LOS ANGELES COUNTY
COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES COMMITTEE Virtual Meeting

Tuesday, September 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-Committee

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Event #/Meeting Info/Access Code: 2597 811 1030

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LOS ANGELES COUNTY
COMMISSION ON HIV

AGENDA FOR THE **VIRTUAL** MEETING OF THE

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, September 7, 2021, 10:00 AM – 12:00 PM

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

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or Dial

1-415-655-0001

Event Number/Access code: 2597-811-1030

(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
Mark Mintline, DDS	Paul 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	Amiya Wilson (LOA)*		
QUORUM: 9			

*LOA: Leave of Absence

AGENDA POSTED: September 2, 2021

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

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SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located at 501 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated 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 – 10:30 AM
- Commission and Committee Updates
- COH and DHSP Roles and Responsibilities Brief Overview

6. Co-Chair Report 10:30 AM – 11:00 AM
- Ending the HIV Epidemic

- 2021 Workplan Review & Opportunities to Support Task Forces and Caucuses
- Propose guiding questions for Caucuses/Task Forces to Develop Best Practices/Guidelines
- Committee Member Introductions/Getting to Know you
- "So, You Want to Talk About Race" by I. Oluo Reading Activity
  - Excerpts Only- from Chapters 8 or 9

7. Division of HIV & STD Programs (DHSP) Report 11:00 AM – 11:05 AM

V. DISCUSSION ITEMS

8. Benefits Specialty Service Standard Review 11:05 AM – 11:45 AM

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 September 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.**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/06/21

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	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
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**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng 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
GARTH	**Gerald**	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	**Jerry**	AETC	Part F Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
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
HACK	**Damontae**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KAMURIGI	**Nestor**	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LEE	**David**	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	**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
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
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ROBINSON	**Mallery**	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
RODRIGUEZ	**Isabella**	No Affiliation	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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)
SPEARS	**Tony**	Capitol Drugs	No Ryan White or prevention contracts
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
ULLOA	**Maribel**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	**Rene**	Via Care Community Clinic	Biomedical HIV Prevention
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Kayla**	No Affiliation	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
WILSON	**Amiya**	Unique Women's Coalition	No Ryan White or prevention contracts

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

August 3, 2021

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

**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=g09VcvqbZyE%3d&portalid=22

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: The meeting to order at 10:02 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 07/06/2021 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 business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

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

- C. Barrit described the partnership between the Planning, Priorities, and Allocations (PP&A) committee and the Standards and Best Practices (SBP) committee and encouraged new committee members to ask questions and lean on Commission on HIV (COH) staff and the SBP committee co-chairs for any clarification they may need.
- C. Barrit stated that the COH is the federally mandated HIV planning council for Los Angeles County and one of the few integrated prevention and care planning bodies. There are 51 seats in the COH with the intent to have sound representation of stakeholders including providers, prevention experts and care experts to tackle HIV, other Sexually Transmitted Diseases (STDs) and other social issues that impact HIV work. SBP Committee members sit on the full-body and partake in the review process of Ryan White service categories to make sure that there are standards for funded categories and ensure that the contracted providers through the Division on HIV and STD Programs (DHSP) follow a minimal set of expectations for delivery of services. Ryan White is the federal legislation that governs publicly funded health care for people living with HIV in the Country. There are different parts, Part A, Part B, Part C, Part D, and Part F. A goes to local health departments at the county level; B goes to the States primarily to support drug assistance programs; C is for community clinics and Federally Qualified Health Centers; D is for women, infants, and children, and maternal and child health; F is for dental as well as AIDS education training centers and research around Special Projects of National Significance. The key responsibility of the planning council is to rank the service categories under Ryan White and fund those services, not specific agencies. The SBP Committee will review the service categories that are currently funded and ensure there are services standards for those funded categories. The recommendations made by the PP&A committee will be presented to the full-body and this will go on the application for the Part A funding DHSP submits to the Federal government.
- C. Barrit noted that the PP&A committee will continue their deliberations on August 17th and all SBP committee members are encouraged to participate.
- C. Barrit reported that COH staff are moving into the new building this upcoming Friday and thanked the committee members for being patient with COH staff as they are juggling the move and supporting the various COH committees at the same time.
- Erika Davies thanked C. Barrit for providing background information on the partnership between the PP&A Committee and the SBP Committee. E. Davies also noted the importance of having consumers be part of the ranking and allocation process and asked committee members to encourage other consumers to join the COH.

6. CO-CHAIR REPORT

a. Ending the HIV Epidemic

- C. Barrit shared that the EHE leads --K. Stalter, Felipe Findley, Katja Nelson, and Bridget Gordon-- are focusing on the COH and challenging all commissioners to respond to the question: What are we doing to end HIV within the framework in charge of the COH? Another idea is to dedicate time during the COH meetings to facilitate conversations with key decision makers around issues affecting ending the HIV epidemic such as housing, mental health, and other social determinants of health.
- B. Gordon stated that this should be work as a team on this and she does not think the steering committee was not interested in working together as a team with the EHE leads.
- C. Barrit shared that the steering committee and the COH are two separate groups, and we are focusing on our charge within the COH.

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

- C. Barrit shared that the Aging Task Force working diligently to develop a proposed care framework that includes key assessments and screenings for People Living with HIV (PLWH) over 50 that will be presented at

Executive Committee and full-body meetings this month. In September, the ATF will have speakers/panelists to commemorate HIV/AIDS awareness in older adults and unveil the framework at the September meeting seek feedback from the group. The ATF requested continued collaboration with the SBP Committee and to seek input from ATF members when reviewing the Benefits Specialty and Home-Base Case Management service standards. ATF also recommended the SBP Committee consider developing specific best practices of care for older adults living with HIV.

- K. Stalter asked if the ATF recommendation meant having a separate standard for the aging or a subsection in each of the standards for the aging.
- C. Barrit clarified that standards are to cover all populations as a minimal service expectation that go into contracts and monitoring. The SBP Committee has precedent in developing multiple best practice/guidelines documents for different populations.

c. Committee Member Introductions/Getting to Know you

- K. Stalter will follow-up with J. Rangel-Garibay to draft a list of committee members who have not introduced themselves yet as well as determine the next discussion topic for the "Getting to Know You" activity.
- COH staff member C Barrit introduced herself and shared she worked for the City of Long Beach for 15 years prior to joining the COH in February 2016. Shared that joining meetings she experiences a blessed sense of multiple emotions every time she goes into the space. She has also worked as a Fellow and Public Health Advisor at the National Institutes of Health where she did policy and research translation work. She earned a master's in public and International Affairs from the University of Pittsburg and is interested in the intersection between economics, policy, and health. She is a mother and is blessed to have the support of her partner in life and siblings.

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

- E. Davies read an except from chapter 7 about Affirmative Action.

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

- Wendy Garland reported there were no updates for this month. DSHP is in the middle of working on the Ryan White application due in October. W. Garland mentioned that DHSP is developing a report summary of the data presented at the PP&A Committee meeting earlier this month.

V. DISCUSSION ITEMS

7. Service Standards Development Training Debrief

a. E. Davies shared getting feedback from DHSP regarding how the services are used to revisit lessons learned into future service standards.

b. COH staff shared a diagram of the suggested process available in the meeting packet.

c. The SBP Committee would need to dedicate time to review the Service Standard Development Cycle in collaboration with DHSP staff. Emily Gantz-McKay shared information on potential models of planning councils working with their recipients to incorporate service standards into Request for Proposal (RFP) and contracts.

d. Harold San Agustin commented that as a provider at an agency that is a recipient of contracts with DHSP, and during the most recent audit cycle, they learned that each contract has a designated manager within DHSP, review the SBP Committee service standards and the Scope of Work used by contract managers at DHSP. Would be beneficial to receive unfiltered feedback from the sub-recipients. They shared the audit felt unilateral but not adversarial. W. Garland agreed that changes to the Service Standards Development Cycle would require collaboration with DHSP staff.

e. J. Rangel-Garibay noted that the July meeting minutes includes a list of highlights from the Service Standards Development training and directed committee members to email him or Cheryl to request the link for the training recording.

8. Substance Use and Residential Treatment Standards Review

a. J. Rangel-Garibay noted that a Comment Log for the Substance Use and Residential Treatment Standards is included in the meeting packet.

b. SBP committee members submitted feedback on the Substance Use Treatment Services and Residential service standards and during the meeting we reviewed the comments. E. Davies led a discussion on the comments

submitted. These are highlights from the changes made to the SUD document based on the group discussion:

- All typo corrections are adopted as listed on the Comment Log included in the meeting packet.
- Keep the phrasing "Substance Use Disorder" to align with the Drug Medi-Cal terminology to avoid any confusion.
- Include hyperlinks to the Appendix for words/terms requiring further explanation. All definitions are included in the Appendix and placed at the end of the document to maintain consistency with the rest of the Service Standards documents.
- Add "medical" to Service Component 1c. Client Assessment and Reassessment under the Standard column.
- Alter the phrasing in Service Component 1c. Client Assessment and Reassessment in the Standard Column to read, "Use the Medical Care Coordination (MCC) Screening Tool to determine need and eligibility for MCC services".
- Alter the phrasing in Service Component 1c. Client Assessment and Reassessment in the Documentation column to read, "Documentation of screened for MCC services".
- Fix the broken link for the SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach
- All other comments were deferred given that they are out of the SBP Committee's scope. Per the July Service Standard Development Training, keep activity definitions concise and descriptive of the minimal level of service, and leave implementation to the sub-recipient agencies.

c. After COH staff complete the edits, the document will be posted for a 30-day public comment period.

VI. NEXT STEPS

a. **TASK/ASSIGNMENTS RECAP**:

- Continue Getting to Know You activity.
- Continue reading activity with an excerpt from either Chapter 8 or 9 of the *So, You Want to Talk About Race* book.
- COH staff will follow-up on inquiry regarding the populations that use SUD services and if this includes youth.
- COH staff will edit the Substance Use and Residential Treatment Standards document to reflect the comments reviewed during the meeting and post the document for a 30-day public comment period.

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Begin review process for the Benefits Specialty and Home-based Case Management service standards

VII. ANNOUNCEMENTS

13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There no announcements.

VIII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 12:00 pm.

What kind of data you have that you can share with us about how the service standards are doing?

DHSP and COH Roles and Responsibilities

- DHSP and COH = two independent entities, both with legislative authority and roles
- Some roles belong to one entity and some are shared
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, *plus:*
  - Communications, information sharing, and collaboration between the recipient, COH, and COH support staff
  - Ongoing consumer and community involvement

COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	COH
Carry Out Needs Assessment	PP&A	X	X
Do Comprehensive Planning	PP&A	X	X
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities	PP&A	X	X
Evaluate Effectiveness of Care Strategies	SBP	X	X
Do Quality Management		X	[Care Standards & Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		X
Member Recruitment, Retention and Training	Operations		X

* Sole responsibility of RWHAP Part A Planning Councils

Role of COH Staff

- **Assist the COH to carry out its legislative responsibilities and to operate effectively as an independent planning body**
- Staff committees and COH meetings
- Provide expert advice on Ryan White legislative requirements and HRSA/HAB/C DC regulations and expectations
- Oversee a training program for members
- Encourage member involvement and retention, with special focus on consumers
- Serve as liaison with DHSP
- Help the PC manage its budget
- Be involved *only* with supporting RWHAP Part A-related activities; COH public policy activities do not use RW funds

LOS ANGELES COUNTY COMMISSION ON HIV

SERVICE STANDARDS REVISION DATE TRACKER as of 3/16/2021

	Standard Title	DHSP Program(s)	Date of Last Standard Revision	Program Currently Funded	Contract Expiration Date	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment		2009			ADAP contracts directly with agencies
Non-Medical Case Management						
2	Benefits Specialty	Benefits Specialty Services	2009	X	February 28, 2022	
3	Case Management, Transitional – Youth	Transitional Case Management-Youth	4/13/2017		March 31, 2020	Last funded two providers for this service through March 31, 2020
4	Case Management, Transitional – Incarcerated/Post Release	Transitional Case Management-Jails	4/13/2017	X	February 28, 2022	
5	Non-Medical Case Management	Linkage Case Management	12/12/2019		March 31, 2017	No longer funded.
6	Childcare		2009; currently being updated; latest draft revision date 12/14/2020			Last funded in 2009.
7	Emergency Financial Assistance Program (EFA)	EFA	6/11/2020	X	February 28, 2022	

8	Home-Based Case Management	Home-Based Case Management	2009	X	June 30, 2021	Contracts to be renewed for an additional 12 months in June 2021.
9	Hospice		2009			
10	Housing, Temporary: • Hotel/motel and meal vouchers, • Emergency shelter programs, • Transitional housing, • Income-based Rental Assistance, • Residential Care Facility for the Chronically Ill, and • Transitional Residential Care Facility	• Transitional Residential Care facilities (TRCF) • Residential Care facilities for the Chronically Ill (RCFCI) • Substance Use Transitional Housing (SUTH)	2/8/2018	X	February 28, 2022	
11	Housing, Permanent Supportive	Permanent Supportive Housing	2/8/2018		N/A	No contracts in permanent housing only temporary and worked with other entities for permanent housing (eg. DHS Housing for Health MOU).
12	Language Interpretation		2009		February 28, 2021	Contract expired 2-28-21, no response from provider need to solicit for new services again.
13	Legal	Legal Services	7/12/2018	X	August 24, 2024	New provider started December 2020
14	Medical Care Coordination	Medical Care Coordination	2/14/2019	X	February 28, 2022	New contracts started 3-1-19
15	Mental Health, Psychiatry, and Psychotherapy	Mental Health	2009	X	February 28, 2022	New FFS model started 8-1-17

16	Nutrition Support	• Food Bank • Home Delivery	2009	X	February 28, 2022	
17	Oral Health • Practice Guidelines for Treatment of HIV Patients in General Dentistry	• General Oral Health • Specialty Oral Health	2009 2015	X	February 28, 2022	
18	Outreach		2009		N/A	Never funded as a stand-alone contract. but has been part of Health Education/Risk Reduction. Linkage and Re-engagement Program (LRP) and partner services were supported as HRSA Part A Outreach Services. No contract for LRP and partner services because these activities are conducted by DHSP staff.
19	Peer Support		2009; integrated in Psychosocial Support 9/10/2020		October 15, 2009	No longer funded. Terminated due to state cuts back in 2009.
20	Permanency Planning		2009		February 28, 2010	No longer funded. It can be addressed by either BSS or Legal. Merged under legal contract in 2010.
21	Prevention Services: • Assessment; • HIV/STD Testing and Retesting; • Linkage to HIV Medical Care and Biomedical Prevention;		6/14/2018		HERR; 06/30/2021 VP: 12/31/2022 HIV Testing: 12/31 2022	"Take Me Home" online self HIV testing kits distributed through MOU with NASTAD. Self HIV tests kits also pending distribution through HIV/STD Testing contracts and with non-traditional community partners through MOUs.

	• Referral and Linkages to Non-biomedical Prevention; • Retention and Adherence to Medical Care, ART; and • Other Prevention Services				STD screening and Treatment: 12/31/2022 BIomedical: 6/30/2021	Currently evaluating extension of Biomedical contracts
22	Psychosocial Support		9/10/2020		August 31, 2017	No longer funded
23	Referral Services		2009		N/A	Not funded as a standalone service, included under various modalities
24	Residential Care and Housing		2009; integrated in Temporary and Permanent Supportive Housing 2/8/2018		(See #9 and 10)	
25	Skilled Nursing Facilities		2009		February 28, 2010	No longer funded replaced with RCFCI and TRCF- see under #24
26	Substance Use and Residential Treatment		4/13/2017		February 28, 2019	No longer funded. Funded by SAPC
27	Transportation		2009	X	February 28, 2023	New contracts began 6-1-20 and 9-1-20
28	Treatment Education		2009		October 15, 2009	No longer funded. Terminated due to state cuts. Activities incorporated into other programs (e.g. U=U social marketing)
29	Universal Standards		9/12/2019; currently being updated; latest draft		N/A	Not a program – standards that apply to all services

			revision date 12/16/2020 released for public comments			

STANDARDS AND BEST PRACTICES COMMITTEE 2021 WORK PLAN
Updated 9/02/21 (Revisions in RED)

Co-Chairs: Erika Davies & Kevin Stalter		
Approval Date: 3/1/21	**Revision Dates: 3/10/21, 4/14/21, 9/2/21**	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021. **Prioritization Criteria:** Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.		
#	**TASK/ACTIVITY**	**TARGET COMPLETION DATE**
1	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission • Work with the BAAC TF to explore feasibility of designating a member to attend SBP meetings. • Seek input from the Aging Task Force (ATF) on service standards. Benefits Specialty and Home-Based Case Management services were cited as examples. Committee will provide guiding questions for COH Task Forces, Caucuses, and Workgroups to develop best practices/guidelines for their respective groups.	Start Jan/Ongoing
~~2~~	~~Complete Universal service standards.~~ COMPLETED	~~March-Executive Committee April- COH~~
3	Complete Childcare service standards. ~~Waiting for DHSP on provider survey results/summary.~~ Survey results presented on 4/6/21 COMPLETED	May
4	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan: • Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	~~On hold~~ Ongoing
5	Update Substance use outpatient and residential treatment service standards. SUD service standards posted for a 30-public comment period starting 8/23 and ending on 9/22.	July
6	Update Benefits Specialty service standards. Committee will begin review process on 9/7/2021.	~~August~~ September
7	Update Home-based Case Management service standards. Committee will begin review process during October meeting.	~~September~~ October

LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Get connected to services: https://hivconnect.org/

PUBLIC COMMENT PERIOD

Substance Use Disorder and Residential Treatment Service Standards

August 23, 2021 - September 22, 2021

PUBLIC COMMENTS NEEDED!

The Los Angeles County Commission on HIV announces an opportunity for the public to offer comments for the draft Substance Use Disorder and Residential Treatment Service Standards being updated by the Standards and Best Practices Committee. The document can be viewed at: https://tinyurl.com/2b88773p

EMAIL COMMENTS TO:
HIVCOMM@LACHIV.ORG

The 30-day public comment period will begin on August 23rd, 2021 and ends on September 22nd, 2021.

Join the Commission on HIV Email Listserv, Click Here
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LOS ANGELES COUNTY
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?

STANDARDS OF CARE

Los Angeles County Commission on HIV

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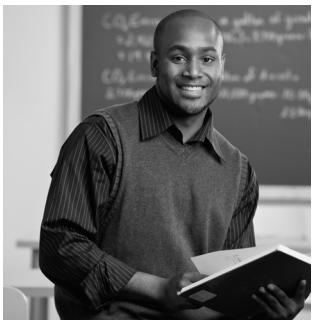
BENEFITS SPECIALTY SERVICES



STANDARDS OF CARE

Los Angeles County Commission on HIV

BENEFITS SPECIALTY SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Benefits specialty services facilitate a client's access to public/private health and disability benefits and programs. Benefits specialty services work to maximize public funding by helping clients identify all available health and disability benefits supported by funding streams other than the Ryan White Part A funds.

These services are designed to:

- Assist a client's entry into and movement through care service systems outside of the service delivery network funded by the Ryan White Program
- Educate people living with HIV about public and private benefits and entitlement programs and provide assistance in accessing and securing these benefits

Benefits specialty services can include:

- Assessment of benefit need and eligibility
- Assistance with completing benefit paperwork
- Assistance and management of benefits issues for clients who are enrolled in health and disability programs

The goal of benefits specialty services is to ensure that people living with HIV are receiving all of the aid from various benefit and entitlement programs for which they are eligible and entitled.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Benefits specialty services are unlicensed. All benefits specialty services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

SERVICE CONSIDERATIONS

General Considerations: Benefits specialty services will respect the inherent dignity of each person living with HIV they serve. Services will be client-driven, aiming to increase a client's sense of empowerment and self-advocacy. All benefits specialty services will be linguistically and culturally appropriate to the target population.

Outreach: Programs providing benefits specialty services will conduct outreach activities to potential clients and HIV service providers to promote the availability of and access to benefits specialty services. Programs will collaborate with HIV primary health care and support services providers, as well as HIV testing sites.

Intake: Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client.

Benefits Assessment: Benefits assessments are completed in a cooperative, interactive, face-to-face interview process whenever possible and are conducted to:

- Determine a client's need for benefits advocacy
- Educate a client about available benefits and entitlements
- Identify appropriate benefits and entitlements with the client
- Preliminarily assess a client's eligibility for benefits and entitlements
- Provide necessary referrals, forms and instructions, as indicated
- Identify any benefits-related barriers the client is experiencing
- Determine whether the client has already sought legal recourse related to services for which he or she is seeking benefits

Benefits Management: Benefits management refers to the benefit counseling needs that many clients have once they are enrolled in various health and disability benefits programs.

Benefits Service Plan (BSP): A benefits service plan is developed in conjunction with the client to determine the benefits and entitlements for which the client will be referred to apply or the plan that the specialist will develop to help the client resolve his or her current benefits issue(s).The benefits specialist is responsible for providing advocacy.

Services include appeals counseling and facilitation.

Application or Recertification Assistance: Clients with significant functional barriers will be given an appointment within two weeks of assessment to assist in the completion of relevant applications or recertifications. This assistance will be provided in a one-on-one meeting with the same benefits specialist that completed the client's assessment whenever possible.

Appeals Counseling and Facilitation: Clients denied a benefit or medical service will be offered individual appeals counseling and facilitation services. Specialists will educate and advise clients on methods to address appeals, and, when indicated, accompany them to the appeal in a facilitative role (not as a legal representative).

Client Retention: Programs will strive to retain clients in benefits specialty services. To ensure continuity of service and retention of clients, programs will be required to establish a broken appointment policy.

Case Closure: Case closure is a systematic process for disenrolling clients/families from active benefits specialty services. The process includes formally notifying clients/families of pending case closure and completing a case closure summary to be kept on file in the client chart.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Benefits specialists will hold a Bachelor's degree in an area of human services and/or certification in self-insurance liability; a high school diploma (or general education development (GED) equivalent) and have at least one year's experience working as an HIV case manager or HIV policy advocate, or at least three years' experience working within a related health services field.

Benefits specialists will be knowledgeable about the HIV disease process and the

psychological effects of living with HIV, as well as the co-morbidities of substance abuse and mental illness and their effects on the management of HIV illness.

Further, benefits specialists will have:

- Effective interviewing and assessment skills
- Ability to appropriately interact and collaborate with others
- Effective written/verbal communication skills
- Ability to work independently
- Effective problem-solving skills
- Ability to respond appropriately in crisis situations
- Effective organizational skills

All benefits specialists will successfully complete the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—Benefits Specialty Certification Training within three months of being hired. In addition, specialists will successfully complete certification in Ryan White/Health Insurance Premium Payment Program (HIPP) and AIDS Drug Assistance Program (ADAP) within six months of being hired, as well as any requisite training (as appropriate).





STANDARDS OF CARE

Los Angeles County Commission on HIV

BENEFITS SPECIALTY SERVICES

SERVICE INTRODUCTION

Benefits specialty services facilitate a client's access to public/private health and disability benefits and programs. Benefits specialty services work to maximize public funding by helping clients identify all available health and disability benefits supported by funding streams other than the Ryan White Part A funds.

These services are designed to:

- Assist a client's entry into and movement through care service systems outside of the service delivery network funded by the Ryan White Program
- Educate people living with HIV about public and private benefits and entitlement programs and to provide assistance in accessing and securing these benefits

Benefits specialty services can include:

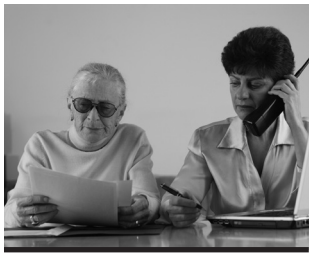
- Assessment of benefit need and eligibility
- Assistance with completing benefit paperwork
- Appeals counseling and facilitation
- Assistance and management of benefits issues for clients who are enrolled in health and disability programs

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

The goal of benefits specialty services is to ensure that people living with HIV are receiving all of the aid from various benefit and entitlement programs for which they are eligible and entitled.

Recurring themes in this standard include:

- Benefits specialty services will respect the dignity and self determination of clients.
- Benefits specialists will tailor their interventions to the functional abilities of their clients.
- Benefits specialists will follow up with their clients throughout the benefits process.
- Benefits specialists will be required to have specialized training and expertise in benefits and entitlements.



Specialists can assist with benefit paperwork.

- Benefits specialists will establish collaborative relationships with key benefits partners (Social Security, Department of Public Social Service, California Department of Public Health (CDPH), Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP), ADAP and Ryan White/HIPP, other grantees).

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

This document represents a synthesis of published standards and research, including:

- *ProBenefit$ Handbook*, AIDS Project Los Angeles
- *Program Policies and Procedures for Benefits Specialty Services*, AIDS Project Los Angeles
- *Client Advocacy Definitions*, Commission on HIV
- Standards of care developed by several other Ryan White Title 1 Planning Councils—most valuable in the drafting of this standard was Baltimore, 2004

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Benefits specialty services are unlicensed. All benefits specialty services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

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 provide advocacy that helps the individual maintain his or her benefits.

Case closure is a systematic process of disenrolling clients from active benefits specialty services.

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

Entitlement programs 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 service providers.

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

HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

Linking clients to resources can be time-consuming and complex, often involving a mix of advocacy and mediation (Chernesky & Grube, 2000). A 2002 New York City study on formal client assessment, found the development of a care plan and assistance in securing public benefits to be key factors in a significantly increased likelihood of a client's entering and maintaining medical care (Messeri et al., 2002).

Other studies have shown that the receipt of ancillary services (including client advocacy) has been significantly associated with increased use of primary medical care (Ashman, Conviser & Pounds, 2002). This finding may suggest that helping clients to solve problems not directly related to primary care may empower them to seek and obtain it (Ashman, Conviser & Pounds, 2002).

SERVICE COMPONENTS

Benefits specialty services are client-centered activities that facilitate a client's access to public maintenance of health and disability benefits and services. Benefits specialty services focus on assisting a client's entry into and movement through care service systems outside of the service delivery network funded by the Ryan White Program.

Specialists are responsible for:

- Ensuring that their clients are receiving all the benefits and entitlements for which they are eligible
- Educating clients about available benefit and entitlement programs and assessing their eligibility for them
- Assisting clients with applications, providing advocacy with appeals and denials
- Assisting with recertifications, providing advocacy in other areas relevant to maintaining benefits

Specialists will explore as possible options for their clients the following benefits (at minimum):

- AIDS Drug Assistance Program (ADAP)
- Ability to Pay Programs (ATP)
- Cal-WORKs
- CARE/Health Insurance Premium Payment (CARE/HIPP)
- Food Stamps
- General Relief/General Relief Opportunities to Work (GROW)
- In Home Supportive Services (IHSS)

- Insurance Continuation (COBRA, OBRA, HIPAA)
- Healthy Families Program
- Major Risk Medical Insurance Program (MRMIP)
- Managed Care Systems
- Medicaid/Medi-Cal
- Medi-Cal/Health Insurance Premium Payment Program (Medi-Cal/HIPP)
- Medicare
- Medicare Savings Programs
- Pharmaceutical Patient Assistance Programs (PAPs)
- Private Insurance
- Social Security Programs
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Social Security Retirement
- State Disability Insurance (SDI)
- Temporary Aid to Needy Families (TANF)
- Unemployment Insurance (UI)
- Veteran's Administration Benefits (VA)
- Women, Infants and Children (WIC)
- Worker's compensation
- Other public/private benefits programs

In addition to assessing eligibility for the programs listed above, specialists will address the unique benefits needs of specific populations including (but not limited to):

- Immigrants
- Veterans
- Individuals who have recently been incarcerated
- Families and children
- Benefits specialty services will respect the inherent dignity of each person living with HIV they serve. Services will be client-driven, aiming to increase a client's sense of empowerment and self-advocacy. All HIV benefits specialty services will be linguistically and culturally appropriate to the target population. (See Program Requirements and Guidelines in the Standards of Care Introduction)

Benefits specialists will use training and resource materials provided by the DHSP, as well as other relevant training and educational materials.

Benefits specialty services are comprised of:

- Assessment of benefit need and eligibility
- Assistance with completing benefit paperwork
- Appeals counseling, facilitation and referral

OUTREACH

Programs providing benefits specialty services will conduct outreach activities to potential clients and HIV service providers to promote the availability of and access to benefits specialty services. Programs will collaborate with HIV primary health care and support services providers, as well as HIV testing sites.

STANDARD	MEASURE
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 service providers.	Memoranda of Understanding on file at the provider agency.

INTAKE

Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. The complete intake process, including registration and eligibility, is required for every client at his or her point of entry into the service system. If an agency or other funded entity has the required information and documentation on file in the agency record for that client or in the countywide data management system, further intake is not required.

In the intake process and throughout benefits specialty service delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released).

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

- Written documentation of HIV status
- Proof of Los Angeles County residency or Affidavit of Homelessness
- Verification of financial eligibility for services
- 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

Required Forms: Programs must develop the following forms in accordance with state and local guidelines.

Completed forms are required for each client:

- Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released).
- Limits of Confidentiality (confidentiality policy)
- Consent to Receive Services
- Client Rights and Responsibilities
- Client Grievance Procedures
- Disclosure or Duty Statement from client that informs the benefits specialist when client has retained other legal representation
- Program Disclaimer that benefits specialty services do not constitute legal advice or representation and that there is no guarantee of success in obtaining benefits.

STANDARD	MEASURE
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 or Duty Statement.	Signed and dated Disclosure or Duty Statement in client file.
Client will be informed of limitations of benefits specialty services through Disclaimer form.	Signed and dated Disclaimer in client file.

BENEFITS ASSESSMENT

Benefits assessments are completed in a cooperative, interactive, face-to-face interview process whenever possible and are conducted to:

- Determine a client's need for public benefits advocacy
- Educate a client about available benefits and entitlements
- Identify appropriate benefits and entitlements with the client
- Preliminarily assess a client's eligibility for benefits and entitlements
- Provide necessary referrals, forms and instructions, as indicated
- Identify any benefits-related barriers the client is experiencing
- Determine whether the client has already sought legal recourse related to services for which he or she is seeking benefits

Benefits assessments also help the specialist assess a client's functional ability to follow through with complicated enrollment and application procedures. This informal functional assessment will help guide the advocate in making decisions about the level of assistance required to ensure that a given client is successful in the benefit application process.

Examples of functional barriers may include (but not be limited to):

- Literacy
- English proficiency
- Mental illness
- Substance abuse
- Learning disabilities
- Homelessness
- Stigma
- Transportation challenges
- Poor physical health and medication side effects

Benefits assessments will be completed during the first appointment after referral or completion of intake. If a client, due to physical impairment or illness, is unable to come to an agency appointment, an advocate will be dispatched to his or her place of residence to complete the assessment and requisite follow-up.

While most clients will likely come to benefits specialty services through direct referral from case managers, benefits specialists must ensure access and referral to case management services for any clients not already connected to such services.

Benefits assessments require that the client chart on file contain the following documentation (at minimum):

- Date of assessment
- Signature and title of staff person completing the assessment
- Completed Assessment/Information form
- Notation of functional barriers
- Brief notation of relevant benefits and entitlements and record of forms provided
- Benefits service plan

STANDARD	MEASURE
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 plan

BENEFITS MANAGEMENT

Benefits management refers to the benefit counseling needs that many clients have once they are enrolled in various health and disability benefits programs.

Clients may require benefits management assistance for any of the following reasons:

- Health or lifestyle changes
- Program recertification or reenrollment
- Treatment/service denials
- Return-to-work issues
- Legislative or budget related changes to benefits

STANDARD	MEASURE
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 issue(s) • Benefits service plan to address identifies benefits issue(s)

BENEFITS SERVICE PLAN (BSP)

A BSP is developed in conjunction with the client to determine the benefits and entitlements for which the client will be referred to apply or the plan that the specialist will develop to help the client resolve his or her current benefits issue(s).The benefits specialist is responsible for providing advocacy, referrals and other assistance necessary to carry out the BSP after determining whether the person has sought legal representation. Through office visits, home visit and/or phone calls, the advocate will work with the client to obtain the services or information necessary to complete the benefit/entitlement process or to

resolve the pending benefit issue.

Included in the BSP is the level of facilitation expected from the advocate.

- **Clients with insignificant or no apparent functional barriers** will be provided with necessary forms and instructions. Specialists will follow up within two weeks to check client's progress in completing and applying for benefits and entitlements.
- **Clients with significant functional barriers** will be provided with necessary forms and instructions and given an appointment to return within two weeks to assist in completing forms.

At the conclusion of the benefits assessment, BSPs will be completed for each client. BSPs will be updated as needed and will include the following (at minimum):

- Name, date and signature of client and advocate
- Notation of benefits and entitlements to which the client will apply
- Notation of functional barriers status and requisite next steps
- Disposition of the application for each benefit or entitlement as it is completed, changed or determined to be unattainable

STANDARD	MEASURE
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

APPLICATION OR RECERTIFICATION ASSISTANCE

Clients with significant functional barriers will be given an appointment within two weeks of assessment to assist in the completion of relevant applications or recertifications. This assistance will be provided in a one-on-one meeting with the same benefits specialist that completed the client's assessment whenever possible.

Clients with insignificant or no functional barriers will be offered individual application assistance if, at the time of follow-up, they express a need for this service.

It is the specialist's responsibility to ensure that the applications are complete and that the client has clear instructions about the next steps required to finalize the application process (e.g., setting appointments at benefits offices, mailing instructions, etc.).

Documentation for application assistance services will be kept in the form of a progress note and should include (at minimum):

- Date
- Determination whether client has already sought legal recourse related to services for which he or she is seeking benefits
- Description of applications completed
- Time spent with, or on behalf of, the client
- Specialist's signature and title

If a client does not attend a scheduled appointment, specialists will attempt to follow up within one business day.

STANDARD	MEASURE
Specialists will assist clients with significant functional barriers or who require additional help in completing benefit paperwork.	Signed, dated progress notes on file that detail (at minimum): • Determination of legal counsel • Description of paperwork completed • Time spent
Specialists will attempt to follow up missed appointments within one business day.	Progress note on file in client chart detailing follow-up attempt.

APPEALS COUNSELING AND FACILITATION

Clients denied a benefit or medical service will be offered individual appeals counseling and facilitation services. Specialists will educate and advise clients on methods to address appeals, and, when indicated, accompany them to the appeal in a facilitative role (not as a legal representative).

When a specialist deems that further legal assistance is required to successfully negotiate an appeal, clients will be referred to a legal service provider.

Documentation for appeals counseling and facilitation services will be kept in the form of a progress note and should include (at minimum):

- Date
- Brief description of counseling provided
- Time spent with, or on behalf of, the client
- Legal referrals (as indicated)
- Specialist's signature and title

If a client does not attend a scheduled appeals counseling appointment, specialists will attempt to follow up within one business day.

STANDARD	MEASURE
As necessary, specialists will assist clients with appeals counseling and facilitation. Cases that require further legal assistance will be referred to Ryan White Program-funded or other legal service provider.	Signed, dated progress notes on file that detail (at minimum): • Brief description of counseling provided • Time spent with, or on behalf of, the client • Legal referrals (as indicated)
Specialists will attempt to follow up missed appointments within one business day.	Progress note on file in client chart detailing follow-up attempt.

CLIENT RETENTION

Programs will strive to retain clients in benefits specialty services. To ensure continuity of service and retention of clients, programs will be required to establish a broken appointment policy. Follow-up strives to maintain a client's participation in care and can include telephone calls, written correspondence and/or direct contact. Such efforts will be documented in the progress notes within the client record.

In addition, programs will develop and implement a contact policy and procedure to ensure that clients who are homeless or report no contact information are not lost to follow-up.

STANDARD	MEASURE
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 provide regular follow-up procedures to encourage and help maintain a client in benefits specialty services.	Documentation of attempts to contact in signed, dated 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 confirm.

CASE CLOSURE

Case closure is a systematic process for disenrolling clients/families from active benefits specialty services. The process includes formally notifying clients/families of pending case closure and completing a case closure summary to be kept on file in the client chart. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure.

Cases may be closed when the client:

- Successfully completes benefit and entitlement applications
- Resolves benefits issue
- 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 or has not complied with the client services agreement
- Has died

Benefits specialists will complete a case closure summary to include:

- Date and signature of benefits specialist
- Date of case closure
- Status of the BSP
- Reasons for case closure

STANDARD	MEASURE
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 benefit 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 or has not complied with the client services agreement • Has died	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

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all benefits specialists will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. Benefits specialists will complete an agency-based orientation before providing services. Benefits specialists will also be trained and oriented regarding client confidentiality and HIPAA regulations.

Benefits specialists will hold a Bachelor's degree in an area of human services and/or certification in self-insurance liability; a high school diploma (or general education development (GED) equivalent) and have at least one year's experience working as an HIV case manager or HIV policy advocate, or at least three years' experience working within a related health services field.

Benefits specialists will be knowledgeable about the HIV disease process and the psychological effects of living with HIV, as well as the co-morbidities of substance abuse and mental illness and their effects on the management of HIV illness.

Further, benefits specialists will have:

- Effective interviewing and assessment skills
- Ability to appropriately interact and collaborate with others
- Effective written/verbal communication skills
- Ability to work independently
- Effective problem-solving skills
- Ability to respond appropriately in crisis situations
- Effective organizational skills

All benefits specialists will successfully complete the DHSP Benefits Specialty Certification Training within three months of being hired. In addition, specialists will successfully complete certification in Ryan White/HIPP and ADAP within six months of being hired, as well as any requisite training (as appropriate).

Supervision for benefits specialty services will be provided by a Master's degree-level professional (or Bachelor's degree-level with equivalent experience) with health and disability policy experience, staff management and administration experience. The benefits specialty supervisor is required to complete all benefit and entitlement-related training as noted above.

Benefits specialists will perform their duties according to generally accepted ethical standards, including:

- Striving to maintain and improve professional knowledge, skills and abilities
- Basing all services on a truthful assessment of a client's situation
- Providing clients with a clear description of services, timelines and possible outcomes at the initiation of services
- Safeguarding a client's rights to confidentiality within the limits of the law
- Evaluating a client's progress on a continuous basis to guide service delivery
- Referring clients for those services that the benefits specialist is unable to provide
- Respecting attorney/client privilege

SUPERVISION

Supervision is required of all benefits specialists to provide guidance and support. Supervision will be provided for all benefits specialists at a minimum of four hours per month

in individual and/or group formats. Supervision will assist in problem-solving related to clients' progress towards goals detailed in the BSP and to ensure that high-quality benefits specialty services are being provided. In addition to providing direct supervision to case managers, supervisors are responsible for monitoring the work of benefits specialists through record review to ensure that documentation is appropriate and adequately completed.

STAFF DEVELOPMENT AND ENHANCEMENT ACTIVITIES

To ensure that benefits specialists are providing current, accurate information and advocacy services to clients, staff will be required to complete annual recertification training. In addition to offering the DHSP recertification training, programs will provide and/or allow access to ongoing staff development and training for benefits specialists. Staff development and enhancement activities will include (but not be limited to) trainings and/or in-services related to benefits specialty issues and HIV/AIDS. Benefits specialists will participate in at least eight hours of job-related education or training annually.

The following documentation, to be kept in the employee record, is required for staff development and enhancement activities:

- Documented completion of benefits specialty certification training and recertification training
- Documented completion of other trainings
- Staff member(s) name(s) attending function
- Name of sponsor or provider of function
- Training outline
- Meeting agenda and/or minutes

STANDARD	MEASURE
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/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 function • Function type • Staff members attending • Sponsor or provider of function • 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.

UNITS OF SERVICE

Unit of service: Units of service defined as reimbursement for benefits specialty services are based on services provided to eligible clients.

- ***Benefits assessment and service plan units:*** calculated in number of hours provided

- ***Application assistance units:*** calculated in number of hours provided
- ***Appeals counseling and facilitation units:*** calculated in number of hours provided

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

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ACRONYMS

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immune Deficiency Syndrome
ATP	Ability to Pay Programs
BSP	Benefits Services Plan
CDPH	California Department of Public Health
COBRA	Consolidated Omnibus Budget Reconciliation Act
DHSP	Division of HIV and STD Programs
GROW	General Relief Opportunities to Work
HIPP	Health Insurance Premium Payment Program
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
IHSS	In Home Supportive Services
MRMIP	Major Risk Medical Insurance Program
OBRA	Omnibus Budget Reconciliation Act
PAPS	Pharmaceutical Patient Assistance Programs
SDI	State Disability Insurance
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
STD	Sexually Transmitted Disease
TANF	Temporary AID to Needy Families
UI	Unemployment Insurance
VA	Veterans Administration
WIC	Women, Infants and Children