LOS ANGELES COUNTY
COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES COMMITTEE

Virtual Meeting

Tuesday, December 7, 2021

10:00AM-12:00PM (PST)

Agenda + Meeting Packet will be available on the Commission's website at:

http://hiv.lacounty.gov/Standards-and-Best-Practices-

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:
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LOS ANGELES COUNTY
COMMISSION ON HIV

AGENDA FOR THE VIRTUAL MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, December 7th, 2021, 10:00 AM – 12:00 PM

******WebEx Information for Non-Committee Members and Members of the Public Only******

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1-415-655-0001

Event Number/Access code: 2599 611 6099

(213) 738-2816 / Fax (213) 637-4748
HIVComm@lachiv.org http://hiv.lacounty.gov

Standards and Best Practices (SBP) Committee Members			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Miguel Alvarez	Mikhaela Cielo, MD
Pamela Coffey *(Reba Stevens, Alternate)*	Wendy Garland, MPH	Grissel Granados, MSW	Thomas Green
David Lee, MPH, LCSW	Mark Mintline, DDS	Pau Nash, PhD, CPsychol, AFBPsS, FHEA,	Katja Nelson, MPP
Joshua Ray (Eduardo Martinez, *Alternate)*	Mallery Robinson	Harold Glenn San Agustin, MD	Justin Valero, MA
Rene Vega, MSW, MPH	Ernest Walker, MPH		
QUORUM: 9			

AGENDA POSTED: December 3, 2021

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click here.

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.

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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.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are at 510 S. Vermont Ave. 14th Floor, one block North of Wilshire Blvd on the eastside of Vermont just past 6th Street. Free parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

I. ADMINISTRATIVE MATTERS 10:03 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:10 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

III. COMMITTEE NEW BUSINESS ITEMS 10:10 AM – 10:15 AM

4. Opportunity for Commission 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

5. Executive Director/Staff Report 10:15 AM – 10:20 AM
- a. Comprehensive HIV Plan 2022-2026

6. Co-Chair Report 10:20 AM – 10:30 AM
- a. 2021 Workplan Review & Opportunities to Support Task Forces/Caucuses
- b. Committee Co-Chair Elections
- c. Oral Health Service Standards Review Meeting Updates

7. Division of HIV & STD Programs (DHSP) Report 10:30 AM – 10:45 AM
- a. Home-Based Case Management Summary Document

V. DISCUSSION ITEMS

8. Service Standards Development 10:45 AM – 11:45 AM
- a. Substance Use Disorder and Residential Treatment Services
  - CalAIM Overview Presentation
  - Approve Substance Use Disorder and Residential Treatment Service Standards of Care as presented or revised, and forward to Executive Committee **MOTION #3**
- b. Benefits Specialty Services Standard
  - Propose a 30-day Public Comment period
- c. Home-based Case Management Services Standard Review
  - Initiate committee review process

VI. NEXT STEPS 11:45 AM – 11:55 AM

9. Tasks/Assignments Recap

10. Agenda development for the next meeting

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

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

VIII. ADJOURNMENT 12:00 PM

12. Adjournment for the virtual meeting of December 7, 2021.

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 Substance Use Disorder and Residential Treatment Services Standards of Care as presented or revised and forward to Executive Committee.**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 11/17/21

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
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**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
COFFEY	**Pamela**	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	**Michele**	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	**Frankie**	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
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	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
FULLER	**Luckie**	No Affiliation	No Ryan White or prevention contracts
GARTH	**Gerald**	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	**Jerry**	AETC	Part F Grantee
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GRANADOS	**Grissel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LEE	**David**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
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)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men’s Medical Group	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
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	**Carlos**	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	**Juan**	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	No Affiliation	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
THOMAS	**Damone**	No Affiliation	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	**Rene**	No Affiliation	No Ryan White or prevention contracts
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Ernest**	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

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES

November 2, 2021

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	P	Thomas Green	EA	Harold Glenn San Agustin, MD	P
Kevin Stalter, *Co-Chair*	P	Eduardo Martinez (*Alt. to Joshua Ray)*	A	Reba Stevens (*Alt. to Pamela Coffey)*	P
Miguel Alvarez	P	Mark Mintline, DDS	P	Justin Valero, MA	EA
Mikhaela Cielo, MD	A	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P	Rene Vega, MSW, MPH	A
Pamela Coffey	A	Katja Nelson, MPP	P	Ernest Walker, MPH	P
Wendy Garland, MPH	P	Joshua Ray, RN	A		
Grissel Granados, MSW	P	Mallery Robinson	A	Bridget Gordon (*Ex Officio)*	P
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay, Sonja Wright					
DHSP STAFF					
Lisa Klein					

**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
http://hiv.lacounty.gov/LinkClick.aspx?fileticket=sXmedx0nmro%3d&portalid=22

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: The meeting was called to order at 10:03 am.

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 10/05/2021 Standards and Best Practices (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 made.

III. COMMITTEE NEW BUSINESS ITEMS: There were no new Committee 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 new committee business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Cheryl Barrit, Executive Director (ED) reported the following:

- C. Barrit noted that the COH committees will continue to meet virtually for the remainder of the year and added that there is a motion on the Board of Supervisor's agency today regarding the continuance of virtual meetings for Board meetings. The COH staff will notify commissioners of any changes to the meetings.
- C. Barrit reminded attendees of the vaccination verification procedures and requested Commissioners to complete this process as soon as possible. Kevin Stalter shared his concern about privacy of health information regarding the vaccination verification procedures given that it was reminiscent of when people living with HIV were required to disclose their HIV status to participate in activities.
- C. Barrit reminded attendees that due to Veteran's Day holiday landing on November 11th, the COH Annual Meeting will take place on November 18th. The event flyer has been emailed to COH members and guests. She also encouraged attendees to distribute the event flyer widely. The event agenda includes a continuation of the COH ongoing training with the Human Relations Commission, a report from Division of HIV and STD Programs (DHSP), a presentation on cluster detection and its application in molecular surveillance from the California Office of AIDS, a presentation about the street medicine program at the University of Southern California, and a presentation on HIV, aging and stigma by Dr. Paul Nash.

b. California Advancing and Innovation Medi-Cal (CalAIM) updates

- C. Barrit provided an overview of the CalAIM which is an initiative to expand and improve the way the State provides access to medical care for low-income and under-insured individuals in the state of California. The meeting packet includes a summary factsheet of the CalAIM proposal set to be implemented in phases starting January 2022. A key component of CalAIM is that it provides an opportunity to really address social determinants of health and strengthen the service delivery mechanisms for behavioral health. This includes mental health and substance use. She noted that there are many unknowns for how CalAIM will be implemented locally but decided to share this information in response to a request made during the last full commission meeting asking to put a hold on approving the Substance Use Disorder and Residential Treatment Services standards to allow the SBP committee and opportunity to understand the impact on services due to the implementation of CalAIM. Health plans participating Medi-Cal within major counties such as Los Angeles will have the flexibility to select their high-risk populations of focus and the types of "in lieu of services" (ILOS) provided. Based on the information available, the current version of the Substance Use Disorder and Residential Treatment Services standards is aligned with the CalAIM proposal.
- Jose Rangel-Garibay added that most changes outlined in the proposal for behavioral health deal with payment structures and mechanisms. He noted that the factsheet in the packet includes a link to the full 230-page proposal.
- K. Stalter asked if the document included any mention of Telehealth for mental health or other lessons learned from the COVID-19 pandemic. C. Barrit confirmed that the full proposal mentions Telehealth but does not go into detail on its implementation. He followed-up with a question regarding the Alliance for Health Integration presentation held at the last Executive Committee meeting and if any CalAIM implementation information was shared during that meeting. C. Barrit noted that Jacqueline Baucum, Chief Operation Officer, indicated that the County is analysis how to implement CalAIM.
- Katja Nelson stated that the Community Clinic Association and similar venues are having discussions on Telehealth and the lessons learned about health care delivery during the COVID-19 pandemic. She will investigate for more information pertaining to Mental Health and Substance Use Disorder.

c. Special Populations Best Practices for HIV Prevention and Care

- J. Rangel-Garibay shared updates to the Special Populations Best Practices for HIV Prevention and Care

document and noted that he has begun introducing the framework at various COH subgroups. He will share updates with the SBP committee on an ongoing basis. He received feedback form SBP committee members and has made the necessary edits to the document. The document is included in the meeting packet.

6. CO-CHAIR REPORT

a. 2021 Workplan Review & Opportunities to Support Task Forces and Caucuses

- No updates were shared.

b. Committee Co-Chair Nominations

- K. Stalter nominated Erika Davies to continue as Co-chair. He shared his desire to step aside from the co-chair role and hoped that one of the co-chairs is a consumer and nominated Justin Valero and noted that he would self-nominate if nobody else expressed desire to run for the position.
- C. Barrit noted that committee members have 30 days to nominate/self-nominate. Committee Co-chair elections will take place during the December meeting.

c. Oral Health Service Standards Review Meeting Updates

- K. Stalter shared that a workgroup composed of the SBP Co-chairs, Dr. Mark Mintline, Dr. Fariba Younai, Mario Perez, Paulina Zamudio, Dr. Michael Green, and Pamela Ogata met on October 28th to have an initial conversation to determine the need to review and update the Oral Health service standards in response to an appeal from the Director of the Division on HIV and STD Programs (DHSP). The meeting summary is included in the packet.
- M. Mintline shared that the topic of the meeting was to discuss whether more current guidelines to represent dental implants for patients living with HIV are needed. The group determined to convene a group of subject matter experts to develop guidelines and recommendations.
- K. Stalter recommended that Dr. Paul Nash join the workgroup.
- C. Barrit made an appeal to the committee members requesting referrals for specialty dental providers that can join the workgroup.

d. Committee Member Introductions/Getting to Know You

- SBP Committee member David Lee introduced himself to the group.
- D. Lee has over 30 years of HIV experience and has worked in various capacities during that time. He recently was a Co-Chair for COH and is a returning member of the SBP committee. He has also service in HIV planning councils in Houston, and Seattle, and is currently the Associate Director for Drew Cares.

e. "So, You Want to Talk About Race" by I. Oluo Reading Activity

- There was no reading this meeting however the Co-chairs opened the floor for discussion and encouraged attendees to share their feedback on the activity.
- K. Stalter shared that the reading activity has fostered conversations about race that can help understand where people are coming from in terms of their individual struggles and the commonalities, we share given the work we do.
- E. Davies shared she is a 4th generation Japanese American, and the reading activity has allowed her to sit in discomfort reflecting about her life experiences and recently the hate crimes against Asians and Asian Americans that were unfortunately happening throughout 2020. She noted that growing up she was told to ignore any sort racists comments directed at her and this activity helped her see what she can do in the future for herself and to advocate for others.
- Bridget Gordon shared that she appreciated the reading activity and hopes that when planning, we are learning as much as we can and is happy that the activity brought forth fruitful discussions in the COH.

7. Division of HIV & STD Programs (DHSP) Report

- Lisa Klein did not have any updates to report.
- Wendy Garland shared a summary document of how the Benefits Specialty Services operationalized based on the previous service standards. The document consists of information from contracts and uses the exact language in those contracts. She reminded the group that the Ryan White HIV/AIDS program follows its own calendar from March 1st through February 28th and starts on the year the program was authorized. Year 29 covers most of 2019 and Year 30 covers most of year 2020. The document denotes that the intention for

Benefits Specialty is to assist people with entering and navigating care service systems outside the Ryan White service delivery network, to educate clients about public and private benefits and entitlement programs, and to provide clients with assistance to access to those benefits. The main responsibility of Benefits Specialists is to make sure their clients are receiving all the benefits and entitlements for which they are eligible.

- W. Garland stated that DHSP currently supports Benefits Specialty contracts under Non-Medical Case Management Services and contracts with 12 community-based clinics.
- W. Garland added that the main activities Benefits Specialist perform include screening clients to identify and determine what benefits the client may need and enroll them into the benefits for which they are eligible. They are also responsible for managing those benefits.
- W. Garland shared highlights of the summary document. The document is included in the meeting packet.

V. DISCUSSION ITEMS

8. Substance Use Disorder and Residential Treatment Services Standards of Care Comment Review

a. E. Davies stated the committee will place a temporary hold on approving the Substance Use Disorder and Residential Treatment Services standards of care until the committee learn more about the implications of CalAIM.

9. Benefits Specialty Service Standard Review

a. J. Rangel-Garibay presented the reformatted draft of the Benefits Specialty Standards of Care for committee to review. The main changes include eliminating repetitive elements in the previous version and reformatting the document to match recently approved service standards. He noted that Table 1 included a list of the different benefit specialty services and requested for feedback from the SBP committee to refine the list. This document is included in the meeting packet.

b. E. Davies suggested to match the formatting for the services list with the service categories presented in the Benefits Specialty Services factsheet W. Garland shared today.

c. E. Davies suggested to include language that encourages Benefits Specialists to consider referring clients to other agencies for benefit services not directly funded by Ryan White funds such as housing services.

d. E. Davies asked if outreach will be included as a service component and shared that in her experience with Benefit Specialty, program staff had little time to conduct outreach activities. She noted this would be an opportunity to help clients learn about the services available to them.

e. Bridget Gordon commented that for newly diagnosed consumers it can be difficult to find benefits if they do not already know about them. E. Davies added that agencies receiving Ryan White funds for Benefits Specialty Services should focus outreach efforts on newly diagnosed individuals and people who are newly eligible for benefits due a change in income.

f. K. Stalter shared that client awareness of services is a problem across the board for Ryan White services due to poor marketing efforts. E. Davies echoed the sentiment that outreach services are key complements to Ryan White services and should be incorporated into the Universal Standards.

g. B. Gordon asked what changes to the Ryan White legislation needed to add outreach services and a focus on newly diagnosed/recently eligible clients. C. Barrit responded by requesting some time to develop a formal report back and added that the COH and the Standards development process are venues for incorporating outreach into Ryan White service components. She also noted that HIV connect is another resource library that clients can use to learn about services. She mentioned that incorporating outreach as a service component would involve defining outreach and providing examples for conducting community outreach and service promotion activities.

h. E. Davies requested that committee members review the items on table 1 and be prepared to discuss during the next meeting.

VI. NEXT STEPS

a. **TASK/ASSIGNMENTS RECAP**:

- ➲ COH staff will send a word document version of the Benefits Specialty Services standards and request committee members to provide feedback.
- ➲ COH staff will send Committee Co-Chair Duty statements to committee members.
- ➲ COH staff will prepare a draft change document for the Home-based case management service standard review process.

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Hold Committee Co-chairs elections.
- Continue review for the Benefits Specialty Service standards of care review.
- Report back any updates on the Special Population Best Practices project.
- Report back any updates on the Oral Health service standard review project.
- Initiate the Home-based case management service standard review process.

VII. ANNOUNCEMENTS

13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: E. Davies reminded committee members that the COH Annual Meeting will take place on Thursday November 18th, 2021, from 9:00 am to 3:00 pm.

VIII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 11:55 am.

LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE
ORAL HEALTH STANDARDS REVIEW WORK PLAN (11.08.21)

PARTICIPANT ROSTER

Commission on HIV (COH) SBP committee members: Erika Davies (PDH), Kevin Stalter (consumer), Dr. Mark Mintline (WU)
DHSP representatives: Mario Perez, Paulina Zamudio, Dr. Michael Green, Pamela Ogata
Community Stakeholders: Dr. Fariba Younai (UCLA), Dr. Ana Ortiz (JWCH)
COH Staff: Cheryl Barrit, Jose Rangel-Garibay

Approval Date: | **Revision Dates:** 11/4/21, 11/8/21, 12/1/21

GOAL: Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.

#	OBJECTIVE	TASKS/ACTIVITIES	OUTCOMES/DELIVERABLES	STATUS	TARGET DATE
1	Describe issue(s) and determine course of action	• Host initial meeting to help the Standards and Best Practices (SBP) committee gather information and determine the need to review the Oral Health service standards in response to an appeal form the Director of the Division on HIV and STD Programs (DHSP)	• Determined to conduct a targeted review of the 2016 Oral Health service standards informed by a panel of specialty dental providers and other subject matter experts • Meeting summary for participants • Monthly progress reports to SBP Committee	**COMPLETE**	Oct 2021
2	Pre-planning for SME panel	• Develop work plan and project timeline • Gather contact information for specialty dental providers and other subject matter experts (SMEs) • Conduct literature review • Schedule late November/early December workgroup meeting to discuss expert panel details	• Work plan and project timeline • List of contacts received • Summary from literature review	In-Progress	Dec 2021
3	Plan SME panel	• Draft SME panel agenda • Set expectations and deliverables for SME panel • Share contacts identified and send availability requests/invite potential panelists • Share literature review summary document with workgroup • Set date and time for the SME panel	• Agenda for SME panel • SME panel objectives and expectations • SME panel meeting packet items • Invite potential panelists	In-Progress	Dec 2021
4	Convene expert panel	• Facilitate discussion regarding guidance for dental implants to be included to the Oral Health service standards	• Summary of feedback	Pending	Jan 2022

LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE
ORAL HEALTH STANDARDS REVIEW WORK PLAN (11.08.21)

		• Collect feedback for addendum to Oral Health service standards			
5	Draft addendum to Oral Health Standards	• COH staff to review feedback summary and draft addendum	• Addendum draft	Pending	Feb 2022
6	Send addendum to SBP committee for review and approval	• SBP committee co-chairs to share addendum and request committee feedback • SBP committee co-chairs to post addendum for a 30-day public comment period • SBP committee to review public comments and make edits as necessary • SBP committee to vote on approving addendum	• SBP Committee review, editing, and approval of addendum	Pending	Feb-May 2022
7	Send addendum to Executive Committee for approval	• SBP committee co-chairs to present addendum to Executive Committee and request approval vote	• Executive Committee approval of addendum	Pending	May 2022
8	Send addendum to full COH for approval	• SBP committee co-chairs to present addendum to full COH and request approval vote	• COH approval of addendum	Pending	Jun 2022
9	Submit addendum to DHSP for distribution	• COH co-chairs to send addendum to DHSP leadership and recommend distribution	• DHSP receipt and distribution of addendum	Pending	Jun 2022
10	Full review of Oral Health service standards	• SBP committee to conduct a full review of the Oral Health service standards	• Updated Oral Health service standards	TBD	Fall 2022

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COMMISSION ON HIV

Standards & Best Practices Committee
Standards of Care

- Service standards are written for service providers to follow
- Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer
- Service standards are essential in defining and ensuring consistent quality care is offered to all clients
- Service standards serve as a benchmark by which services are monitored and contracts are developed
- Service standards define the main components/activities of a service category
- Service standards do not include guidance on clinical or agency operations

Retrieved from https://targethiv.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies.
December 2015.

Standards of Care Review
Guiding Questions

1. Are the standards up-to-date and consistent with national standards of high quality HIV and STD prevention services?

2. Are the standards reasonable and achievable for providers?

3. Will the services meet consumer needs? Are the proposed standards client-centered?

4. What are the important outcomes we expect for people receiving this service? How can we measure whether or not the service is working for them?

5. Is there anything missing from the standards related to HIV prevention and care?

6. Is there anything missing in regard to other topics such as reducing stigma, social determinants of health, immigration issues, support around insurance and housing, etc.?

7. Are the references still relevant?

SUBSTANCE USE DISORDER AND RESIDENTIAL TREATMENT SERVICE STANDARDS & CalAIM

Standards and Best Practices Committee

December 7, 2021

LOS ANGELES COUNTY
COMMISSION ON HIV

Purpose

- Review Ryan White funded substance use disorder (SUD)/Residential Services Program
- Provide an overview of CalAIM and its impact in SUD service standards
- Assist the SBP Committee in determining whether to approve SUD standards as written

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Ryan White SUD Residential Services Background

- The Drug Medi-Cal Organized Delivery System (DMC-ODS) 1115 demonstration waiver was created by the California Department of Health Care Services (DHCS) in 2015 to address gaps in patient access to and success in substance use disorder (SUD) treatment as a result of fragmented service system.
- Los Angeles County (LAC) joined as demonstration site in 2017.

Source: Division of HIV & STD Programs Materials 4/6/21 Meeting

Ryan White SUD Residential Services Background

- Historically, Ryan White SUD Services included Outpatient and Residential with three subcategories: **Detox**, **Rehabilitation** and **Transitional**. Under DMC-ODS, these services are provided by the LAC Substance Abuse Prevention and Control (SAPC) program and include:
  - Outpatient (OP), Intensive Outpatient (IOP)
  - Opioid (narcotic) Treatment Program (OTP)
  - Withdrawal Management (WM)
  - Medication-Assisted Therapy (MAT)
  - Short-Term Residential (RS)
  - Case Management & Care Coordination with Physical and Mental Health
  - Recovery Support Services

Ryan White SUD Residential Services Background

- The **current** Ryan White (RW) SUD Services **consists of one subcategory, residential housing**, that was implemented March 1, 2019 (Ryan White Year 29) and intended to supplement DMC-ODS as Ryan White as the payer of last resort.
- The current contracts for the SUD service category are for RW years 29-31 (March 1, 2019-February 28, 2022).
- The contracted agencies include Tarzana Treatment Centers and Sage Refuge.

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Contract Scope of Work

- The following details are summarized from the from the contract scope of work.
- Contractor requirements
  - Licensed Programs: must operate as an adult residential facility, a community care facility, a transitional housing facility or a congregate living facility
  - Unlicensed programs: same facilities as listed for licensed with a current, written plan of operation on file.

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Service Description

- To provide interim housing with supportive services for up to one (1) year exclusively designated and targeted for recently homeless persons living with HIV/AIDS in various stages of recovery from substance use disorder.
- The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional, permanent housing through assessment of the individual's needs, counseling, and case management.

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Service Population

Indigent persons living with diagnosed HIV in Los Angeles County who are:

1. Are homeless/unstably housed:
   a) Lack a fixed, regular, and adequate residence, as well as the financial resources to acquire shelter;
   b) Reside in a shelter designed to provide temporary, emergency living accommodations;
   c) Reside in an institution that provides a temporary residence for individuals intended to be institutionalized; or,
   d) Reside in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
2. Uninsured or underinsured (current health plan does not cover services);
3. Have an income at or below 500% Federal Poverty Level; and,
4. In recovery.

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What is CalAIM?

- California Advancing and Innovating Medical (CalAIM) is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of care provided to Medi-Cal members by implementing broad delivery system, program, and payment reform across the Medi-Cal Program.
- The major components of CalAIM build upon the lessons learned of various pilots (including, but not limited to, the Whole Person Care Pilots (WPC), Health Homes Program (HHP), and the Coordinated Care Initiative (CCI/Cal MediConnect).

Source: Department of Health Care Services CalAIM website

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Three Primary CalAIM Goals

1. Identify and manage member risk and need through whole-person care approaches and addressing social determinants of health;
2. Move Medi-Cal to a more consistent and seamless systems by reducing complexity and increasing flexibility; and,
3. Improve quality outcomes, reduce health disparities and drive delivery systems transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Source: Department of Health Care Services CalAIM website

LOS ANGELES COUNTY COMMISSION ON HIV

CalAIM Delayed Due to Pandemic

- In February 2020, the Insure the Uninsured Project (ITUP) published a CalAIM Issue Brief detailing the initial CalAIM proposal put forth by DHCS in Fall 2019.
- Originally, DHCS intended to implement CalAIM January 2021; however, due to the COVID-19 public health emergency, DHCS delayed initial implementation to January 1, 2022.

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

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Enhanced Care Management (ECM)

- New Medi-Cal managed care plan (MCP) benefit would provide intensive care management for both medical and non-medical needs for high-need Medi-Cal members.
- Target populations include children with complex medical conditions, people experiencing homelessness, and people at risk of institutionalization.
- The new ECM benefit building upon both the Health Homes and Whole-Person Care Pilot Programs.

- **January 1, 2022**– Counties with existing Health Homes and Whole Person Care Pilot Programs transition current target populations.
- **July 1, 2022**– Counties with existing Health Homes and Whole Person Care Pilot Programs add new populations; other counties begin implementation.
- **January 1, 2023**– Full implementation of ECM in all counties.

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

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In Lieu of Services (ILOS)

• New MCP option for high-risk/high-need Medi-Cal members to provide wrap-around services to help them avoid hospital or skilled nursing facility services, among others. ILOS include housing services, sobering centers, and medically-tailored meals. ILOS builds upon the Whole-Person Care Pilot Programs.	• **January 1, 2022**

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

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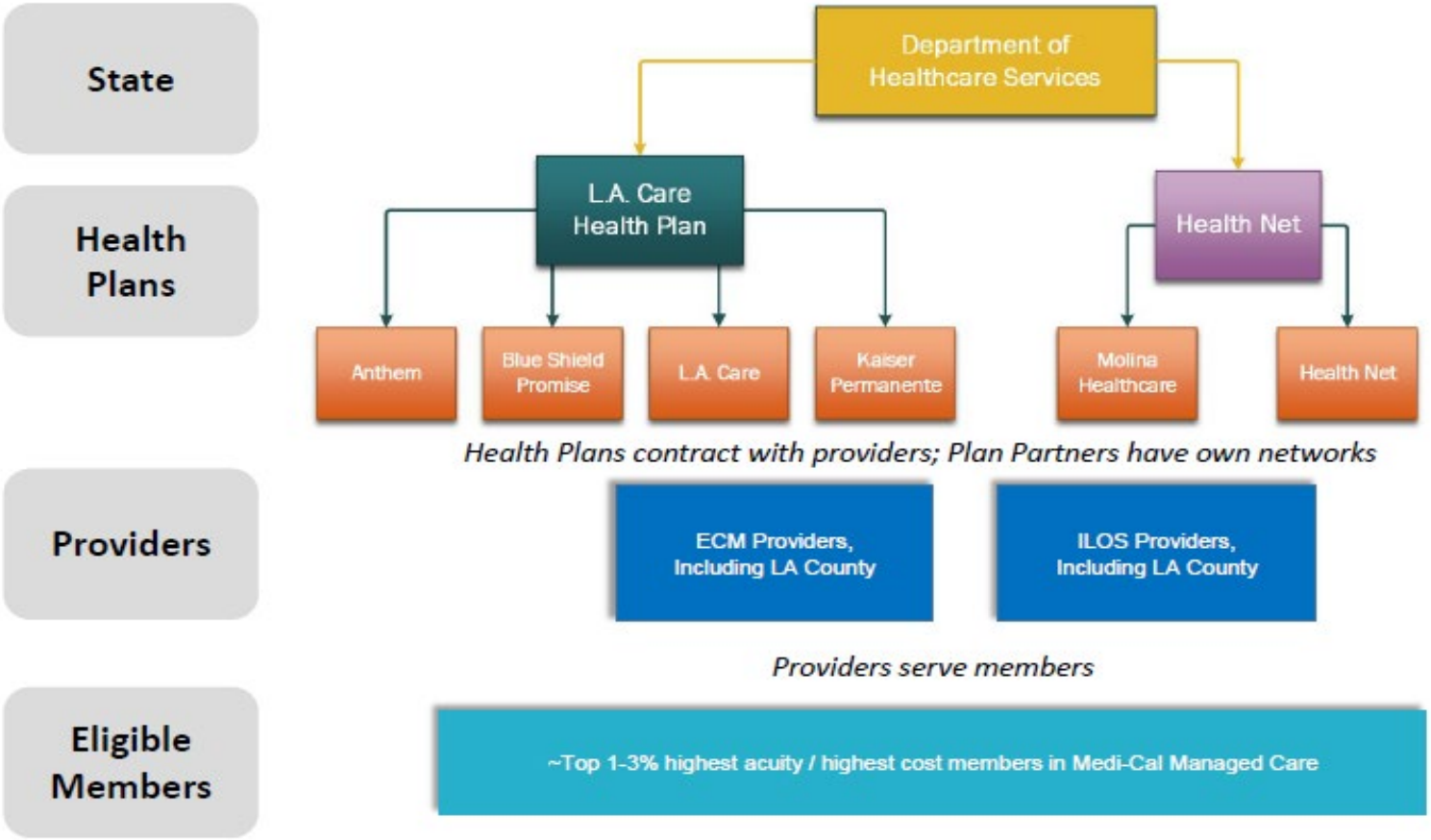
Future State: ECM and ILOS



Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

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ILOS Selections by LA County Managed Care Plan

Managed Care Plans	Selected ILOS for January 2022 Launch
Anthem Blue Cross	• Asthma Remediation • Environmental Accessibility Adaptation (Home Modifications) • Housing Deposits • Housing Tenancy and Sustaining Services • Housing Transition Navigation Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)
Blue Shield Promise	• Environmental Accessibility Adaptation (Home Modifications) • Housing Deposits • Housing Tenancy and Sustaining Services • Housing Transition Navigation Services • Meals/Medically Tailored Meals • Personal Care and Homemaker Services • Recuperative Care (Medical Respite) • Respite Services • Short-term Post-Hospitalization Housing

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

LOS ANGELES COUNTY COMMISSION ON HIV

ILOS Selections by LA County Managed Care Plan

Managed Care Plans	Selected ILOS for January 2022 Launch
Health Net	• Asthma Remediation • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite) • Sobering Centers
Kaiser Permanente	• Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)
L.A. Care Health Plan	• Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

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ILOS Selections by LA County Managed Care Plan

Managed Care Plans	Selected ILOS for January 2022 Launch
Molina Healthcare of California	• Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite) • Sobering Centers

- L.A. Care is working with DHCS on policies and procedures to ensure:
  - Adequate member communication and education
  - Access to those services offered by Plan Partners that are not affiliated with L.A. Care
- MCPs are coordinating:
  - Provider selection & certification process
  - Provider training, TA and capacity-building strategy

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

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ECM & ILOS Guidance & Requirements

- ECM & ILOS requirements that are in process or not final/unknown include the following:
  - ECM Staffing requirements & caseload
  - ECM eligible member count
  - ECM & ILOS Reporting requirements
  - ECM & ILOS Date sharing & authorization requirements
  - ECM & ILOS Training requirements

  - DHCS regularly updates their guidance on their website.
  - https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

LOS ANGELES COUNTY COMMISSION ON HIV

WPC-Supported County Programs Transitioning to Primary Care/ECM on January 1, 2022

Substance Use Disorder Engagement Navigation and Support

Transitions of Care

Source: L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals (itup.org)

LOS ANGELES COUNTY COMMISSION ON HIV

DHCS Behavioral Health – Key Changes

Behavioral Health Regional Contracting

- No substantial changes

DMC-ODS

- DHCS will request 5-year renewal from January 1, 2022- December 31, 2026
- Clarifies DHCS intends to provide non-DMC-ODS counties the opportunity to opt-in
- Notes items included in 12-month extension request
- Proposes adding ASAM level 0.5 for beneficiaries under age 21
- Proposed to add contingency management as an optional service
- Includes a suite of technical fixes form lessons learned to date

Source:CalAIM 2021 Proposal Overview

LOS ANGELES COUNTY COMMISSION ON HIV

Population of Focus #3: Adult SMI/SUD

Adults who:

(1) **meet the eligibility criteria** for participation in or obtaining services through:

- The county Specialty Mental Health (DMH) System **AND/OR**
- The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program.

AND

(2) are actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of Adverse Childhood Experiences (ACEs), former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors);

Source: CalAIM Enhanced Care Management Policy Guide

Population of Focus #3: Adult SMI/SUD Cont.

AND

(3) **Meet one or more of the following criteria:**

- Are at high risk for institutionalization, overdose and/or suicide;
- Use crisis services, emergency rooms, urgent care or inpatient stays as the sole source of care;
- Experienced two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months; or
- Are pregnant or post-partum women (12 months from delivery).

Source: CalAIM Enhanced Care Management Policy Guide

LOS ANGELES COUNTY COMMISSION ON HIV

SBP Committee Decision to Approve or Not Approve

Approve

- Would have standards in place to catch PLWH in transition to CalAIM
- Current standards as written include other services in addition to residential services
- Would need revisit document once CalAIM details are finalized/approved

Not approve

- Current contracts end Feb 2022
- Unknown waiting period
- Buys more time to study and await details

LOS ANGELES COUNTY
COMMISSION ON HIV

MOTION 3
SBP 12-7-21

SERVICE STANDARDS FOR SUBSTANCE USE OUTPATIENT CARE AND RESIDENTIAL SERVICES

Last Approved by the Commission on HIV on 4/13/2017
Revised 6/3/21. Final for SBP Approval 12-7-21

SUBSTANCE USE SERVICES
SERVICE STANDARDS

IMPORTANT: The service standards for Substance Use Outpatient Care and Residential Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:
Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

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

Service Standards: Ryan White HIV/AIDS Programs

INTRODUCTION

The service standards for 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 for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Substance Use Outpatient Care and Residential Service standards to establish the minimum services necessary to support clients through treatment and counseling services for drug or alcohol use disorders and promote engagement in medical care and treatment adherence to achieve viral load suppression.

The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, caucuses, and the public-at-large.

HRSA Definitions and Program Guidance

Substance Use Outpatient Care	Substance Use Residential Services
Per HRSA Policy Guidance, Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Use Outpatient Care service category include: • Screening	Per HRSA Policy Guidance, Substance Use Residential Services is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This

• 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 (MAT)
  ○ 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 HIV/AIDS Bureau (HAB)-specific guidance.
	service includes:
	• Pretreatment/recovery readiness programs
	• Harm reduction
	• Behavioral health counseling associated with substance use disorder
	• Medication-assisted therapy (MAT)
	• 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 Use Residential Services 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 Ryan white HIV/AIDS Program (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.
	
	Substance Use Residential Services seek to provide interim housing with supportive services for up to one (1) year exclusively designated and targeted for homeless or unstably housed persons living with HIV/AIDS in various stages of recovery from substance use disorder. The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional, permanent housing through assessment of the individual's needs,

	counseling, and case management.

All contractors must meet the Universal Standards of Care in addition to the following Substance Use Outpatient Care and Residential Services service standards.[1]

Service Components	Standard	Documentation
1a. Activities Based on client needs and assessment, providers must provide the following service activities: • Intake • Individual counseling • Group counseling • Patient education • Family therapy • Safeguard medications • Medication services • Collateral services • Crisis intervention services • Treatment planning • Discharge services	Agencies must maintain complete and thorough documentation of services provided to client.	Agencies maintain documentation based on Los Angeles County, Substance Abuse and Mental Health Services Administration (SAMHSA), and American Society of Addiction Medicine (ASAM) guidelines. Progress notes are thorough, dated, and verified by a licensed supervisor.
1b. Agency Licensing and Policies	**Outpatient Services:** Agency is licensed and accredited by appropriate state and local agency to provide substance use outpatient care services. **Residential Services:** Agencies must operate as a licensed adult residential facility, a transitional housing facility or a congregate living facility.	Current license(s) on file.

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

Service Components	Standard	Documentation
1c. Client Assessment and Reassessment	Assessments will be completed at the initiation of services and at minimum should assess whether the client is in care. Reassessments must be completed every 6 months.	Completed assessment in client chart signed and dated by Case Manager.
	Appropriate medical evaluation must be performed prior to initiating residential treatment services, including physical examinations when deemed necessary.	Medical record of physical examinations and medical evaluation by a licensed medical provider.
	Use the Medical Care Coordination (MCC) Assessment tool to determine acuity level and eligibility for MCC services.	Documentation of use MCC assessment tool as deemed appropriate by staff.
	Screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having co-occurring disorders.	Documentation of assessment in client file.
1d. Staff Competencies	Staff members are licensed or certified, as necessary, to provide substance use outpatient care and residential services and have experience and skills appropriate to the specified substance needed by the client. Bachelor's degree in a related field preferred and/or lived experience preferred.	Current license and résumé on file.
	Providers are responsible to provide culturally competent services. Services must be embedded in the organizational structure and upheld in day-to-day operations.	Agencies must have in place policies, procedures and practices that are consistent with the principles outlined in the National Standards for Culturally and Linguistically

		Appropriate Services in Health Care (CLAS).
	Use a trauma-informed approach following SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-aTrauma-Informed-Approach/SMA14-4884).	Training documentation in personnel and program files.
1e. Integrated Behavioral and Medical Care	All Ryan White funded substance use outpatient care and residential services must provide integrated services of behavioral health treatment and HIV medical care. An integrated behavioral health and HIV medical care program addresses alcohol, marijuana, cocaine, heroin, injection drug use (IDU), and prescription drug misuse; mental disorder treatment and HIV/viral hepatitis services, including HIV and hepatitis B and C testing; and use evidence-based interventions defined by the Substance Use and Mental Health Services Administration (SAMHSA).	A comprehensive written program service delivery protocol outlining how staff will deliver all service components based on Los Angeles County, SAMHSA, and ASAM guidelines.
	Agencies must have procedures for linkage/integration of Medication-Assisted Treatment (MAT) for patients to ensure adequate access to core components of substance use disorder (SUD) treatment.	Established protocols for MAT following prescribing standards from ASAM and SAMHSA.
	Agencies must use Evidence-Based Practices such as Motivational Interviewing and Cognitive Behavioral Therapy, relapse prevention, trauma-informed treatment, and psychoeducation.	Written evidence-based program protocol.

	Case management will assist patients in navigating and accessing mental health, physical health, and social service delivery systems.	Case notes must show that the initiating provider provided case management services and communicated with the next provider along the continuum of care to ensure smooth transitions between levels of care. If the client is referred to a different agency, case notes must show that the client has been successfully admitted for services with the new treating provider.
	Providers must deliver recovery support services to clients to sustain engagement and long-term retention in recovery, and re-engagement in SUD treatment and other services and supports as needed.	Written recovery support services protocol. MOUs with agencies for ensuring coordination of care.
	All clients who are considered to be at risk for viral hepatitis (B and C), as specified by the United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C screening, must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral.	Documentation of hepatitis screening and treatment described in client file.
1f. Individual Treatment Plan	Individual Treatment Plans (ITPs) will be developed collaboratively between the client and Case Manager within 7 calendar days (or as soon as possible) of completing the assessment or reassessment and, at minimum, should include: • Description of client goals and desired outcomes	Completed ITP in client chart, dated and signed by client and Case Manager.

	• Action steps to be taken and individuals responsible for the activity • Anticipated time for each action step and goal • Status of each goal as it is met, changed or determined to be unattainable	
1g. Linkage and Referral	Link clients and partners to appropriate community-based behavioral health services/systems including primary HIV care and antiretroviral treatment (ART), HIV pre-exposure prophylaxis (PrEP), viral hepatitis B and C, primary health care, and other recovery support services.	Documentation of linkage and referrals, follow-up care and treatment for in client case files.
	Ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers.	Documentation of linkage and referrals in client case files.
1h. Discharge Planning	Client Discharge Plan should be developed for every client, regardless of reason for discharge. At minimum, the Discharge Plan should include: • Reason for client discharge from services (i.e., treatment goals achieved, client requested termination of services, client left facility, client deceased, etc.) • Referrals to ongoing outpatient substance use treatment service • Identification of housing options and address at which client is expected to reside	Client record documentation contains signed and dated Discharge Plan with required Elements.

	• Identification of medical care provider from whom client is expected to receive treatment • Identification of case manager/care coordinator from whom client is expected to receive services • Source of client's HIV medications upon discharge	
	Client Discharge Plan should be provided to client.	Client record signed and dated progress notes reflect provision of Discharge Plan to client.

APPENDIX A: DEFINITIONS

Source: Substance Use Disorder Treatment Services Provider Manual, Version 5.0, Last Updated July 2020. Los Angeles County Department of Public Health, Substance Abuse Prevention and Control.

Collateral Services

Collateral Services are sessions between significant persons in the life of the patient (i.e., personal, not official or professional relationship with patient) and SUD counselors or Licenses Practitioner of the Healing Arts (LPHA) are used to obtain useful information regarding the patient to support the patient's recovery. The focus of Collateral Services is on better addressing the treatment needs of the patient.

Crisis Intervention Services

Crisis Intervention services include direct communication and dialogue between the staff and patient and are conducted when: 1) A threat to the physical and/or emotional health and well-being of the patient arises that is perceived as intolerable and beyond the patient's immediately available resources and coping mechanisms; or 2) An unforeseen event or circumstance occurs that results in or presents an imminent threat of serious relapse. These sessions are immediate and short-term encounters that focus on (1) stabilization and immediate management of the crisis, often by strengthening coping mechanisms and (2) alleviating a patient's biopsychosocial functioning and well-being after a crisis.

Discharge Services

Discharge services or discharge planning is the process of preparing the patient for referral into another level of care, post-treatment return, or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services. Discharge planning should identify a description of the patient's triggers, a plan to avoid relapse for each of these triggers and an overall support plan.

Family Therapy

Family therapy is a form of psychotherapy that involves both patients and their family members and uses specific techniques and evidence-based approaches (e.g. family systems theory, structural therapy, etc.) to improve the psychosocial impact of substance use and the dynamics of a social/family unit.

Field-based Services (FBS)

Field-based Services (FBS) are a method of mobile service delivery for SUD outpatient services case, management, and recovery support services (RSS) for patients with established medical necessity. FBS provide an opportunity for SUD network providers to address patient challenges to accessing traditional treatment settings, such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders).

Group Counseling
Group counseling sessions are designed to support discussion among patients, with guidance from the facilitator to support understanding and encourage participation, on psychosocial issues related to substance use.

Individual Counseling
Individual Counseling sessions are designed to support direct communication and dialogue between the staff and patient and focus on psychosocial issues related to substance use and goals outlined in the patient's individualized Treatment Plan.

Intake
Intake involves completing a series of administrative processes that are designed to ensure/verify eligibility, discuss program offerings, consent forms and other relevant documents. The intake process is a critical first step in establishing trust between the provider and the client and sets the stage for supporting the client in their treatment process.

Medication-assisted Treatment/Therapy (MAT)
Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.

Medication Services and Safeguarding Medications
Medication services and safeguarding medications include the prescription, administration, or supervised self-administration (in residential settings) of medication related to SUD treatment services or other necessary medications. Medication services may also include assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice or licensure.

Patient Education
Patient education sessions are designed to enable the facilitator to teach participants and encourage discussion among patients on research-based educational topics such as addiction, treatment, recovery, and associated health consequences with the goal of minimizing the harms of SUDs, lowering the risk of overdose and dependence, and minimizing adverse consequences related to substance use.

Treatment Plan/Planning
A treatment plan is an electronic or paper document that describes the patient's individualized diagnosis, strengths, needs, long-range goals, short-term goals, treatment and supportive interventions, and treatment providers.

BENEFITS SPECIALTY

DRAFT FOR REVIEW

12/2/2021

Benefits Specialty
SERVICE STANDARDS

IMPORTANT: The service standards for Benefits Specialty 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 Services: Determining Client Eligibility and Payor of Last Resort Program Clarification Notice (PCN) #21-02

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 outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Benefits Specialty standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality Benefits Specialty services when attending core medical and/or support services appointments and meetings. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, and the public-at-large.

BENEFITS SPECIALTY SERVICES (BSS): OVERVIEW

Benefits Specialty Services are client-centered activities that facilitate a client's access to public/private maintenance of health, social services, and disability benefits and programs. Benefits Specialty Services work to maximize public funding by helping clients identify all available health, social services, and disability benefits supported by funding streams in addition to Ryan White Part A funds. These services are designed to assist a client navigate care and social services systems outside of the service delivery network funded by the Ryan White Program, educate people living with HIV about public and private benefit programs, and aid in accessing and securing these benefits.

Benefits Specialty Services are unlicensed. All HIV Benefits Specialty Services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations and will respect the inherent dignity of each person living with HIV they serve. In addition, BSS contractors must adhere to contractual requirements stipulated by DHSP.

Benefits Specialists will assist clients directly or through referral in obtaining the following (at minimum):

Table 1. BENEFIT SPECIALTY SERVICES LIST

Health Care	• AIDS Drug Assistance Program (ADAP)* • Patient Assistance Programs (Pharmaceutical Companies)
Insurance	• State Office of AIDS Health Insurance Premium Payment (OA-HIPP) • Covered California/Health Insurance Marketplace • Medicaid/Medi-Cal/MyHealthLA • Medicare • Medicare Buy-in Programs • Private Insurance
Food and Nutrition	• CalFresh • DHSP-funded nutrition programs (food banks or home delivery services)
Disability	• Social Security Disability Insurance (SSDI) • State Disability Insurance • In-Home Supportive Services (IHSS)
Unemployment/Financial Assistance	• Unemployment Insurance (UI) • Worker's Compensation • Ability to Pay Program (ATP) • Supplemental Security Income (SSI) • State Supplementary Payments (SSP) • Cal-WORKS (TANF) • General Relief/General Relief Opportunities to Work (GROW)
Housing	• Section 8, Housing Opportunities for People with AIDS (HOPWA) and other housing programs • Rent and Mortgage Relief programs
Other	• Women, Infants and Children (WIC) • Childcare • Entitlement programs • Other public/private benefits programs • DHSP-funded services

All service providers receiving funds to provide Benefits specialty services are required to adhere to the following standards[1].

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

Table 2. BENEFITS SPECIALTY SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Benefits specialty programs will outreach to potential clients/families and providers.	Outreach plan on file at provider agency.
	Benefits specialty programs will collaborate with primary health care and supportive services providers.	Memoranda of Understanding on file at the provider agency.
Intake	The intake process will begin during first contact with client.	Intake tool in client file to include (at minimum): • Documentation of HIV status • Proof of LA County residency or Affidavit of Homelessness • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
	Consent for services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
	When indicated, the client will provide Disclosure of Duty Statement.	Signed and date Disclosure of Duty Statement in client file.
	Client will be informed of limitations of benefits	Signed and date Disclaimer in client file.

	specialty services through Disclaimer form.	
Benefits Assessment	Benefits assessments will be completed during first appointment.	Benefits assessment in client chart on file to include: • Date of assessment • Signature and title of staff person • Completed Assessment/Information form • Functional barriers • Notation of relevant benefits and entitlements and record of forms provided • Benefits service plans
Benefits Management	Benefits management services will be provided to clients who are enrolled in benefits programs and require advocacy to maintain their benefits.	Benefits assessment on file in client chart to include: • Date • Signature and title of staff person • Notation of relevant benefits and presenting issues(s) • Benefits service plan to address identifies benefits issue(s)
Benefits Service Plan (BSPs)	BSPs will be developed in conjunction with the client at the completion of the benefits assessment.	BSP on file in client chart that includes: • Name, date and signature of client and case manager • Benefits/entitlements for which to be applied • Functional barriers status and next steps • Disposition for each benefit/entitlement and/or referral
Appeals Counseling and Facilitation	As necessary, specialists will assist clients with appeals counseling and facilitation. Cases that require further legal assistance will be referred to Ryan White	Signed, date progress notes on file that detail (at minimum): • Brief description of counseling provided • Time spent with, or on behalf of, the client

	Program-funded or other legal service provider.	• Legal referrals (as indicated)
	Specialists will attempt to follow up missed appointments within one business day.	Progress notes on file in client chart detailing follow-up attempt.
Client Retention	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs will provider regular follow-up procedures to encourage and help maintain a client in benefits specialist services.	Documentation of attempts to contact tin signed, date progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
	Programs will develop and implement a client contact policy and procedure for homeless clients and those with no contact information.	Contact policy on file at provider agency. Program review and monitoring to conform.
Case Closure	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client chart.
	Benefits cases may be closed when the client: • Successfully completes benefits and entitlement applications • Seeks legal representation for benefits • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly of has not	Case closure summary on file in client chart to include: • Date and signature of benefits specialist • Date of case closure • Status of the BSP • Reasons for case closure

	complied with the client services agreement • Has died	
Staffing Development and Enhancement Activities	Benefits specialty programs will hire staff that have the ability to provide linguistically and culturally appropriate care to clients infected with and affected by ~~HIV~~.	Resume on file at provider agency to confirm.
	All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
	Benefits specialists will complete DHSP's certification training within three months of being hired and become ADAP and Ryan White/OA-HIPP certified in six months.	Documentation of Certification completion maintained in employee file.
	Staff will complete benefits specialty recertification training annually and will seek other training opportunities as available.	Documentation of training maintained in employee files to include: • Date, time, and location of training • Title of training • Staff members attending • Training provider • Training outline • Meeting agenda and/or minutes
	Benefits specialists will practice according to generally accepted ethical standards.	Program review and monitoring to confirm.
	Benefits specialists will receive a minimum of four hours of supervision per month.	Record of supervision on file at provider agency.

Appendix A: Definitions and Descriptions

Benefits Assessment is a cooperative and interactive face-to-face interview process during which the client's knowledge about and access to public and private benefits are identified and evaluated.

Benefits Management refers to benefits specialty services provided to individuals who are enrolled in various health and disability programs. The goal of benefits management is to provider advocacy that helps the individual maintain his or her benefits.

Case Closure is a systematic process of disenrolling clients form active benefits specialty services.

Client Intake is a process that determines a person's eligibility for benefits specialty services.

Entitlement Program are benefits that require financial contribution into the program prior to collecting from the program (e.g., State Disability Insurance (SDI) and Social Security Disability Insurance (SSDI)).

Legal Representation defines a process through which a consumer is represented by an attorney, paralegal and/or licensed/certified insurance adjustor. (Please see Legal Assistance Standard of Care.)

Outreach promotes the availability of and access to benefits specialty services to potential clients and services providers.

Public Benefits describe all financial and medical assistance programs funded by governmental sources.

Home-Based Case Management Services Standards of Care

DRAFT FOR REVIEW

12/2/2021

LOS ANGELES COUNTY
COMMISSION ON HIV

Home-Based Case Management Services
SERVICE STANDARDS

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

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

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

Service Standards: Ryan White HIV/AIDS Programs

Service standards 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 for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Home-Based Case Management Services standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality Home-Based Case Management services when attending core medical and/or support services appointments and meetings. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women's Caucus, and the public-at-large.

SERVICE INTRODUCTION

Home-based case management services are client-centered case management and social work activities that focus on care for people living with HIV who are functionally impaired and require intensive home and/or community-based care. Services are conducted by qualified Registered Nurse (RN) case managers and Master's degree-level social workers who facilitate optimal health outcomes for functionally impaired people living with HIV through advocacy, liaison and collaboration.

Home-based case management services may include:

- Assessment
- Service planning
- Attendant care
- Homemaker services
- Medical case management
- Care coordination
- Psychosocial case management
- Mental health therapy

The goals of home-based case management for functionally impaired people living with HIV include:

- Assessing and facilitating in-home services
- Helping clients locate needed health care and supportive services
- Helping service providers coordinate care for clients
- Helping clients understand and manage their medical diagnoses, including comorbidities and other health-related diagnoses that impact HIV care treatment
- Educating clients on reducing risks for HIV infection
- Helping patients adhere to medical regimens and drug therapies
- Helping clients transition appropriately to self-management and care
- Providing appropriate, quality, cost-effective care

All service providers receiving funds to provide Home-based Case Management services are required to adhere to the following standards.

Table 2. HOME-BASED CASE MANAGEMENT SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Home-based case management programs will outreach to potential patients and providers.	Outreach plan on file at provider agency.
Intake	Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility

		• Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
Intake	Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and date by client on file and updated annually.
Intake	Consent for Services will be completed.	Signed and dated Consent in client file.
Intake	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
Assessment	Assessments will be completed within 30 days following intake. Updates to the assessment will be done on a continuous basis, but no less than once every60 days.	Assessment or update on file in client record to include: • Date • Signature and title of staff person • Comprehensive medical information (detailed above) • Client's educational needs related to treatment • Assessment of psychological adjustment and coping • Consultation (or documented attempts) with health care and related social service providers • Assessment of need for home-health care services A client's primary support person should also be assessed for ability to serve as client's primary caretaker.
Service Plan	Home-based case management service plans will be developed in conjunction with the patient.	Home-based cased management service plan on file in client record to include:

		• Name of client, RN case manager and social worker • Date/signature of RN case manager and/or social worker • Documentation that plan has been discussed with client • Client goals, outcomes and dates of goal establishment • Steps to be taken to accomplish goals • Timeframe for goals • Number and type of client contacts • Recommendations on how to implement plan • Contingencies for anticipated problems or complications
Implementation and Evaluation of Service Plan	RN case managers and social workers will: • Provide referrals, advocacy and interventions based on the intake, assessment and case management plan • Monitor changes in the client's condition • Update/revise the case management plan • Provider interventions and linked referrals • Ensure coordination of care • Conduct monitoring and follow-up • Advocate on behalf of clients • Empower clients to use independent living strategies • Help clients resolve barriers	Signed, dated progress notes on file to detail (at minimum): • Description of client contacts and actions taken • Date and type of contact • Description of what occurred • Changes in the client's condition or circumstances • Progress made toward plan goals • Barriers to plan and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent

	• Follow up on plan goals • Maintain ongoing contact based on need • Be involved during hospitalization or follow-up after discharge from the hospital • Follow up missed appointments by the end of the next business day • Ensuring that State guidelines regarding ongoing eligibility are followed	• RN case manager's or social worker's signature and title
Attendant Care	Attendant care will be provided under supervision of a licensed nurse, as necessary.	Record of attendant care on file in client chart.
Attendant Care	When possible, programs will subcontract with at least HCOs or HHCs.	Contracts on file at provider agency.
Homemaker Services	Homemaker services will be provided under the supervision of a licensed nurse, as necessary.	Record of homemaker services on file in client record.
Homemaker Services	Homemaker services will be monitored at least once every 60 days.	Record of monitoring on file in the client record.
Homemaker Services	When possible, programs will subcontract with at least HCOs or HHCs.	Contracts on file at provider agency.
HIV Prevention, Education and Counseling	RN case managers and social workers will provide prevention and risk management education and counseling to all clients, partners and social affiliates.	Record of services on file in client medical record.
HIV Prevention, Education and Counseling	Case managers and social workers will: • Screen for risk behaviors • Communicate prevention messages • Discuss sexual practices and drug use • Reinforce sager behavior	Record of prevention services on file in client record.

	• Refer for substance abuse treatment • Facilitate partner notification, counseling and testing • Identify and treat sexually transmitted disease	
HIV Prevention, Education and Counseling	When indicated, clients will be referred to appropriately credentialed/licensed professionals for prevention education and counseling.	Record of linked referral on file in client record.
HIV Prevention, Education and Counseling	Case mangers and social workers will: • Screen for risk behaviors • Communicate prevention messages • Discuss sexual practices and drug use • Reinforce sager behavior • Refer for substance abuse treatment • Facilitate partner notification, counseling and testing • Identify and treat sexually transmitted diseases	Record or prevention services file in client record.
HIV Prevention, Education and Counseling	When indicated, clients will be referred to appropriately credentialed/licensed professionals for prevention education and counseling.	Record of linked referral on file in client record.
Referral and Coordination of Care	Home-based case management programs will maintain a comprehensive list of providers for full spectrum HIV-related services referrals.	Referral list on file at provider agency.
Referral and Coordination of Care	Home-based case management programs will collaborate with other agencies and providers to provide effective, appropriate referrals.	Memoranda of Understanding detailing collaborations on file at provider agency.

Referral and Coordination of Care	Home-based case management programs will develop procedures and protocols for referrals.	Written procedures and protocols on file at provider agency that includes proves for tracking and monitoring referrals.
Case Conference	Case Conferences held by RN and social worker (at minimum) will review and revise services plans at least every 60 days. Client or representative feedback will be sought.	Documentation of case conferences on file in client record to include names and titles of those participating in the review and client or representative input.
Patient Retention	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
Patient Retention	Programs will provide regular follow-up procedures to encourage and help maintain a client in home-based case management.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
Case Closure	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record
Case Closure	Home-based case management cases may by closed when the client: • Has achieved his or her home-based case management service plan goals • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not	Case closure summary on file in client chart to include: • Date and signature of RN case manager and/or social worker • Date of case closure • Service plan status • Statue of primary health care and service utilization • Referrals provided • Reason for closure • Criteria for re-entry into services

	complied with the client services agreement • Has died	
Policies, Procedures and Protocols	Home-based case management programs will have written policies procedures and protocols, including eligibility criteria.	Policies, procedures and protocols on file at provider agency.
Staffing Requirements and Qualifications	RNs providing home-based case management services will: • Hold a license in good standing form the California State Board of Registered Nursing • Have graduated from a accredited nursing program with a BSN or two-year nursing associate's degree • Have two year's post-degree experience and one year's community or public health nursing experience • Practice within the scope defined in the California Business & Professional Code, Section 2725	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
Staffing Requirements and Qualifications	Social workers providing home-based case management services will hold an MSW or related degree and practice according to State and Federal guidelines and the Social Work Code of ethics	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
Staffing Requirements and Qualifications	RN case managers and social workers will attend an annual training/briefing on public/private benefits.	Documentation of attendance in employee files.
Staffing Requirements and Qualifications	Staff will maintain licenses by completing continuing education requirements of their respective professional boards.	Record of continuing education in employee files at provider agency.

DEFINITIONS AND DESCRIPTIONS

Assessment is a comprehensive evaluation of each client's physical, psychological, social, environmental and financial status to determine the type and level of service needs. Assessments will be performed in accordance with guidelines set forth by the California Department of Public Health (CDPH) Case Management Program (CMP).
Attendant care includes the provision of non-medical personal care by a home health aide or nurse assistant certified by the CDPH. Services are provided under the direct supervision of a licensed nurse.
Home care organization (HCO) is an entity that provides attendant care and/or homemaker services only. HCOs are not licensed by the CDPH and are not subject to State-issued service standards or criteria.
Home health agency (HHA) is a public or private entity that provides skilled nursing and other therapeutic services to clients in their place of residence under a treatment plan prescribed by an attending physician. HHAs must be qualified and licensed by the CDPH as a home health agency.
Homemaker services include general household activities performed when the client is unable to manage home care for himself or herself at home. Services are provided under the direct supervision of a licensed nurse.
Registered Nurse (RN) case management services include the provision of comprehensive medical case management for people living with HIV who require intensive home and/or community-based services.
Service plan is a written document identifying a client's problems and needs, intended interventions and expected results, including short- and long-range goals written in measurable terms.
Social work case management services include the provision of comprehensive social work case management services including, but not limited to, psychosocial, financial, housing and related concerns for people living with HIV who require intensive home- and/or community-based services.
Social workers, as defined in this standard, are individuals who hold a Master's degree in social work or related field from an accredited program.