? Why or why not? Give examples of what is working/not working.
3. Is there anything missing from the EFA service standards related to HIV prevention and care?
4. Do you have any additional comments related to the EFA service standards and/or EFA services?

Public comments are due by November 11, 2024.

Note: *Items highlighted in yellow are additions. Items in ~~red~~ are deletions.*

EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers and provide 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 should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Emergency Financial Assistance Standards of Care to ensure people living with HIV (PLWH) can apply for **short-term or one-time** financial assistance to assist with emergency expenses. Short-term is defined as 3 months or less. The development of the Standards includes guidance from service providers, consumers, the Los Angeles County Department of Public Health - Division of HIV and STD Programs (DHSP), as well as members of the Los Angeles County Commission on HIV, Standards & Best Practices (SBP) Committee.

All contractors must meet the Universal Standards of Care in addition to the following Emergency Financial Assistance Standards of Care.[1]

EMERGENCY FINANCIAL ASSISTANCE OVERVIEW

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. Short-term is defined as 3 months or less. The purpose of emergency financial assistance is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. Emergency financial assistance must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted.

EFA is not meant to be a continuous means of support; rather, it is meant to be provided with limited frequency and for limited periods of time and is based on the availability of funds.

Emergency financial assistance should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes. Agencies are responsible for referring clients to the appropriate Ryan White service category related to the need for continuous provision of services and non-emergency situations.

[1] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis situation that hinders ability to meet housing, utility, food, or medication need
- Public health emergencies, such as the COVID-19 pandemic, that severely disrupt national systems of care, employment, and safety net. Contracted agencies must follow DHSP and HRSA guidelines on special use of EFA in times of public health emergencies.

Emergency Financial Assistance may not be used for:

- Ongoing or annual payments for any services or goods for clients
- Direct cash payments to clients
- Activities that can be paid for under another Ryan White service category

Based on capacity and contract guidance from DHSP, an agency may provide emergency financial assistance if the client presents with an emergency need that cannot first be met through the appropriate Ryan White Service Category. Support to clients should be offered while the client's application is under review/processing and whether they qualify of not, they should always be linked back to case management or benefits specialty services for continuity of support.

Table 1. Categories for Determining Emergency Needs and Ryan White Services

Emergency Need	Ryan White Service Category
Short term rental assistance	Housing Services
Move-in assistance	
Essential utility assistance	
Emergency food assistance	Nutrition Services
Transportation	Transportation
Medication assistance to avoid lapses in medication	Ambulatory Outpatient Medical

KEY COMPONENTS

Emergency Financial Assistance (EFA) services provide people living with HIV with limited one-time or short-term financial assistance due to hardship. Short term is defined as 3 months or less. Agencies will establish program services based on agency capacity and Division of HIV & STD Programs contract requirements. EFA is decided on a case-by-case basis by a case manager or social worker and is subject

to the availability of funding. Financial assistance is never paid directly to clients but issued via checks or vouchers to specific vendors or agencies.

Agencies and staff will make every effort to reduce the amount of documentation necessary, while staying within funding and contract requirements, for a client in need of emergency financial assistance. A signed affidavit declaring homelessness should be kept on file for clients without an address.

~~EFA services are capped annually per client at $5,000 per 12-month period. With consultation with the SBP Committee, DHSP may increase the $5,000 annual cap for cost-of-living adjustments.~~

Although these standards include information for all EFA categories, some categories may be prioritized in response to need and funding availability. Additionally, in order to ensure equitable access, caps may be put into place for the maximum funding amount that may be requested per application and/or the number of requests an individual may make.

ELIGIBILITY CRITERIA

Agencies coordinating EFA will follow eligibility requirements for potential clients based on DHSP guidance and the type of financial assistance the client is seeking. Clients may enter EFA services through self-referral or referral by a case management or another provider. Each client requesting EFA will be subject to eligibility determination that confirms the need for services. Programs coordinating EFA are responsible to determine such eligibility. Eligibility documentation should be appropriate to the requested financial assistance and completed annually, at minimum, or for every instance a client seeks emergency financial assistance.

Eligibility criteria includes:

- Los Angeles County resident
- Verification of HIV positive status
- Current proof of income
- Emergency Financial Assistance (EFA) application based on the type of assistance the client is requesting

In addition to the general Ryan White eligibility criteria, priority should be given to individuals who present an emergency need with the appropriate documentation that qualifies as an emergency, subject to payor of last resort requirements. When accessing Emergency Financial Assistance funds, clients must work with case managers or other service providers to develop a plan to avoid similar emergencies in the future. Case managers should make efforts to transition clients to more permanent and/or long-term services.

REFERRALS

All service providers must work in partnership with the client, their internal care coordination team and external providers, both Ryan White funded and non-Ryan White funded sites, to ensure appropriate and timely service referrals are made according to client's needs.

In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence. For clients accessing EFA services, staff is responsible for referring clients to a program with a case manager or Medical Care Coordination provider if they are not linked already. For more information, see *Universal Standards, Section 6: Referrals and Case Closure*.

Table 1. Emergency Financial Assistance Standards of Care

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Agencies will hire staff with experience in case management in an area of social services or experience working with people living with HIV. Bachelor's degree in a related field preferred.	Staff resumes on file.
	Staff are required to seek other sources of financial assistance, discounts, and/or subsidies for clients requesting EFA services to demonstrate Ryan White funding is the payor of last resort. (See Appendix A for a list of additional non-Ryan White resources).	Lists of other financial sources, discounts, and/or subsidies for which the staff applied for the client on file. See *Appendix A* as a reference starting point.
	Staff are required to connect clients to or provide referrals for: • A Case manager for a needed service or for Medical Care Coordination • Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services • Opportunities for trainings such as job or workforce trainings	Lists of referrals the staff provided to the client. Name of case manager(s) client connects with in client file.
Eligibility	Agency will determine client eligibility for EFA at minimum annually, or for every instance a client requests EFA. Eligible uses may include:	Documentation of emergency need and eligible use in client file.

	• Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication • Mortgage Assistance • Rental Security deposits *Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.	Documentation of Ryan White eligibility requirements in client file. See *Universal Standards (Section 5.2, page 10)*.
Housing Assistance	Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises. If rental assistance is needed beyond an emergency, please refer to our *Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15).*[2]	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Housing Assistance includes: • Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged
Utility Assistance	Eligible clients must provide evidence they have an account in their name with the utility company or proof or responsibility to make utility payments. Limited to past due bills for gas, electric, or water service. Staff is responsible for checking client eligibility for SoCal Edison assistance program	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Utility Assistance includes: • Copy of the most recent bill in client name or a signed affidavit with the name of the individual that is responsible for paying the bill. • Copy of the lease that matches the address from the bill • Proof of inability to pay

[2] Housing Standards, Temporary Housing Services can be accessed at http://hiv.lacounty.gov/service-standards

Food Assistance	Limited to gift card distribution to eligible clients by medical case managers or social workers at their discretion and based on need. Staff is responsible for referring clients to a food pantry and/or CalFresh.	Documentation in client file that demonstrates emergency need and type of assistance received.
Transportation Assistance	Eligible clients must provide evidence they are in need of transportation to/from appointments related to core medical and support services. See *Transportation Services Standards of Care*.[3]	Documentation in client file that demonstrates emergency need and type of assistance received.
Medication Assistance	Eligible clients must provide evidence they are need of medication assistance to avoid a lapse in medication.	Documentation in client file that demonstrates emergency need and type of assistance received.

[3] Transportation Standards of Care can be accessed at http://hiv.lacounty.gov/service-standards

APPENDIX A

EMERGENCY ASSISTANCE RESOURCES

The list below is intended to provide agency staff with starting point of additional resources to assist clients with emergency needs. Please note it is not a comprehensive list of available resources in Los Angeles County and staff are encouraged to seek other resources for client care.

211 Los Angeles
https://www.211la.org/
Phone: Dial 2-1-1

Los Angeles Housing + Community Investment Department, City of Los Angeles (HCIDLA)
Housing Opportunities for Persons with HIV/AIDS (HOPWA)
https://hcidla.lacity.org/people-with-aids

Comprehensive Housing Information & Referrals for People Living with HIV/AIDS (CHIRP LA)
http://www.chirpla.org/

Los Angeles Housing Services Authority
https://www.lahsa.org/get-help

Department of Public Social Services, Los Angeles County
http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/homeless-services/

CalWorks - Monthly financial assistance for low-income families who have children under 18 years old
https://yourbenefits.laclrs.org

Los Angeles Regional Food Bank – Free and low-cost food
www.lafoodbank.org/get-help/pantrylocator

Project Angel Food
https://www.angelfood.org/

Los Angeles Department of Water and Power (LADWP) – Low Income Discount Program or Lifeline Discount Program for Utility Bill Assistance
Phone: (213) 481-5411

Low-Income Home Energy Assistance Program (HEAP) – Utility Bill Assistance
http://www.csd.ca.gov/Services/FindServicesinYourArea.aspx
Phone: (866) 675-6623

Women, Infants, and Children (WIC)
https://www.phfewic.org/

Veterans of Foreign Wars – Unmet Needs Program
https://www.vfw.org/assistance/financial-grants

City of West Hollywood HIV/AIDS Resources
https://www.weho.org/services/social-services/hiv-aids-resources

The People's Guide to Welfare, Health & Services
https://www.hungeractionla.org/peoplesguide

From: lilieth conolly <patconolly24@gmail.com>
Sent: Monday, October 28, 2024 2:07:11 PM
To: HIV Comm <HIVComm@lachiv.org>
Subject: Public Comment for EFA Service Standards

To whom it may concern,

My name is Lilieth Conolly, a Black Woman diagnosed with HIV/Aids since 1990. I currently serve as a member of the Los Angeles County Commission on HIV and co-chair with the Consumers Caucus. I am very fortunate to have been able to receive this assistance when I needed it. But I too was met with resistance and hinderance. I eventually received it but, by then I had late fees, etc. I then owed due to lack of financial support. A lot of PLWHIV are not aware of the Emergency Financial Assistance. I am an active advocate, and I was not aware of these services until I became a member of the COH.

Trying to navigate through the EFA process is very tedious and stressful, especially as we are dealing with so many other issues regarding living with diagnosed HIV. When we come asking for assistance with helping us to offset the cost of living in this ever-increasing economy, we are met with borderline resistance. I understand that there is a process, and procedures need to be followed, but it should not be this difficult. Then, just think about the many people who benefit from these services that have not applied because they are discouraged with the process. I think once we verify our HIV+ status, once is good enough. We also must eliminate gatekeeping from the provider or Benefits Specialists.

Upon qualification, $5,000 should be placed in a sort of Trust Fund. The client can come back and draw from that fund up to 3 times a year, at least 3 months apart, if there is a need. The only forms required are past due rent, utilities, hardship, etc. After the year is ended, and whatever monies are unused, it is put back into the EFA pot to be used for other qualifying clients. After the one year, the person can come back, but will now have to go through the recertification process to update and set them up a new year-long Trust.

Sincerely,

Lilieth Conolly

October 31, 2024

Public Comment: Standards Best Practices EFA

Greetings to whom it may concern:

My name is Arlene Frames I am currently on the SBP Committee and a Unaffiliated Consumer on the LACOH.

I will be submitting my public comment on the EFA services in hopes to providing vital information that I hope will in turn enlighten and strengthen this service. I am a witness to how these services kept me from becoming homeless and without necessary utility to survive a few very dark and hard times. I have been living with an AIDS diagnose for many decades and have always tried to maintain employment while raising five children in which two were my grandchildren with special needs.

Recently, I lost my adopted son (grandson) to a murder in 2022, he was on his own coming from work. I was not only overwhelmed by grief, but I was the one responsible for his remains and providing the memorial. This took a finical toll on me and caused me to take unpaid leave of absence from my part time job. Thanks to EFA, jumping in to help me pay my rent. As any parent could imagine making a chose to memorialize your child is a very hard discission when especially your back is up against a wall. However, I got though that only to lose my main income which is SSI, from 1/2024-to 8/2024, in this time frame living on less than 50 hours a week, I lost my last and only sibling left. I was his next of kind and his primary care giver. I had previously had him insured but it went without payments while income was cut. Facing this horrific situation again. Aim very appreciative for ETA services stepping. Aim from a very small family here in California where I have lived for all of my diagnoses of 38 years. I had received three-day notice and bill cancellation. I am tremendously appreciative of the support I received; however, I am concerned that many of my peers faced with live situations and not receiving the support and the information is not for coming to others in need. I'm fortunate to have a very empathic and knowledgeable case manager @Common Ground who knows how to listen and evaluate from having an open dialogue with me.

However, trying to manage to application process was stressful to both me and my case mgr. having health challenges that regulate how and when you can work, is hard enough. But having need and the resources is there to me a little bias. I truly understand it must be properly process and allocated accordingly, but I would like to see it as part of a dialogue in a thorough and fair assessment based on needs. I think every one should have this opportunity to stress less on emergency situation, for we know what stress does to a healthy body. I wish that we consider all in this service, while screening and clarification of qualification is essential and proper training to those providing the services of applying for Emergency finical services and all services.

On Saturday, November 9, 2024, 10:17 AM, Andrea de Lange <booshkie@roadrunner.com> wrote:

The standards for the Emergency Financial Assistance program seem reasonable for both consumers and providers.

Unfortunately, I was never informed that the Emergency Financial Assistance program exists. That seems intentional, with the idea that consumers should only be notified about the program if a provider thinks they qualify for it. However, my financial situation could change, just like other consumers who are unaware of the funds. We could also inform our peers about it, if we think they qualify for the funds. Thanks to Arlene Frames, who asked me to submit comments about the EFA program, I now know about it.

Andrea de Lange

From: Damone Thomas <damonerthomas@gmail.com>
Sent: Monday, November 11, 2024 2:45 AM
To: HIV Comm <HIVComm@lachiv.org>
Subject: Public Comment: DRAFT EMERGENCY FINANCIAL ASSISTANCE SERVICE STANDARDS

1. Are the EFA service standards reasonable and achievable for providers? Why or why not?

Yes, the EFA service standards are reasonable and achievable with the right staff and team structure in place. If providers are equipped with trained personnel who understand the specific requirements and goals of the EFA standards, meeting these expectations is feasible. With clear roles, adequate resources, and a well-coordinated team approach, the standards can be met effectively, enabling timely assistance and quality care for those in need.

2. Do the EFA service standards meet consumer needs? Why or why not? Give examples of what is working/not working.

No, the EFA service standards do not fully meet consumer needs. While the standards aim to provide short-term financial relief, they lack inclusivity for individuals not currently enrolled in the Ryan White (RW) program or those who have private insurance. Additionally, the income eligibility criteria are not explicitly defined, leading to potential gaps in assistance for those who may not qualify under RW but still need support.

For example, many programs under the EFA are hosted by agencies with Medical Case Management (MCC) programs, which are primarily DHSP-funded. These are typically restricted to RW-eligible clients, excluding others who may also benefit from temporary financial support, especially given the high cost of living in Los Angeles County. Expanding the program to cover individuals with private insurance or those on the brink of needing RW support could prevent crises that lead to loss of housing, employment, and healthcare stability. While the document briefly mentions non-RW eligibility, it does not provide the same clear guidance as it does for RW clients.

3. Is there anything missing from the EFA service standards related to HIV prevention and care?

Yes, the document lacks emphasis on HIV prevention. While its primary purpose is to support those living with HIV (PLHIV), it would be beneficial to include information on how the EFA program can indirectly support HIV prevention by ensuring that PLHIV have access to continuous care. Highlighting the role of the EFA in helping individuals maintain an undetectable viral load through sustained care would underscore the program's importance in supporting the overall health and well-being of PLHIV, contributing to public health goals of preventing transmission.

4. Do you have any additional comments related to the EFA service standards and/or EFA services?

No, I do not have any additional comments at this time.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

Get Ready for Co-Chair Open Nominations & Elections: Your Questions Answered!

Greetings! It's that time of year again—election season is upon us, not just for general elections, but also for our Commission, Committee and Caucus Co-Chairs. The nomination and election process for COH, Committee, and Caucus Co-Chairs is underway. Below is a quick FAQ to help you prepare and make an informed decision about becoming a Co-Chair.

Am I Eligible? (*Per COH Bylaws, Policies #08.1102 and #08.1104)*

Commission Co-Chairs (Nominations remain open until the Jan 9, 2025, COH meeting)

(2) Commission Co-Chairs have two-year staggered terms – one co-chair seat is up for election which will serve the Jan 2025-Dec 2026 term.

- ✓ Only voting Commissioners can serve as Commission Co-Chairs.
- ✓ Candidates must have at least one year of service on the Commission to ensure leadership diversity and representation.
- ✓ At least one Co-Chair must be HIV-positive, and at least one must be a person of color. It is also preferred that at least one Co-Chair is female.

Committee Co-Chairs (Nominations will open by Dec with elections in Jan 2025)

(2) Committee Co-Chairs serve one-year terms – all co-chair seats are up for election which will serve the Jan-Dec 2025 term.

- ✓ The Commission does not impose specific requirements, though one year of experience on the Committee is strongly encouraged.
- ✓ Nominees must be primary members of the Committee, not serving in alternate or secondary roles.
- ✓ Only Commissioners can serve as Co-Chairs.

Caucus Co-Chairs (Nominations will open by Dec, with elections in Jan 2025)

Caucuses typically have two Co-Chairs serving one-year terms, except the Consumer Caucus, which has three seats, including a prevention representative. All co-chair seats are up for election which will serve the Jan-Dec 2025 term.

- ✓ One Co-Chair must be a commissioner to ensure that the Caucus activities are aligned with the COH's scope, goals and objectives.
- ✓ Note: Caucuses are not subject to Brown Act requirements but work with COH consent to set their own leadership structure, guidelines, membership, and activities.

All Co-Chair candidates will be asked to provide a brief statement before the election.

What Are the Co-Chair Roles & Responsibilities?

- ✓ Lead COH/committee/caucus activities and meetings.
- ✓ Set agendas for meetings in collaboration with staff.
- ✓ Develop work plans with the Executive Director and staff.
- ✓ Facilitate meetings, guiding discussion and ensuring effective workflow.
- ✓ Summarize discussions and assist in developing work products.
- ✓ Act on behalf of the group and communicate with stakeholders.

How Should I Prepare?

- ✓ Honestly assess your accessibility, bandwidth, and time to ensure you are able to show up fully and prepared. *Co-Chair roles require at least 10-12 commitment hours per month.*
- ✓ Review the COH Co-Chair training slides to understand the role's expectations
- ✓ Familiarize yourself with the:
  - Ryan White Program Part A Planning Council Primer,
  - COH bylaws,
  - COH Co-Chair Duty Statement (if applicable),
  - Committee Co-Chair Duty Statement (if applicable)
  - Required Commissioner trainings.

Ready to take on a leadership role? Nominate yourself or a colleague and help guide our collective work toward meaningful community impact! If you have questions, please reach out to your respective staff lead.

LOS ANGELES COUNTY COMMISSION ON HIV HOUSING SERVICE STANDARDS

Temporary Housing Services

Covers:

Hotel/motel and meal vouchers, Emergency shelter programs, Transitional housing, Income-based Rental Assistance, Residential Care Facility for the Chronically Ill, and Transitional Residential Care Facility

Approved by the Commission on HIV on February 8, 2018

TABLE OF CONTENTS

PURPOSE AND GENERAL ELIBILITY REQUIREMENTS

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards are to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County. ~~Evidence shows that housing assistance improves HIV health outcomes at each stage of the HIV Care Continuum. Housing supports increase stability and connection to care for PLWHA experiencing homelessness or unstable housing, and are consistently linked to improved HIV treatment access, continuous care, better health outcomes, and reduced risk of ongoing HIV transmission (https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf)~~

GENERAL ELIGIBILITY REQUIREMENTS

- Be diagnosed HIV or AIDS with verifiable documentation
- Have a state-recognized identification document
- Be homeless and residing or moving to Los Angeles County
- Have proof of income, if applicable
- Be working with an authorized referral agency and possess a designated housing plan
- Have an income at or below 500% of Federal Poverty Level
- Households that are currently homeless or unstably housed
- Since Ryan White HIV/AIDS Program funds must be considered funds of last resort, providers must develop criteria and procedures to determine client eligibility and to ensure that no other options for residential services are available. Providers must document client eligibility, and must further demonstrate that third party reimbursement (e.g., Medi-Cal) is being actively pursued, where applicable.

1A. HOTEL/MOTEL AND MEAL VOUCHERS (Maximum of 60 days per year)

The primary goal of the hotel/motel and meal voucher program is to prevent people living with HIV from sleeping in places not meant for human habitation when appropriate emergency shelter is unavailable. Clients ~~are~~ may access hotel/motel and meal vouchers through case management services from a designated referral agency. Examples of designated referral agencies include Division of HIV and STD Programs contracted service providers~~, organizations under the Los Angeles Continuum of Care system, agencies within the City of Los Angeles Housing and Community Investment Department network, and the County of Los Angeles Countywide Housing Assistance Program.~~

GENERAL REQUIREMENTS

Hotel/motel and meal vouchers are available for a maximum of 60 days per year. To access hotel/motel and meal vouchers, a client must be receiving case management services from a designated referral agency. Eligible clients may receive up to 3 meals per day. Hotel/motel accommodations must be a private room with a bathroom.

Case management services will ensure that the client:

- Is engaged in care
- Has a definitive housing plan that assesses his/her housing needs and assists them in obtaining longer term housing within the 60-day limit (residential substance abuse or mental health treatment program, residential care facility for the chronically ill, transitional housing or permanent housing)
- Is receiving supporting services that promote stabilization, including needs assessments, case management, mental health counseling and treatment, substance abuse counseling and treatment, benefits counseling, individual case planning, budget counseling, assistance in locating and obtaining affordable housing and follow-up services
- Case managers should attempt to secure other types of housing prior to exhausting a client's emergency voucher limit. Under extenuating circumstances, a client may receive more than 60 days of hotel/motel and meal vouchers under this program (e.g., a client is on a waiting list for a housing program with a designated move-in date that extends past the 60-day period). Such extensions are made on a case-by-case basis and must be carefully verified.

REQUIRED DOCUMENTATION

The following documents are required to complete the initial hotel/motel and meal voucher process:

- Client Intake Form - signed by both client and the case manager
- Case Management Housing Plan/Consent to Release Information - signed by client
- Rules and Regulations - reviewed by case manager and signed by both the case manager

and the client

- Diagnosis Form
- Identification for all adults over 18 included on the voucher
- Other documentation may be required by agencies in order to comply with funding agency requirements.

When a request to extend hotel/motel and meal vouchers is received, the following documentation must accompany the request

- Updated Case Management Plan - including the follow-up with previous and continuing housing plans

INTENSIVE CASE MANAGEMENT (ICM)

Based on the assessment of client needs and strengths, intensive case management services may be provided to the client. ICM services should follow requirements from Los Angeles County Department of Health Services Supportive Housing Services contractors ~~(RFQS for Supportive Housing Services, April 2017). A detailed description of ICM services is found in Attachment A.~~

ICMS form the core of the services for people who are homeless, at risk of homelessness, formerly homeless and who have complex health and/or behavioral health conditions; are high utilizers of public services and other vulnerable populations including individuals with criminal justice histories and individuals who are exiting institutions such as hospitals, residential treatment programs, and custody facilities.

ICMS can be provided in a variety of settings including interim housing, rapid rehousing, permanent supportive housing, field based locations, community based locations, health and behavioral health facilities, sobering centers, recuperative care centers, criminal justice and custody facilities, and other settings as needed to end homelessness and support the community reintegration of persons leaving institutions.

HOTEL/MOTEL/MEAL VOUCHER INTENSIVE CASE MANAGEMENT (ICM)	
STANDARD	**MEASURE**
Documentation of client need for ICM through assessments and patient medical and social needs history.	ICM services documented in client chart.

LINKAGE TO MEDICAL CARE COORDINATION

~~The Medical Care Coordination (MCC) model uses a multi-disciplinary team of a Patient Care Manager, Medical Care Manager and a Case Worker, who work together to facilitate behavioral~~

~~interventions and coordinate support services to promote improved health outcomes for PLWHA. MCC team members are co-located at the patient's medical home and deliver patient-centered activities that focus on addressing health status, engagement and retention in care, adherence to HIV medications, and HIV risk reduction.~~ Based on assessment and client needs, eligible individuals should be linked to MCC services. ~~MCC service providers must follow the Division of HIV and STD Programs MCC Protocol (http://ph.lacounty.gov/dhsp/Contractors/MCC/MCCprotocolMay2015.pdf)~~

MOTEL/HOTEL/MEAL VOUCHER LINKAGE TO MEDICAL CARE COORDINATION	
STANDARD	**MEASURE**
Documentation of client need and eligibility for MCC services.	Linkage to MCC services documented in client chart.

1B: EMERGENCY SHELTER (Up to 90 days per year)

Emergency shelters are defined as any facility, the primary purpose of which is to provide a temporary shelter for the people living with HIV who are homeless or unstably housed, and which does not require occupants to sign leases or occupancy agreements. Clients who qualify for emergency shelter may access this service for up to 90 days per contract year. Emergency shelters may be offered to eligible clients experiencing a housing crisis and have no place to go.

GENERAL REQUIREMENTS

Each ES must adhere to the following general requirements:

- Maintain a current, written, definitive plan of operation that includes (at minimum):
  - Admission/discharge policies and procedures
  - Admission/discharge agreements
  - Staffing plan, qualifications and duties
  - In-service education plan for staff
- Assist with transportation arrangements for clients who do not have independent arrangements
- Provide ample opportunity for family participation in activities in the facility
- Include a safety plan to include precautions enacted to protect clients (for those facilities that admit or specialize in care for clients who have a propensity for behaviors that result in harm to self or others)
- Adhere to basic facility safety requirements under Federal laws and State of California Health and Safety Codes.
- Since Ryan White HIV/AIDS Program funds must be considered funds of last resort, providers must develop criteria and procedures to determine client eligibility and to ensure that no other options for residential services are available. Providers must document client eligibility, and must further demonstrate that third party reimbursement (e.g., Medi-Cal) is being actively pursued, where applicable.

EMERGENGY SHELTER INTAKE	
STANDARD	**MEASURE**
Intake process is begun as soon as possible upon admission.	Intake tool is completed and in client file.
Eligibility for services is determined.	Client's file includes: • Proof of HIV diagnosis • Proof of income • Proof of Los Angeles County residence
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed.	Release of Information signed and dated by client on file and updated annually.

Client is informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.

ASSESSMENT

At minimum, each prospective client will be assessed to identify strengths and gaps in his/ her support system as a means to move toward permanent housing.

EMERGENCY SHELTER ASSESSMENT	
STANDARD	**MEASURE**
As soon as possible after admission a client or representative will be interviewed to complete eligibility determination, assessment and client education.	Record of eligibility, assessment and education on file in client chart.
Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • Active daily living • Income • Public entitlements • Current engagement in medical care • Substance abuse • Mental health • Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • Eligibility for Medical Care Coordination services	Signed, dated assessment on file in client chart.

INDIVIDUAL SERVICE PLAN (ISP)

Based upon the initial assessment, an ISP that identifies resources for housing and referrals to appropriate medical and social services will be completed for each participant within one week of admission. ISPs will include a housing plan that addresses the short-term and long-term housing needs of the client. Plans also will serve to identify specialized services needed to maintain the client in housing and access and adherence to primary medical care services.

EMERGENCY SHELTER INDIVIDUAL SERVICE PLAN	
STANDARD	**MEASURE**
An ISP will be completed within seven days of acceptance into services.	ISP on file in client chart signed by client detailing housing resources and referrals made.

~~**LINKAGE TO MEDICAL CARE COORDINATION**~~

~~The Medical Care Coordination (MCC) model uses a multi-disciplinary team of a Patient Care Manager, Medical Care Manager and a Case Worker, who work together to facilitate behavioral interventions and coordinate support services to promote improved health outcomes for PLWHA. MCC team members are co-located at the patient's medical home and deliver patient-centered activities that focus on addressing health status, engagement and retention in care, adherence to HIV medications, and HIV risk reduction.~~ Based on assessment and client needs, eligible individuals should be linked to MCC services. ~~MCC service providers must follow the Division of HIV and STD Programs MCC Protocol (http://ph.lacounty.gov/dhsp/Contractors/MCC/MCCprotocolMay2015.pdf)~~

EMERGENCY SHELTER LINKAGE TO MEDICAL CARE COORDINATION	
STANDARD	**MEASURE**
Documentation of client need and eligibility for MCC services.	Linkage to MCC services documented in client chart.

PROGRAM RECORDS

Programs will maintain records on each participant in sufficient detail to permit monitoring and evaluation of services to include (at minimum):

EMERGENCY SHELTER PROGRAM RECORDS	
STANDARD	**MEASURE**
Programs will maintain sufficient records on each participant.	• Documentation of participant's HIV status • Housing status prior to admission • Signed, written program participant's rights agreement • Participant data, including dates of admission and discharge and emergency notification information • Documentation of evaluations performed and referrals made for HIV medical care and supportive services • Name of case management agency in which participant is enrolled or to which participant has been referred • Documentation of program participation • Written certification from authorized health care professional that the participant is free from active TB (must be obtained prior to admission for those programs that do not provide single occupancy rooms)

1C: TRANSITIONAL HOUSING (Up to 24 months)

Transitional housing (TH) is designed to provide people living with HIV and their families who are homeless or unstably housed with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services.

GENERAL REQUIREMENTS

Each transitional housing program (THP) must adhere to the following general requirements:

- Maintain a current, written, definitive plan of operation that includes (at minimum):
  - Admission/discharge policies and procedures
  - Admission/discharge agreements
  - Staffing plan, qualifications and duties
  - In-service education plan for staff
- Assist with transportation arrangements for clients who do not have independent arrangements
- Provide ample opportunity for family participation in activities in the facility
- Include a safety plan to include precautions enacted to protect clients and staff (for those facilities that admit or specialize in care for clients who have a propensity for behaviors that result in harm to self or others)
- Adhere to basic facility safety requirements under Federal laws and State of California Health and Safety Codes.
- Since Ryan White HIV/AIDS Program funds must be considered funds of last resort, providers must develop criteria and procedures to determine client eligibility and to ensure that no other options for residential services are available. Providers must document client eligibility, and must further demonstrate that third party reimbursement (e.g., Medi-Cal) is being actively pursued, where applicable.

INTAKE

As part of the intake process, the client file will include the following information (at minimum):

TRANSITIONAL HOUSING INTAKE	
STANDARD	**MEASURE**
Intake process is begun as soon as possible upon acceptance.	Intake tool is completed and in client file.
Eligibility for services is determined	Client files include: • Proof of HIV diagnosis • Proof of income • Proof of residence in Los Angeles County • Proof client is not eligible for Housing Opportunities for People with AIDS

	(HOPWA) or other housing services. Ryan White is the payor of last resort.
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released)	Release of Information signed and dated by client on file and updated annually.
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file.

ASSESSMENT

At minimum, each prospective client will be assessed to identify strengths and gaps in his/ her support system as a means to move toward permanent housing. Assessments will include the following:

TRANSITIONAL HOUSING ASSESSMENT	
STANDARD	**MEASURE**
Clients or representatives will be interviewed to complete eligibility determination, assessment and participant education.	Record of eligibility, assessment and education on file in client chart.
Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • ADLs • Income • Public entitlements • Current engagement in medical care • Substance use • Mental health	Signed, dated assessment on file in client chart.

• Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • For clients with substance use disorders, case managers must assess for eligibility and readiness for residential substance use treatment facilities. • Eligibility for Medical Care Coordination	

INTENSIVE CASE MANAGEMENT (ICM)

Based on the assessment of client needs and strengths, intensive case management services may be provided to the client. ICM services should follow requirements from Los Angeles County Department of Health Services Supportive Housing Services contractors (RFQS for Supportive Housing Services, April 2017). A detailed description of ICM services is found in Attachment A.

ICMS form the core of the services for people who are homeless, at risk of homelessness, formerly homeless and who have complex health and/or behavioral health conditions; are high utilizers of public services and other vulnerable populations including individuals with criminal justice histories and individuals who are exiting institutions such as hospitals, residential treatment programs, and custody facilities.

ICMS can be provided in a variety of settings including interim housing, rapid rehousing, permanent supportive housing, field based locations, community based locations, health and behavioral health facilities, sobering centers, recuperative care centers, criminal justice and custody facilities, and other settings as needed to end homelessness and support the community reintegration of persons leaving institutions.

TRANSITIONAL HOUSING INTENSIVE CASE MANAGEMENT (ICM)	
STANDARD	**MEASURE**
Documentation of client need for ICM through assessments and patient medical and social needs history.	ICM services documented in client chart.

~~**LINKAGE TO MEDICAL CARE COORDINATION**~~

~~The Medical Care Coordination (MCC) model uses a multi-disciplinary team of a Patient Care Manager, Medical Care Manager and a Case Worker, who work together to facilitate behavioral interventions and coordinate support services to promote improved health outcomes for PLWHA. MCC team members are co-located at the patient's medical home and deliver patient-centered activities that focus on addressing health status, engagement and retention in care, adherence to HIV medications, and HIV risk reduction.~~ Based on assessment and client needs, eligible individuals should be linked to MCC services. ~~MCC service providers must follow the Division of HIV and STD Programs MCC Protocol (http://ph.lacounty.gov/dhsp/Contractors/MCC/MCCprotocolMay2015.pdf)~~

TRANSITIONAL HOUSING LINKAGE TO MEDICAL CARE COORDINATION	
STANDARD	**MEASURE**
Documentation of client need and eligibility for MCC services.	Linkage to MCC services documented in client chart.

PROGRAM RECORDS

Programs will maintain records on each participant in sufficient detail to permit monitoring and evaluation of services to include (at minimum):

TRANSITIONAL HOUSING PROGRAM RECORDS	
STANDARD	**MEASURE**
Programs will maintain sufficient records on each participant.	Client records on file at provider agency that include (at minimum): • Documentation of eligibility in a Ryan White supported housing program • Documentation of participant's HIV status • Documentation of participant's HIV medical care history • Housing status prior to admission • Written certification from an authorized health care professional that participant is free from active TB • Signed, written program and housing rights agreement • Participant data, including dates of admission and discharge and emergency notification information • Documentation of case management services provided, including assessment

	of needs, assistance with goal development and housing plan and weekly progress toward accomplishment of goals/plan • Name of case management agency in which participant is enrolled or to which participant has been referred • Documentation of provision of or referral to drug or alcohol abuse counseling • Documentation of program participation

1D: INCOME-BASED RENTAL SUBSIDIES (Up to 24 months)

Income-based rental based subsidies provides short-term housing assistance to HIV-positive clients through partial rent subsidies. General requirements for income-based rental subsidies include:

- Income at or below 500% of the Federal Poverty Level. Resident must contribute 30 percent of income toward housing costs (HUD guidelines).
- Individuals must:
  - be HIV positive
  - be temporarily or unstably housing or at-risk of becoming temporarily or unstably housed
  - not be receiving HOPWA rental assistance, Housing Choice Voucher program (formerly known as Section 8), or other housing assistance
- Since Ryan White HIV/AIDS Program funds must be considered funds of last resort, providers must develop criteria and procedures to determine client eligibility and to ensure that no other options for residential services are available. Providers must document client eligibility, and must further demonstrate that third party reimbursement (e.g., Medi-Cal) is being actively pursued, where applicable.

INTAKE
As part of the intake process, the client file will include the following information (at minimum):

INCOME-BASED RENTAL SUBSIDIES INTAKE	
STANDARD	**MEASURE**
Intake process is begun as soon as possible upon acceptance.	Intake tool is completed and in client file.
Eligibility for services is determined	Client files include: • Proof of HIV diagnosis • Proof of income • Proof of residence in Los Angeles County • Proof client is not currently receiving Housing for People Living with AIDS (HOPWA) rental assistance, Housing Choice Voucher Program, or other housing assistance
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New	Release of Information signed and dated by client on file and updated annually.

forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released)	
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file.

ASSESSMENT

At minimum, each prospective client will be assessed to identify strengths and gaps in his/ her support system as a means to move toward permanent housing. Assessments will include the following:

INCOME-BASED RENTAL SUBSIDIES ASSESSMENT	
STANDARD	**MEASURE**
Clients or representatives will be interviewed to complete eligibility determination, assessment and participant education.	Record of eligibility, assessment and education on file in client chart.
Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • ADLs • Income • Public entitlements • Current engagement in HIV medical care • Substance use • Mental health • Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • For clients with substance use disorders, case managers must assess for eligibility and readiness for	Signed, dated assessment on file in client chart.

residential substance use treatment facilities. • Eligibility for Medical Care Coordination	

INTENSIVE CASE MANAGEMENT (ICM)

Based on the assessment of client needs and strengths, intensive case management services may be provided to the client. ICM services should follow requirements from Los Angeles County Department of Health Services Supportive Housing Services contractors (RFQS for Supportive Housing Services, April 2017). A detailed description of ICM services is found in Attachment A.

ICMS form the core of the services for people who are homeless, at risk of homelessness, formerly homeless and who have complex health and/or behavioral health conditions; are high utilizers of public services and other vulnerable populations including individuals with criminal justice histories and individuals who are exiting institutions such as hospitals, residential treatment programs, and custody facilities.

ICMS can be provided in a variety of settings including interim housing, rapid rehousing, permanent supportive housing, field based locations, community based locations, health and behavioral health facilities, sobering centers, recuperative care centers, criminal justice and custody facilities, and other settings as needed to end homelessness and support the community reintegration of persons leaving institutions.

INCOME-BASED RENTAL SUBSIDIES INTENSIVE CASE MANAGEMENT (ICM)	
STANDARD	**MEASURE**
Documentation of client need for ICM through assessments and patient medical and social needs history.	ICM services documented in client chart.

~~**LINKAGE TO MEDICAL CARE COORDINATION**~~

~~The Medical Care Coordination (MCC) model uses a multi-disciplinary team of a Patient Care Manager, Medical Care Manager and a Case Worker, who work together to facilitate behavioral interventions and coordinate support services to promote improved health outcomes for PLWHA. MCC team members are co-located at the patient's medical home and deliver patient-centered activities that focus on addressing health status, engagement and retention in care, adherence to HIV medications, and HIV risk reduction.~~ Based on assessment and client needs, eligible individuals should be linked to MCC services. ~~MCC service providers must follow the Division of HIV and STD Programs MCC Protocol (http://ph.lacounty.gov/dhsp/Contractors/MCC/MCCprotocolMay2015.pdf)~~

INCOME-BASED RENTAL SUBSIDIES LINKAGE TO MEDICAL CARE COORDINATION	
STANDARD	**MEASURE**
Documentation of client need and eligibility for MCC services.	Linkage to MCC services documented in client chart.

PROGRAM RECORDS

Programs will maintain records on each participant in sufficient detail to permit monitoring and evaluation of services to include (at minimum):

INCOME-BASED RENTAL SUBSIDIES PROGRAM RECORDS	
STANDARD	**MEASURE**
Programs will maintain sufficient records on each participant.	Client records on file at provider agency that include (at minimum): • Documentation of participant's HIV status • Housing status prior to admission • Written certification from an authorized health care professional that participant is free from active TB • Signed, written program and housing rights agreement • Participant data, including dates of admission and discharge and emergency notification information • Documentation of case management services provided, including assessment of needs, assistance with goal development and housing plan and weekly progress toward accomplishment of goals/plan • Name of case management agency in which participant is enrolled or to which participant has been referred • Documentation of provision of or referral to drug or alcohol abuse counseling • Documentation of program participation

1E: RESIDENTIAL CARE FACILTY FOR THE CHRONICALLY ILL (RCFCI) (Up to 24 months*)

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*May be extended based on client's needs and approval from the Division of HIV and STD Programs, Department of Public Health

RESIDENTIAL CARE FOR THE CHRONICALLY ILL (RCFCI):
An RCFCI must be licensed by the Community Care Licensing Division of the California Department of Social Services unless it is exempt from licensure, as specified in regulation.

RCFCI PROGRAM GOALS
The goals of RCFCI services for PLWHA are to:

- Remove housing-related barriers that negatively impact clients' ability to access and/or maintain HIV medical care or treatment
- Provide end-stage care to appropriate clients
- Maintain HIV medical care and treatment
- Assist people living with HIV to remain housed and
- Increase access to other needed medical and social services

RCFCI SERVICE COMPONENTS
RCFCI service providers are expected to comply with the Universal Standards of Care, as well as these additional standards.

Depending on the needs of the client, service providers are required to provide these **Minimum Services** to residents, either directly or through formal agreements or referrals with other agencies:

- Jointly with each client develop an Individualized Service Plan, complete with action steps to ensure linkage and retention to primary care provider
- Based on client needs, intensive case management to engage with each resident and work toward achieving Individualized Service Plan goals
- Linkage to Medical Care Coordination services
- Referrals to needed services

RCFCI GENERAL REQUIREMENTS
The ~~overriding~~ goal of the RCFCI is to improve the health status of people living with HIV/AIDS who need to receive care, support and supervision in a stable living environment to improve their health status before transitioning to self-sufficiency.

RCFCIs are licensed under the California Code of Regulations, Title 22, Division 6, Chapter 8.5 to provide services in a non-institutional, homelike environment in any building or housing arrangement which is maintained and operated to provide 24-hour care and supervision. The capacity of a RCFCI may not exceed 50 beds.

Residents receiving RCFCI services will have a maximum stay of 24 months. Approval will be required for extensions beyond 24 months based on the resident's health status. A resident's bed may be held by a provider for no more than eight one-night "bed-holds" per resident per quarter in medical emergencies or for therapeutic reasons, as long as this is clearly documented in the resident's chart and/or treatment plan. RCFCI providers will develop criteria and procedures to determine resident eligibility to ensure that no other options for residential services are available. RCFCI providers must document resident eligibility and must further demonstrate that third-party reimbursement (e.g., medical) is being actively pursued, where applicable.

Detailed information about Title 22 licensing requirements for RCFCI can be found at:

~~https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IB67E7870D4BE11DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)~~

https://www.cdss.ca.gov/ord/entres/getinfo/pdf/rcfciman1.pdf

Service providers must ensure:

- Service provision is flexible and responsive to clients' needs
- Services are culturally-specific and linguistically and developmentally appropriate
- Mechanisms for soliciting client input on how to improve services are established (such as resident advisory boards, ongoing customer service surveys)
- The development and ongoing revision of customized housing transition plans to meet the unique social and health needs of each individual. Ryan White funds may be used to extend housing services for at least 6 months (beyond the HRSA recommended guideline of 24 months) to facilitate successful linkage to care and ensure that clients remain virally suppressed.

All service providers are required to have written policies and procedures to train staff on policies and procedures covering these topics:

- Policies and procedures for drug and/or alcohol use on-site and off-site, including steps to deal with relapsing residents to ensure their ability to remain in the housing
- Policies and procedures for protecting the privacy and confidentiality of residents
- Policies and procedures for ensuring safety and security of staff and residents, including instances of violence and the sale and use of controlled and/or illegal drugs/substances
- Policies and procedures for all staff to be initially and periodically trained in the appropriate and immediate response to resident crises, such as when residents become a danger to themselves or others
- Policies and procedures for all staff to be initially and periodically trained in

handling relapse, substance misuse on-site, and harm reduction
- Grievance procedures

RCFCI GENERAL REQUIREMENTS	
STANDARD	**MEASURE**
RCFCIs are licensed to provide 24-hour care and supervision to any of the following: • Adults 18 years of age or older with living HIV/AIDS • Emancipated minors living with HIV/AIDS • Family units with adults or children, or both, living with HIV/AIDS	Program review and monitoring to confirm.
RCFCIs may accept clients that meet each of the following criteria: • Have an HIV/AIDS diagnosis from a primary care physician • Be certified by a qualified a qualified health care professional to need regular or ongoing assistance with ADL • Have a Karnofsky score of 70 or less • Have an unstable living situation • Be a resident of Los Angeles County resident • Have an income at or below 500% Federal Poverty Level • Cannot receive Ryan White services if other payor source is available for the same service	Program review and monitoring to confirm.

RCFCIs may accept clients with chronic and life threatening diagnoses requiring different levels of care, including: • Clients whose illness is intensifying and causing deterioration in their condition • Clients whose conditions have deteriorated to a point where death is imminent • Clients who have other medical conditions or needs, or require the use of medical equipment that the facility can provide	Program review and monitoring to confirm.
RCFCIs will not accept or retain clients who: • Require inpatient care • Require treatment and/or observation for more than eight hours per day • Have communicable TB or any reportable disease • Require 24-hour intravenous therapy • Have dangerous psychiatric conditions • Have a Stage II or greater decubitus ulcer • Require renal dialysis in the facility • Require life support systems • Do not have chronic life-threatening illness • Have a primary diagnosis of Alzheimer's • Have a primary diagnosis of Parkinson's disease	Program review and monitoring to confirm.
Maximum length of stay is 24 months with extensions bases on resident's health status.	Program review and monitoring to confirm.
RCFCI will develop criteria and procedures to determine resident eligibility to ensure that no other options for residential services are available.	Program review and monitoring to confirm.
Programs may charge up to 30% of the income of adult family members who are not the primary service recipient to help cover the costs of providing services not covered by the RCFCI contract. Sliding scale fee plan as follows:	Program review and monitoring to confirm.

• For SSI/SSP recipients who are residents, the basic services will be provided and/or made available at the basic rate with no additional charge to the resident. This will not preclude the acceptance by the facility of voluntary contributions from relatives on behalf of an SSI/SSP recipient. • An extra charge to resident will be allowed for a private room upon the resident's request (and if such room is available). If a double room is available but the resident prefers a private room, it must be documented in the admission agreement and charge is limited to 10% of the board and room portion of the SSI/SSP grant. • The extra charge to the resident will be allowed for special food services or products beyond that specified above when the resident wishes to purchase the services and agree to the extra charge in the admission agreement.	

ASSESSMENT

Prior to or within 30 days of the acceptance of a resident, the facility will obtain a written medical assessment of the resident which enables the facility to determine if they are able to provide the necessary health-related services required by the resident's medical condition. Such assessment will be performed by, or under the supervision of, a licensed physician and should not be more than three months old when obtained. If the assessment is not completed prior to admission of the resident, an RN must provide a health assessment within 24 hours of admission to determine if any immediate health needs are present which may preclude placement.

Areas for assessment include need for palliative care, age, health status, including HIV and STD prevention needs, record of medications and prescriptions, ambulatory status, family composition, special housing needs, level of independence/level and resources available to solve problems, and co-morbidity factors.

The medical assessment will provide a record of any infectious or contagious disease which would preclude care of the person. A chest X-ray which was obtained not more than three months prior to placement or a Mantoux tuberculin skin test recorded in a millimeter which was performed not more than three months prior to placement. A person who has had a previous positive reaction should not be required to obtain a Mantoux tuberculin skin test, but will be required to obtain chest X-ray results and a physician's statement that he/ she does not have

communicable TB.

Residents receiving DHSP-funded RCFCI services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with ADL. Upon reaching and sustaining a Karnofsky score above 70, RCFCI residents will be expected transition towards independent living or another type of residential service more suitable to his/her needs.

If it is determined that the person requires immediate health care, and needs cannot be met by the RCFCI, the provider will ensure that the person is referred to the appropriate health facility and that the medical assessment is performed.

RCFCI ASSESSMENT	
STANDARD	**MEASURE**
Written medical assessments completed or supervised by a licensed physician not more than three months old are required within 30 days of acceptance.	Signed, dated medical assessment on file in client chart.

Assessments will include the following: • Need for palliative care • Age • Health status, including HIV and STD prevention needs • Record of medications and prescriptions • Ambulatory status • Family composition • Special housing needs • Level of independence • Level of resources available to solve problems • ADLs • Income • Benefits assistance/Public entitlements • Substance use and need for substance use services, such as treatment, relapse prevention, and support groups • Mental health • Personal finance skills • History of evictions • Co-morbidity factors • Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care • Treatment adherence • Educational services, including assessment, GED, and school enrollment • Linkage to potential housing out-placements should they become appropriate alternatives for current residents (e.g., residential treatment facilities and hospitals) • Representative payee Legal assistance on a broad range of legal and advocacy	Signed, dated assessment on file in client chart.
Residents must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with ADL.	Record of assessment on file in client chart.
If a RCFCI cannot meet a client's needs a referral must be made to an appropriate	Documentation of resident education on file in client chart.

health facility.	
Upon intake, facility staff must provide resident with the following: • Information about the facility and its services • Policies and procedures • Confidentiality • Safety issues • House rules and activities • Resident rights and responsibilities • Grievance procedures • Risk reduction practices • Harm reduction • Licit and illicit drug interactions • Medical complications of substance use hepatitis • Important health and self-care practices information about referral agencies that are supportive of people living with HIV and AIDS.	Documentation of resident education on file in client chart.

INDIVIDUAL SERVICE PLAN (ISP)

The RCFCI will ensure that there is an ISP for each resident. A service plan must be developed for all residents prior to admission based upon the initial assessment. This plan will serve as the framework for the type and duration of services provided during the resident's stay in the facility and should include the plan review and reevaluation schedule. The program staff will regularly observe each resident for changes in physical, mental, emotional and social functioning. The plan will also document mechanisms to offer or refer residents with HIV/AIDS to primary medical services and case management services. The provider will ensure that there will be an RN case manager who is responsible for the coordination and/or the provisions of the services specified in the ISP.

The ISP should be developed with the resident and will include the resident's background, medical and mental/emotional functioning and the facility's plans for providing services to meet the individual needs identified above. If the resident has a restricted health condition, the ISP must include the restricted health condition plan.

All health services components of the plan will be developed and monitored in coordination with the provider of service and will reflect the elements of the resident's plan of treatment developed by the ISP team. The plan will be updated every three months or more frequently as the resident's condition warrants.

Services identified in the ISP should be provided directly or the facility should link the resident with outside resources. The facility will provide necessary personal assistance and care, as indicated in the ISP, with ADL including, but not limited to, dressing, eating and bathing.

While the plan will be updated as frequently as necessary to ensure its accuracy and to document significant occurrences that result in changes in the resident's physical, mental and/or social functioning, residents receiving DHSP-funded RCFCI services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with ADL. Upon reaching and sustaining a Karnofsky score above 70, RCFCI residents will be expected transition towards independent living or another type of residential service more suitable to his/her needs.

If modifications to the plan identify an individual resident service need which is not being met by the facility, the facility must secure consultation to determine if the facility can meet the resident service need. If it is determined that the resident's needs cannot be met, the facility should assist with relocation of the resident into an appropriate level of care.

RCFCI INDIVIDUAL SERVICE PLAN (ISP)	
STANDARD	**MEASURE**
ISP will be completed prior to admission.	Needs and services plan on file in
The plan will include, but not be limited to: • Current health status • Current mental health status • Current functional limitations and abilities • Current medications • Medical treatment/therapy • Specific services needed • Intermittent home health care required • Agencies or persons assigned to carry out services • "Do not resuscitate" order, if applicable • For each un-emancipated minor, the specific legal means of ensuring continuous care and custody when the parent or guardian is hospitalized, relocated, becomes unable to	Needs and services plan on file in client chart.
Plans should be updated every three months or more frequently to document changes in a resident's physical, mental, emotional and social functioning.	Updated needs and services plan on file in client chart.

Residents must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self- sufficiency with ADL.	Record of reassessment on file in client chart.
If a resident's needs cannot be met by facility, the facility will assist in relocating the resident to appropriate level of care.	Record of relocation activities on file in client chart.
The provider will ensure that the ISP for each resident is developed by the ISP team. In addition to the RN case manager, the following persons will constitute the ISP team and will be involved in the development and updating of the resident's ISP: • The resident and/or his/her authorized representative • The resident's physician • Facility house manager • Direct care personnel • Facility administrator/designee • Social worker/placement worker • Pharmacist, if needed • For each un-emancipated minor, the child's parent or guardian and the person who will assume legal custody and control of the child upon the hospitalization, incapacitation, or death of the parent or guardian	Record of ISP team on file in client chart.

MONTHLY CASE CONFERENCE

A monthly case conference will include review of the ISP, including the resident's health and housing status, the need for and use of medical and other support services, and progress towards discharge, as appropriate. Attendees at the monthly case conference will include the resident, the registered nurse, the case manager and direct care staff representatives. Participants can include housing coordination staff and/or representatives from other community organizations, subject to the resident's approval. The resident may also invite the participation of an advocate, family member or other representative. The case conference must be documented and include outcomes, participants, and any specific steps necessary to obtain services and support for the resident.

RCFCI MONTHLY CASE CONFERENCE	
STANDARD	**MEASURE**

All residents, registered nurse, case manager and direct care staff representatives will participate in monthly case conferences to review health and housing status, need for medical and supportive services and progress towards discharge.	Documentation of case conference on file in client chart including outcomes, participants and necessary steps.

SERVICE AGREEMENTS

The provider will obtain and maintain written agreements or contracts with:

RCFCI SERVICE AGREEMENTS	
STANDARD	**MEASURE**

Programs will obtain and maintain written agreements or contracts with:
• A waste disposal company registered by the California Department of Toxic Substance Control and the California Department of Public Health if generating or handling bio-hazardous waste
• A licensed home health care agency and individuals or agencies that will provide the following basic services:
  • Case management services
  • Counseling regarding HIV disease and AIDS, including current information on treatment of the illness and its possible effects on the resident's physical and mental health
  • Counseling on death, dying, and the grieving process; psychosocial support services; substance misuse counseling
  • Nutritionist services
  • Consultation on housing, health benefits, financial planning, and availability of other community- based and public resources; if these services are not provided by provider staff or the subcontracted home health agency personnel
	Written agreements on file at provider agency

MEDICATION MANAGEMENT

Administration of medication will only be performed by an appropriate skilled professional.

RCFCI MEDICATION MANAGEMENT	
STANDARD	**MEASURE**
Direct staff will assist the resident with self-administration medications if the following conditions are met: • Have knowledge of medications and possible side effects; and • On-the-job training in the facility's medication practices as specified in Section 87865 (g) 4.	Record of conditions on file at provider agency.
The following will apply to medications which are centrally stored: • Medications must be kept in a locked place that is not accessible to persons other than employees who are responsible for the supervision of the centrally stored medications. • Keys used for medications must not be accessible to residents. • All medications must be labeled and maintained in compliance with label instructions and state and federal laws.	Record of conditions on file at provider agency.

SUPPORT SERVICES
Support services that are to be provided or coordinated must include, but are not limited to:

RCFCI SUPPORT SERVICES	
STANDARD	**MEASURE**
Programs will provide or coordinate the following (at minimum): • Provision and oversight of personal and supportive services • Health-related services • Transmission risk assessment and prevention counseling • Social services • Recreational activities • Meals • Housekeeping and laundry • Transportation • Provision and/or coordination of all services identified in the ISP • Assistance with taking medication • Central storing and/or distribution of medications • Arrangement of and assistance with medical and dental care • Maintenance of house rules for the protection of residents • Arrangement and managing of resident schedules and activities • Maintenance and/or management of resident cash resources or property.	Program policy and procedures to confirm. Record of services and referrals on file in client chart.

EMERGENCY MEDICAL TREATMENT
Residents receiving RCFCI services who require emergency medical treatment for physical illness or injury will be transported to an appropriate medical facility. The provider will have a written agreement(s) with a licensed medical facility(ies) within the community for provision of emergency services as appropriate.

RCFCI EMERGENCY MEDICAL TREATMENT	
STANDARD	**MEASURE**
Residents requiring emergency medical treatment will be transported to medical facility	Program review and monitoring to confirm.
The provider will have a written agreement(s) with a licensed medical facility(ies) within the community for provision of emergency services as appropriate.	Written agreement(s) on file at provider agency.

DISCHARGE PLANNING

Discharge planning should start at least 12 months prior to the end date of the client's term in the program. In all cases, a Discharge/Transfer Summary will be completed for all residents discharged from the agency. The Discharge Summary will be completed by the RN case manager or the social worker.

RCFCI DISCHARGE PLANNING	
STANDARD	**MEASURE**
Discharge planning services include, but are not limited to, RCFCIs providing discharge planning services to clients that include (at minimum): • Linkage to primary medical care, emergency assistance, supportive services and early intervention services as appropriate • Linkage to supportive services that enhance retention in care (e.g., case management, meals, nutritional support and transportation) • Early intervention services to link HIV-positive people into care, including outreach, HIV counseling and testing and referral • Housing such as permanent housing, independent housing, supportive housing, long-term assisted living or other appropriate housing	Discharge plan on file in client chart.

A Discharge/Transfer Summary will be completed for all residents discharged from the agency. The summary will include, but not be limited to: • Admission and discharge dates • Services provided • Diagnosis(es) • Status upon discharge • Notification date of discharge • Reason for discharge • Transfer information, as applicable	Discharge/Transfer Summary on file in client chart.

PROGRAM RECORDS

Programs will maintain a separate, complete and current record for each resident in sufficient detail to permit an evaluation of services. These notations will be dated and include, but not limited to, type of service provided, resident's response, if applicable, and signature and title of person providing the service.

RCFCI PROGRAM RECORDS	
STANDARD	**MEASURE**
Client records on file at provider agency that include (at minimum): • Resident demographic data • Admission agreement • Names, addresses and telephone numbers of physician, case manager and other medical and mental health providers, if any • Names, addresses and telephone numbers of any person or agency responsible for the care of a resident • Medical assessment • Documentation of HIV/AIDS • Written certification that each family unit member free from active TB • Copy of current child care contingency plan • Current ISP • Record of IST contacts • Documentation of all services provided • Record of current medications • Physical and mental health observations and assessments	Programs will maintain sufficient records on each resident

1F: TRANSITIONAL RESIDENTIAL CARE FACILITY (TRCF) (Up to 24 months*)

*May be extended based on client's needs and approval from the Division of HIV and STD Programs

TRCF PROGRAM GOALS

The goals of TRCF services for PLWHA are to:

- Remove housing-related barriers that negatively impact clients' ability to access and/or maintain HIV medical care or treatment
- Assistance with Independent Living Skills (ILS) in preparation for living more independently
- Maintain HIV medical care and treatment
- Assist people living with HIV to remain housed and
- Increase access to employment, mental health and substance abuse service

TRCF SERVICE COMPONENTS

TRCF service providers are expected to comply with the Universal Standards of Care, as well as these additional standards.

Depending on the needs of the client, service providers are required to provide these **Minimum Services** to residents, either directly or through formal agreements with other agencies:

- Jointly with each resident develop an Individualized Service Plan, complete with action steps to ensure linkage and retention to primary care provider
- Based on resident needs, intensive case management to engage with and work toward achieving Individualized Service Plan goals
- Linkage to Medical Care Coordination services
- Referrals to needed services

TRCF GENERAL REQUIREMENTS

TRCFs provide interim housing with ongoing supervision and assistance with independent living skills (ILS) for homeless individuals living with HIV/AIDS in a non-institutional, homelike environment. The purpose of TRCFs is to facilitate movement towards a more traditional and permanent living situation through assessment of a person's needs, counseling, case management and other supportive services.

Service providers must ensure:

- Service provision is flexible and responsive to residents' needs
- Services are culturally-specific and linguistically and developmentally appropriate
- Mechanisms for soliciting client input on how to improve services are established

(such as resident advisory boards, ongoing customer service surveys)

- The development and ongoing revision of customized housing transition plans to meet the unique social and health needs of each individual. Ryan White funds may be used to extend housing services for at least 6 months (beyond the HRSA recommended guideline of 24 months) to facilitate successful linkage to care and ensure that clients remain virally suppressed.

All service providers are required to have written policies and procedures to train staff on policies and procedures covering these topics:

- Policies and procedures for drug and/or alcohol use on-site and off-site, including steps to deal with relapsing residents to ensure their ability to remain in the housing
- Policies and procedures for payment of rent by residents during periods of hospitalizations
- Policies and procedures for protecting the privacy and confidentiality of residents
- Policies and procedures for assisting applicants and residents in making reasonable accommodation requests, both of property management and outside entities, such as housing authorities, to ensure that persons with disabilities have access to and can maintain housing
- Policies and procedures for ensuring safety and security of staff and residents, including instances of violence and the sale and use of controlled and/or illegal drugs/substances
- Policies and procedures for all staff to be initially and periodically trained in the appropriate and immediate response to resident crises, such as when residents become a danger to themselves or others
- Policies and procedures for all staff to be initially and periodically trained in handling relapse, substance misuse on-site, and harm reduction
- Grievance procedures

Eligibility Requirements:

- Be 18 years of age or older
- Have an HIV/AIDS diagnosis from a primary care physician
- Have a Karnofsky score of 70 or higher
- Have an income at or below 500% Federal Poverty Level
- Be actively engaged / receiving medical care
- Be certified by their medical care providers to be taking prescription medications independently
- Be homeless or at risk of becoming homeless

Since Ryan White HIV/AIDS Program funds must be considered funds of last resort, providers

must develop criteria and procedures to determine client eligibility and to ensure that no other options for residential services are available. Providers must document client eligibility, and must further demonstrate that third party reimbursement (e.g., Medi-Cal) is being actively pursued, where applicable.

Providers may charge up to 30% of residents' income to cover program costs not covered by the contracting agency. The provider will comply with provisions of Section 2605 (e) of Title 26 (CARE Act) which is entitled "Requirements Regarding Imposition of Charges for Services." Providers will be responsible for developing and implementing a resident fee system. The provider will pursue funding from public assistance and entitlement programs for which each County responsible resident may be eligible.

INTAKE

The intake determines eligibility and includes demographic data, emergency contact information and eligibility documentation. Upon acceptance of a client into a TRCF, the person responsible for admissions must interview the prospective client and his/ her authorized representative, including the assigned case manager, if any, as soon as reasonably possible. Required forms must conform with State and local guidelines.

TRCF INTAKE	
STANDARD	**MEASURE**
Prospective client interviewed prior to acceptance in TRCF.	Intake tool is completed and in client file.
Eligibility for services is determined.	Client's file includes: • Proof of HIV diagnosis • Proof of income • Proof of Los Angeles County residence • TB clearance
Consent to Receive Services and Release of Information is discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Client is informed of Confidentiality Policy, Consent to Receive Services, Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.

ASSESSMENT

At a minimum, each client will be assessed to identify strengths and gaps in his/her support system as a means to move towards permanent housing.

Residents receiving TRCF services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with independent living skills (ILS). TRCF residents will be expected to transition towards independent living or another type of residential service more suitable to his/her needs.

TRCF ASSESSMENT	
STANDARD	**MEASURE**
Clients will be assessed to identify strengths and gaps in his/her support system as a means to move towards permanent housing. Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • ADLs • Income • Benefits assistance/Public entitlements • Substance use and need for substance use services, such as treatment, relapse prevention, and support groups • Mental health needs • Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care • Treatment adherence • Educational services, including assessment, GED, and school enrollment • Linkage to potential housing out-placements should they become appropriate alternatives for current residents (e.g., residential treatment	Signed, dated assessment on file in client chart.

facilities and hospitals) • Representative payee Legal assistance on a broad range of legal and advocacy	
Residents receiving TRCF services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with ILS.	Signed, dated assessment on file in client chart.
Staff will provide the client with information about the facility and its services, including policies and procedures, confidentiality, safety issues, house rules and activities, client rights and responsibilities, and grievance procedures.	Documentation of client education on file at provider agency.

INDIVIDUAL SERVICE PLAN (ISP)

Jointly with each resident develop an Individualized Service Plan, complete with action steps to ensure linkage and retention in HIV medical care. Based upon the initial assessment, an Individual Service Plan (ISP) will be completed within one week of the client's admission. The ISP will address the short-term and long-term housing needs of the client and identify resources for housing and referrals to appropriate medical and social services. Plans will also include specialized services needed to maintain the client in housing and access and adherence to primary medical care services. Documentation within the needs and services plan will include the identified goals, steps to achieve the goals, expected timeframe in which to complete the goals, and the disposition of each goal.

TRCF INDIVIDUAL SERVICE PLAN	
STANDARD	**MEASURE**
Needs and services plan will be completed within one week of the client's admission.	Needs and services plan on file in client chart signed by client detailing a housing resources and medical and social service referrals made.

LINKAGE TO MEDICAL CARE COORDINATION

The Medical Care Coordination (MCC) model uses a multi-disciplinary team of a Patient Care Manager, Medical Care Manager and a Case Worker, who work together to facilitate behavioral interventions and coordinate support services to promote improved health outcomes for PLWHA. MCC team members are co-located at the patient's medical home and deliver patient-centered activities that focus on addressing health status, engagement and retention in care, adherence to HIV medications, and HIV risk reduction. Based on assessment and client needs, eligible individuals

should be linked to MCC services. MCC service providers must follow the Division of HIV and STD Programs MCC Protocol (http://ph.lacounty.gov/dhsp/Contractors/MCC/MCCprotocolMay2015.pdf)

LINKAGE TO MEDICAL CARE COORDINATION	
STANDARD	**MEASURE**
Documentation of client need and eligibility for MCC services.	Linkage to MCC services documented in client chart.

ATTACHMENT A: INTENSIVE CASE MANAGEMENT SERVICES (ICMS)
Source: Request for Statement of Qualifications (RFQS) for Supportive Housing Services, April 2017

ICMS form the core of the services for people who are homeless, at risk of homelessness, formerly homeless and who have complex health and/or behavioral health conditions; are high utilizers of public services and other vulnerable populations including individuals with criminal justice histories and individuals who are exiting institutions such as hospitals, residential treatment programs, and custody facilities.

ICMS can be provided in a variety of settings including interim housing, rapid rehousing, permanent supportive housing, field based locations, community based locations, health and behavioral health facilities, sobering centers, recuperative care centers, criminal justice and custody facilities, and other settings as needed to end homelessness and support the community reintegration of persons leaving institutions.

The ICMS provider must be able to assemble a team of case managers capable of providing services to all clients who have signed an authorization to participate in the specific ICMS project. Frequency and intensity of services should be tailored to the need of each client which will change over time depending on the client's needs. The ICMS team should employ a "whatever it takes approach" to assist a client in their transition from homelessness to housing stability. The ICMS provider must be able to hire and support case managers who can seamlessly deliver and/or develop linkages to assist clients with accessing a range of services that might include a mental health intervention if a client is in crisis or transportation and assistance with completing forms for a client who needs to go to the Department of Motor Vehicles (DMV) for a California ID. At the core of the service delivery model is the trust that the case manager develops with the client to assist the individual in their journey toward improved health and well-being.

The ICMS staffing model shall include a project manager and intensive case managers. The intensive case manager caseload is typically one (1) intensive case manager to 15-40 clients. Actual caseload varies by project and will be specified in executed Work Orders. All intensive case managers must have experience working with clients with mental illness, chronic health issues, and substance use disorders. Intensive case managers are typically bachelor degree-level social workers or social workers with advanced degrees. Project managers are usually licensed social workers or other licensed clinicians.

ICMS includes, but is not limited to, the following:

- Ongoing outreach and engagement to the client population including field and community based locations, health and behavioral health facilities, interim and bridge housing settings, criminal justice and custody facilities, and other locations as needed to engage the target population.
- Assisting clients with rental application including paperwork required by Housing Authorities and the Section 8 program.

- Assistance with mental health and life skills services and referrals.
- Establishment of a case management plan based on their authorization including but not limited to establishing future goals, improvement of behaviors associated with drug use, reduction in frequency and quantity of drug and alcohol use, coping with mental health disorders, coping with chronic medical problems, improvement of interpersonal relationships.
- Help accessing public benefits and educational opportunities as appropriate.
- Assistance with budgeting and money management.
- Assistance with substance use disorder services and referrals with a focus on harm reduction.
- Referrals to primary medical care, mental health services, and other community services as needed.
- Assistance in obtaining clothing and food.
- Group programming ranging from life-skills groups to community activities.
- Eviction prevention counseling and advocacy.
- Assistance with educational, vocational, and employment services as appropriate for each client.
- Assistance with domestic violence and safety planning services and referrals.
- Transportation assistance.
- Assisting clients with maintaining medication regimen.
- Housing location services including assisting clients with locating affordable permanent housing, establishing relationships with landlords/agencies willing to provide affordable permanent housing to DHS clients, and providing assistance with negotiating rental agreements. (Note: The need for housing location services will vary by project. Housing location experience is not a minimum qualification.)
- Administer move-in assistance funds to assist clients with timely security deposits, household goods and furnishings, utility deposits, etc.
- Assistance with temporary housing until client moves into supportive housing unit.
- Assistance with monitoring any legal issues and making appropriate referrals while addressing any barriers to accessing and maintaining housing and services (e.g., Personal finance skills, criminal records, pending warrants, etc.).
- Collaboration with Property Related Tenant Services (PRTS) and property owner to ensure clients provide authorization to receive the support they need to remain housed and stable, including attending and/or convening periodic meetings with partners to problem-solve around client, building, and community issues.
- Provision of on-going training to ICMS staff to ensure services are appropriate and to promote continuous quality improvement.
- Maintenance of program and client records and legally permissible data systems as may be required.
- Submit reports and invoices as requested and in a timely manner and provide all required supporting documentation.
- Comply and deliver services in accordance with contract deliverables and objectives.

ATTACHMENT B: RECOMMENDED TRAINING TOPICS FOR STAFF

Housing resources and assisting clients navigate housing options. Staff are encouraged to use chirpla.org for local housing resources, networking and training opportunities.

- Integrated HIV/STI prevention and care services
- Understanding the vast array of housing services in the region
- The role of substances in HIV and STI prevention and progression
- Substance use harm reduction models and strategies
- Sexual identification, gender issues, and provision of trans-friendly services
- Cultural competence
- Correctional issues
- Current medical treatment and updates
- Mental health issues for people living with HIV
- Confidentiality and disclosure
- Behavior change strategies
- Stigma and discrimination
- Community resources including public/private benefits
- Grief and loss

ADMINISTRATIVE AND SUPPORT STAFF
An administrative employee has primary responsibility for the facility. The provider will operate continuously with at least a house manager and the necessary staff for the delivery of required services.

TB CONTROL
The provider will adhere to "Tuberculosis Exposure Control Plan for Residential Facilities" as provided by the Los Angeles County Department of Public Health Tuberculosis Control Program.

ANNUAL TB SCREENING FOR STAFF
Prior to employment or service provision and annually thereafter, the provider will obtain and maintain documentation of TB screening for each employee, volunteer and consultant providing services. Such TB screening will consist of a tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active TB based on a chest X-ray. The provider will adhere to guidelines for staff tuberculosis screening provided by the Los Angeles County Department of Public Health Tuberculosis Control Program.

ATTACHMENT C: DEFINITIONS AND DESCRIPTIONS

Activities of daily living (ADL) mean various chores that must be completed by or for a person on a daily basis to meet his/her personal needs. Such chores will include but not be limited to housework, meal preparation, laundry of clothes/linens and other washable items, taking medication, money management, transportation for personal or medical appointments, communicating with others either through telephone or in writing, dressing, eating, toileting, bathing, grooming and ambulation.

Activity program leader means a person who meets one of the following: a) has two years of experience in a social or recreational program within the past five years, one year of which was full time in a resident activities program in a health care setting; b) be an occupational therapist, art therapist, music therapist, dance therapist, recreation therapist, or occupational therapist assistant; or c) have satisfactorily completed at least 36 hours of training in a course designed specifically for this position and approved by the State Department of Public Health and will receive regular consultation from an occupational therapist, occupational therapist, or recreation therapist who has at least one year of experience in a health care setting.

Attending physician means the physician responsible for the treatment of the resident.

Care and supervision means the ongoing assistance with activities of daily living, not to include the endangerment of a resident's physical health, mental health, safety, or welfare.

Certified nursing assistant or **home health aide** means a person who is certified as such by the California State Department of Public Health.

Congregate housing is the practice through which a provider develops or leases an entire building with several units for the purpose of housing people living with HIV at affordable costs.

Direct care staff means those individuals who are employed by the facility and provide direct care services to the residents including, but not limited to, assistance with ADL.

HIV/AIDS emergency shelter provides temporary housing for homeless persons living with HIV disease who require immediate living quarters.

Homeless individuals are PLWHA who lack a fixed, regular and adequate residence; lack the financial resources to acquire shelter; or reside in 1) a shelter to provide temporary, emergency accommodation; 2) an institution that provides temporary residence or care for individuals; or 3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Hospice nurse means a registered nurse (RN) who has acute care experience and training and

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~~experience in the delivery of nursing care to the terminally ill who have accepted the hospice concept.~~

~~**Housing specialist** assists clients with housing searches and placement and works with other community based organizations to work collaboratively to meet the clients' needs.~~

~~**Licensed vocational nurse (LVN)** means a person licensed as such by the California of Vocational Nurse and Psychiatric Technician Examiners.~~

~~**Medical professional** means an individual licensed or certified in California to perform the necessary medical procedures within the scope of his/her practice. This includes, but is limited to, medical doctor (MD), RN and LVN.~~

~~**Nutritionist** means a person who has a Master's degree in food and nutrition, dietetics, or public health nutrition.~~

~~**Occupational therapist** means a person who is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association, and is registered by the American Occupational Therapy Association.~~

~~**Permanent supportive housing** is affordable permanent housing with supportive services that assist people living with HIV and their families to adjust to new living arrangements, maintain independent living and coordinate overall housing and service needs. Supportive services include service coordination, mental health counseling and treatment and substance abuse counseling and treatment. Permanent supportive housing can be provided either in a congregate housing facility or through scattered site master leasing.~~

~~**Pharmacist** means a person licensed as such by the California Board of Pharmacy.~~

~~**Physical therapist** means a person licensed as such by the Physical Therapy Examining Committee of the California Board of Medical Quality Assurance.~~

~~**Physician** means a person licensed as a physician and surgeon by the California Board of Medical Quality Assurance or by the California Board of Osteopathic Examiners.~~

~~**Registered nurse (RN)** means a person licensed as such in the State California by the Board of Registered Nursing.~~

~~**Residential care facilities for the chronically ill (RCFCI)** is any housing arrangement maintained, licensed, and operated to provide care and supervision to adults, emancipated minors or family~~

~~units living with HIV. An RCFCI may not exceed 50 beds. This service is limited to 24 months.~~

~~**Respiratory therapist** means a person with a California State respiratory Care Practitioner's Certificated issued by the Respiratory Care Examining Committee, and has: a one year's experience at the level of a Respiratory Therapy Technician; b) an associate degree in respiratory therapy from an accredited college; or c) a certificate of completion from an approved two-year training program in respiratory therapy.~~

~~**Scattered site master leasing** is the practice through which an organization leases rental units throughout the county that are then sub-leased at affordable costs to people living with HIV.~~

~~**Social worker** means a person who has a Master of Social Work degree from a school of social work accredited or approved by the Council on Social Work Education and has one year of social work experience in a health care setting.~~

~~**Social worker assistance** means a person with a baccalaureate degree in the social sciences or related fields from an accredited college or university and has had a least one year of social work experience in a health care setting.~~

~~**Speech pathologist** means a person licensed as such by the California Board of Medical Quality Assurance.~~

~~**SSI/SSP** means Supplemental Security Income / State Supplemental Program which is a federal/state program that provides financial assistance to the aged, blind and/or disabled residents of California.~~

~~**Transitional housing** is housing for up to twenty-four months for homeless persons living with HIV and their families. The purpose of this service is to facilitate movement towards more traditional and permanent housing through self-sufficiency activities such as counseling, case management and other supportive services.~~

ATTACHMENT D: Housing Services Definitions (Source: Health Resources Services Administration (HRSA) HIV/AIDS Branch (HAB) Policy Clarification Notice (PCN) 16-02))

Housing Services: provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

~~Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.~~ Housing services must also include the development of an individual housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory medical services and treatment. The necessity of housing services for the purposes of medical care must be documented.

~~**Resources used:**~~

- ~~https://www.huduser.gov/portal/datasets/il/il2017/2017IlCalc.odn~~
- ~~https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn~~
- ~~https://www.hudexchange.info/resources/documents/HPRP_FinancialAssistance.pdf~~
- ~~https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_hhp.aspx~~
- ~~https://aspe.hhs.gov/poverty-guidelines~~

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LOS ANGELES COUNTY
COMMISSION ON HIV

2024 ANNUAL CONFERENCE

Bold Transformation to Confront and End HIV

November 14, 2024
9am to 4pm

MLK Behavioral Health Center
12021 S. Wilmington Ave, Los Angeles, CA 90059

Click on the link below or scan the QR code to register
https://www.surveymonkey.com/r/2024COHConfReg

Hear from local and national experts and leaders

Afternoon breakout sessions on prevention, care, and community engagement

Breakfast and lunch

LEARN AND ENGAGE FOR ACTION

Questions? EMAIL HIVCOMM@LACHIV.ORG

Antelope Valley
A Community Rising to End HIV

Rise with us on
December 3, 2024
11:30am to 2:00pm
Bartz-Altadonna Community Health Clinic
Administrative Offices
42933 Business Center Parkway,
Lancaster, CA 93535

Speakers | Prizes | Entertainment | Lunch |
Resources | Meet Allies

World AIDS Day 2024

Click on the link to RSVP or scan the QR Code.

https://www.surveymonkey.com/r/COH2024WAD-AV

Questions: email
hivcomm@lachiv.org

Kathryn BARGER
5th District Supervisor • County of Los Angeles

LOS ANGELES COUNTY
COMMISSION ON HIV

wesley Health Centers

BACHC
HELPING PEOPLE HEAL

C2P® LACoalition

****UPDATED****

SAVE THE DATE

Los Angeles County Commission on HIV Black Caucus

OUR STORIES, OUR STRENGTH: ELEVATING BLACK LIVES ON WORLD AIDS DAY

WORLD AIDS DAY

DEC 6 — 2024

Join the **Los Angeles County Commission on HIV Black Caucus** for a community-wide event commemorating **World AIDS Day** at Charles Drew University.

The program begins at 10:00AM. Resource Fair will be held 12:00PM-2:00PM

Let's come together to honor our stories, build strength, and uplift Black lives in the fight against HIV.

To nominate a community member for the Changemaker Award, click **HERE**.
If interested in tabling at the Resource Fair, click **HERE**

HOLLY J. MITCHELL
LOS ANGELES COUNTY SUPERVISOR ◆ 2ND DISTRICT

LOS ANGELES COUNTY COMMISSION ON HIV

CDU

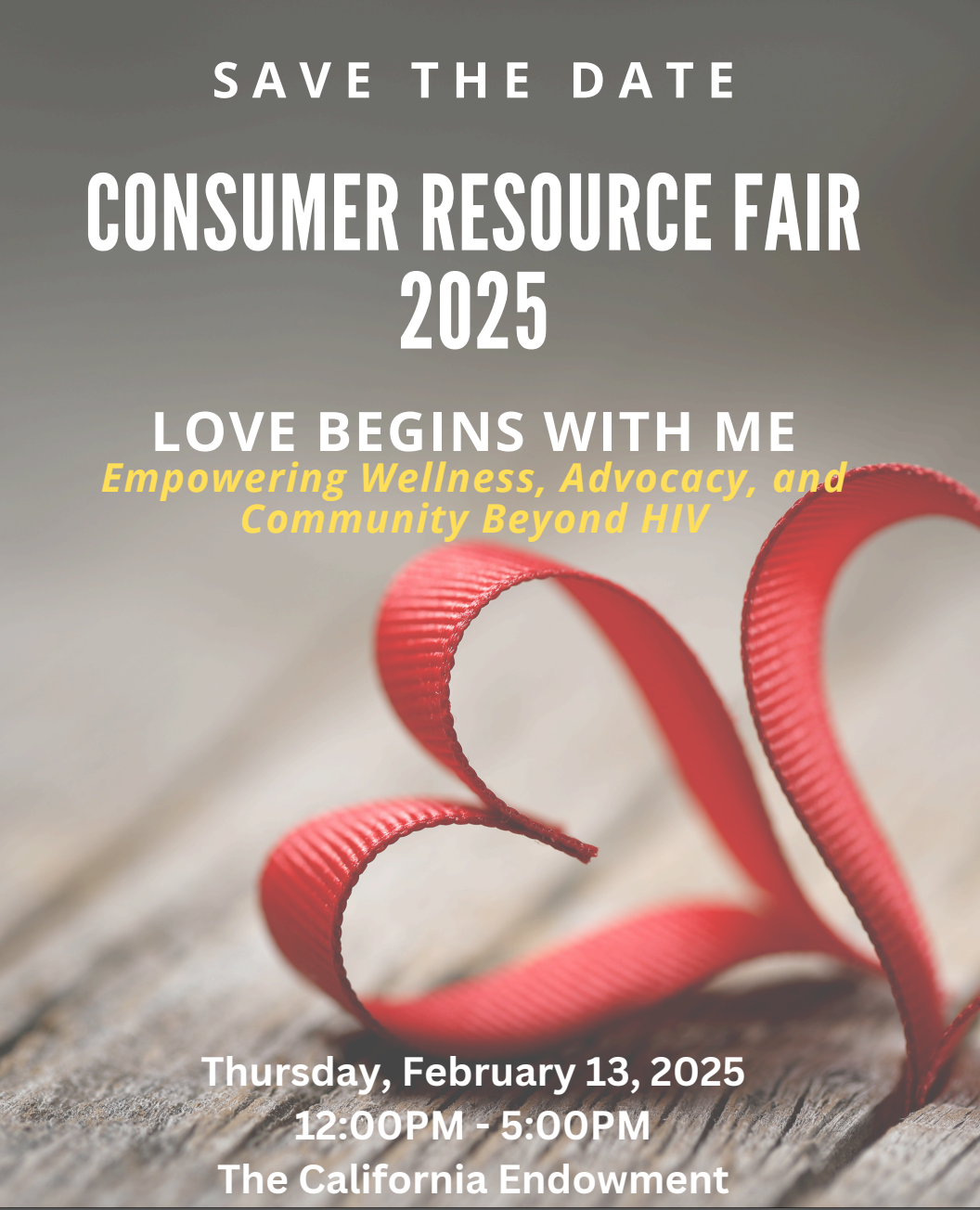
Drew CARES
Charles R. Drew University of Medicine and Science

SAVE THE DATE

CONSUMER RESOURCE FAIR 2025

LOVE BEGINS WITH ME

Empowering Wellness, Advocacy, and Community Beyond HIV



Thursday, February 13, 2025
12:00PM - 5:00PM
The California Endowment

Join us for the 2025 Consumer Resource Fair, a holistic event focused on supporting the whole person beyond HIV.

Interested in participating as a vendor or service provider, hosting a workshop, tabling, or giving a presentation?
CLICK HERE TO SIGN-UP

LOS ANGELES COUNTY COMMISSION ON HIV

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles
Public Health
Division of HIV and STD Programs