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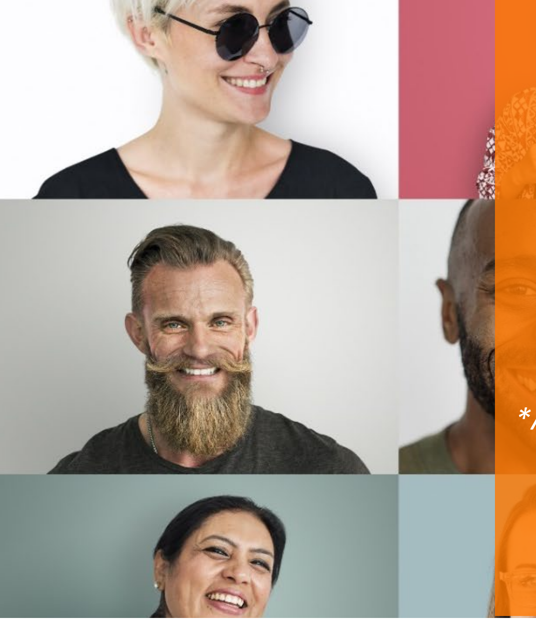

STANDARDS AND BEST PRACTICES COMMITTEE MEETING

Tuesday, August 6, 2024
10:00am-12:00pm (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

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https://lacountyboardofsupervisors.webex.com/weblink/register/r7733f63778cfb6394e81b286df330820

Notice of Teleconferencing Sites

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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.

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

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, August 6, 2024| 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
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/r7733f63778cfb6394e81b286df330820
To Join by Telephone: 1-213-306-3065
Password: STANDARDS Access Code: 2531 488 4514

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 (LOA)	Arlene Frames
Wendy Garland, MPH *(DHSP Representative)*	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: 8			

AGENDA POSTED: July 31, 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 Programmatic—Updates
   b. Ground rules for discussions
8. Co-Chair Report — 10:25 AM – 10:35 AM
   a. 2024 Workplan and Meeting Schedule—Updates
   b. Service Standards Revision Tracker—Updates

   c. Priority Setting and Resource Allocations (PSRA) Mandatory Training (Complete by Aug. 26)
   d. Committee-Only Application: Caitlyn Dolan-- Review
9. Division on HIV and STD Programs (DHSP) Report 10:35 AM—10:45 AM

V. DISCUSSION ITEMS

10. Ambulatory Outpatient Medical (AOM) Service Standards Review 10:45 AM—11:00 AM
   a. **MOTION #3**: Approve the AOM service standards, as presented or revised, and elevate to the Executive Committee.
11. Emergency Financial Assistance (EFA) Service Standards Review 11:00 AM—11:45 AM
   a. **Presentation:** Alliance for Housing and Healing EFA Program
12. Transportation Service Standards Review 11:45 AM—11:50 AM

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 August 6, 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 the Ambulatory Outpatient Medical (AOM) service standards, as presented or revised, and elevate to the Executive Committee.

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 3.22.23)

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
  - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
  - 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. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

- ☐ 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, at all times, 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.

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/10/24

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
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated consumer	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**	LAC & USC MCA Clinic	Biomedical HIV Prevention
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
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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 consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	Invisible Men	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 consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	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 consumer	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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 consumer	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 consumer	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
MUHONEN	**Matthew**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated consumer	No Ryan White or prevention contracts
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
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated consumer	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

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

July 2, 2024

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	P	Felipe Findley	EA	Mark Mintline, DDS	P
Kevin Stalter, *Co-Chair*	P	Arlene Frames	P	Andre Molette	A
Mikhaela Cielo, MD	P	Wendy Garland, MPH	EA	Byron Patel, RN	P
Sandra Cuevas	P	Lauren Gersh, LCSW	EA	Martin Sattah, MD	P
Kerry Ferguson	EA	David Hardy, MD	P	Russell Ybarra	P
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit; Lizette Martinez					
DHSP STAFF					
Sona Oksuzyan					
COMMUNITY MEMBERS					

**Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.*
**Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.*
**Meeting minutes may be corrected up to one year from the date of Commission approval.*
***LOA: Leave of absence*

Meeting agenda and materials can be found on the Commission's website at
https://hiv.lacounty.gov/standards-and-best-practices-committee/

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:06am. Cheryl Barrit introduced Dahlia Ale-Ferlito and welcomed them to the Standards and Best Practices Committee. Dahlia is the new Los Angeles City representative on the Commission.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the agenda order, as presented ***(✓Passed by consensus)***.

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 6/4/24 SBP Committee meeting minutes, as presented ***(✓Passed by consensus).***

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**:
   There were no committee new business items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

- **Operational and Programmatic Updates**
  Cheryl Barrit, Executive Director, reported that the COH staff have not received the written report from the Health Resources and Administration (HRSA) for the recent technical assistance visit. COH staff will follow-up with HRSA staff at the next Program Officer meeting on July 16, 2024. C. Barrit noted that meeting packet includes a copy of the Housing Security Deposits in the Ryan White Program letter and the HRSA Dear Colleague Letter regarding expungement services.
- **HRSA Dear Colleague Letter—Expungement Services**
  The Dear Colleague letter reiterates and confirms that Ryan White Part A funda can be sued to support expungement services in order to facilitate re-entry, retention, and viral suppression. This service is typically covered under the "Legal Services" service category.
- **Housing Security Deposits in the Ryan White HIV/AIDS Program Letter**
  The program letter provides guidance on the use of Ryan White Program Part A funds for housing security deposits and indicates that the recipient or sub-recipient needs to have policies and procedures in place to ensure that the security deposits is returned to the recipient or sub-recipient and not the client. The program letter maintains that no Ryan White funds can be given directly to the client. C. Barrit added that the COH's Housing Task Force discussed the program letter and guest speaker Teddy Goddard from the Alliance for Housing and Healing shared that there are current Housing and Urban Development Department (HUD) policies that could facilitate implementing a mechanism for ensuring the security deposit funds are returned to the recipient or sub-recipient and not the client. She noted that the National Housing Coalition sent a press release expressing their support for the new guidance and that they are looking forward to identifying next steps to make sure the process is clear without incurring additional barriers on clients.

6. **CO-CHAIR REPORT**
   - **2024 Workplan Development and Meeting Schedule and Service Standard Revision Tracker**
     Erika Davies provided an overview of the 2024 workplan and meeting calendar. She noted that the Committee will continue its review of the Ambulatory Outpatient Medical (AOM) service standards and start a review of the Emergency Financial Assistance (EFA) service standards. She added that the Committee will review the Transportation services, and the Temporary and Permanent Housing services standards, and develop a global transitional case management service standards in the remainder of 2024. The Committee decided to keep their August and September meetings as scheduled and agreed to revisit the November meeting in October.

7. **DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT**
   There was no DHSP report.

V. DISCUSSION ITEMS

8. **Ambulatory Outpatient Medical (AOM) Service Standards Review**
   E. Davies led the Committee through an overview of the revisions to the draft AOM service standards since the June Committee meeting. Jose Rangel-Garibay, COH staff, noted that the sections highlighted in orange in the document are items that Committee members submitted comments, questions, or proposed revisions. E. Davies

reminded the Committee of the guiding questions to consider when reviewing service standards located at the beginning of the draft AOM service standards document. A copy of the document can be found in the meeting packet. The following is a summary of the items discussed:

- Added “viral hepatitis testing” to the list of laboratory testing included in AOM services
- Added “substance use disorder services” to the list of linkage and referrals included in AOM services
- Rephrased the first goal of AOM services to “Provide patients with high-quality care and medication even if they do not have health insurance and connect patients to additional care and support services as applicable” to be consistent with the verb tenses of the other goals
- Rephrased the second goal of AOM services to “Help patients achieve low and/or suppressed viral load to improve their health and prevent HIV transmission”
- Standard 1.1 under “Medical Evaluation and Clinical Care,” revised to “AOM medical visits/evaluation and treatment should be scheduled based on acuity and viral suppression goals. Once a patient is stable and has demonstrated durable viral suppression, they should have at minimum 1 medical visit per year and have labs done 2 times per year. Patient follow-up should be individualized and based on patient engagement in care. A patient’s other comorbidities may require additional medical visits and should consult with their provider for treatment plan adjustments as necessary”
- Standard 1.2 under “Medical Evaluation and Clinical Care,” revised to “AOM core services will be provided by physicians, Nurse Practitioners (NPs), and/or Physician Assistants (PAs). Licensed nurses will provide primary HIV nursing care services and linkage to Medical Care Coordination (MCC) services and other Ryan White Program services”
- Narrative section under “Medical Evaluation and Clinical Care,” revised to “Qualified health care professionals for these services include Physicians, Nurse Practitioners (NPs) and/or Physician Assistants (PAs). Licensed nurses may provide primary HIV nursing care services and linkage to Medical Care Coordination (MCC) services and other Ryan White Program services”
- Narrative section under “Medication Adherence Assessment,” revised to “Medication adherence assessment should be performed for patients at every medical visit. Providers should refer patients challenged by maintaining treatment adherence to Medical Care Coordination (MCC) services and other Ryan White Program services”
- Narrative section under “One-on-One Patient Education,” revised to “Medical providers will provide one-on-one patient education to make information about HIV disease and its treatments available, as necessary”
- Standard 9.1 under “One-on-One Patient Education,” split and revised into “Standard 9.1: Medical providers may provide patient education on: helping patients understand HIV disease and treatment options” and “Standard 9.2: Treatment Adherence Counselors, or equivalent staff, may provide patient support which can include: Accompanying patients to medical visits, clinical trials visits, and/or providing transportation support; Helping patients with adherence issues; Providing emotional support”
- Narrative section under “Standard Health Maintenance,” revised to “AOM practitioners will work in conjunction with Medical Care Coordination (MCC) programs and other Ryan White Program service providers to ensure that a patient’s standard health maintenance needs are being met”
- Narrative section under “Complementary, Alternative and Experimental Therapies,” revised to “Providers are encouraged to discuss at regular intervals complementary, alternative, and experimental therapies with patients, discussing frankly and accurately both their potential benefits and potential harm”
- Standard 11.1 under “Complementary, Alternative, and Experimental Therapies,” revised to “AOM practitioners must know if their patients are using complementary, alternative, and experimental therapies and are encouraged to discuss these therapies with their patients regularly”
- Narrative section under “Primary HIV Nursing Care,” revised to “AOM programs will provide primary HIV nursing care performed by a Licensed Nurse or appropriate health care provider. Services will be coordinated with Medical Care Coordination (MCC) programs to ensure the seamless, non-duplicative, and most

appropriate delivery of service. AOM and MCC services may not be co-located at the same site. Agencies that do not offer MCC services should make an effort to refer the patient to another Ryan White Program provider that offer MCC services"

- Standard 12.1 under "Primary HIV Nursing Care," revised to "Licensed Nurses or other appropriate licensed health care providers will provide primary HIV nursing care to include (at minimum):"
- Combine the narrative sections under "Medical Specialty Services HIV/AIDS", "Medical Specialty Referral", and "Coordination of Specialty Care" into one section and add "Gender-Affirming Care; Nutrition Therapy; Substance Use Disorder Services" to the list of Medical Specialty Services HIV/AIDS. Revise standard 13.5 to "Specialists within the County-contracted system must contact AOM programs within one business day"
- Standard 14.1 under "Nutrition Screening and Referral," revised to "AOM service providers should screen all at-risk patients for nutrition-related concerns"

MOTION #3: Post the Ambulatory Outpatient Medical (AOM) service standards for a 30-day public comment period starting on July 5, 2024 and ending on August 5, 2024. ***(✓Passed: Yes =10, E. Davies, D. Ale-Ferlito, M. Cielo, S. Cuevas, A. Frames, D. Hardy, M. Mintline, B. Patel, M. Sattah, R. Ybarra. No= 0, Abstain=0).***

9. **Emergency Financial Assistance (EFA) Service Standards Review**

E. Davies led the Committee through an overview of the EFA service standards and referenced the service category definition for EFA provided by HRSA in the Policy Clarification Notice (PCN) 16-02. A copy of PCN 16-02 is included in the meeting packet. She emphasized the components of the definition describing that direct cash payments to clients are not permitted and continuous provision of allowable service to a client must not be funded through EFA. C. Barrit added that other jurisdictions include AIDS drug assistance under EFA however Los Angeles County is located in California, a Medicaid expansion state, which along with the AIDS Drug Assistance Program (ADAP) assist clients with obtaining their AIDS medications. The following is a summary of the items discussed:

- Add "Housing Security Deposits" to the list of services covered under EFA
- Consider an annual cap increase for the service but do not cap individual services to allow more flexibility
- Add "[…] ability to meet or maintain […] to the definition of an emergency
- Provide further details in the narrative section explaining the use of other Ryan White Program service categories first before accessing EFA services
- COH staff will review the EFA service utilization report and local cost-of-living data and share the information with the Committee. The Committee is considering increasing the annual cap to $7,500 per person, per year
- Consider adding a time frame for the duration of an emergency event (3-6 months) and refer clients to other long-term services within the Ryan White Program or offered through local and state social services/public benefit programs
- Consider included a financial literacy/financial management skills training component for clients accessing EFA services as a complement to the service they receive
- Recommendation to train Housing Opportunities for People with AIDS (HOPWA) housing specialists and have give them access to CaseWatch
- Request data from DHSP that measures the amount of clients accessing EFA services, including those that applied but did not receive funding and the reasons for why their application was rejected. Additionally, include success stories of clients who accessed EFA services and received funding.

VI. NEXT STEPS

10. **TASK/ASSIGNMENTS RECAP**:

➲ COH staff will send a Word document version of the EFA service standards to Committee members and request their feedback to discuss at the August Committee meeting.

➲ COH staff will post the draft AOM service standards for a 30-day public comment period

- COH staff will prepare the Transportation Services standards for an initial review at the August Committee meeting

11. AGENDA DEVELOPMENT FOR NEXT MEETING:
- Review public comments received for the draft AOM service standards and hold vote to approve
- Continue review of the Emergency Financial Assistance (EFA) service standards
- Conduct initial review of the Transportation Services standards

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:
- There were no announcements.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 12:07pm.

From:	Martinez, Lizette
Cc:	Barrit, Cheryl; McClendon, Dawn; Garibay, Jose; Wright, Sonja
Subject:	REMINDER | **DON"T WAIT** Outstanding Priority Setting and Resource Allocation Training due by August 26th
Date:	Tuesday, July 30, 2024 10:31:12 AM
Attachments:	Pol-09 5203 PSRA-2024-APPROVED 07.11.24.pdf image002.png
Importance:	High

Good morning Commissioners,

This is reminder to complete the Priority Setting and Resource Allocation Training by August 26th. During the July Commission on HIV meeting, the full body approved Policy 09.5203 that requires all members to complete the Priority Setting and Resource Allocation Training in order to vote for final priority rankings and resource allocations for the upcoming RWP Part A 3-year funding cycle; see section E on page 3 for further details. **If you do not complete the training, you will not be eligible to vote.**

The training can be found on the Commission website under the Events tab here: https://hiv.lacounty.gov/events-training/. Scroll down to "2024 Trainings" and click on *APRIL 23, 2024 PRIORITY SETTING AND RESOURCE ALLOCATION & SERVICE STANDARDS DEVELOPMENT TRAINING recording*. You must notify staff after watching the training to be marked as complete. If you attended the live training in April, no further action is needed.

Please don't hesitate to contact staff should you have any questions.

Thank you,
Lizette Martinez, MPH, Health Program Analyst (she/her) (Why this Matters?)
Commission on HIV, **Executive Office of the Board of Supervisors**
Phone: (213) 304-3846 | Email: lmartinez@lachiv.org
Find us on Facebook, Instagram @hivcommla, X @hivcommissionla
I support anti-racism, diversity, and inclusion.

LOS ANGELES COUNTY COMMISSION ON HIV 2024
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

Co-Chairs: Erika Davies, Kevin Stalter

Adopted on: 4/2/24

Purpose of Work Plan: To focus and prioritize key activities for SBP Committee for 2024.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2024 workplan and meeting calendar.	COH staff to update 2024 workplan and meeting calendar monthly.	Ongoing, as needed	Workplan revised/updated on: 12/05/23, *02/29/24, 03/28/24, 4/30/24, 5/24/24, 6/26/24, 7/31/24*
2	Update Universal service standards and Consumer Bill of Rights	Annual review of the standards. Revise/update document as needed.	COMPLETE	The COH approved the document on 01/08/24. The Committee decided to move the document to a bi-annual review or as needed/requested.
3	Update the Medical Care Coordination (MCC) service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	COMPLETE	The COH approved the document on 01/08/24.
4	Update Prevention Service standards	Review and revise/update document as needed.	COMPLETE	Committee forwarded the document to the Prevention Planning Workgroup for review at their 07/26/23 meeting. The PPW co-chairs presented the proposed revisions to the Prevention standards on 11/7/23. The Committee approved the standards and elevated them to the Executive Committee and full COH for approval. The COH approved the Prevention Standards on 4/11/24. Transmittal letter sent to DHSP on 5/20/24.
5	Develop global Transitional Case Management Service standards.	This standard will include sections for priority populations such as youth, older adults (50+), and justice involved individuals. The section for older adults will	Late 2024	The Committee will review meeting calendar on 8/6/24 and determine when to schedule the review.

		focus on healthcare navigation between the Ryan White Care system, Medi-Cal, and Medi-Care.		
6	Update the Emergency Financial Assistance service standards	Committee received a request to consider reviewing the EFA service standards.	Late 2024	The Committee will continue their review on 8/6/24.
7	Update Ambulatory Outpatient Medical Services standards	Upcoming solicitation to release in Nov. 2024	August 2024	The Committee will review public comments received and hold vote to approve the EFA service standards on 8/6/24.
8	Update Transportation Services standards	Upcoming solicitation to release in Oct. 2024.	TBD	The Committee will initiate their review on 8/6/24.
9	Update Temporary and Permanent Housing Services standards	Upcoming solicitation to release in Nov. 2024.	TBD	The Committee will initiate their review on 9/3/24.

STANDARDS AND BEST PRACTICES COMMITTEE
2024 MEETING CALENDAR | (updated 08.01.24)

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 Initiate review of Transportation Services standards
Sep. 3, 2024 10am to 12pm *Room TK11*	Continue review of EFA service standards Continue review of Transportation Services standards Initiate review of Temporary and Permanent Housing service standards
Oct. 1, 2024 10am to 12pm *Room TK 11*	Finalize review of EFA service standards Continue review of Transportation Services standards Continue review of Temporary and Permanent Housing service standards
Nov. 5, 2024 10am to 12pm *Pending*	Announce co-chair nominations for 2024 Finalize review of Transportation Services standards Continue review of Temporary and Permanent Housing service standards Commission on HIV Annual Conference 11/14/2024
Dec. 3, 2024 10am to 12pm *Pending*	Elect Co-chairs for 2024 Reflect on 2024 accomplishments Draft workplan and meeting calendar for 2025

Service Standards Revision Date Tracker as of 08/01/24 FOR PLANNING PURPOSES

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Committee will continue review on 8/6/24.
4	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	Last approved by COH on Apr. 11, 2024.	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and.org hard of hearing individuals.	Last approved by COH in 2017.	

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
7	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
8	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH on Jan. 11, 2024.	Upcoming solicitation—release Nov. 2024
9	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Currently under review Upcoming solicitation—release Nov. 2024
10	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		
11	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
12	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
13	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
14	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
15	Substance Use Residential and Treatment Services	Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery from drug or alcohol use disorders.	Last approved by COH on Jan. 13, 2022.	
16	Temporary Housing Services	Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that providers 24-hour care.	Last approved by COH on Feb. 8, 2018.	Upcoming solicitation—release Nov. 2024
17	Temporary Housing Services	Transitional Residential Care Facility (TRCF)	Short-term housing that providers 24-hour assistance to clients with independent living skills.	Last approved by COH on Feb. 8, 2018	Upcoming solicitation—release Nov. 2024
18	Transitional Case Management Services, Youth	Transitional Case Management—Youth	Client-centered, comprehensive services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and support services.	Last approved by COH on Apr. 13, 2017.	Committee decided to develop a global Transitional Case Management service standard document which will include sections for priority populations such as youth, older adults (50+), and justice-involved individuals.
19	Transitional Case Management Services—Justice-Involved Individuals	Transitional Case Management	Support for incarcerated individuals transitioning from County Jails back to the community.	Last approved by COH on Dec. 8, 2022.	See notes section for item #18.

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
20	Transitional Case Management—Older Adults	n/a	To be developed.	n/a	See notes section for item #18.
21	Transportation	Transportation Services	Ride services to medical and social services appointments.	Last approved by COH in 2017.	Committee will initiate review on 8/6/24. Upcoming solicitation—Release Oct. 2024
22	Universal Standards and Client Rights and Responsibilities	n/a	Establish the minimum standards of care necessary to achieve optimal health among people living with HIV, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH on Jan. 11, 2024.	Not a program—standards apply to all services. The Committee will review this document on a bi-annual basis or as necessary per community stakeholder, partner agency, or Commission request.

#6

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, July 16, 2024 9:26:43 AM
Last Modified: Wednesday, July 24, 2024 10:54:01 AM
Time Spent: Over a week
IP Address: 104.175.213.46

Page 1: Introduction

Q1

Are you applying as a NEW or RETURNING Committee member?

NEW

Q2

Contact Information

Name and Pronoun (For example: "John Smith, he/him/his")	**Caitlin Dolan**
Do you work for an agency/organization? If yes, please state agency/org name and if not, please indicate "N/A" for not applicable.	**Men's Health Foundation**
Address	**9201 sunset ste 812**
City/Town	**Los Angeles**
State/Province	**CA**
ZIP/Postal Code	**90069**
Primary Email Address	**caitlin.dolan@menshealthfound.org**
Primary Phone Number	**3104350324**

Q3

Were you recommended by an individual or organization? If so, please state the name of the recommending entity. **Not required; suggested for applicants representing agencies/organizations**

Yes,
Recommending individual/organization::
Mens Health Foundation

Q4

Are you affiliated with a Ryan White Program-funded agency? **Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County Division of STD and HIV Programs (DHSP). Volunteers are considered unaffiliated. Click here for a list of Ryan White Program-funded agencies; subject to change**

Yes

Page 2: Committee Selection

Q5

Based on your expertise and the Committee description, role and responsibilities, please select below which Committee you would be interested in participating on.

Standards and Best Practices (SBP) Committee

Page 3: Background & Experience

Q6

Why do you want to join the Committee selected?

I am enthusiastic about joining the committee to actively contribute insights and perspectives gathered directly from stakeholders and clients of the Men's Health Foundation. My goal is to ensure that their voices are effectively represented in our discussions and decisions, ultimately driving impactful outcomes for our initiatives.

Q7

What skills, abilities, and/or experience do you have that can be helpful to the selected Committee?

With over 12 years of non-profit experience, and 7 years in the HIV field, I hope to bring my unique point of view. My career highlights include expanding services for vulnerable populations in Los Angeles by securing increased funding and developing impactful initiatives. I excel in building strong relationships across departments, with government agencies, and community partners, leveraging superior interpersonal and communication skills to drive collaborative success.

Q8

If you have a resume or other documents (i.e. certificates, awards, letters of recommendation, biosketch, curriculum vitae) that will support your membership application, please upload here. **This is optional and not required to be considered for membership**

Dolan_Caitlin_resume%20UPDATED%202024.docx (53.1KB)

Q9

How can we support you so that you are able to fully participate and be effective on the selected Committee? Do you need special accommodations, i.e. translation or interpretation services, etc?

I do not require any special accommodations, although I am currently breastfeeding, so will need to step out every three hours.

Page 4: Statement of Qualifications

Q10

Please save and upload your completed/signed SOQ here or email to Commission staff at hivcomm@lachiv.org. For additional information, please contact Commission staff.

1085_SOQForm_General_CD_MHF%20populated.pdf (431.2KB)

Page 5: Application Submission

Q11

Please be sure to check the appropriate box below affirming your committment and certifying all information is true and accurate.

Yes

Caitlin Dolan

[redacted] Culver City, CA | [redacted] | CaitlinAlanaDolan@gmail.com

SUMMARY OF QUALIFICATIONS

- 12 years of experience as an accomplished non-profit professional and leader in positions of increasing scope and impact
- Experience developing, implementing, and managing projects in a non-profit health care environment, with a granular understanding of grant-based budgeting
- Strong history of successfully working with underserved communities and taking initiative to build and increase funding to expand services for vulnerable populations in Los Angeles
- Excellent interpersonal and written communication, superior skills in developing quality relationships internally, across departments, and externally, with government agencies and community partners

PROFESSIONAL EXPERIENCE

Men's Health Foundation, Los Angeles, California

Director of Program Administration (2024-Present)

Supervise a team of managers responsible for the day-to-day implementation/delivery of Data2Care, Benefits, Ambulatory Outpatient Medicine and Medical Care Coordination programs and the Contracts/Grants department.

- Work with MHF management and program staff to identify and develop programs and services to be provided by MHF, or in collaboration with other community partners.
- Develop and implement program guidance, quality assurance, protocols and procedures to ensure compliance with MHF administrative, programmatic and service standards and applicable federal, state, county and other relevant laws, codes, and regulations.
- Oversee in the development, preparation, submission and management of program budgets in coordination in compliance with applicable MHF, federal, state, and county and other governmental budgetary, statutory and regulatory requirements.
- Prepares utilization and programmatic reports to ensure service delivery goals are met, track specific outcomes, and monitor client satisfaction.
- Oversee the development of proposals to sustain new and existing programs and services in collaboration with relevant MHF team members.
- Define programmatic, administrative, and operational plans and strategies to advance MHF' mission in collaboration with the organization's Executive Team.

Associate Director of Public Programs (2021-Present)

- Work with MHF management and program staff to identify and develop programs and services to be provided by MHF, or in collaboration with other community partners.
- Assume responsibility as the deputy to the Senior Director of Public Programs, overseeing departmental operations in their absence.
- Assist in the development, preparation, submission and management of program budgets in coordination in compliance with applicable MHF, federal, state, and county and other governmental budgetary, statutory and regulatory requirements.
- Prepares utilization and programmatic reports to ensure service delivery goals are met, track specific outcomes, and monitor client satisfaction.
- Assist in the development of proposals to sustain new and existing programs and services in collaboration with relevant MHF team members.

Grants Manager (2018-2021)

- Increased Grant Revenue from $1.425 million in FY 2017/2018 to $3.5 million in FY 2021
- Provide project management support for private, county, and federal grants, including from DHSP, CDPH, Covered California, City of West Hollywood, CDC, Ryan White Part A and Broadway Cares
- Identify and report new funding opportunities to MHF Leadership, prepare and write LOIs and concept papers tailored to each funder based on their priorities and requirements
- Coordinate with program staff during assembly of program narrative, budget/financial data, and other information involved in preparation of new and renewal public funding applications for timely submission of private, county, state, and federal grants

- Assist Program Managers with developing and maintaining program evaluation tools, manage compilation of program and fiscal performance data; manage and write grant reports, ensure submission of thoughtful and timely reports
- Ensure compliance for federal and state grants, including audits, monitoring visits, 340b/318 program income and regulatory guidance
- Facilitate and monitor accurate documentation of services provided to clients, support Program Managers in developing systems to monitor program performance data

Parents As Partners: The Autism Change Network

Development Manager (2017-2018)

- Cultivated and nurtured relationships with current and potential corporate sponsors, private foundations, and individual donors
- Prepared 50+ grant proposals and managed financial reports for corporate, private foundation, and government funders. Created a long-term development plan
- Assisted in website development, social media posts, and research for academic autism education research

Voice for The Animals

Director of Development and Humane Education (2012-2018)

- Managed 45+ grants from corporate sponsors, private foundations and individual donors
- Managed the organization's overall operations, communications development efforts. Trained and led other staff to support fundraising and marketing efforts
- Cultivated and nurtured relationships with current and potential corporate and foundation sponsors, and individua donors. Wrote grant proposals and reports to corporate, foundation, and government funders
- Developed individual program budgets. Managed payroll, invoices and preparation of expenses for accounting staff
- Organize, plan and manage 4 large fundraising events which included cultivating gifts and donations for auctions at fundraising. Coordinate and create yearly "Rescued by the LAPD" calendar
- Set up press conferences at Los Angeles City Hall and prepare talking points for media agencies

EDUCATION AND PROFESSIONAL DEVELOPMENT

- **Master of Public Administration in Healthcare Administration** California State University at Northridge (2023)
- **Federal Grants Management Training Course** at the Federal Funding Academy- FLTF, Louisville, KY (2018)
- **Bachelor of Arts in Political Science** University of California at Santa Barbara. (2005)

PUBLICATIONS

- Postigo L, Heredia G, Illsley NP, Torricos T, Dolan C, Echalar L, Tellez W, Maldonado I, Brimacombe M, Balanza E, Vargas E and Zamudio S. "Where the O_2 goes to: preservation of human fetal oxygen delivery and consumption at high altitude." *Journal of Physiology*, 587:693-708 (2009).

ADDITIONAL EXPERIENCE

- Los Angeles Regional Quality Improvement Group member – County of Los Angeles Division of HIV and STD Prevention (2018 to present)
- California Regional Quality Improvement Group (CARG) member- California Department of Public Health (2021 to 2023)
- Medical Care Coordination Regional Task Force (2021-2023)
- Fundraising Event Coordinator for Community Partners International (2017)
- Copy Writer for CalNuero, a clinical research firm (2017)
- Election Inspector for the County of Los Angeles. (2016)
- Grant Writer and Fundraising Consultant for Forte Animal Rescue. (2016)
- Research Assistant for The University of Medicine and Dentistry, New Jersey - Field Research Project, Santa Cruz and La Paz, Bolivia (2004)
- Copy Writer for IBM, Shanghai, China (2007)
- Administrative Assistant for LA County Parks and Recs (2007-2008)
- Legal Assistant, Burris and Shoenberg (2006- 2007)
- Teaching Assistant, LAUSD, Los Angeles (2001)

REFERENCES PROVIDED UPON REQUEST

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

DRAFT AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICE STANDARDS

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

- Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The purpose of the standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category. Additionally, the standards set the minimum level of care Ryan White-funded service providers may offer clients, however, service providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV (COH) developed the Ambulatory Outpatient Medical (AOM) service standards to establish the minimum service necessary to provide HIV specialty medical care to people living with HIV. The developed of the standards included review of current clinical guidelines, as well as feedback from service providers, people living with HIV, members of the COH's Standards and Best Practices (SBP) Committee, COH caucuses, and the public-at-large. All service standards approved by the COH align with the Universal Service Standards and Client Bill of Rights and Responsibilities (Universal Standards) approved by the COH on January 11, 2024. AOM providers must also follow the Universal Standards in addition to the standards described in this document.

AMBULATORY OUTPATIENT MEDICAL (AOM) OVERVIEW

AOM Services are evidence-based preventive, diagnostic and therapeutic medical services provided through outpatient medical visits by California-licensed health care professionals. Clinics shall offer a full-range of health services to HIV-positive RWP eligible clients with the objective of helping them cope with their HIV diagnosis, adhere to treatment, prevent HIV transmission, and identify and address co-morbidities.

Ambulatory Outpatient Medical (AOM) services include, but are not limited to:

- Medical evaluation and clinical care including sexual history taking
- AIDS Drug Assistance Program (ADAP) enrollment services

- Laboratory testing including disease monitoring, STI testing, viral hepatitis testing, and other clinically indicated tests
- Linkage and referrals to medical subspecialty care, oral health, Medical Care Coordination, mental health care, substance use disorder services, and other service providers
- Secondary HIV prevention in the ambulatory outpatient setting
- Retention of clients in medical care.

The goals of AOM services include:

- Provide patients with high-quality care and medication even if they do not have health insurance and connect patients to additional care and support services as applicable.
- Help patients achieve low or suppressed viral load to improve their health and prevent HIV transmission (Undetectable=Untransmittable)
- Prevent and treat opportunistic infections
- Provide education and support with risk reduction strategies

SERVICE COMPONENTS

HIV/AIDS AOM services form the foundation for the Los Angeles County HIV/AIDS continuum of care. AOM services are responsible for assuring that the full spectrum of primary and HIV specialty medical care needs for patients are met either by the program directly or by referral to other health care agencies. Services will be provided to individuals living with HIV who are residents of Los Angeles County and meet Ryan White eligibility requirements.

AOM services will be patient-centered, respecting the inherent dignity of the patient. Programs must ensure that patients are given the opportunity to ask questions and receive accurate answers regarding services provided by AOM service providers and other professionals to whom they are referred. Such patient-practitioner discussions are relationship building and serve to develop trust and confidence. Patients must be seen as active partners in decisions about their personal health care regimen.

AOM services must be provided consistent with the following treatment guidelines:

- Clinical Practice Guidance for Persson with Immunodeficiency Virus: 2020
- American Academy of HIV Medicine HIV Treatment Guidelines
- Guidelines for the Use of Antiretrovirals Agents in Adults and Adolescents with HIV

The core of the AOM services standard is medical evaluation and clinical care that includes:

- Initial assessment and reassessment
- Follow-up treatment visits
- Additional assessments
- Laboratory assessment and diagnostic screening (including drug resistance testing)
- Medication service

- Antiretroviral (ART) therapy
- Treatment adherence counseling
- Health maintenance
- Clinical trials
- Primary HIV nursing care
- Medical specialty services
- Nutrition screening and referral
- Referrals to other Ryan White Program services and other publicly funded healthcare and social services programs.

MEDICAL EVALUATION AND CLINICAL CARE

AOM programs must confirm the presence of HIV infection and provide tests to diagnose the extent of immunologic deficiency in the immune system. Additionally, programs must provide diagnostic and therapeutic measures for preventing and treating the deterioration of the immune system and related conditions that conform to the most recent clinical protocols. At minimum, these services include regular medical evaluations; appropriate treatment of HIV infection; and prophylactic and treatment interventions for complications of HIV infection, including opportunistic infections, opportunistic malignancies and other AIDS defining conditions.

The following core services must be provided onsite or through referral to another facility offering the required service(s). Qualified health care professionals for these services include physicians, Nurse Practitioners (NPs) and/or Physician Assistants (PAs). Except where indicated, licensed nurses may provide primary HIV nursing care services and linkage to other Ryan White Services as needed.

STANDARD	DOCUMENTATION
AOM medical visits/evaluation and treatment should be scheduled based on acuity and viral suppression goals. Once a patient has demonstrated long-term durability of viral suppression, the patient should have at minimum 1 medical visit per year and have labs done 2 times per year. The patient's other comorbidities may require additional medical visits and should consult with provider for treatment plan adjustments.	Medical record review to confirm.
AOM core services will be provided by physicians, NPs, and/or PAs. Licensed nurses will provide primary HIV nursing care services and linkage to other Ryan White services as needed.	Policies and procedures manual and medical chart review to confirm.

INITIAL ASSESSMENT AND REASSESSMENT

Every effort should be made to accommodate timely medical appointments for patients newly diagnosed with HIV or newly re-engaging in HIV medical care. Clinics may receive requests for appointments from patients directly, from HIV test counselors, or from "linkage" staff such as patient navigators and/or peer navigators, whose role is to refer and actively engage patients back in medical care. If possible, patients should see their medical provider on their first visit to the clinic to help improve their success in truly engaging in their medical care.

The initial assessment of HIV-infected individuals must be comprehensive in its scope, including physical, sociocultural, and emotional assessments and may require two to three outpatient visits to complete. Unless indicated more frequently by a patient's changing health condition, a comprehensive reassessment should be completed on an annual basis. The AOM practitioners (physician, NP, PA, or licensed nurse) responsible for completing the initial assessment and reassessments will use assessment tools based on established HIV practice guidelines. While taking steps to ensure a patient's confidentiality, the results of these assessments will be shared with Medical Care Coordination staff to help identify and intervene on patient needs. An initial assessment and annual reassessment for HIV-infected patient should include a general medical history; a comprehensive HIV-related history, including a psychosocial history; sexual health history, mental health, and substance abuse histories; and a comprehensive physical examination. When obtaining the patient's history, the practitioner should use vocabulary that the patient can understand, regardless of education level. AOM providers must follow and use the most current clinical guidelines and assessment tools for general medical and comprehensive HIV medical histories.

STANDARD	DOCUMENTATION
Comprehensive baseline assessment will be completed by physician, NP, PA, or licensed nurse and updated, as necessary.	Medical record review to confirm.

FOLLOW-UP TREATMENT VISITS

Patients should have follow-up visits scheduled following established clinical guidelines. If the patient is clinically unstable or poorly adherent, a more frequent follow-up should be considered. Visits should be scheduled more frequently at entry to care, when starting or changing ART regimens, or for management of acute problems. Due to the complex nature of HIV treatment, ongoing AOM visits must be flexible in duration and scope, requiring that programs develop practitioner clinic schedules allowing for this complexity. Follow-up should be conducted as recommended by the specialist or clinical judgment.

STANDARD	DOCUMENTATION
Patients should have follow-up visits scheduled following established clinical guidelines.	Patient medical chart to confirm frequency.

<u>OTHER ASSESSMENTS</u> – OLDER ADULTS WITH HIV

According to the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

AOM providers must at minimum assess patients 50 years and older for mental health, neurocognitive disorders/cognitive function, functional status, frailty/falls and gait, social support and levels of interactions, vision, dental, and hearing. Additional recommended assessments and screenings for older adults living with HIV can be found on page 6 of the Aging Task Force Recommendations.

Other specialized assessments leading to more specific services may be indicated for patients receiving AOM services. AOM programs must designate a member of the treatment team (physician, NP, PA, or licensed nurse) to make these assessments in the clinic setting.

STANDARD	DOCUMENTATION
Other assessments based on patient needs will be performed.	Assessments and updates noted documented in patient's medical record.

<u>LABORATORY ASSESSMENT AND DIAGNOSTIC SCREENING (INCLUDING DRUG RESISTANCE SCREENING)</u>

AOM programs must have access to all laboratory services required to comply fully with established practice guidelines for HIV prevention and risk reduction and for the clinical management of HIV disease. Programs must assure timely, quality lab results, readily available for review in medical encounters.

<u>DRUG RESISTANCE TESTING</u>

When appropriate, AOM practitioners may order drug resistance testing to measure a patient's pattern of resistance of HIV to antiretroviral medications. Genotypic testing looks for viral mutations, and is expected for all naïve patients, and phenotypic testing measures the amount of drug needed to suppress replication of HIV. By using resistance testing, practitioners can determine if the virus is likely to be suppressed by each antiretroviral drug. This information is used to guide practitioners in prescribing the most effective drug combinations for treatment.

Counseling and education about drug resistance testing must be provided by the patient's medical practitioner, RN and/or other appropriate licensed health care provider (if designated by the practitioner). Patients must be fully educated about their medical needs and treatment options according to standards of medical care. Patients must be given an opportunity to ask questions about their immune system, antiretroviral therapies, and drug resistance testing. All patient education efforts will be documented in the patient record.

STANDARD	DOCUMENTATION
Baseline lab tests based on current clinical guidelines.	Record of tests and results on file in patient medical chart.
Ongoing lab tests based on clinical guidelines and provider's clinical judgement.	Record of tests and results on file in patient medical chart.
Appropriate health care provider will provide drug resistance testing as indicated.	Record of drug resistance testing on file in patient medical chart.
Drug resistance testing providers must follow most recent, established resistance testing guidelines, including genotypic testing on all naïve patients.	Program review and monitoring to confirm.

MEDICATION SERVICES

Medications should be provided to interrupt or delay the progression of HIV-disease, prevent, and treat opportunistic infections, and promote optimal health. Patients should be referred to an approved AIDS Drug Assistance Program (ADAP) enrollment site and, as indicated, to Medical Care Coordination programs for additional assistance with public benefit concerns. Patients eligible for ADAP will be referred to a participating pharmacy for prescriptions on the ADAP formulary. If the patient requires medications that are not listed on the ADAP formulary or that can be reimbursed through other local pharmacy assistance resources, the AOM program is responsible for making every effort possible to link them to medications and exercise due diligence for that effort consistent with their ethical responsibilities.

STANDARD	DOCUMENTATION
Patients requiring medications will be referred to ADAP enrollment site.	ADAP referral documented in patient medical chart.
AOM programs must exercise every effort and due diligence consistent with their ethical responsibilities to ensure that patients can get necessary medications not on the ADAP and local formularies.	Documentation in patient's medical chart.

ANTIRETROVIRAL THERAPY (ART)

Antiretroviral therapy will be prescribed in accordance with the established guidelines based upon the DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents Decisions to begin ART treatment must be collaborative between patient and AOM practitioner.

STANDARD	DOCUMENTATION
ART will be prescribed in accordance with DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents.	Program monitoring to confirm.

Patients will be part of treatment decision-making process.	Documentation of communication in patient medical chart.

MEDICATION ADHERENCE ASSESSMENT

Medication adherence assessment should be performed for patients at every medical visit. Providers should refer patients challenged by maintaining treatment adherence to Medical Care Coordination (MCC) services and other Ryan White services as needed.

STANDARD	DOCUMENTATION
Medical providers or treatment adherence counselors will provide direct treatment adherence counseling or refreshers to all patients.	Notes in medical file indicating that counseling was provided, by whom and relevant outcomes.
Medical providers or treatment adherence counselors will develop treatment adherence assessments of patients where need is indicated.	Assessment on file in patient chart signed and dated by medical staff or treatment adherence counselor responsible, indicating, at a minimum, any follow-up intended.
Medical providers will refer patients with more acute treatment adherence needs to specialized treatment adherence or treatment education programs.	Referral(s) noted in assessment and/or patient chart, as applicable.

PATIENT EDUCATION AND SUPPORT

Medical providers and treatment adherence counselors will provide patient education and support to make information about HIV disease and its treatments available, as necessary.

STANDARD	DOCUMENTATION
Medical providers and/or Treatment Adherence Counselors may provide patient education and support. Support can include: • Accompanying patients to medical visits and clinical trials visits and/or providing transportation support • Helping patients understand HIV disease and treatment options • Helping patients with adherence issues • Providing emotional support	Progress notes on file in patient chart to include (at minimum): • Date, time spent, type of contact • What occurred during the contact • Signature and title of the person providing the contact • Referrals provided, and interventions made (as appropriate) • Results of referrals, interventions and progress made toward goals in the individual service plan (as appropriate)

STANDARD HEALTH MAINTENANCE

AOM practitioners will discuss general preventive health care and health maintenance with all patients routinely, and at a minimum, annually. AOM programs will strive to provide preventive health services consistent with the most current recommendations of the U.S. Preventive Health Services Task Force . AOM practitioners will work in conjunction with other Ryan White service providers to ensure that a patient's standard health maintenance needs are being met.

STANDARD	DOCUMENTATION
Practitioners will discuss health maintenance with patients annually (at minimum), including: • Cancer screening (cervical, breast, rectal — per American Cancer Society guidelines) • Vaccines • Pap screening • Hepatitis screening, vaccination • TB screening • Family planning • Counseling on sexual health options and STI screening including discussions about Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and Doxy PEP • Counseling on food and water safety • Counseling on nutrition, exercise, and diet • Harm reduction for alcohol and drug use • Smoking cessation • Mental health and wellness including substance use disorder support and social isolation resources	Annual health maintenance discussions will be documented in patient medical chart.

COMPLEMENTARY, ALTERNATIVE AND EXPERIMENTAL THERAPIES

AOM practitioners must be aware if their patients are accessing complementary, alternative, and experimental therapies. Providers are encouraged to discuss at regular intervals complementary, alternative, and experimental therapies with patients, discussing frankly and accurately both their potential benefits and potential harm. Practitioners may consult the National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine (http://nccam.nih.gov) for more information.

STANDARD	DOCUMENTATION
Practitioners must know if their patients are using complementary and alternative therapies and are encouraged to discuss these therapies with their patients regularly.	Record of therapy use and/or discussion on file in patient medical record.

PRIMARY HIV NURSING CARE

AOM programs will provide primary HIV nursing care performed by a licensed nurse and/or appropriate licensed health care provider. If available, services will be coordinated with Medical Care Coordination programs to ensure the seamless, non-duplicative, and most appropriate delivery of service.

STANDARD	DOCUMENTATION
Licensed nurses and/or other appropriate licensed health care providers in AOM programs will provide primary HIV nursing care to include (at minimum): • Nursing assessment, evaluation, and follow-up • Triage • Consultation/communication with primary practitioner • Patient counseling • Patient/family education • Services requiring specialized nursing skill • Preventive nursing procedures • Service coordination in conjunction with Medical Care Coordination	Documentation of primary HIV nursing care service provision on file in patient medical chart.

MEDICAL SPECIALTY SERVICES HIV/AIDS AND REFERRALS

AOM service programs are required to provide access to specialty and subspecialty care to fully comply with the DHHS Guidelines.

HIV-related specialty or subspecialty care include (but are not limited to):

- Cardiology
- Dermatology
- Ear, nose, and throat (ENT)
- Gastroenterology
- Gender affirming care
- General surgery
- Gerontology
- Gynecology
- Infusion therapy
- Mental Health
- Nephrology
- Neurology
- Nutrition Therapy
- Obstetrics
- Oncology
- Ophthalmology
- Oral health
- Orthopedics
- Podiatry
- Proctology
- Pulmonary medicine
- Substance Use Disorder Treatment
- Urology

Referrals to medical specialists are made as complications occur that are beyond the scope of practice of primary HIV medical and nursing care. Such complications require referral to specialty and subspecialty physicians for consultation, diagnosis, and therapeutic services. In some cases, the AOM practitioner may need only to consult verbally with a medical specialist for clarification and confirmation on an approach to HIV clinical management. In other cases, the physician may need to refer a patient to a medical specialist for diagnostic and therapeutic services. Medical specialty services are considered consultative; patients will be referred back to the original AOM clinic for ongoing primary HIV medical care.

AOM programs must develop written policies and procedures that facilitate referral to medical specialists. All referrals must be tracked and monitored. The results of the referrals must be documented in the patient's medical record.

STANDARD	DOCUMENTATION
AOM programs must develop policies and procedures for referral to all medical specialists.	Referral policies and procedures on file at provider agency.
All referrals will be tracked and monitored.	Record of linked referrals and results on file in patient medical record.
In referrals for medical specialists, medical outpatient specialty practitioners are responsible for: • Assessing a patient's need for specialty care • Providing pertinent background clinical information to medical specialist • Making a referral appointment • Communicating all referral appointment information • Tracking and monitoring referrals and results • Assuring the patient returns to the AOM program of origin	Record of referral activities on file in patient medical record.

COORDINATION OF SPECIALTY CARE

It is imperative that AOM programs and medical specialists coordinate their care to ensure integration of specialty treatment with primary HIV medical care. As noted above, AOM programs must provide pertinent background clinical information in their referrals to medical specialists. In turn, specialists within the County-contracted system must provide to AOM programs a written report of their findings within two weeks of seeing a referred patient. Medical specialists within the County-contracted system must contact the referring medical provider within one business day in the event that urgent matters arise, to follow up on unusual findings or to plan a required hospitalization.

STANDARD	DOCUMENTATION
Specialists within the County-contracted system must provide written reports within two weeks of seeing a referred patient.	Specialty report on file at provider agency
Specialists within the County-contracted system must contact AOM programs within one business day: • When urgent matters arise • To follow up on unusual findings • To plan required hospitalization	Documentation of communication in patient file at provider agency.

NUTRITION SCREENING AND REFERRAL

Nutrition is a component of the Public Health Service standards of care in order to guard against malnutrition and wasting. The physician, NP, PA, RN, or RD should screen all patients for nutrition concerns and provide a written prescription for all at-risk patients for medical nutrition therapy within six months of an individual becoming an active patient in the AOM program.

AOM programs may provide medical nutrition therapy onsite or may refer patients in need of these services to specialized providers offsite. All programs providing nutrition therapy (including AOM services sites) must adhere to the American Academy of Nutrition and Dietetics guidance Evidence-Based Nutrition Practice Guidelines (eatrightpro.org)

STANDARD	DOCUMENTATION
AOM service providers should screen all patients for nutrition-related concerns for all at-risk patients.	Record of screening for nutrition related problems noted in patient's medical chart.
AOM service providers will provide a written prescription for all at-risk patients for medical nutrition therapy within six months of an individual becoming an active patient.	Record of screening for nutrition related problems noted in patient's medical chart.
When indicated, patients will also be referred to nutrition therapy for: • Physical changes/weight concerns • Oral/GI symptoms • Metabolic complications and other medical conditions • Barriers to nutrition • Behavioral concerns or unusual eating behaviors • Changes in diagnosis	Record of linked referral on file in patient medical chart.
Referral to medical nutrition therapy must include:	Record of linked referral on file in patient medical chart.

• Written prescription, diagnosis, and desired nutrition outcome • Signed copy of patient's consent to release medical information • Results from nutrition-related lab assessments	

MEDICAL CARE COORDINATION (MCC) SERVICES

To best address the complex needs of their patients, AOM providers are expected to either partner with Medical Care Coordination (MCC) team located at their clinics or refer to an MCC team at another agency. For additional details, please see the Medical Care Coordination Standard of Care, Los Angeles Commission on HIV, 2024.

HIV PREVENTION IN AMBULATORY/OUTPATIENT MEDICAL SETTINGS

HIV prevention is a critical component to ongoing care for people living with HIV. Prevention services provided in AOM clinics may include HIV counseling, testing and referral; partner counseling; prevention and medical care; and referral for intensive services. For additional details see the HIV Prevention Service Standards Los Angeles, Commission on HIV, 2024.

Emergency Financial Assistance Program

Cesar Villa
Financial Assistance Program Manager

Purpose

- The Los Angeles County Department of Public Health, Division of HIV and STD Programs' (DHSP) Emergency Financial Assistance provides limited one-time or short-term financial assistance to people living with HIV who are experiencing a financial hardship. The purpose of Emergency Financial Assistance (EFA) 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. Emergency Financial Assistance is a needs-based assistance program, not a government entitlement, subject to the availability of funding.
- EFA should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes.

Level of Assistance

- Eligible clients may access up to $5,000 in assistance in a twelve month period.
- Up to 2 EFA applications will be accepted per client. If the client would like to apply for additional assistance, the client’s need will be evaluated on a case-by-case basis.
- EFA assists with security deposits and short-term rental assistance. This includes rent debts and future rent (up to three months).
- Security deposit assistance: If the household has limited or no financial resources available to cover the security deposit on their own.
- Short-term rental assistance: If client received a three-day notice, is going through an eviction, had an unexpected loss of income and/or does not have the means to pay their rent.
- Clients can not apply for both EFA and HOPWA STRMU & PHP at the same time.

ELIGIBILITY REQUIREMENTS (EFA)

- **Eligibility:**
  - Be 18 years of age or older.
  - HIV/AIDS Diagnosis from a primary care physician or licensed healthcare provider.
  - Have an income at or below 500% Federal Poverty Level (FPL): Annual income is determined by using the last full month of documented income. That income will be multiplied by 12 to project annual income.
  - Proof of Income: Award letters, check stubs for one full month of wages, benefit receipt, affidavit of no income, self-employment affidavit, unemployment insurance, etc.
  - Proof of L.A. County residency: Rental or lease agreement, utility bill, government issued letter, bank statement, California ID or Driver License.
  - Photo I.D.
  - Verification the client is working with an MCC/BSS team.

Income Requirement: 500% FPL

Provide income documentation for household members 18 and over.

Percentages Over 2024 Poverty Guidelines

The Poverty Guidelines Table below shows percentages for the 48 contiguous states only.

Family Size	100%	133%	150%	200%	250%	300%	400%	500%
1	$15,060	$20,030	$22,590	$30,120	$37,650	$45,180	$60,240	$75,300
2	$20,440	$27,185	$30,660	$40,880	$51,100	$61,320	$81,760	$102,200
3	$25,820	$34,341	$38,730	$51,640	$64,550	$77,460	$103,280	$129,100
4	$31,200	$41,496	$46,800	$62,400	$78,000	$93,600	$124,800	$156,000
5	$36,580	$48,651	$54,870	$73,160	$91,450	$109,740	$146,320	$182,900
6	$41,960	$55,807	$62,940	$83,920	$104,900	$125,880	$167,840	$209,800
7	$47,340	$62,962	$71,010	$94,680	$118,350	$142,020	$189,360	$236,700
8	$52,720	$70,118	$79,080	$105,440	$131,800	$158,160	$210,880	$263,600
For each additional family member	$5,380	$7,155	$8,070	$10,760	$13,450	$16,140	$21,520	$26,900

Referring Provider Attestation Form

- **Documents submitted with every application:**
  - Referring Provider Attestation Form
  - Advocacy Letter
  - Emergency Financial Assistance Application Form
  - Alliance for Housing and Healing Consent to Release Information Form
  - Photo ID
  - Casewatch Millennium Client Consent Form: All clients must have an up-to-date Casewatch Millennium Client Consent Form entered into Casewatch to be eligible for services.
- **Documentation kept on file:**
  - HIV/AIDS Diagnosis
  - Los Angeles County Residency
  - Income Documentation: For all household members 18 years and over. The household income must be at or below 500% Federal Poverty Level.
  - Individualized Client Care Plan: Individual Plan developed between MCC/BSS team and the client to ensure client can maintain their needs after EFA is provided.
  - Note: DHSP will conduct auditing/monitoring of client files.

Supporting Documentation for Move-in and Short-Term Rental Assistance

- Rental agreement/lease:
  - Client is providing evidence they are a legal resident of the unit and are a named tenant under a valid rental agreement/lease.
- Completed W-9 from landlord or property manager:
  - IRS Requirement: Issue a 1099 to the appropriate landlords annually.
- Move-in assistance:
  - Proof that security deposit is still owed: Landlord letter, Invoice or Billing Statement from Landlord or Property Management or Rent ledger.
  - Section 8 worksheet if client is moving into Section 8 housing.
  - Security deposit agreement: Landlords and clients will need to sign a security deposit agreement stating that in the event the client moves out of the unit, the security deposit will need to be returned to the original funding agency.
- Rent assistance:
  - Rent debts and future rent requests (up to three months).
  - Provide current rent ledger.

How the Program Works

- The MCC/BSS team will determine eligibility and need for EFA by conducting a thorough assessment of client needs.
- MCC/BSS team will create an Individual Service Plan with the client, outlining resources identified to assist clients with additional and ongoing needs.
- MCC/BSS team will submit an application on client's behalf to the Alliance for Housing and Healing online portal or through secure email for review and approval.
- Applications will be reviewed on a first-come, first-served basis. EFA Monitor will review applications for accuracy, completeness and verify required documentation.
- EFA Monitor will notify the MCC/BSS:
    - Approved: The monitor will notify the provider that the application has been approved and will be submitted for funding.
    - Missing required documentation/corrections: The monitor will send an update sheet to the provider listing the missing documentation or possible corrections to the application. Application will not be approved until update sheet is completed.
    - Denied: The monitor will notify the provider that the application is denied if client does not meet eligibility requirements and/or the application is incomplete.
- Once applications are reviewed and approved by the EFA monitor, checks will be issued as a direct payment to the payee.
    - Alliance will verify property ownership through a property owner verification database and issue payments only to legal owner or property management companies.
    - Direct cash payments to clients are not permitted.
    - Checks will be disbursed directly to the landlord/vendor via regular mail.
- All grants are contingent upon the availability of funds.
- These guidelines are subject to changes at the discretion of DHSP.

FAQ

- Can undocumented clients apply for EFA? Yes
- Does a client need to submit bank statements? We don't need bank statements unless the client is using the statements in lieu of their award letter or paystubs. If you are submitting bank statements as income documentation, please clarify which deposits are income and supply bank statements for the full month.
- If client has a roommate, can they apply for rent assistance? Yes, but client will only be assisted with their portion of the rent. Provide ledger showing client's portion/share of rent.
- If client has zero income or is self employed, how do I provide income documentation for these clients? We can accept affidavits from clients verifying their income status. Client can fill out Alliance's Zero Income Affidavit form. Providers can also use their own forms or the client can write a statement instead.
- What kind of services does EFA not cover? EFA does not assist with car insurance, automobile payments, storage fees, parking fees, veterinarian bills, medical bills, etc. ***Note: As of 7/15/24, EFA no longer assists with utility bills, food cards, mortgage assistance and rental assistance for Section 8 clients. These changes are a result of increased number of applications that have impacted the availability of funds for the program.**

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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. 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. 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.

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.

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.

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

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.

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. 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.

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.

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: • Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication *Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.	Documentation of emergency need and eligible use in client file. 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
Food Assistance	Limited to gift card distribution to eligible clients by medical case managers or social	Documentation in client file that demonstrates emergency need and type of assistance received.

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

	workers at their discretion and based on need. Staff is responsible for referring clients to a food pantry and/or CalFresh.	
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/Standard-Of-Care

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

HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 26, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Access to safe, quality, affordable housing and the support necessary to maintain it constitutes one of the most basic and powerful social determinants of health. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to addressing barriers to housing instability that can help improve health outcomes for people with HIV.[1] The 2022-2025 National HIV/AIDS Strategy (NHAS)[2] identified social and structural determinants of health that impede access to HIV services and exacerbate HIV-related disparities, which included inadequate housing, housing instability and homelessness.

HRSA Ryan White HIV/AIDS Program (RWHAP) funds can be used for a variety of support services to help people with HIV remain in HIV care, including housing, as described in *HRSA HAB Policy Clarification Notice #16-02 (PCN 16-02) Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds.*[3] RWHAP recipients and subrecipients have reported that the prohibition on payment of housing security deposits continues to be a barrier to getting clients into stable and permanent housing. A cash security deposit that is returned to a client violates the RWHAP statutory prohibition on providing cash payments to clients.[4]

To address this barrier, HRSA HAB is providing clarifying guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients. **RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.**

HRSA HAB presents this guidance as an optional opportunity for recipients to offer this support within allowable legislative and programmatic parameters. It is not HRSA's intention to compel RWHAP recipients and subrecipients to provide this service. While HRSA HAB is providing guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients, please note that RWHAP recipients and subrecipients may use a variety of funding sources to pay for a RWHAP client's security deposits.[5]

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[1] See Optimizing HUD-Assisted Housing Among People in Need of HIV Care and Prevention Services 2022 Technical Expert Panel Executive Summary at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-housing-tep-exec-summary.pdf.
[2] https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025.
[3] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.
[4] Allowable uses of program funds are described in HRSA HAB PCN 16-02.
[5] Examples include: Ending the HIV Epidemic (EHE) funds; program income generated through the 340B program; braided funding; and non-RWHAP grant awards.

RWHAP recipients and subrecipients interested in using RWHAP funds to pay for a RWHAP client's security deposit must maintain policies and procedures that demonstrate programmatic and legislative compliance, including that there is no violation of RWHAP's prohibition on cash payment to the RWHAP client. The procedures should also include how return of less than the full security deposit will be addressed between the recipient and the client. RWHAP recipients and subrecipients must also track returned security deposits as a refund, to be used for program purposes, and to be expended prior to grant funds.

Please contact your HRSA HAB Project Officer if you have questions about using RWHAP funds for security deposit housing services.

HRSA HAB appreciates the tireless efforts of HIV community stakeholders working to improve health outcomes for people with HIV who are at risk for or are experiencing housing instability and homelessness.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

HIV/AIDS,
Hepatitis, STD and TB Administration

Emergency Financial Assistance (EFA)

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers and will be used as contract requirements, in program monitoring, and in quality management.

I. SERVICE CATEGORY DEFINITION

Emergency Financial Assistance (EFA) provides limited, one-time or short-term payments to assist Ryan White HIV/AIDS Program customers with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, and medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance or another HRSA RWHAP allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, oil and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication

II. INTAKE AND ELIGIBILITY

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting viral load. .

2. **Residency:** The following are acceptable methods of meeting the burden for residency:

- Current lease or mortgage statement
- Deed settlement agreement
- Current driver's license
- Current voter registration card
- Current notice of decision from Medicaid
- Fuel/utility bill (past 90 days)
- Property tax bill or statement (past 60 days)
- Rent receipt (past 90 days)
- Pay stubs or bank statement with the name and address of the customer (past 30 days)
- Letter from another government agency addressed to customer
- Active (unexpired) homeowner's or renter's insurance policy
- DC Healthcare Alliance Proof of DC Residency form
- If homeless, a written statement from case manager or facility

3. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is your income or a household member's from each source.
The following are acceptable forms of proof of income:

- Pay stubs for the past 30 days. The pay stub must show the year to date earnings, hours worked, all deductions, and the dates covered by the paystub
- A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
- Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the customer projecting current annual income must be included
- Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
- SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
- Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer

B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer self-report)

7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

C. MAINTENANCE OF ELIGIBILITY

To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer's income and/or residency status has changed. RWHAP providers are permitted to accept a customer's self-attestation of "no change" when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

III. IMPLEMENTATION GUIDELINES

Emergency Financial Assistance (EFA) programs are intended to address emergency needs that could result in eviction for non-payment of rent, disconnection of utilities or telephone service, or lack of sufficient food.

Direct cash payments to customers are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a customer should not be funded through emergency financial assistance.

Provision of EFA should be part of a larger plan to address barriers to HIV care and treatment. Therefore, EFA is a collaborative effort between case managers and EFA provider staff and all applications must be submitted by the customer's case manager. Case management and EFA provider staff must ensure that they are familiar with these Service Standards and all other EFA related policies and procedures to ensure the effective implementation of EFA services. If a customer (potential EFA customer) does not have a case manager, the EFA provider staff will refer the customer to an agency that provides access to case management services.

1. Application Tracking System: EFA provider agencies must develop, implement and maintain a comprehensive tracking system that documents a customer's EFA application status from start to finish; i.e., incomplete draft, complete, submitted, pending, approved, denied, error, requested service provided, etc.

2. EFA provider agencies must establish frequent communication guidelines for staff to communicate application status at each stage with the case manager who submitted the application.

3. EFA provider agencies must also maintain effective methods of communication with other HIV providers in the jurisdiction to ensure that there is widespread knowledge and understanding of the EFA benefits available for customers.

4. Incomplete Applications: EFA provider staff must contact the case manager who submitted the application within 24 hours of receipt to convey the incomplete status. EFA provider staff and case managers must work together to ensure that the application is completed. If the application is incomplete over seven business days, the EFA provider agency can deny the application and the case manager must re-submit.

5. EFA provider agencies must develop policies, procedures and forms that reflect all requirements of the EFA Service Standards.

6. Supervisor(s) must conduct quarterly audits of EFA customer records to ensure that EFA applications are processed in accordance with agency policies and procedures, particularly the policies regarding eligibility, documentation, and timeliness of application processing.

7. Timeline for Processing EFA Application and Providing EFA: The emergency nature of this benefit requires that the application processing and the subsequent provision of the benefit be done in a timely manner, to avoid any harmful consequences brought on by the initial need. In jurisdictions where EFA is provided directly by case managers, completed EFA applications must be processed within three business days of receipt. In jurisdictions where EFA is provided centrally, completed EFA applications must be processed within five business days of receipt.

8. Customers that require receipt of a specific voucher must be notified of the availability of their approved voucher within 24 hours of its approval and arrangements for the expeditious provision of that voucher to the customer must be made. If case managers are picking up vouchers on the customer's behalf, it must be done within 24 hours of its approval.

IV. KEY SERVICE COMPONENTS & ACTIVITIES

<table>
<tr><th colspan="2">ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES</th></tr>
<tr><th>Standard</th><th>Measure</th></tr>
<tr><td>A application for EFA needs to be completed prior to the provision of assistance</td><td>Signed and dated application for EFA in the customer's record</td></tr>
<tr><td>A brief needs assessment for case management services is to be completed prior to the provision of assistance</td><td>Documentation of needs assessment for case management services in customer's record signed and dated</td></tr>
<tr><td>For those customers determined to need case management services, develop an emergency assistance plan within 24 hours of providing emergency assistance</td><td>For customers in need of case management services, signed and dated documentation of emergency assistance plan</td></tr>
<tr><td>Review the emergency assistance plan and reassess needs every 30 days for 3 months</td><td>Signed and dated emergency assistance plans reassessed every 30 days in customer's record</td></tr>
<tr><td>Provide Emergency Financial Assistance (EFA) for essential services including:
● Utilities
● Housing (Emergency Housing 1-14 days and Short-term Housing 15-30 days)
● Transportation
● Food (including groceries, food vouchers, and food stamps)
● Non-ADAP formulary medications

Note: Brand name formulations may be paid for with Ryan White funds only if generic formulation is not available</td><td>Signed and dated documentation of assistance provided for essential services with frequency and duration outlined in customer's record</td></tr>
<tr><th colspan="2">EMERGENCY RENTAL ASSISTANCE (FIRST MONTH'S/PAST DUE RENT)</th></tr>
<tr><td colspan="2">Scope of Service: Provides emergency rental payments for customers with critical delinquency, or first month's rent for new dwelling, made by the EFA provider directly to landlord</td></tr>
<tr><th>Standard</th><th>Measure</th></tr>
<tr><td>Additional Eligibility Criteria
● Customers must be at least one month past due to submit an application for delinquent rent unless a summons or writ of eviction has been received</td><td>● Approval letter with monthly rent amount for first month's rent
● Delinquency notice or itemized statement for emergency rent from landlord</td></tr>
</table>

● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance **Maximum Benefit** ● Annual cap for rental assistance is based on Fair Market Rents (FMR) established by HUD ● For customers renting rooms, the annual cap for rental assistance will be based on an $800.00 FMR ● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed the equivalent of three times one month's rent at the fair market rate.	● A copy of a current lease agreement ● W-9 Form with the landlord's Tax Identification Number. The EFA provider is required to report all rental payments to the IRS each year. ● Documentation that cap has been exceeded for the year
EMERGENCY UTILITY PAYMENTS	
Scope of Service: Provides payment of electricity, water, oil, or gas bills, made by the EFA provider directly to utility company	
Standard	**Measure**
Additional Eligibility Criteria ● Customers must have a disconnection notice to be eligible to apply ● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance **Maximum Benefit** ● Maximum benefit for a 12-month period is $1,500.00 ● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed $1,500.00 **Exclusions** ● Customers living in subsidized housing are not eligible for utilities assistance	● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information ● Documentation that cap has been exceeded for the year
EMERGENCY TELEPHONE SERVICES PAYMENT	
Scope of Service: Provides for the payment of telephone bills made by the EFA provider directly to the telephone company	
Standard	**Measure**
Additional Eligibility Criteria ● Customers must have a disconnection notice to be eligible to apply ● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance **Maximum Benefit** ● Maximum benefit for a 12-month period is $300.00	● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information ● Documentation that cap has been exceeded for the year

<table>
<tr><td>● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed $300.00

Exclusions
● If telephone service is provided as part of a bundled package with other services such as cable TV or internet service, application and billing document must clearly identify the telephone charges for which payment is requested</td><td></td></tr>
<tr><td colspan="2">EMERGENCY FOOD VOUCHERS</td></tr>
<tr><td colspan="2">Scope of Service: Provides food vouchers in the form of supermarket gift cards given by the EFA provider directly to case managers, who thereafter distribute the vouchers to customers</td></tr>
<tr><td>Standard</td><td>Measure</td></tr>
<tr><td>Additional Eligibility Criteria
● Customers must document effort to seek food resources elsewhere before accessing food vouchers

Maximum Benefit (Individual)
● The maximum benefit for a single application for an individual is $300.00
● Customers may access this service three times in each 12-month period, at intervals of at least three (3) months.
● Total 12-month cap for individual customers is $900.00

Maximum Benefit (Family)
The maximum benefit for a single application for families is $700
● Family cap of $700 is computed as follows: $300.00 for the PLWH, plus $100.00 per dependent for a maximum of four dependents
● Customers may access this service three times in each 12-month period, at intervals of at least three (3) months
● Total 12-month cap for families is $2,100.00

Exclusions
● Dependents can only be included in a food voucher application if they are 18 or younger
● Vouchers are intended for food purchases only and shall not be used to purchase alcohol, tobacco products, or lottery tickets</td><td>● Documentation of effort to seek food from other resources is provided through a referral certification form,
● (For customers seeking food vouchers for dependents) proof of dependency through birth certificates, tax returns, or court documentation of guardianship
● Signed voucher policy reflecting agreement to comply with voucher use restrictions
● Documentation that cap has been exceeded for the year</td></tr>
<tr><td colspan="2">EMERGENCY MEDICATION</td></tr>
<tr><td colspan="2">Scope of Service: Provides HIV medications that are not included in the ADAP formulary; medications when the ADAP financial eligibility is restrictive; and medications if there is a protracted State ADAP eligibility process (such as a wait list) and/or other means of accessing medications are not available (i.e., pharmaceutical company assistance programs)

Purchase of pharmaceuticals must be directly linked to the management of HIV disease that is consistent with the most current HIV/AIDS Treatment Guidelines; coordinated with the State’s Part B AIDS Drug Assistance</td></tr>
</table>

Program (ADAP); and implemented in accordance with requirements of the 340B Drug Pricing Vendor Program and/or Alternative Methods Project.	
Standard	**Measure**
Additional Eligibility Criteria ● Customers with insurance and other third-party payer sources are not eligible for EFA assistance unless there is documentation on file that the medication is not covered by their prescription benefits **Maximum Benefit** ● The maximum benefit is $4,000.00 ● Service may be accessed no more than twice in a 12-month period. Any extenuating circumstances require recipient/administrative agent approval **Program Rules** ● EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use is not subject to the $4,000.00/customer/year cap. ● EFA can be used to reimburse dispensing fees associated with purchased medications ● Dispensing fees are not subject to the $4,000.00/customer/year cap ● Agency may reimburse the pharmacy a minimal dispensing fee per prescriptions as outlined in a MOU *Purchasing Medications during ADAP application period:* ● No more than a 30-day supply of medication on the ADAP formulary can be purchased at a time for each customer. If more than 30 days is needed, the medication can be refilled for another 30 days ● If the ADAP denied the coverage, the agency staff should work with the customer and the customer's attending physician to find alternate funding sources which may include manufacturer's compassionate/patient assistance programs, religious groups, or other community resources	● Evidence of enrollment in insurance or other third-party payer source ● Evidence that medication is not covered by existing prescription benefits ● Documentation that cap has been exceeded for the year

EMERGENCY MOVING ASSISTANCE	
Scope of Service: Provides payment of moving services for applicants that are moving to a new dwelling. The EFA provider may obtain a contract with a moving company for no more than one year, or obtain quotes from various companies per job to obtain the most cost-effective service	
Standard	**Measure**
Required Documentation	• Inventory of items to be moved • Addresses of pick-up and delivery location • Customer name and contact information
Maximum Benefit	• Maximum benefit is $2000 • Service may be accessed once in a 12 month period

Exclusions	• Service cannot be used to move applicant outside of the Eligible Metropolitan Area (EMA)

CASE CLOSURE

Standard	Measure
Case will be closed if customer: • Has met the service goals • Needs are more appropriately addressed in other programs • Moves out of the EMA • Fails to provide updated documentation of eligibility status thus, no longer eligible for services • Can no longer be located • Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan	Documentation of case closure in customer's record with clear rationale for closure

● Exhibits pattern of abuse as defined by agency's policy ● Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program ● Is deceased	

V. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

EFA service staff must have a minimum of a high school diploma or general education development (GED) equivalent, and at least one year of customer-related experience, one year of customer service experience, one year of administrative support experience; and/or have worked at least three years within a related health services field. Experience providing customer service and working with people in some capacity is a crucial requirement for all EFA service staff.

At minimum, all EFA service staff will be able to provide linguistically and culturally appropriate care for people living with HIV and complete documentation as required by their positions. EFA service staff will complete an agency based orientation before providing services. EFA service staff will also be trained and oriented regarding customer confidentiality, linguistic and cultural competency, stigma and Health Insurance and Accountability Act (HIPAA) regulations. EFA service staff must attend training on budgeting and money management skills, such as Consumer Credit Counseling. All agency staff providing EFA must undergo comprehensive training regarding the policies, procedures and documentation requirements.

VI. CLINICAL QUALITY MANAGEMENT

A continuous Clinical Quality Management Program for HIV patient care. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018).

VII. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on March 24, 2021. The next annual review is March 24, 2022.

Clover Barnes
Division Chief
Care and Treatment Division
DC Health/HAHSTA

Sarcia Adkins
Community Co-Chair
Washington DC Regional Planning Commission on Health and and HIV (COHAH)

STANDARDS OF CARE

Los Angeles County Commission on

HIV

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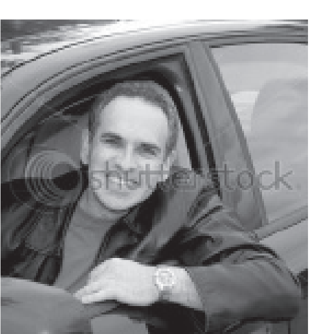

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TRANSPORTATION SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Transportation services are provided to medically indigent clients living with HIV and their immediate families for the purpose of providing transportation to medical and social services appointments.

Transportation services can include: taxi services; public transit services such as bus tokens, bus passes and MetroLink tickets; and van transportation services.

The goal of transportation services for people living with HIV is to reduce barriers in accessing, maintaining and adhering to primary health care and related social services

Agencies provide transportation to medical and social services.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All transportation services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

All participating taxi drivers will hold and maintain a current Class "C" or higher license with passenger endorsement issued by the state of California, Department of Motor Vehicles. All van drivers and volunteers will hold and maintain a current Class "C" drivers' license issued by the state of California, Department of Motor Vehicles.

SERVICE CONSIDERATIONS

General Considerations: Each eligible and ambulatory client receiving transportation services must have on file appropriate eligibility documentation and a written assessment stating the criteria used to determine the different type(s) of transportation best suited for that individual. Agencies are expected to provide the most economical means of transportation when possible. All transportation services will be culturally and linguistically appropriate to the target population.

TAXI SERVICES

Services: Taxi services will include: providing car seats, as requested; providing vehicles able to accommodate passenger's wheelchair, providing taxi staff and drivers who are bilingual in Spanish (when requested in advance); providing transportation services using eligible taxi drivers who voluntarily request to participate; and providing "will call" services as requested by AIDS service providers. All personnel providing transportation services will exercise sensitivity and professionalism at all times. Inappropriate behavior will not be tolerated at any time.

Program Records: Contractors providing taxi services will maintain appropriate records of insurance, permits, licenses, trips, meter fares and relevant personnel information.

Additional Requirements: Contract personnel will not: solicit or accept surcharges, tips or gratuities; knowingly accept a request to transport women in labor; make or offer gifts or special favors to any AIDS service provider or staff; or charge for taxi services when a driver

is 30 minutes late or has demonstrated inappropriate behavior. In addition, contractors will: ensure the confidentiality of clients; ensure that all vehicles contain a first aid kit and fire extinguisher; have a written policy to access emergency medical treatment; and comply with event reporting as required by California Code of Regulations and Title 22.

PUBLIC TRANSPORTATION

Services: Public transportation services are currently funded in the form of bus tokens, reduced fare passes and MetroLink train tickets. Agencies are required to identify the most economical means of public transportation appropriate to eligible clients. Agencies who serve clients in areas covered by other local transit authorities should be aware of and refer their clients to local transportation services.

Program Records: Agencies distributing tokens, passes and trip tickets will keep a transportation services records for each trip.

VAN TRANSPORTATION SERVICES

Services: Van services will be provided by staff or volunteers with specialized training and knowledge about issues involved in providing transportation to people living with HIV. Van transportation services include: promoting the availability of van transportation services; developing eligibility criteria; providing transportation services; providing child restraint devices, as needed; providing vehicles able to accommodate wheelchairs; providing personnel/ volunteers who demonstrate sensitivity and professionalism; developing written protocols to assure that cost-effective transportation options are being used; and providing training and/or a policy manual to guide staff. At no time will a program, staff, driver or volunteer solicit or accept surcharges, tips or gratuities for their services.

Program Records: Programs will maintain the following program records: documentation of current insurances for all vehicles and drivers; documentation of maintenance of vehicles; trip documentation; documentation of all training of staff and volunteers; and documentation of medical examination of van drivers' physical, mental and/or behavioral conditions.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all transportation staff will be able to provide linguistically and culturally appropriate transportation services and complete documentation as required by their positions. All drivers, volunteer drivers and contract staff will attend the OAPP HIV/AIDS taxicab driver training workshop prior to providing transportation services. Staff will also be trained and oriented regarding client confidentiality and HIPAA regulations.

TAXI SERVICES

All drivers will hold and maintain a valid Class "C" or higher California driver's license with passenger endorsement and valid Los Angeles (or other city) Department of Transportation driver permit. Drivers and contract staff will sign a "Taxicab Driver General Policies and Procedures Agreement."

VAN TRANSPORTATION SERVICES

All drivers and volunteer drivers will hold and maintain a valid Class "C" or higher California driver's license. Programs will review each driver's and volunteer driver's current DMV record for any infractions, suspensions or accidents prior to providing services and annually thereafter. Drug/alcohol screens will be conducted before employment as a driver is offered. Drivers or volunteer drivers who transport minor children must have a criminal background check performed by a law enforcement agency to ensure the safety and security

of child passengers. In addition, drivers and volunteer drivers must provide evidence of medical examination that verifies safe driving ability associated with physical, mental and/or behavioral conditions. Drivers and volunteer drivers will be trained by an approved institution in first aid and CPR and maintain current certifications. Driver safety training will be received on an annual basis.

STANDARDS OF CARE

Los Angeles County Commission on

TRANSPORTATION SERVICES

SERVICE INTRODUCTION

Transportation services are provided to medically indigent clients living with HIV and their immediate families for the purpose of providing transportation to medical and social services appointments.

All programs providing transportation services will use available standards of care to inform their services and will operate in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

Transportation services in Los Angeles County can include:
- Taxi services
- Public transit services: bus tokens, bus passes and MetroLink tickets
- Van transportation services

The goal of transportation services for people living with HIV is to reduce barriers in accessing, maintaining and adhering to primary health care and related social services

Recurring themes in this standard include:
- Transportation services will respect the dignity and self determination of clients.
- Services will be delivered to support and enhance a client's self-sufficiency.
- All clients receiving transportation services will be assessed for eligibility and the most appropriate mode of transportation service.
- Drivers will be specially trained to provide services to people living with HIV.

The Los Angeles County Commission on HIV and Office of AIDS Programs and Policy (OAPP) have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This draft represents a synthesis of published standards and research, including:
- *Transportation Services Contract Exhibit*, Office of AIDS Programs and Policy
- Van Transportation Services Exhibit, Office of AIDS Programs and Policy
- *Taxi Services Policies and Procedures Draft*, Office of AIDS Programs and Policy
- *Public Transit Services Policies and Procedures Draft*, Office of AIDS Programs and Policy
- Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Baltimore, 2004; Boston, 2004 and Las Vegas.

Services include taxi, public transportation and van services.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All transportation services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

All participating taxi drivers will hold and maintain a current Class "C" or higher license with passenger endorsement issued by the state of California, Department of Motor Vehicles.

All van drivers and volunteers will hold and maintain a current Class "C" driver's license issued by the state of California, Department of Motor Vehicles.

DEFINITIONS AND DESCRIPTIONS

Actual metered fare is the amount reflected on the taximeter at the end of a trip.

Do not exceed (DNE) amount is the maximum cost of a ride that the taxi company has estimated based upon mileage, time and time of day from pick-up point to destination.

Family, in the context of transportation services, includes individuals affected by HIV through their relationship and shared household with one or more people living with HIV, and is not restricted to those related through blood ties or legally sanctioned marriage

Fixed rate is the lowest amount between the DNE and the actual metered fare.

Inappropriate behavior is behavior (by drivers, volunteer drivers or staff) that does not reflect favorable public image, professional manner or continued use of services.

HOW SERVICE RELATES TO HIV

At this time, over 23,000 people in Los Angeles County are known to be living with AIDS. Of these individuals, over 64,000 are estimated to be infected with HIV. Los Angeles County comprises 35% of the total AIDS cases in the state of California (Los Angeles County, HIV Epidemiology Program).

Lack of transportation has been cited as a significant barrier to enrolling in HIV services (Office of HIV Planning, 2002). A review of the literature found several studies noting that the receipt of transportation services is positively associated with entry and retention into HIV primary care (Conviser & Pounds, 2002). Lo, MacGovern and Bradford (2002) also found that providing ancillary services like transportation has a positive influence on access to HIV care. Another study demonstrated that people living with HIV who had received ancillary services (case management, transportation, mental health or chemical dependency counseling) were more likely to have regular primary HIV care and more total visits than people who did not receive such services (Sherer et al., 2002). Women with children cite the lack of transportation as an especially challenging barrier and a reason for missed medical and support service appointments (Hackl, et al., 1997; Metha, Moore & Graham, 1997).

SERVICE COMPONENTS

Transportation services provide eligible clients and their immediate families with transportation for medical and social service appointments on an as-needed basis. Transportation services will not be provided for recreational and/or entertainment purposes. Services are meant to reduce barriers by assisting clients with accessing, maintaining and adhering to primary health care and HIV-related support services.

Transportation services in Los Angeles County can include:
- Taxi services
- Public transit services: Bus tokens, bus passes and MetroLink tickets
- Van transportation services

Each eligible and ambulatory client receiving transportation services must have on file appropriate eligibility documentation and a written assessment stating the criteria used to determine the different type(s) of transportation best suited for that individual. Agencies are expected to provide the most economical means of transportation when possible. To be eligible for taxi or van transportation services, a registered client must be unable to use public transit services due to at least one of the following:
- Documented health reasons
- Health/safety reasons due to time of day
- Necessary location is not accessible by public transportation
- Traveling with two or more children

All transportation services will be culturally and linguistically appropriate to the target population. (See Program Requirements and Guidelines in the Standards of Care Introduction.) Transportation services will be provided in compliance with the American Disabilities Act of 1990.

STANDARD	MEASURE
Clients receiving transportation will be eligible and assessed for the most appropriate means of service.	Client record to include eligibility documentation and transportation assessment.
Transportation services will be provided in compliance with ADA.	Program review and monitoring to confirm.

TAXI SERVICES

Programs providing or coordinating HIV transportation services will do so in accordance with policies and procedures formulated by OAPP and consistent with local laws and regulations.

Services to be provided will include (but not be limited to):
- Providing car seats, as requested, that are certified to meet federal safety standards for all children under six years of age regardless of weight and under sixty pounds regardless of age. Car seats will be used correctly as required by State law.
- Providing vehicles able to accommodate passenger's wheelchair, to be folded and placed in the taxi by the driver. Contractors are encouraged to provide vans that are wheelchair accessible and equipped with wheelchair lifts
- When requested in advance, providing taxi staff and drivers who are bilingual in Spanish
- Providing transportation services only as requested by authorized personnel of AIDS service organizations
- Providing transportation services using eligible taxi drivers who voluntarily request to participate in the OAPP transportation program and who:
  - Hold and maintain a Class "C" or higher California driver's license with passenger endorsement
  - Hold and maintain a valid city driver permit
  - Operate a vehicle that has passed inspection by the County of Los Angeles and is licensed, insured and well-maintained
  - Have attended the OAPP-approved HIV/AIDS training for taxi drivers and have signed the required agreement
- Providing "will call" services as requested by AIDS service providers. Will call services can be scheduled in advance by authorized personnel and activated by the passenger when he or she is ready to be picked up. Will call is the only instance in which a passenger or client will activate services. Pick up and destination addresses will not be altered without approval from the requesting AIDS service agency personnel.

All personnel providing transportation services will exercise sensitivity and professionalism at all times. Inappropriate behavior will not be tolerated at any time. Such behavior includes (but is not limited to):

- Engaging in or initiating conversations with passengers regarding their sexual orientation, health status or lifestyle
- Honking upon arriving to pick up their passengers
- Smoking in the taxicab when providing services
- Refusing to provide driver identification or a receipt upon request
- Failing to activate or deactivate the meter and/or receiving more than the actual metered fare
- Soliciting passengers for money or attempting to raise the actual metered fare amount
- Failing to report a problem to the appropriate administration and/or not attempting to resolve the problem with appropriate administrative guidance
- Failing to follow rules as established by local transportation regulators
- Riding unauthorized passengers in the cab
- Failing to inform the dispatcher or provider that a driver will be unable to pick up the intended passenger within 30 minutes of the requested pick-up time and/or falsely reporting taxi locations
- Soliciting or attempting to solicit payment for services that were not provided, and/or receiving payment form more than one funding source for the same trip
- Failing to provide specific services including car seats or wheelchair accessibility upon request
- Detaining passengers in their taxicabs for personal and/or financial gain
- Discharging passengers from their taxicabs at locations other than that requested by the transportation provider

STANDARD	MEASURE
Transportation services will be provided in accordance with policies and procedures formulated by OAPP and consistent with local laws and regulations.	Program review and monitoring to confirm.
Taxi services will include providing: • Car seats • Vehicles able to accommodate passenger's wheelchair • Taxi staff and drivers who are bilingual in Spanish when requested • Services authorized by ASO • "Will call" services	Program review and monitoring to confirm.
Drivers providing taxi services will voluntarily request to participate in the OAPP transportation program and: • Hold and maintain a Class "C" or higher California driver's license with passenger endorsement • Hold and maintain a valid city driver permit • Operate a vehicle that has passed inspection by the County of Los Angeles and is licensed, insured and well-maintained • Have attended the OAPP-approved HIV/AIDS training for taxi drivers and have signed the required agreement	Records on file at taxi company which include: • Drivers' licenses • Drivers' city permits • Vehicle inspections • Proof of insurance • Proof of vehicle maintenance • Proof of drivers' attendance at OAPP training • Signed drivers' agreements
Transportation services will be provided with sensitivity and professionalism. Inappropriate behavior will not be tolerated at any time.	Records on file at taxi company of reports of inappropriate behavior and actions taken.

PROGRAM RECORDS – TAXI SERVICES

Contractors providing taxi services will maintain the following records:

- Proof of current liability insurance and any written agreements with subcontractors
- Proof of current permits and licenses for all participating drivers and/or subcontractors
- A log of all trips and corresponding meter fares
- Documentation of attendance for all appropriate personnel in OAPP's mandatory HIV/AIDS training. Such documentation will consist of a highlighted signature on a photocopy of the sign-in sheets

- Copies of the "Taxicab Driver General Policies and Procedures Agreement" signed and dated by the taxi drivers and the president of the company Documentation of inappropriate behavior and actions taken by the contractor
- Assessment records (performance, disciplinary actions, etc) of drivers eligible and interested in participating in the HIV/AIDS Transportation Program

STANDARD	MEASURE
Contractors providing taxi services will maintain appropriate records, including (at minimum): • Proof of insurance • Proof of current permits and licenses • A log of all trips and meter fares • Documentation of OAPP's mandatory HIV/AIDS training. • Agreement detailing relationship between provider agencies and taxi company • Taxicab Driver General Policies and Procedures Agreements • Documentation of inappropriate behavior and actions taken • Driver assessment records	Program records on file with contractor.

Lack of transportation is a barrier to HIV services.

ADDITIONAL REQUIREMENTS – TAXI SERVICES

Programs will adhere to the following additional requirements:

- Contract personnel and drivers will not solicit or accept surcharges, tips or gratuities
- Contractor will not knowingly accept a "will call" order or regular request for taxi services to transport women in labor
- Contractors will not make or offer gifts or special favors such as computers, free transportation, personnel or entertainment to any AIDS service provider or staff
- Contractor will ensure the confidentiality of clients
- Contractor will ensure that all vehicles contain a first aid kit and fire extinguisher that are maintained on a regular basis
- Contractor will not charge for taxi services when a driver is 30 or more minutes late after scheduled pick-up time or a driver or other staff member has demonstrated inappropriate behavior as defined above
- Contractor will have a written policy for staff regarding how to access emergency medical treatment for passengers (including having the driver call dispatch so that 911/CHP and the referring agency can be informed).
- Contractors will comply with event reporting as required by California Code of Regulations and Title 22. Written reports will be provided for:
  - Any unusual incident which threatened the physical or emotional health or safety of any passenger, including those exiting the vehicle at an unauthorized location
  - Any suspected physical or psychological abuse of any passenger

  Written incident reports will include:
  - AIDS service provider's agency name, account number and authorized person who booked the ride
  - Passenger's name, pick-up and drop-off address
  - Day, date and time of the ride

STANDARD	MEASURE
Contract personnel and drivers will adhere to additional requirements by: • Not soliciting or accepting surcharges, tips or gratuities • Not knowingly accepting a "will call" or request to transport women in labor • Not making or offering gifts or special favors • Ensuring confidentiality of clients • Ensuring that vehicles contain first aid kit and fire extinguisher • Not charging for services when a driver is 30 minutes late or has demonstrated inappropriate behavior.	Program review and monitoring to confirm.
Contractor will have a written policy for staff regarding how to access emergency medical treatment for passengers.	Written policy regarding how to access emergency medical treatment for passengers on file at contractor agency.
Contractors will comply with event reporting when an incident threatened the physical or emotional health or safety of any passenger or there has been any suspected physical or psychological abuse of any passenger.	Written incident reports on file at contractor agency to include: • Provider agency name, account number and person who booked the ride • Passenger name, pick-up and drop-off address • Day, date and time of the ride

PUBLIC TRANSPORTATION

Public transportation services are currently funded in the Metropolitan, Antelope Valley, Foothill and Long Beach Transit Authorities in the form of bus tokens, reduced fare passes and MetroLink train tickets. Agencies are required to identify the most economical means of public transportation appropriate to eligible clients. Agencies who serve clients in areas covered by other local transit authorities should be aware of and refer their clients to local transportation services.

Public transit services include:

- **Bus tokens** may be used only as one-way fare and not in lieu of transfers. If a client is regularly utilizing more than12 tokens per month, he or she should be transitioned to a monthly reduced fare pass (below).
- **Monthly reduced fare passes** may be used instead of bus tokens and are issued once a month. The pass allows clients to travel on public transit in Los Angeles County 24 hours a day, seven days a week. Transit identification cards are required prior to utilizing monthly reduced fare passes.
- **MetroLink train tickets** are provided in a 10-trip or monthly format. These tickets may be used on MetroLink trains throughout Los Angeles County. Any client receiving a MetroLink train ticket must sign an agreement to abide by the MetroLink Passenger Code of Ethics.

STANDARD	MEASURE
Public transportation will be encouraged for general use when appropriate.	Record of disbursement of public transportation and transportation assessments on file at provider agency.

PUBLIC TRANSPORTATION – PROGRAM RECORDS

Agencies distributing tokens, passes and trip tickets will keep a transportation services record which includes (at minimum):

- Date
- Client name
- Type of assistance given and number (e.g., tokens, passes or trip tickets)
- Intended purpose of the trip
- Name of agency representative disbursing tokens passes or trip tickets

STANDARD	MEASURE
Agencies will record distribution of public transportation services, including: • Date • Client name • Type of assistance given and number • Purpose of the trip • Name of person disbursing services	Public transportation services log on file at provider agency.

VAN TRANSPORTATION SERVICES

Van transportation services provide rides to medically indigent people living with HIV and their immediate families in agency owned and operated vans. Van services will be provided by staff or volunteers with specialized training and knowledge about issues involved in providing transportation to people living with HIV.

Van transportation services include (at minimum):

- Promoting the availability to van transportation services through contacts with AIDS service organizations and other service providers
- Developing and implementing client eligibility criteria
- Providing transportation services in vehicles that are currently licensed and appropriately registered, insured and mechanically well-maintained. All vehicles will contain a first aid kit and fire extinguisher that are regularly maintained.
- Providing child restraint devices, as needed, that are certified to meet federal safety standards for all children under six years of age regardless of weight and under sixty pounds regardless of age. Such devices will be used correctly as required by State law.
- Providing vehicles able to accommodate wheelchairs that may be folded and placed in the van by the driver. If such vehicles are not available, programs must provide other transportation options able to accommodate clients in wheelchairs.
- Providing personnel/volunteers who demonstrated sensitivity and professionalism at all times
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client's need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client's need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.

At no time will a program, staff, drivers or volunteer solicit or accept surcharges, tips or gratuities for their services.

STANDARD	MEASURE
Van transportation services will promote the availability of van transportation services.	Outreach/promotion plan on file at provider agency.
Van transportation programs will develop eligibility criteria.	Written eligibility materials on file at provider agency.
Van transportation programs will: • Provide services in licensed, registered, insured and well-maintained vehicles • Provide a first aid kit and fire extinguisher in each vehicle • Provide child restraint devices, as needed • Provide vehicles able to accommodate wheelchairs or other transportation options able to accommodate clients in wheelchairs • Provide personnel/volunteers who demonstrated sensitivity and professionalism	Program review and monitoring to confirm.

STANDARD	MEASURE
Van transportation programs will develop cost effectiveness protocols.	Cost effectiveness protocols on file at provider agency.
Van transportation programs will provide training and/or a policy manual for assessing client's need for transportation.	Transportation assessment manual or record of assessment training on file at provider agency.

VAN TRANSPORTATION SERVICES – PROGRAM RECORDS

At minimum, programs will maintain the following program records:

- Documentation of current insurances for all vehicles and drivers, including liability
- Documentation of regular and preventive maintenance of vehicles
- Trip documentation. Each trip will be documented to include:
  - Date
  - Time and place of departure
  - Destination
  - Time of arrival
  - Odometer readings at times of departure and arrival
  - Number of clients per trip
  - Client names
- Documentation of all training of the transportation staff and volunteers to include: approved curriculum, approval letter, attendance log and post training evaluations
- Documentation of medical examination of van drivers' physical, mental and/or behavioral conditions.

STANDARD	MEASURE
Van transportation programs will maintain vehicle and insurance records.	Documentation insurances for all vehicles and drivers and record of regular and preventive maintenance of vehicles on file at provider agency.
Van transportation programs will maintain trip records, including: • Date • Time and place of departure • Destination • Time of arrival • Odometer readings • Number of clients per trip • Client names	Trip logs on file at provider agency.
Van transportation programs will maintain records of trainings and medical examinations.	Documentation of trainings and medical examinations of drivers on file at provider agencies.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all transportation staff will be able to provide linguistically and culturally appropriate transportation services and complete documentation as required by their positions. All drivers, volunteer drivers and contract staff will attend the OAPP HIV/AIDS taxicab driver training workshop prior to providing transportation services. Staff will also be trained and oriented regarding client confidentiality and HIPAA regulations.

Prior to a taxi's or van driver's employment or service provision, programs must obtain a photocopy of each taxi or van driver's documentation of tuberculosis screening. Tuberculosis screening will consist of a tuberculin skin test (Mantoux test) result or written certification by a physician or nurse that the driver is free from active tuberculosis based on a chest X-ray. Drivers providing written documentation in millimeters of induration of a prior positive tuberculin skin test are required to obtain a pre-employment chest X-ray and submit the result in the form of a physician's statement that he or she does not have communicable TB. For

recertification annually thereafter, persons with a history of a positive tuberculin skin tests will provide documentation from a physician or nurse certifying that the person continues to be free from active TB symptoms, unless they develop symptoms suggestive of TB. If symptoms suggestive of TB develop, the person must immediately be excused from further service provision. Reinstatement to the previous status of service provision will be dependent upon a medical reevaluation including a chest X-ray and documentation certifying that he or she is once again free from communicable TB.

STANDARD	MEASURE
Staff and drivers will have ability to provide appropriate services and complete documentation.	Staff resumes on file at provider agency.
All drivers, volunteers and contract staff will complete OAPP's HIV/AIDS taxicab driver training prior to service delivery and be oriented regarding confidentiality and HIPAA.	Record of trainings in employee files at provider agency.
Contractors and/or programs will ensure that drivers are free of active TB.	TB records maintained in contractor/program files.

TAXI SERVICES

All drivers will hold and maintain a valid Class "C" or higher California driver's license with passenger endorsement and valid Los Angeles (or other city) Department of Transportation driver permit. Before being issued such permit in Los Angeles, a driver must:

- Be fingerprinted
- Be investigated for possible criminal histories
- Have DMV records checked
- Pass a drug test
- Pass an English communication exam
- Demonstrate an ability to understand the city's taxi rules
- Demonstrate knowledge of city locales and routes

Drivers and contract staff will sign "Taxicab Driver General Policies and Procedures Agreement." Contract staff will ensure compliance of each participating driver with the requirements set forth in the OAPP HIV/AIDS contract training, and ensure that all drivers are able to provide sensitive and professional services. Key to such service is maintaining client confidentiality at all times. Any driver or contract staff whose behavior has been reported by OAPP to have adversely affected the quality of transportation services will be terminated from participating in the HIV/AIDS Transportation Program. To be reinstated into the HIV Transportation Program, drivers who have had complaints made against them must complete OAPP's eight-hour basic HIV training course prior to reinstatement.

All drivers' Department of Motor Vehicles records will be reviewed to determine if there have been any infractions, suspensions, penalties, special incident reports, etc. Those drivers who have received any of the above within the last 30 days will be ineligible for participation in the HIV/AIDS Transportation Program.

STANDARD	MEASURE
All drivers have valid Class "C" or higher California driver's license with passenger endorsement and Los Angeles (or other city) Department of Transportation driver permit.	Copies of driver's licenses and permits on file at contractor agency.
Drivers and contract staff will comply with Taxicab Driver General Policies and Procedures Agreement.	Copies of agreements on file at contractor agency. Program review and monitoring to confirm.
Drivers' DMV records will be reviewed those with infractions in past 30 days will be ineligible to provider services.	DMV records on file at contractor agency.

VAN TRANSPORTATION SERVICES

All drivers and volunteer drivers will hold and maintain a valid Class "C" or higher California driver's license. Programs will review each driver's and volunteer driver's current DMV record for any infractions, suspensions or accidents prior to providing services and annually thereafter. Drug/alcohol screens will be conducted before employment as a driver is offered. In addition, drivers or volunteer drivers who transport minor children must have a criminal background check performed by a law enforcement agency to ensure the safety and security of child passengers. In addition, drivers and volunteer drivers must provide evidence of medical examination that verifies safe driving ability associated with physical, mental and/or behavioral conditions. Drivers and volunteer drivers will be trained by an approved institution in first aid and CPR and maintain current certifications. Driver safety training will be received on an annual basis.

Additionally, staff will be trained on (at minimum):
- Transportation options available for clients
- Protocol used by program to prioritize the use of van transportation
- Emergency procedures to follow in the event of accident, sudden illness or other unexpected situations

STANDARD	MEASURE
All drivers and volunteer drivers will have California Class "C" or higher license.	Copies of driver's licenses on file at provider agency.
Programs will review each driver's and volunteer driver's current DMV record prior to providing services and annually thereafter.	Copies of DMV records on file at provider agency.
Drug/alcohol screens will be completed prior to hiring.	Record of drug/alcohol screens on file at provider agency.
Drivers and volunteer drivers who transport minor children will have criminal background check completed prior to providing such services.	Record of criminal background check by law enforcement agency on file at provider agency.
Drivers and volunteer drivers must provide medical examination verifying safe driving ability.	Record of examinations on file at provider agency.
Drivers and volunteer drivers will be trained on (at minimum): • First Aid/CPR (and maintain certifications • Driver safety training (annually) • Transportation options available • Priority protocol • Emergency procedures	Record of trainings on file at provider agency.

UNITS OF SERVICE

Unit of service: Units of service defined as reimbursement for transportation services are based on services provided to eligible clients.
- ***Transportation taxi units:*** calculated in number of one-way trips provided
- ***Public transportation services units:*** calculated in number of bus tokens, monthly reduced bus passes or MetroLink tickets provided
- ***Van transportation services units:*** calculated in number of one-way trips provided

Number of clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

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COMMITTEE/STAFF REPORT

STEPS IN DEVELOPMENT PROCESS

- Expert panel review date: March 15, 2006
- Presented in review to Standards of Care Committee: May 4, 2006
- Presented for public comment: May 11, 2006
- Final adoption by the Commission: June 8, 2006

CONSULTANT/STAFF DISCUSSION

Purpose of these notes: Each expert panel session requires a complex discussion of both the detail and the larger issues included in the standards under discussion. These notes attempt to capture the complexity of the discussion in the Transportation Services expert review panel, as well as the area where the panel was split and struggled to an incomplete consensus. These will be important areas for review when the standards are examined for revision.

Issues that generated most discussion:

1. **Standardizing the criteria for choosing bus voucher vs. taxi:** Panel members struggled with whether and how to support case managers and other transportation resource dispensers in using the least costly appropriate transportation method. Panel members felt there were definite pressures on staff to give taxi rather than bus vouchers where both are available, and that, at times, staff fell into using the differential resources as rewards, or to avoid conflict with an insistent client, even when there did not seem to be a medical reason for the higher cost option. The panel discussed developing a series of relatively tight criteria for choice of bus vs. taxi, but ultimately felt that this would be too confining and not reflective of the diversity of needs and circumstances that clients present.

2. **Driver sensitivity and training:** OAPP staff noted that they received complaints at times about the HIV and other cultural acceptance and sensitivity of taxi drivers. The panel was aware that drivers were all volunteers in the program and are already required to participate in a special Taxi Driver Training. There was discussion about increasing that training requirement to include the OAPP "HIV 101" course. Ultimately, the panel felt that sensitivity issues were likely deep-seated enough that any reasonable amount

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of training was unlikely to affect it and focusing on tracking complaints and removing drivers who are repeat offenders was more important. The panel also emphasized the customer service and sensitivity shown by the vast majority of drivers.

3. **Car seats:** The panel tried to balance economic reality for drivers against the needs of families being transported. Taxi drivers cannot keep a car seat in the taxi at all times because it reduces room for adult passengers and luggage, thus reducing fares. If the seat is kept at the referring care site or at the taxi company, the necessity to pick it up before picking up the family means that the time to pick up is longer and the taxi has an uncompensated trip leg. Currently, the taxi companies are absorbing these uncompensated trip legs. The panel ultimately did not change the draft and left the requirement that a car seat be available but did not specify who would be financially responsible for required extra trips.

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

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[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.

[3] General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*

Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services.*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
  - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
  - Referral services to improve HIV care and treatment services at key points of entry
  - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
  - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
  - Counseling individuals with respect to HIV
  - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
    - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
    - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
  - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
    - Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:
- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services
Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care
Description:
Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals
Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing
Description:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
  - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
  - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
  - Preparation of:
    - Healthcare power of attorney
    - Durable powers of attorney
    - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
  - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
  - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care

Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:

Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)

Description:

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

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?

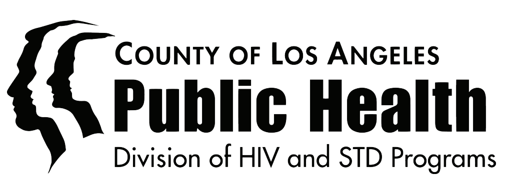
Si.

¿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



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