



LOS ANGELES COUNTY
COMMISSION ON HIV



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Standards and Best Practices Committee Meeting

Tuesday, April 4, 2023

10:00am-12:00pm (PST)

**510 S. Vermont Ave, Terrace Conference Room #TK11
Los Angeles, CA 90020**

Validated Parking: 523 Shatto Place, LA 90020

Agenda and meeting materials will be posted on our website at
<https://hiv.lacounty.gov/standards-and-best-practices-committee/>

Notice of Teleconferencing Sites:

None

MEMBERS OF THE PUBLIC:

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<https://lacountyboardofsupervisors.webex.com/weblink/register/r28eadfa4c67931c20637b4e7116fcfd6>

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Password: STANDARDS Access Code: 2596 453 6468



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510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
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AGENDA FOR THE **REGULAR** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, APRIL 4, 2023 | 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r28eadfa4c67931c20637b4e7116fcfd6>

To Join by Telephone: 1-213-306-3065

Password: STANDARDS Access Code: 2596 453 6468

Standards and Best Practices Committee (SBP) Members:			
Erika Davies <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Mikhaela Cielo, MD	Arlene Frames
Wendy Garland, MPH	Mark Mintline, DDS	Andre Molette	Mallery Robinson
Harold Glenn San Agustin, MD	Martin Sattah, MD		
QUORUM: 6			

AGENDA POSTED: March 29, 2023.

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

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

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

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

I. ADMINISTRATIVE MATTERS

- | | | |
|---|------------------|---------------------|
| 1. Call to Order & Meeting Guidelines/Reminders | | 10:00 AM – 10:03 AM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | | 10:03 AM – 10:05 AM |
| 3. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | MOTION #1 | 10:05 AM – 10:07 AM |
| 4. Approval of Agenda | MOTION #2 | 10:07 AM – 10:08 AM |
| 5. Approval of Meeting Minutes | MOTION #3 | 10:08 AM – 10:10 AM |

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

7. 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

- | | | |
|--|--|---------------------|
| 8. Executive Director/Staff Report | | 10:15 AM – 10:20 AM |
| 9. Co-Chair Report | | 10:20 AM – 10:45 AM |
| a. Getting to Know you Activity | | |
| b. 2023 Workplan Development and Meeting Schedule Review | | |
| 10. Division on HIV and STD Programs (DHSP) Report | | 10:45 AM—10:50 AM |

V. DISCUSSION ITEMS

- | | | |
|--------------------------------------|--|-------------------|
| 10. Medical Care Coordination Review | | 10:50 AM—11:00 AM |
|--------------------------------------|--|-------------------|

- 11. Universal Service Standards Review 11:00 AM—11:20 AM
- 12. Nutrition Support Services Standards Review 11:20 AM – 11:50 AM

VI. NEXT STEPS

11:50 AM – 11:55 AM

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

VII. ANNOUNCEMENTS

11:55 AM – 12:00 PM

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

VIII. ADJOURNMENT

12:00 PM

- 16. Adjournment for the meeting of April 4, 2023

PROPOSED MOTIONS	
MOTION #1:	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
MOTION #2	Approve the Agenda Order as presented or revised.
MOTION #3	Approve the Standards and Best Practices Committee minutes, as presented or revised.



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

- This meeting is a **Brown-Act meeting** and is being recorded.
 - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
 - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
 - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

- Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

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

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

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



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/21/23

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
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
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
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	LUCKIE	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
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
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
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
MAGANA	Jose	The Wall Las Memorias, Inc.	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
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront STD Screening, Diagnosis and Treatment Biomedical HIV Prevention Medical Care Coordination (MCC) Transportation Services Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	Leon	Charles R. Drew University	HIV Testing Storefront HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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 Affiliation)	No Ryan White or prevention contracts
MOLLETTE	Andre	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
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	Mallery	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	Redeem	All Souls Movement (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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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Presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission’s website; meeting recordings are available upon request.

**STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES**

March 7, 2023

COMMITTEE MEMBERS					
P = Present A = Absent					
Erika Davies, <i>Co-Chair</i>	P	Arlene Frames	EA	Mallery Robinson	EA
Kevin Stalter, <i>Co-Chair</i>	P	Wendy Garland, MPH	P	Harold Glenn San Agustin, MD	EA
Danielle Campbell, MPH	A	Mark Mintline, DDS	P	Martin Sattah, MD	P
Mikhaela Cielo, MD	P	Andre Molette	P		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay					
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 <https://hiv.lacounty.gov/standards-and-best-practices-committee/>

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS

The meeting was called to order at 10:04 am. Kevin Stalter led introductions.

I. ADMINISTRATIVE MATTERS

1. ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR “EMERGENCY CIRCUMSTANCES”

MOTION #1: Approve remote attendance by members due to “emergency circumstances,” per AB 2449 (*No Committee members invoked attendance under AB 2449; no vote held*).

1. APPROVAL OF AGENDA

MOTION #2: Approve the agenda order, as presented (*✓Passed by consensus*).

2. APPROVAL OF MEETING MINUTES

MOTION #3: Approve the 2/7/2023 SBP Committee meeting minutes, as presented (*✓Passed by consensus*).

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:

There were no committee new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Return to In-Person Meetings

- Cheryl Barrit, Executive Director, reminded the Committee of the upcoming full-body Commission meeting taking place on Thursday March 9, 2023 from 9:00am to 1:00pm at the Vermont Corridor. She directed the Committee to review an email sent by COH staff regarding parking instructions and parking validation information. She reminded that once validated, attendees will have a 10-minute window to return to their vehicle and exit the parking structure. Additionally, the meeting will feature a 30 minute "meet and greet" reception starting at 9:00am.

b. Human Resources and Services Administration (HRSA) Site Visit

- Cheryl Barrit mentioned the Human Resources and Services Administration (HRSA) site visit took place on February 14 through February 17 which consisted of a comprehensive joint-review of the Ryan White Program Part A and the Ending the HIV Epidemic funding under HRSA. The site visit looked at the administrative functions related to the Division on HIV and STD Programs (DHSP), the Planning Council, also known as the Commission on HIV (COH). On February 16, HRSA staff held a closed-meeting with leadership representatives from the COH Executive Committee, and a closed-listening session with the COH Consumer Caucus. DHSP staff and COH staff were not invited to the meetings. HRSA also met separately with COH staff and asked for clarification about process and documentation. She noted that DHSP has not received an office site visit report, however Dr. Michael Green met with COH leadership staff and shared that the report can be expected 45 days from February 17th, 2023. C. Barrit has requested Dr. Green join the March Executive Committee meeting to provide the same high level overview pending receipt of the official site visit report. Once received, DHSP and COH have 30 days to submit a plan of corrective action. The Executive Committee will work with DHSP and COH staff to address any opportunities for improvement within the COH's processes and the way the COH conducts its operations as a planning council.

Erika Davies asked if there were any questions related service standards. C. Barrit noted that the HRSA site visit reviewer asked COH staff about the service standards development process. The reviewer was interested in knowing about the level of Commissioner involvement in the process. C. Barrit shared that the SBP Committee is the lead Committee for the development of standards. The process is influenced by several factors including the DHSP solicitations schedule, the priorities set by the Planning, Priorities, and Allocations (PP&A) Committee, and public comment. Erika Davies asked if the reviewers asked about the frequency of reviews. C. Barrit also shared that the reviewers asked why some standards have not been updated for a while. COH staff responded by saying that some standards are not currently funded or have not been funded for a while. C. Barrit noted that COH staff member Jose Rangel-Garibay recommended updating the format of the older standards to maintain uniform formatting for all standards posted on the website.

Kevin Stalter and E. Davies recommended including a table summarizing the changes made to the standards as a means to document the review process. K. Stalter also recommended removing any items from the standards that are already included in the Universal Standards to avoid redundancy. K. Stalter mentioned that he attended two of the closed-session meetings and shared that in one meeting a HRSA reviewer staff asked the group why the COH bylaws had not been updated since 2013 noting that the

diseased has changed a lot since 2013. The group responded by noting that the Ryan White Care Act has not been reauthorized or had any major changes since 2005. K. Stalter noted that the HRSA reviewers seemed more informed this time around compared to the last HRSA site visit in 2018. Wendy Garland added that on the first day of the site visit, DHSP staff provided an overview of the Los Angeles County to give context to the complexity of doing HIV work in Los Angeles County. She shared the example of understanding transportation challenges people face given the physical landscape of Los Angeles County.

6. CO-CHAIR REPORT

- **2023 Workplan Development and Meeting Schedule Review**

E. Davies provided an overview of the 2023 Workplan and Meeting Schedule. The Committee decided to consider cancelling or rescheduling the September 5, 2023 Committee meeting due to the Labor day Holiday landing on 9/4/23. The Committee also decided to Cancel the July 4, 2023 Committee meeting due to the Independence Day holiday landing on 7/4/23. The Committee will revisit the meeting calendar on a monthly basis and update the dates according to progress made on service standards reviews. The documents are included in the meeting packet.

7. DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT

- **Presentation: Medical Care Coordination (MCC) Overview**

Wendy Garland provided a presentation titled "Overview of the Medical Care Coordination (MCC) Program to Inform Service Standards Revision". The data presented demonstrated that the MCC program is grounded in the MCC standards and included a description of the framework used for standardized implementation. The data also demonstrated the following: intended patients are being reached, services are being delivered with fidelity, retention and viral suppression improved significantly after 12 months, and service continuity maintained during COVID-19 pandemic through addition of telehealth services. The presentation slides are available in the meeting packet.

V. DISCUSSION ITEMS

8. Oral Health Care Services Standards

MOTION #4: Approve the Oral Health Care Services Standards, as presented or revised, and elevate to the Executive Committee. (*✓Passed. Yes: 7*).

9. Universal Service Standards

- The Committee tabled the review of the Universal Service standards to the April meeting.

VI. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP:

- ➡ COH staff will elevate the Oral Health Services Standards to the Executive Committee
- ➡ COH staff will prepare the Nutrition Support Service Standards for initial Committee review
- ➡ COH staff will follow-up with Wendy Garland regarding the MCC survey results

10. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Continue review of Universal Service Standards
- Initiate review of Nutrition Support Service Standards

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 11:46am.



**LOS ANGELES COUNTY COMMISSION ON HIV 2023
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)**

Co-Chairs: Erika Davies, Kevin Stalter				
Adopted on: 03/07/23				
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2023.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2023 workplan	COH staff to review and update 2023 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 01/03/23, 02/02/23, 02/28/23, 03/21/23
2	Provide feedback on implementation of the Comprehensive HIV Plan (CHP)	Collaborate with the PP&A Committee to support the implementation of the CHP	Ongoing, as needed	
3	Update the Oral Health Care service standards	Continue review initiated in 2022.	April 2023	The Committee announced a 30-day public comment period starting on 01/04/23 and ending on 02/05/23. The Committee approved the document and elevated it to the Executive Committee for approval at their 03/23/23 meeting.
4	Update Universal service standards and Consumer Bill of Rights	Annual review of the standards. Revise/update document as needed.	June 2023	Incorporate Mental health training and documentation needed for addressing the needs of people living with HIV 50+ Committee will continue its review at April meeting and begin to share updates with COH Causes for feedback.
5	Update Nutrition Support Service Standards	Review and revise/update document as needed	August 2023	Committee will initiate its review at April meeting.
6	Update the Medical Care Coordination (MCC) service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	October 2023	Wendy Garland from DHSP delivered a presentation on the MCC program overview at the March meeting.
7	Update Prevention Service standards	Review and revise/update document as needed	Late 2023	The Committee will review their meeting calendar in June to determine next steps for this item.
8	Update the Transitional Case Management: Youth service standards		Late 2023	The Committee will review their meeting calendar in June to determine next steps for this item.



**LOS ANGELES COUNTY COMMISSION ON HIV 2023
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)**

9	Develop Transitional Case Management: 50+ service standards	Collaborate with the Aging Caucus to develop a TCM service standard that focused on healthcare navigation between the Ryan White Care System, Medi-Cal, and Medi-Care for people living with HIV 50+	Late 2023	The Committee will review their meeting calendar in June to determine next steps for this item.
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LOS ANGELES COUNTY
COMMISSION ON HIV



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STANDARDS AND BEST PRACTICES COMMITTEE 2023 MEETING SCHEDULE
PROPOSED/DRAFT FOR REVIEW (created 02.22.23)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
January 24 10am to 12pm Virtual	Elect Co-Chairs for 2023
February 7 1pm to 3pm Virtual	Draft 2023 Committee workplan
March 7 10am to 12pm In-Person	Adopt 2023 Committee workplan Approve Oral Health Care Services standards—SBP and Executive Continue review of Universal standards + Patient Bill of Rights
April 4 10am to 12pm In-Person	Approve Oral Health Care Services standards—COH MCC service utilization and program updates presentation—DHSP Continue review of Universal standards + Patient Bill Rights
May 2 10am to 12pm In-Person	Initiate review of Nutrition Support service standards Post Universal standards + Patient Bill of Rights for Public Comment and share updates with Caucuses
June 6 10am to 12pm In-Person	Continue review of Nutrition Support service standards Approve Universal standards + Patient Bill of Rights—SBP and Executive
July 4 10am to 12pm In-Person	Approve Universal standards + Patient Bill of Rights—COH Cancel due to Independence Day Holiday 7/4/23
August 1 10am to 12pm In-Person	
September 5 10am to 12pm In-Person	Consider cancelling or rescheduling due to Labor Day Holiday 9/4/23 <i>Note: The United States Conference on HIV/AIDS (USCHA) 9/6/23-9/9/23</i>
October 3 10am to 12pm In-Person	
November 7 10am to 12pm In-Person	
December 5 10am to 12pm In-Person	Consider cancelling; poll committee members



Standards & Best Practices Committee Standards of Care Definition¹

- ❖ 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

SERVICE CATEGORIES

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

¹Retrieved from <https://targethiv.org/library/service-standards-guidance-ryan-white-hiv-aids-program-granteesplanning-bodies>. December 2015.

DRAFT



LOS ANGELES COUNTY
COMMISSION ON HIV



RYAN WHITE PROGRAM UNIVERSAL SERVICE STANDARDS

Approved by COH on 2/11/21

**Draft under review by Standards and Best
Practices Committee as of 1/20/2023**

DRAFT



TABLE OF CONTENTS

INTRODUCTION	3
SECTION 1: GENERAL AGENCY POLICIES	4
SECTION 2: CLIENT RIGHTS AND RESPONSIBILITIES	7
SECTION 3: STAFF REQUIREMENTS AND QUALIFICATIONS	9
SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE	11
SECTION 5: INTAKE AND ELIGIBILITY	14
SECTION 6: REFERRALS AND CASE CLOSURE	15
SECTION 7: APPENDICES	17
• APPENDIX A: Ryan White Part A Service Categories	
• APPENDIX B: Patient & Client Bill of Rights	

IMPORTANT: Service standards must adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows: [Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/18\)](#)
[HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)
[Service Standards: Ryan White HIV/AIDS Programs](#)

INTRODUCTION

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

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

UNIVERSAL STANDARDS OVERVIEW

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible and non-discriminatory to all people living with HIV in Los Angeles County with a focus on highly impacted populations
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how people who are completely, durably suppressed will not sexually transmit HIV.
- Protect client rights and ensure quality of care
- Provide client-centered, age appropriate, culturally and linguistically competent care
- Provide high quality services through experienced and trained staff
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of addressing grievances
- Prevent information technology security risks and protect patient information and records
- Inform clients of services, establish eligibility, and collect information through an intake process
- Effectively assess client needs and encourage informed and active participation

- Address client needs through coordination of care and referrals to needed services
- Ensure that the quality of service and materials given to patients during telehealth encounter is similar with in-person visits.

1. GENERAL AGENCY POLICIES

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

1.0 GENERAL AGENCY POLICIES	
Standard	Documentation
1.1 Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services.	1.1 Written client confidentiality policy on file with specific information technology safeguards for confidentiality and patient information if using telehealth service modality.
1.2 Agency is responsible for informing the patient that they have the right to obtain copies of their medical and other health records maintained by the agency.	1.2 Written policy for informing the patient of their rights to receive a copy of their medical records. The policy should contain a description of the process for obtaining records, such as a verbal or written request and a reasonable timeframe for patients to receive the information.
1.3 Client determines what information of theirs can be released and with whom it can be shared. Services using telehealth modality are subject to consent by the	<p>1.3 Completed <i>Release of Information Form</i> on file including:</p> <ul style="list-style-type: none"> • Name of agency/individual with whom information will be shared • Information to be shared • Duration of the release consent • Client signature <p>For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant. The form must also be compliant with the</p>

patient. ¹	CA Medi-Cal telehealth policy. ²
1.4 Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services.	1.4 Written grievance procedure on file that includes, at minimum: <ul style="list-style-type: none">• Client process to file a grievance• Information on the Los Angeles County Department of Public Health, Division of HIV & STD Programs (DHSP) Grievance Line 1-800-260-8787. Additional ways to file grievances can be found at http://publichealth.lacounty.gov/dhsp/QuestionServices.htm DHSP Grievance Line is posted in a visible location on site or provided to the patient at the beginning of a telehealth encounter.

¹ <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>

² <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf>

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

⁴ https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Standard	Documentation
1.11 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	1.11 Signed confirmation of compliance with applicable regulations on file.

2. CLIENT RIGHTS AND RESPONSIBILITIES

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

2.0 CLIENT RIGHTS AND RESPONSIBILITIES	
Standard	Documentation
2.1 Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category.	2.1 Written eligibility requirements on file. Client utilization data made available to funder.
2.2 Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client-centered.	2.2 Written documentation of how input was received to inform service planning and evaluation in regular reports. Lists may include: <ul style="list-style-type: none"> • Consumer Advisory Board meetings • Participation of people living with HIV in HIV program committees or other planning bodies • Needs assessments • Anonymous patient satisfaction surveys. Discreet drop off boxes should be available in various sites throughout the agency and/or anonymous electronic follow-up surveys emailed to patients after their appointment. • Focus groups

<p>2.3 Agency ensures that clients receive information technology support and training on how to use telehealth services.</p>	<p>2.3 Written checklists and/or “how to” guides are provided to patients prior to their telehealth appointment. Materials may be emailed to patient and/or posted on the agency website.</p> <p>The document should contain at least the following information:</p> <ul style="list-style-type: none">• Instructions on how to use telehealth tools (i.e., phone, laptop, tablets, etc.) in plain language and available in the patient’s preferred language.• Telephone number for technical support or trouble shooting available before, during and after the telehealth appointment.
<p>2.4 Agency ensures that clients retain the right to accept or decline a telehealth visit. The ultimate decision on the mode of service delivery, whether in-person or telehealth, must be determined by the client first before an appointment is made.</p>	<p>2.4 Written procedures and telehealth acceptance or denial form completed by patients prior to the appointment.</p>

Standard	Documentation
<p>2.5 Agency provides each client a copy of the <i>Patient Bill of Rights & Responsibilities (Appendix B)</i> document that informs them of the following:</p> <ul style="list-style-type: none"> • Confidentiality policy • Expectations and responsibilities of the client when seeking services • Client right to file a grievance • Client right to receive no-cost interpreter services • Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days) • Reasons for which a client may be removed from services and the process that occurs during involuntary removal 	<p>2.5 <i>Patient Bill of Rights</i> document is signed by client and kept on file.</p>

3. STAFF REQUIREMENTS AND QUALIFICATIONS

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

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

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

4. CULTURAL AND LINGUISTIC COMPETENCE

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

Agencies should also strive towards acknowledging implicit bias, how it plays a role in service delivery, and how it can be addressed and countered. Agencies must provide services that align with strategies to reduce implicit bias by the Institute for Healthcare Improvement.⁷ For the purpose of the standards, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.⁸

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

Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services.⁹ Interpretation refers to verbal communication where speech is translated from a speaker to a

receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

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

⁷ <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>

⁸ <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

⁹ Title VI of the Civil Rights Act of 1964 and California's 1973 Dymally-Alatorre Bilingual Services Act

Standard	Documentation
<p>4.2 Agency develops or utilizes existing culturally and linguistically appropriate policies and practices.</p> <p style="padding-left: 40px;">a. Agency educates and trains workforce on culturally and linguistically appropriate practices on an ongoing basis.</p>	<p>4.2 Written policy and practices on file</p> <p style="padding-left: 40px;">a. Documentation of completed trainings on file.</p>
<p>4.3 Provide resources onsite to facilitate communication for individuals who experience impairment due to a challenging medical condition or status (e.g. augmentative and alternative communication resources or auxiliary aids and services)</p>	<p>4.3 Resources on file</p> <p style="padding-left: 40px;">b. Checklist of resources onsite that are available for client use.</p> <p style="padding-left: 40px;">c. Type of accommodations provided documented in client file.</p>
<p>4.4 Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<p>4.4 <i>Signed Patient Bill of Rights</i> document on file that includes notice of right to obtain no-cost interpreter services.</p>
<p>4.5 Ensure the competence of individuals providing language assistance</p> <p style="padding-left: 40px;">a. Use of untrained individuals and/or minors as interpreters should be avoided</p> <p style="padding-left: 40px;">b. Ensure quality of language skills of self-reported bilingual staff who use their non-English language skills during client encounters</p>	<p>4.5 Staff resumes and language certifications, if available, on file.</p>
<p>4.6 Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area in clinic points of entry (e.g. registration desks, front desks, reception, waiting rooms, etc.) and areas where work with client is performed (e.g. clinic rooms, meeting rooms, etc.)</p>	<p>4.6 Materials and signage in a visible location and/or on file for reference.</p>

5. INTAKE AND ELIGIBILITY

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

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

6. REFERRALS AND CASE CLOSURE

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

6.0 REFERRALS AND CASE CLOSURE	
Standard	Documentation
<p>6.1. Agency will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals</p> <p style="padding-left: 20px;">a. Staff will provide referrals to link clients to services based on assessments and reassessments</p>	<p>6.1 Identified resources for referrals at provider agency (e.g. lists on file, access to websites)</p> <p style="padding-left: 20px;">a. Written documentation of recommended referrals in client file</p>
<p>6.2 If needed, staff will engage additional providers for specific support services (e.g. behavioral health, substance abuse, housing)</p>	<p>6.2 Agency establishes partnerships with agencies for referrals as needed. Memoranda of Understanding (MOU) on file.</p>
<p>6.3 For clients with missed appointments or pending case closure, staff will attempt to contact client.</p> <p style="padding-left: 20px;">a. Cases may be closed if the client:</p> <ul style="list-style-type: none"> • Relocates out of the service area • Is no longer eligible for the service • Discontinues the service • No longer needs the service • Puts the agency, service provider, or other clients at risk • Uses the service improperly or has not complied with the services agreement • Is deceased • Has had no direct agency contact, after repeated attempts, for a period of 12 months. 	<p>6.3 Attempts to contact client and mode of communication documented in file.</p> <p style="padding-left: 20px;">a. Justification for case closure documented in client file</p>

Standard	Documentation
6.4 Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition.	6.4 Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for case closure; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.
6.5 Agency develops or utilizes existing due process policy for involuntary removal of clients from services; policy includes a series of verbal and written warnings before final notice and case closure.	6.5 Due process policy on file as part of transition, and case closure policy described in the <i>Patient & Client Bill of Rights</i> document. (Refer to Appendix B).

Federal and National Resources:

HRSA’s Ryan White HIV/AIDS Program Expanding HIV Care Through Telehealth CARE Action Newsletter October 2019:

<https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/telehealth.pdf>

Telehealth Discretion During Coronavirus:

AAFP Comprehensive Telehealth Toolkit:

https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf

ACP Telehealth Guidance & Resources: <https://www.acponline.org/practice-resources/business-resources/telehealth>

ACP Telemedicine Checklist: https://www.acponline.org/system/files/documents/practice-resources/health-information-technology/telehealth/video_visit_telemedicine_checklist_web.pdf

AMA Telehealth Quick Guide: <https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>

CMS Flexibilities for Physicians: <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf> - “Under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the

use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services.”

CMS Flexibilities for RHCs and FQHCs: <https://www.cms.gov/files/document/covid-rural-health-clinics.pdf> - “Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. (During the PHE, some telehealth services can be furnished using audio-only technology.)”

CMS Fact Sheet on Virtual Services: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

[Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

[Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic](#)

7. APPENDICES

APPENDIX A: RYAN WHITE PART A SERVICE CATEGORIES

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

Core medical services include the following categories:

- AIDS Drug Assistance Program
- AIDS pharmaceutical assistance
- Early intervention services
- Health insurance premium and cost sharing assistance for low-income individuals
- Home and community-based health services
- Home health care
- Hospice services
- Medical case management, including treatment-adherence services
- Medical nutrition therapy
- Mental health services
- Oral health
- Outpatient and ambulatory medical care
- Substance abuse outpatient care

Support services include the following categories:

- Case Management (Non-Medical)
- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing Services
- Legal Services
- Linguistic Services

- Medical Transportation
- Outreach Services
- Psychosocial Support Services
- Referral
- Rehabilitation
- Respite Care
- Substance Abuse Residential
- Treatment Adherence Counseling

APPENDIX B: PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES

It is the provider’s responsibility to provide clients a copy of the Patient Bills of Rights and Responsibilities in all service settings, including telehealth.

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

A. Respectful Treatment and Preventative Services

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

B. Competent, High-Quality Care

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

C. Participate in the Decision-making Treatment Process

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which treatment option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Have access to patient-specific education resources and reliable information and training about patient self-management.
5. Refuse any and all treatments recommended and be told of the effect that not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
6. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
7. Refuse to participate in research without prejudice or penalty of any sort.
8. Refuse any offered services or end participation in any program without bias or impact on your care.
9. Be informed of the procedures at the agency for resolving misunderstandings, making complaints or filing grievances.
10. Receive a response to a complaint or grievance within 30-45 days of filing it.
11. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. (Your agency will ask you to acknowledge receipt of this document.)
2. Keep your HIV status confidential. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. (Your physician has the right to accept or refuse your request with an explanation.)
- 6.

E. Billing Information and Assistance

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

F. Patient/Client Responsibilities

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

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are given.
4. Follow the treatment plan you have agreed to and/or accept the consequences of failing to adhere to the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. Refrain from the use of profanity or abusive or hostile language; threats, violence or intimidations; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct.

For More Help or Information

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

Division of HIV and STD Programs Client Grievance Line
(800) 260-8787 8:00 am – 5:00 Monday – Friday



PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES

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

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and State laws.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

C. Make Treatment Decisions

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to a complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. (Your agency will ask you to acknowledge receipt of this document.)
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.

5. Question information in your medical chart and make a written request to change specific documented information. (Your physician has the right to accept or refuse your request with an explanation.)

E. Billing Information and Assistance

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

F. Patient/Client Responsibilities

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

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. Refrain from the use of profanity or abusive or hostile language; threats, violence or intimidations; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already known to you if you see them elsewhere.

For More Help or Information

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

For patient and complaints/grievances call (800) 260-8787

8:00 am – 5:00 pm

Monday – Friday

DRAFT FOR SBP COMMITTEE REVIEW

SERVICE STANDARDS FOR NUTRITION SUPPORT SERVICES



LOS ANGELES COUNTY
COMMISSION ON HIV



*DRAFT FOR SBP COMMITTEE REVIEW
AS OF 03/30/23*

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

IMPORTANT: The service standards for Nutrition Support 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:

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

[HRSA HAB, 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

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The 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 (COH) developed Nutrition Support Services standards to establish the minimum services necessary to provide oral health care services to people living with HIV. 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 COH Standards and Best Practices Committee (SBP), caucuses, and the public-at-large.

SERVICE DESCRIPTION

Nutrition support services for people living with HIV attempt to improve and sustain a client's health, nutrition and food security and quality of life. Good nutrition has been shown to be a critical component of overall measures of health, especially among people living with HIV.

Nutrition support includes:

- Home delivered meals
- Food banks/pantry services

All programs will use available standards of care to inform clients of their 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) standards for information disclosure.

Recurring themes in this standard include:

- ◆ Adequate nutrition is vital to good health in people living with HIV.

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

- ◆ Nutrition support services should be coordinated with clients' primary medical care providers and case managers.
- ◆ The assessment and evaluation of nutrition need is an essential part of nutrition support services.
- ◆ Registered Dietitians (RDs) should be used in nutrition support services.
- ◆ Food and water safety regulations must be strictly enforced.
- ◆ Staff and volunteers need adequate training in food handling and safety.
- ◆ Continuous quality improvement efforts are vital.

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

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

- ◆ Food Distribution Services Contract Exhibit, Office of AIDS Programs and Policy
- ◆ Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy, Dietitians in AIDS Care and AIDS Project Los Angeles, Los Angeles County Commission on Health Services, 2002
- ◆ Nutrition Intervention in the Care of Persons with Human Immunodeficiency virus infection Position of the American Dietetic Association and Dietitians of Canada, Journal of the American Dietetic Association, 2004
- ◆ Nutrition Guidelines for Agencies Providing Food to People Living with HIV Disease, 2nd Edition, Association of Nutrition Services Agencies, 2002
- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were San Antonio, TX (2005); Chicago, IL, 2002; and Portland, OR (in development)

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All nutrition support will be provided in accordance with current United States Department of Agriculture (USDA) Dietary Guidelines for Americans, Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and Los Angeles County guidelines and procedures, as well as with federal, State, and local laws and regulations. All programs will comply with City, County and/or State grocery and/or restaurant health code regulations. All programs will submit to voluntary health inspections annually (at minimum).

All programs providing food distribution services will operate in collaboration with a Registered Dietitian (RD) consistent with California state law. Such RD will have current knowledge of nutrition issues for people living with HIV.

All volunteers and staff delivering food shall have a valid driver's license.

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

Certified Food Handler (CFH): Any food service employee having direct contact in daily food preparation will hold a current certification in food handling. CFHs have basic knowledge in food/water safety and sanitation, have passed a food handling exam and maintain a current certificate in food safety in Los Angeles County.

An employee may become a CFH in one of two ways:

- ◆ Completing a Certified Food Handlers Training Course and successfully passing the certification exam offered by a State-approved company; or
- ◆ Passing a challenge exam which assumes previous food handling experience and training.

Documented continuous education is required on a quarterly basis for all CFHs (see Staffing Requirements and Qualifications for a list of suggested topics).

Registered Dietitian (RD): An RD is an expert in food or nutrition who has completed the following:

- ◆ A Bachelor's, Master's or Doctorate degree in nutrition and related sciences;
- ◆ A supervised dietetic internship or equivalent; and
- ◆ A national exam which credentials her/him as an RD by the Commission on Dietetic Registration.

Continuing education is required to maintain a registered dietitian certification.

Dietetic Technician Registered (DTR): A DTR is a food or nutrition expert who has completed the following:

- ◆ An Associate's degree in nutrition and related sciences; and
- ◆ National credential as DTR by completing a national examination and continuing education in food and nutrition.

All DTRs must work under the supervision of an experienced RD.

DEFINITIONS AND DESCRIPTIONS

Certified Food Handler is any food service employee who has basic knowledge of food safety and sanitation and has passed a food-handling exam maintaining a current certificate in food safety.

Client intake is a process that determines a person's eligibility for nutrition support.

Dietitians are experts in food and nutrition, promoting good health through optimal nutrition and hydration. They supervise the preparation and service of food, develop modified diets and educate individuals and groups on good nutrition habits.

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

Health care professionals include Registered Nurses (RNs), Physician's Assistants (PAs), Nurse Practitioners (NPs), medical assistants, nursing assistants and medical doctors (in addition to RDs).

SERVICE CONSIDERATIONS

HIV/AIDS HOME DELIVERED MEALS

General Considerations: Home delivered meals are provided for clients experiencing physical or emotional difficulties related to HIV/AIDS that render them incapable of preparing nutritional meals for themselves. All programs will follow accepted standards and guidelines set forth by the Association of Nutrition Services Agencies, Dietitians in AIDS Care and the American Dietetic Association.

Intake: Programs providing home delivered meals will: develop and implement client eligibility requirements; conduct a client intake; coordinate with primary health care providers and care managers to assess a client's need and eligibility for nutrition support; provide an initial nutrition intake and annual screening; provide nutrition education; and develop and implement a client services agreement.

Meal Production/Delivery: Programs providing home delivered meals will: develop menus in conjunction with RDs; prepare and ensure the delivery of meals; distribute meals to AIDS Service Organizations (ASOs) for delivery to eligible clients; deliver meals directly to eligible clients; and train volunteers in proper food handling technique and HIV sensitivity, including volunteers of partner ADOs.

Promotion/Linkages: Programs providing home delivered meals will: promote the availability of home delivered meals among other service providers; network with ASOs to identify eligible persons living with HIV in need of home delivered meals; and develop Memoranda of Understanding (MOUs) with ASOs that provide food delivery services.

Program Records: Programs will maintain records with the following information within each client file: client intake; client services agreement; documentation of referrals to other HIV service providers; documentation of annual reassessment from client's primary health care provider confirming the need for home delivered meals; and initial nutrition intake and annual screening.

HIV/AIDS FOOD BANK/PANTRY SERVICES

General Considerations: Food bank/pantry services are distribution centers that warehouse food and related grocery items including nutritional supplements and other miscellaneous items. All programs will follow accepted standards and guidelines set forth by the Association of Nutrition Services Agencies, Dietitians in AIDS Care and the American Dietetic Association.

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

Intake: Programs providing food bank/pantry services will: develop and implement client eligibility requirements; conduct an intake evaluation; coordinate with primary health care providers and/or case managers to assess a client's need and eligibility for nutrition support; provide an initial nutrition intake and annual screening; provide nutrition education; and develop and implement a client services agreement.

Program Operations: Programs providing food bank/pantry services will: develop food lists and food choices in collaboration with RDs; purchase and maintain a nutritional food supply; distribute groceries to ASOs; distribute food directly to clients including nutritional supplements and other miscellaneous items; and train volunteers in proper food handling techniques and HIV sensitivity, including volunteers of partner ASOs.

Promotion/Linkages: Programs providing food bank/pantry services will: promote the availability of food bank/pantry services; network with ASOs to identify eligible persons living with HIV in need of food bank/pantry services; and develop MOUs with ASOs to distribute food bank/pantry items

Program Records: Programs will maintain records with the following information within each client file: intake; client services agreement; documentation of referrals to other HIV service providers; and initial nutrition intake and annual screening.

ALL FOOD DISTRIBUTION SERVICES

Food Safety/Quality: Food distribution services will follow local Los Angeles County Environmental Health Food Safety and will develop their own Hazard Analysis and Critical Control Point (HACCP) plan for food handling and preparations. In addition, each food distribution services program will be responsible to develop the following: infection control program; food quality control program; nutrition support manual; and client survey

Triage/Referral: If a registered nutrition support client is not connected to a case management service, food distribution staff will refer the client to a case manager as indicated by client need. Additionally, referrals for other food sources will be made for those clients whose nutrition needs are not met through funded food distribution programs.

Case Closures: Food distribution programs will develop criteria and procedures for case closure. Whenever possible, all clients whose cases are being closed must be notified of such action.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all food distribution service staff will be able to provide age and culturally appropriate care to people living with HIV, complete documentation as required by their positions and maintain appropriate licensure if applicable. Program staff will demonstrate the ability to handle food safely. All employees involved in the preparation of meals will undergo a health screening as a condition of employment. Any food service employee having direct

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

contact with daily food preparation will hold a current certification in food handling. All food service employees and volunteers will be given an orientation and training before providing services. In-service trainings will be offered at a minimum of four times a year.

In addition to meeting registration requirements, RDs will have advanced knowledge in the nutrition assessment, counseling, evaluation, and care plans of people living with HIV.

SERVICE COMPONENTS

HIV/AIDS nutrition support services in Los Angeles County are comprised of two distinct types of programs:

- ◆ Home delivered meals; and
- ◆ Food bank/pantry services.

All nutrition support services will be provided in accordance with current USDA Dietary Guidelines for Americans, FDA, CDC and Los Angeles County guidelines and procedures, as well as federal, State and local laws and regulations. All programs will comply with City, County and/or State grocery and/or restaurant health code regulations. Additionally, programs will follow accepted standards and guidelines set forth by the Association of Nutrition Services Agencies, Dietitians in AIDS Care, and the American Dietetic Association.

STANDARD	MEASURE
Nutrition support services will comply with current USDA Dietary Guidelines for Americans, FDA, CDC and Los Angeles County guidelines, federal, State and local laws and health codes.	Annual inspection to verify.
Nutrition support services will follow accepted standards of ANSA, Dietitians in AIDS Care and the American Dietetic Association.	Program review to confirm.

HIV/AIDS HOME DELIVERED MEALS

Home delivered meals are provided for clients experiencing physical or emotional difficulties related to HIV/AIDS that render them incapable of preparing nutritional meals for themselves. These services are offered to medically indigent (uninsured and/or ineligible for health care coverage) persons with HIV/AIDS and their eligible family members residing within Los Angeles County. Family will be broadly defined to include any individual affected by HIV disease through their relationship and shared household with a person living with HIV.

CLIENT INTAKE – HOME DELIVERED MEALS

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

Programs providing home delivered meals will:

◆ **Develop and implement client eligibility requirements** which give priority to clients living at or below 135% of poverty level and with the greatest nutrition need. However, clients who live above 135% of poverty level may also be eligible for services, but the threshold for eligibility may vary based upon the priorities and allocation decisions by the Commission. There are additional eligibility requirements, including documentation of a client's HIV status, income level, proof of residency in Los Angeles County and screening for nutrition need by a case manager and/or primary care provider. For specific eligibility requirements, refer to the Commission on HIV's most recent priority and allocation-setting decisions and directives.

◆ **Conduct a client intake**, to be updated annually, which gathers demographic information and determines client need and eligibility for services (as outlined above) in the intake process and throughout nutrition support 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).

◆ **Coordinate with primary health care providers and case managers** to assess a client's need and eligibility for nutrition support and to ensure that the client's nutrition needs are being addressed.

◆ **Provide an initial nutrition intake and annual screening** performed onsite by an RD or offsite by an RD, DTR or nutrition student under the supervision of an RD under conditions:

- Set forth by the nutrition support provider agency and agreed to by both agencies
- Followed by a subsequent, supplementary onsite intake and screening by the RD once the client has accessed services.

Additional nutrition intakes will be provided as required by a given client's health status. Information gathered in the intake will help the RD advise the program on general meal menus and make recommendations for special meals as necessary. Nutrition intakes will be documented in client chart and shared with the client's primary care physician whenever possible.

Such intakes (initial, or initial plus supplementary) will include, at minimum:

- Medical considerations (both HIV and others)
- Food allergies/intolerances
- Interactions between medicines, foods and complimentary therapies
- Dietary restrictions
- Assessment of nutrition intake vs. estimated need
- Food preferences and cultural components of food
- Macro nutritional supplements and micro nutritional supplements
- Food preparation capacity (appliances, abilities, utensils, etc.)

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

- Height, current (actual) weight, pre-illness usual weight, goal weight, ideal body weight (IBW) and %IBW current body weight (CBW/IBWx100%)

◆ **Provide nutrition education** that pertains specifically to nutrition needs identified in the annual nutrition intake. Individualized nutrition education will be provided annually, at minimum, by an RD, DTR or nutrition students under the supervision of a dietitian. When appropriate, clients will be referred for medical nutrition therapy.

◆ **Develop and implement a client services agreement** that includes client rights and responsibilities, grievance procedures and the conditions of home delivered meal services. This agreement will be signed and dated by both the client and an agency representative and will be kept in each client file.

STANDARD	MEASURE
Home delivered meal programs will develop eligibility criteria.	Eligibility criteria on file at provider agency to include: <ul style="list-style-type: none"> • Proof of residency in LA County • Proof of income • Proof of HIV diagnosis • Proof of nutrition need
Home delivered meal programs will conduct a client intake.	Client intake in client file updated annually.
Client confidentiality will be strictly maintained. As necessary, Release of Information will be signed to exchange information with other providers.	Signed, dated Release of Information in client chart.
Home delivered meal programs will coordinate with client's primary care providers and case managers to assess need for service and to ensure nutrition needs are being addressed.	Records of communication with medical providers and case managers in client chart.

MEAL PRODUCTION/DELIVERY – HOME DELIVERED MEALS

Programs providing home delivered meals will:

◆ **Develop menus in conjunction with RDs** that take into account the nutrition needs of the client, special diet restrictions, portion control and client preference. Community and cultural preferences will be reflected in the nutrition support provided. Menu plans will be changed periodically to promote variety based on client input, individual nutrition need and the availability of food. The nutrition breakdown for each meal will average 1,000 calories/day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000-calorie level.

◆ **Prepare and ensure the delivery of meals** that meet nutrition needs of persons living with HIV. Meal preparation will be overseen by a chef under the supervision or with the advice of an RD. Food temperature will be maintained at or above 140 degrees F for hot food and below 41

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

degrees F for cold foods. Frozen meals, if provided, must be maintained in a frozen state through the delivery process. Food will be packaged and delivered in such a manner to ensure protection from potential contamination (including dust, insect and rodents).

- ◆ **Distribute meals to ASOs** for delivery to eligible clients using proper food handling guidelines as outlined above.
- ◆ **Deliver meals directly to eligible clients** within an expected delivery time (If ASOs are not able to distribute meals).
- ◆ **Train volunteers** in proper food handling techniques and HIV sensitivity, including volunteers of partner ASOs

STANDARD	MEASURE
Programs providing home delivered meals will develop menus with the help of RDs.	Menu cycle on file at provider agency that takes into account the nutrition needs of the client, special diet restrictions, portion control and client, community and cultural preference. Menu cycle will be changed as necessary. The nutritional breakdown for each meal will average 1,000 calories/day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000 calorie level.
Programs providing home delivered meals will prepare and ensure the delivery of meals to clients. Meals will be planned by a chef under the supervision of an RD. Food and water safety measures will be strictly enforced.	Plans on file at provider agency. Inspection will confirm food and water safety measures
Programs providing home delivered meals will distribute meals to ASOs for delivery to clients.	MOUs with ASOs on file at provider agency.
Programs will deliver meals directly to clients within an expected delivery time if ASOs are not able to distribute meals.	Delivery policy on file at provider agency. Daily delivery records on file at provider agency
Programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.

PROMOTION/LINKAGES – HOME DELIVERED MEALS

Programs providing home delivered meals will:

- ◆ **Promote the availability of home delivered meals** for people living with HIV among other service providers.
- ◆ **Network with ASOs** within each SPA served to identify eligible persons living with HIV in need of home delivered meals.

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

◆ **Develop MOU** with ASOs that provide food delivery services. MOUs will include (but not be limited to):

- Days and times food will be delivered and distributed to clients
- Persons responsible for ensuring that food is delivered appropriately
- Persons responsible for the actual delivery of food (i.e., staff, volunteers)
- Geographic areas to be served

STANDARD	MEASURE
Programs providing home delivered meals will promote the availability of their services.	Promotion plan on file at provider agency
Programs will network with ASOs to identify appropriate clients.	Record of outreach and networking efforts on file at provider agency
Programs will develop MOUs with ASOs that provide food delivery services.	MOUs on file at provider agency that include: <ul style="list-style-type: none"> • Days and times food will be delivered and distributed to clients • Persons responsible for ensuring that food is delivered appropriately • Persons responsible for the actual delivery of food (e.g., staff, volunteers) • Geographic areas to be served

PROGRAM RECORDS – HOME DELIVERED MEALS

Programs will maintain in each client file the following information (at minimum):

- ◆ **A client intake** which includes documentation of HIV status; income; Los Angeles County residence; name, address and phone number of client and emergency contact; certification by primary care provider and/or case manager of determination of need
- ◆ **Client services agreement**
- ◆ **Documentation of referrals** to other HIV service providers
- ◆ **Documentation of annual reassessment** from client’s primary health care provider confirming the need for home delivered meals
- ◆ **Initial nutrition intake and annual screening**

STANDARD	MEASURE
Programs providing home delivered meals will maintain client files.	Client chart on file at provider agency that includes: <ul style="list-style-type: none"> • Client intake • Review and evaluation of updated determination of nutrition need and plan to meet nutrition needs • Client services agreement • Documentation of referrals

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

	<ul style="list-style-type: none">• Documentation of annual reassessment of eligibility• Initial nutrition intake and annual screening All entries in client chart will be signed and dated.
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HIV/AIDS FOOD BANK/PANTRY SERVICES

Food bank/pantry services are distribution centers that warehouse food and related grocery items including nutritional supplements and other miscellaneous items. Only medically indigent (uninsured and/or ineligible for health care coverage) persons with HIV/ AIDS and their eligible family members residing within Los Angeles County qualify.

CLIENT INTAKE – FOOD BANKS/PANTRIES

Programs providing food bank/pantry services will:

- ◆ **Develop and implement client eligibility requirements** which give priority to clients living at or below 135% of poverty level and with the greatest nutrition need. Because clients who live above 135% of poverty level may also be eligible for services, the threshold for eligibility may vary based upon the priorities and allocation decisions by the Commission on HIV. There are additional eligibility requirements including documentation of a client’s HIV status, income level, proof of residency in Los Angeles County and screening for nutrition need by a case manager and/or primary care provider. For specific eligibility requirements, refer to the Commission on HIV’s most recent priority and allocation-setting decisions and directives.
- ◆ **Conduct an intake evaluation**, to be updated annually, which gathers demographic information and determines client need and eligibility for services (as outlined above). In the intake process and throughout food distribution 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).
- ◆ **Coordinate with primary health care providers and/or case managers** to assess a client’s need and eligibility for nutrition support and to ensure that the client’s nutrition needs are being addressed.
- ◆ **Provide an initial nutrition intake and annual screening** performed by a RD, dietetic technician or other health care provider trained by nutrition professional (for those clients who have not have had a previous nutrition screening. Additional screenings will be provided as required by client’s health status. Screenings will be documented in client chart and shared with the client’s primary care physician whenever possible.
- ◆ **Provide nutrition education that pertains specifically** to nutrition needs identified in the annual nutrition screening. Individualized nutrition education will be provided by an RD,

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

dietetic technician, registered or nutrition students under the supervision of a dietitian. When appropriate, clients will be referred for medical nutrition therapy.

◆ **Develop and implement a client services agreement** that includes client rights and responsibilities, grievance procedures and conditions of food bank/pantry services. This agreement will be signed and dated by both the client and an agency representative and will be kept in each client file.

STANDARD	MEASURE
Food bank/pantry programs will develop eligibility criteria.	Eligibility criteria on file at provider agency to include: <ul style="list-style-type: none"> • Proof of residency in LA County • Proof of income • Proof of HIV diagnosis
Food bank/pantry programs will conduct a client intake.	Client intake in client file updated annually.
Client confidentiality will be strictly maintained. As necessary, Release of Information will be signed to exchange information with other providers.	Signed, dated Release of Information in client chart.
Food bank/pantry programs will coordinate with client's primary care providers and case managers to assess need for service and to ensure nutrition needs are being addressed.	Records of communication with medical providers in client chart.
When indicated, an annual nutrition screening will be conducted by or under the supervision of an RD to ensure appropriateness of service. Nutrition screenings will be shared with client's primary medical care provider when possible.	Signed, dated nutrition screen on file in client chart.
Nutrition education will be provided by an RD or DTR or nutrition student under the supervision of RD to appropriate clients identified through screening process. When needed, clients will be referred for medical nutrition therapy.	Documentation of education and referral on file in client chart.
Case conferences held by RN and social worker (at minimum) will review and revise service 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.

PROGRAM OPERATIONS – FOOD BANKS/PANTRIES

Programs providing food bank/pantry services will:

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

- ◆ **Develop food lists and food choices in collaboration with RDs** that take into account the nutrition needs of the client, special diet restrictions, portion control and client preference. Community and cultural preferences are reflected in the nutrition support provided.
- ◆ **Purchase and maintain a nutritional food supply**, including discarding food if dated on or past the products' "sell by," "best if used by," "use by," or "expiration" date.
- ◆ **Distribute groceries to ASOs** for distribution to eligible clients
- ◆ **Distribute food directly to clients** including nutritional supplements and other miscellaneous items (such as personal hygiene products) to medically indigent clients and their eligible family members. Grocery items will serve as a base to meet the nutrition needs of people living with HIV. Food items provided will represent an average of 1,000 calories/day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000-calorie level.
- ◆ **Train volunteers** in proper food handling techniques and HIV sensitivity, including volunteers of partner ASOs.

STANDARD	MEASURE
Programs providing food bank/pantry services will develop menus and food choices with the help of RDs.	Menu cycle on file at provider agency that takes into account the: <ul style="list-style-type: none"> • Nutrition needs of the client • Special diet restrictions • Portion control • Client, community • Cultural preference
Programs providing food bank/pantry services will purchase and maintain a nutritional food supply. Food/ water safety and handling measures will be strictly enforced.	Plans on file at provider agency. Inspection will confirm food and water safety measures.
Programs will distribute food to ASOs for delivery to clients.	MOUs with ASOs on file at provider agency.
Programs will distribute food directly to clients. Food items provided will represent an average of 1,000 calories/ day or 7,000 calories/week and meet at least 50% of the USDA Dietary Guidelines at the 2,000-calorie level.	Distribution policy and daily distribution records on file at provider agency.
Programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

PROMOTION/LINKAGES – FOOD BANKS/PANTRIES

Programs providing food bank/pantry services will:

- ◆ **Promote the availability of food bank/pantry services** for people living with HIV among other service providers, the Department of Public Social Services and the Social Security Administration
- ◆ **Network with ASOs** to identify eligible persons living with HIV in need of food bank/ pantry services.
- ◆ **Develop MOUs** with ASOs to distribute food bank/pantry items.

STANDARD	MEASURE
Programs providing food bank/pantry services will promote the availability of their services.	Promotion plan on file at provider agency.
Programs will network with ASOs to identify appropriate clients.	Record of outreach and networking efforts on file at provider agency.
Programs will develop MOUs with ASOs that collaborate on food distribution.	MOUs on file at provider.

PROGRAM RECORDS – FOOD BANKS/PANTRIES

Programs will maintain in each client file records with the following information (at minimum):

- ◆ **An intake** which includes documentation of HIV status, income and Los Angeles County residence, and name, address and phone number of client and emergency contact
- ◆ **Client services agreement**
- ◆ **Documentation of referrals** to other HIV service providers
- ◆ **Initial nutrition intake and annual screening**

STANDARD	MEASURE
Programs providing food bank/pantry services will maintain client files.	Client chart on file at provider agency that includes: Intake <ul style="list-style-type: none">• Client services agreement• Documentation of referrals• Initial nutrition intake and annual screening All entries in client chart will be signed and dated.

FOOD SAFETY/QUALITY

Nutrition support services will follow local Los Angeles County Environmental Health Food Safety Guidelines found online at <http://www.lapublichealth.org/eh/>. In so doing, all nutrition support services will develop their own Hazard Analysis and Critical Control Point (HACCP) plan for food handling and preparations. HACCP is a system that identifies and monitors specific

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

food borne hazards biological, chemical, or physical properties that can adversely affect the safety of the food product. (HACCP guidelines can be found online at <http://www.cfsan.fda.gov/~dms/fc01-a5.html>).

In addition, each nutrition support services program will be responsible to develop the following:

◆ **Infection Control Program:** All nutrition support programs will develop an infection control program. This program, overseen by a food service manager or RD will include education, promotion and inspection of proper hand-washing, personal hygiene and safe food handling practices by staff and volunteers. Infection control programs will meet all local health department requirements.

◆ **Food Quality Control Program:** All nutrition support programs will have an inspection program in place to assure quality of food products (including taste, texture, nutritional value, and temperature).

Nutrition support programs will comply with all local and State food production and handling requirements including (but not limited to):

- Proper food temperature is maintained at all times. Food inventory is updated and rotated as appropriate on a first-in, first-out basis.
- Facilities and equipment have capacity for proper food storage and handling.
- A procedure for discarding unsafe food is posted.
- Providers and vendors maintain proper licenses.
- Refrigerator/freezer temperature log.

In addition, each program will maintain quality control logs including, but not limited to:

- Hot holding temperature log
- Manual/mechanical dishwashing log
- Quality control log
- Equipment checklist log
- Food temperature log

◆ **Nutrition Support Manual:** Nutrition support programs will develop and maintain a Nutrition Support Manual which addresses nutrition support standards; sanitation; safety; food storage; food distribution; and volunteer training.

◆ **Client Survey:** Nutrition support programs will survey their clients at minimum once a year to ascertain their satisfaction level with the food distributed, and to help determine if the food meets client needs and is culturally appropriate. Such efforts will help maximize consumption and minimize food waste.

STANDARD	MEASURE
All nutrition support programs will follow HACCP Guidelines and local Los Angeles County Environmental Health Food Safety Guidelines.	Inspection to confirm.

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

Programs will be responsible to develop an Infection Control Program.	Infection Control Program on file at provider agency that includes education, promotion and inspection of proper hand washing, personal hygiene and safe food handling practices by staff and volunteers.
Programs will be responsible for developing a Food Quality Control Program.	<p>Food Quality Control Program on file at provider agency that includes these requirements (at minimum):</p> <ul style="list-style-type: none"> • Proper food temperature is maintained at all times • Food inventory is updated and rotated as appropriate on a first-in, first-out basis • Facilities and equipment have capacity for proper food storage and handling • A procedure for discarding unsafe food is posted • Providers and vendors maintain proper licenses • Programs will also maintain quality control logs including, but not limited to: <ul style="list-style-type: none"> • Hot holding temperature log • Manual/mechanical dishwashing log • Quality control log • Equipment checklist log • Food temperature log • Freezer/refrigerator temperature logs
Programs will develop a nutrition support manual.	Food Service Manual on file at provider agency which addresses food service and preparation standards; sanitation; safety; food storage; distribution; and volunteer training.
Programs will conduct an annual client survey.	Client survey results on file at provider agency and agency plan of action to address concerns.

TRIAGE/REFERRAL

In certain cases, clients who require additional HIV services will apply for nutrition support services. If a registered nutrition support client is not connected to a case management service, nutrition support staff will refer the client to a case manager as indicated by client need. Referrals to other services including treatment advocacy, peer support, medical treatment and dental treatment will also be made as indicated. Additionally, referrals for other food sources

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

will be made for those clients whose nutrition needs are not met through funded nutrition support programs.

STANDARD	MEASURE
Clients applying for nutrition support services who do not have a case manager will be referred to a case manager.	Record of referral on file in client chart.
Clients will be referred to other psychosocial services as needed.	Referrals to treatment advocacy, peer support, medical treatment, dental treatment, etc., recorded in client chart.
Referrals will be made to other food sources as needed.	Record of referral on file in client chart.

CASE CLOSURE

Nutrition support programs will develop criteria and procedures for case closure. Whenever possible, all clients whose cases are being closed must be notified of such action. All attempts to notify the client about case closure, along with the reason for case closure, will be documented in the client file.

Cases may be closed when the client:

- ◆ 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

STANDARD	MEASURE
Nutrition support programs will develop case closure criteria and procedures.	Program cases may be closed when the client: <ul style="list-style-type: none"> • 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

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

Patients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record.
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STAFFING REQUIREMENTS AND QUALIFICATIONS

All staff hired by provider agencies will be able to provide age and culturally appropriate care to clients infected with and affected by HIV. At minimum, all nutrition support service staff will be able to provide appropriate care to people living with HIV, complete documentation as required by their positions and maintain appropriate licensure if applicable. Program staff will demonstrate ability to handle food safely (e.g., identify sanitation procedures for purchase, receipt, storing, issue, preparation, and service of safe food and beverages as required by State and/or local regulations).

All employees involved in the preparation of meals will undergo a health screening as a condition of employment which includes Tuberculosis (TB) test and stool screening. All nutrition support employees and volunteers will be given an orientation and training before providing services.

Orientation training will include, at minimum:

- ◆ Basic HIV/AIDS education
- ◆ Client confidentiality and HIPAA regulations
- ◆ Basic overview of food and water safety
- ◆ Food protection protocols—including hand washing, cross contamination, cooling/heating/cooling, hot and cold reheating, temperature danger zones
- ◆ Service provider personal hygiene
- ◆ Work safety
- ◆ Proper receiving and storing of food and supplies

In-service trainings will be offered at a minimum of four times a year (at a minimum of 30 minutes per training).

This training will be conducted by an RD or other qualified person and will emphasize food handling and safety concerns including:

- ◆ Food and water safety
- ◆ Proper storage and handling of food service disposables
- ◆ Reducing food borne illness in compromised individuals
- ◆ Prevention of food poisoning
- ◆ Proper hand washing and glove use
- ◆ Portion control
- ◆ Emergency procedures

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

Any nutrition support employee having direct contact with daily food preparation will hold a current certification in food handling. All volunteers will be supervised by a staff person. Supervisors will ensure that staff and volunteers are following the Nutrition Support Manual.

All staff will be reviewed by their supervisor annually (at minimum).

RDs: In addition to meeting registration requirements, an RD working with HIV nutrition support programs will have the following:

- ◆ Broad knowledge of principles and practices of nutrition and dietetics
- ◆ Advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV
- ◆ Advanced knowledge of current scientific information regarding nutrition assessment and therapy and the ability to distill and communicate this information to clients and other service providers.

It is highly recommended that RDs working with HIV nutrition support programs become members of the HIV/AIDS Dietetic Practice Group and Dietitians in AIDS Care. RDs will practice according to the Code of Ethics of the American Dietetic Association (found online at http://www.eatright.org/Public/index_8915.cfm).

Among the Code of Ethics principles, an RD will strive to:

- ◆ Practice dietetics based on scientific principles and current information
- ◆ Present substantiated information and interpret controversial information without personal bias; recognizing the legitimate differences of opinion exist
- ◆ Provide sufficient information to enable clients and others to make their own informed decisions
- ◆ Protect confidential information and make full disclosure about any limitations on his/ her ability to guarantee full confidentiality
- ◆ Provide professional services with objectivity and with respect for the unique needs and values of individuals

STANDARD	MEASURE
At minimum, all nutrition support staff will be able to provide age and culturally appropriate care to clients infected with and affected by HIV.	Staff resume and qualifications on file at provider agency.
All employees involved in the preparation of meals will undergo a health screening as a condition of employment which includes TB test and stool screening.	Copy of health clearance in employee file.
All staff and volunteers will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes: <ul style="list-style-type: none">• Basic HIV/AIDS education

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

	<ul style="list-style-type: none"> • Client confidentiality and HIPAA regulations • Basic overview of food and water safety • Food protection protocols including hand washing, cross contamination, cooling/heating/cooling, hot and cold reheating, temperature danger zones • Service provider personal hygiene • Work safety • Proper receiving and storing of food and supplies
In-service trainings will be provided quarterly by an RD or other qualified professional.	Record of quarterly training (including date, time, topic, presenter and attendees) on file at provider agency.
Any nutrition support employee having direct contact with daily food preparation will hold a current certification in food handling.	Certifications on file at provider agency.
Volunteers will be supervised by a staff person. All staff will be reviewed by their supervisor annually, at minimum.	Supervision plan and annual staff reviews on file at provider agency.
RDs working with HIV food distribution programs will have the following: <ul style="list-style-type: none"> • Broad knowledge of principles and practices of nutrition and dietetics • Advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV • Advanced knowledge of current scientific information regarding nutrition assessment and therapy 	Resume and training verification on file at provider agency.
RDs will practice according to relevant ethical codes.	Performance review to confirm.

SERVICE STANDARDS

All contractors must meet the Universal Standards of Care approved by the COH in addition to the following Nutrition Support Services standards. The Universal Standards of Care can be accessed at: <https://hiv.lacounty.gov/service-standards>

SERVICE COMPONENT	STANDARD	DOCUMENTATION

DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

ACRONYMS

AIDS Acquired Immune Deficiency Syndrome
ASOs AIDS Services Organizations CBW Current Body Weight
CDC Centers for Disease Control and Prevention
CFH Certified Food Handler DHSP Division of HIV
DTR Dietetic Technician Registered
FDA Food and Drug Administration
HACCP Hazard Analysis and Critical Control Point
HIPAA Health Insurance Portability and Accountability Act
HIV Human Immunodeficiency Virus
IBW Ideal Body Weight
MOUs Memoranda of Understanding
NP Nurse Practitioner
PA Physician's Assistant
RD Registered Dietician
RN Registered Nurse
STD Sexually Transmitted Disease
TB Tuberculosis
USDA United States Department of Agriculture

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DRAFT FOR EXECUTIVE COMMITTEE APPROVAL
SERVICE STANDARDS: NUTRITION SUPPORT SERVICES

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