LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved by COH 6/8/23

CODE OF CONDUCT

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23
Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)**

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Consumer Caucus Quick FAQ

Who is the Consumer Caucus for?
People who access HIV prevention and care services in Los Angeles County. You do not need to be a Commissioner to participate.

What is the purpose of the Caucus?
To bring consumer experiences, concerns, and ideas into the Commission's planning, priorities, and recommendations. Your experiences help the Commission understand needs, identify service gaps, and plan HIV prevention and care services in Los Angeles County.

What changed under the new structure?
The Consumer Caucus remains a dedicated consumer space. The Community Caucus brings together the former Aging, Black, Women's, and Transgender Caucuses and offers opportunities for focused, time-limited workgroups.

How often will we meet?
As needed, in alignment with Commission work and topics needing consumer input. Caucus meetings under the current structure are not governed by the Brown Act.

What do the Co-Chairs do?
Work with staff to identify topics, encourage participation, guide respectful discussion, and bring key themes and recommendations to MCE.

How does our input move forward?
Co-Chairs and staff summarize feedback for MCE, which helps route it to the appropriate committee, DHSP, or full Commission for follow-up.

What can I bring to the discussion?
Service barriers, care experiences, unmet needs, and ideas for improvement. Caucuses inform Commission decisions; they do not set allocations, select providers, or speak for the Commission without authorization.

How can consumers help with upcoming planning?
Share experiences, participate in the needs assessment, help reach other consumers, and inform service priorities. Staff will share opportunities as planning moves forward.

Advocacy and the Caucuses.
The Consumer and Community Caucuses can advocate for change by sharing lived experiences, identifying service barriers and policy concerns, and developing recommendations that inform the Commission's work. Caucus recommendations move through Commission staff and the Membership & Community Engagement (MCE) Committee for appropriate review and follow-up. Official legislative, policy and budget advocacy must follow County procedures, including coordination with the Chief Executive Office's Legislative Affairs and Intergovernmental Relations (LAIR) team. Caucuses cannot independently take positions or speak on behalf of the Commission or County without authorization. Participants may also advocate personally or through other organizations, while making clear whom they represent.

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Click Here For More Information About the Consumer Caucus

All Caucus Kick-Off Meeting Summary

Tuesday, June 23, 2026 | 4:00PM – 6:00PM







Meeting Materials: CLICK HERE

At-a-Glance

Strong Participation	Community Feedback	Connection + Engagement
The All-Caucus Kick-Off Meeting brought together more than 40 participants from all five caucuses for an evening of strong engagement, community voice, and shared learning.	Attendees participated in discussions and activities that gathered feedback on community needs, service experiences, and ways caucuses can better support the Commission's work.	Participants connected across caucus spaces, enjoyed dinner provided by Gilead Sciences, and took part in a raffle for four $50 gift cards.

Purpose of the Meeting

The Commission on HIV convened the All-Caucus Kick-Off Meeting to bring together the Aging, Black, Consumer, Transgender, and Women's Caucuses after a period of transitions and to reaffirm the purpose and value of these caucus spaces. Caucuses are designed to elevate community voices and lived experiences within the Commission's planning efforts. Their role is not to function independently, but to strengthen the ways the Commission listens, learns, and responds to what communities are observing and experiencing.

The meeting gathered over 40 community members, consumers, providers, partners, and caucus leaders to explore how caucus input supports the Commission's Ryan White Program planning. This included discussions on service standards, needs assessments, recruitment, outreach, engagement, identifying service gaps, and advancing the Integrated HIV Prevention and Care Plan.

The room was full and the engagement was strong, showing that an all-caucus format can work when the purpose is clear and the space is welcoming. Co-Chair nominations opened for each caucus, elections will follow once caucus meetings are scheduled, and four $50 gift cards were raffled.

Community Feedback on Caucus' Priorities

Participants filled out an engagement worksheet during the meeting and joined group discussions; a copy of the worksheet is included in the meeting materials. Participants expressed a strong desire for deeper connection, clearer communication, more meaningful community engagement, and better coordinated services. Many attended to learn about the Commission and its caucuses, explore ways to get involved, and help community needs are clearly represented. Several participants shared that they left the meeting feeling more informed and reminded them that they are not doing this work alone. They also shared appreciation for Commission staff, while noting that more people are needed at the table to help move the work forward. Participants highlighted several areas where caucuses can offer helpful input over the next year: community engagement, HIV education and awareness, recruitment and outreach, needs assessment, service standards, reviewing community feedback, and identifying barriers, gaps, and community needs.

Common Themes

Whole-person care: Care should reflect the full reality of people's lives, not just one diagnosis or service need.	**Culturally responsive care:** Need for better provider education, cultural humility, and respect.
Service navigation: Weak referrals, unclear steps for getting help, and the need for better coordination between providers and Community-based organizations.	**Awareness and outreach:** Many people still do not know what services are available, where to go, or how to get connected.
Stigma and mistrust: Stigma, misinformation, and past harm continue to shape whether people feel safe accessing services.	**Shared and specific needs:** Many barriers overlap across communities, while some needs may require focused workgroups, task forces, or listening sessions.
Missing voices: Need to hear more from people aging with HIV, youth, Indigenous communities, immigrant communities, and others who aren't fully represented.	**Action and accountability:** Community feedback should help shape next steps and come back to the community.

Nutrition Support Services Feedback

The Division on HIV and STD Programs' (DHSP) Clinical Quality Management team presented on Nutrition Support Services and gathered feedback from consumers and providers. Participants learned what the service offers, how it fits into the Ryan White system, and how it supports whole person care. Feedback highlighted barriers such as low awareness, paperwork challenges, eligibility questions, and the need for better coordination among nutrition services, case management, food programs, and medical care. Participants also emphasized that nutrition needs are closely linked to housing, transportation, income, health, and overall stability. Overall, the input gave DHSP and the Commission clearer insight into how the service is understood, where access is difficult, and where better communication and coordination are needed.

Latino/Latine Caucus Recommendation

Participants discussed the idea of creating a Latino/Latine Caucus, with mixed opinions. Some felt communities might be stronger combined under one caucus, while others supported creating a Latino/Latine Caucus since other priority groups have their own. The conversation raised broader questions about the purpose of caucuses, capacity, representation, and sustainability, as well as whether certain community needs are better addressed through a caucus, workgroup, task force, or other focused engagement approach. The Membership and Community Engagement (MCE) Committee will continue exploring these issues as part of its caucus oversight role.

Key Outcomes and Next Steps

- ✓ Staff will schedule the first individual caucus meetings and support next steps.
- ✓ Co-chair nominations are now open for caucuses; elections will happen once those meetings are scheduled.
- ✓ The Membership and Community Engagement (MCE) Committee will review the request for a Latino/Latine Caucus and discuss broader questions about the caucus structure.
- ✓ Staff will use engagement feedback to guide caucus planning, community engagement, needs assessment, recruitment, outreach, and service feedback.

Final Thoughts

The June 23 All Caucus Kick-Off Meeting was a meaningful step in bringing the caucuses back together with clearer purpose, stronger connection, and renewed community engagement. The feedback shared will help guide next steps, strengthen how caucuses support the Commission's planning work, and ensure that community voice and lived experience remain centered in the work ahead.

Need help Accessing HIV or STD Services?

If you or someone you know is having difficulty accessing services from a HIV service provider, or has concerns about the quality of services received, the DHSP Customer Support Program can help.

Contact: dhspsupport@ph.lacounty.gov | (800) 260-8787
Online: http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

Service Standards Development FAQ

Purpose: This FAQ explains what service standards are, how they are developed, why service standards are important.

1. What are service standards?

Service standards define the minimum level of care and service that Ryan White-funded agencies and providers must deliver within Los Angeles County. These standards establish the core requirements, procedures, and service components that all Ryan White Program-funded service providers are expected to follow. By setting consistent expectations for service delivery, service standards help ensure that all clients receive high-quality, equitable care regardless of where they access services. The Commission on HIV (Commission) develops service standards for every funded service category in partnership with the Division on HIV and STD Programs (DHSP), consumers, service providers, and subject matter experts.

2. What are service categories?

The Ryan White Program Part A provides a comprehensive system of care for people with HIV through two service categories:

- **Core Medical Services** which are essential for the diagnosis, treatment, and management of HIV
- **Support services** which help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care

3. How are service standards developed?

The Standards and Best Practices (SBP) Committee leads the service standards development process for the Commission.

Step 1: SBP Committee Review

The SBP Committee develops a review schedule based on service rankings from the Commissions' Priority Setting and Resource Allocations (PSRA) process, the DHSP Request for Proposal (RFP) schedule, or in response to stakeholder concern or change to the HIV care continuum. The Committee solicits input from consumers/clients, service providers, and subject matter experts and revises the service standards, as needed, based on their feedback and recommendations.

Step 2: Public Comment Period

Revised service standards are posted on the COH website for a 30- to 45-day public comment period, providing stakeholders and members of the public with an opportunity to review and comment on the proposed changes. Consumers/clients are encouraged to submit feedback either in writing or in person at the subsequent SBP Committee meeting. Following the public comment period, the SBP Committee reviews all feedback received and votes on the proposed revisions. Once approved, the revised standards are forwarded to the EC and COH for final consideration and implementation.

Step 3: Executive Committee and Commission Review

The Executive Committee will review the revised service standards and vote on their approval. Once approved, the standards are forwarded to the full COH for consideration. Consumers, clients, and other stakeholders may provide feedback throughout any stage of the review and revision process. The COH

will then review the revised standards and vote on their approval. Upon approval, the finalized standards are disseminated to stakeholders and implemented by Ryan White Program providers throughout Los Angeles County.

Step 4: Distribute and Use Service Standards

Service standards are published on the Commission website under the "Our Work" tab and serve as a key resource for Ryan White Program stakeholders. DHSP utilizes these standards in the development of RFPs, as well as for program monitoring and Clinical Quality Management (CQM) activities. Service standards are intended to be flexible rather than overly prescriptive or highly detailed. This flexibility enables providers to tailor services to the unique needs of individual clients while promoting consistent quality of care and minimizing the need for frequent revisions and updates.

Step 5: Repeat Review Cycle

Category-specific service standards are reviewed every three years, or more frequently as needed. The Universal Service Standards and the Client Bill of Rights and Responsibilities are reviewed every two years, or as needed. As part of the review process, DHSP provides service utilization data and information related to CQM activities to help assess the effectiveness and relevance of existing standards. Reviews may also be initiated in response to changes in the HIV care continuum, emerging best practices, program requirements, or evolving client and provider needs.

4. Why are service standards important?

Service standards are important for improving client and public health outcomes.

Consumers: Service standards ensure the minimal expectation for consumers accessing or receiving Ryan White-funded services in Los Angeles County.

Service providers: Service standards define the core components of a service category to be included in the model of service delivery for each funded service category.

Planning Councils: Service standards assist the Commission on HIV with understanding what activities are being provided.

Quality Managers: Service standards are the foundation for the clinical quality management program and provide the framework and service provision from which processes and outcomes are measured

Recipient (DHSP): DHSP is responsible for ensuring the development, distribution, and use of the service standards. Service standards are important to ensure that services are provided to clients in a consistent manner across service providers.

LOS ANGELES COUNTY
COMMISSION ON HIV

UNIVERSAL STANDARDS

FOR RYAN WHITE HIV SERVICE DELIVERY

LAST REVISED 11/04/26

LOS ANGELES COUNTY
COMMISSION ON HIV

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Overview and Purpose of the Universal Ryan White HIV Standards of Care

The Los Angeles County Commission on HIV's Universal Standards for Ryan White HIV services establish the essential components and procedures that all Ryan White Program HIV service providers in the Los Angeles County Eligible Metropolitan Area (EMA) are required to follow. The Universal standards in this document outline requirements for client eligibility, staffing, cultural linguistic competency, service management and closure, monitoring and reporting, and quality assurance. These standards must be met or exceeded by all contracted Ryan White services providers in the Los Angeles County EMA. Service providers should refer to service category-specific standards for more detailed and additional requirements for specific core and support service categories.

The Ryan White HIV/AIDS Program Part A provides a comprehensive system of care for people with HIV through two service categories:

- **Core Medical Services** which are essential for the diagnosis, treatment, and management of HIV
- **Support Services** which help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care

For a list of Ryan White Services and agency contact information, visit the Commission on HIV website https://hiv.lacounty.gov/resources and select "Ryan White Program Service Category Fact Sheets."

Service standards must follow all requirements and restrictions set by the Health Resources and Services Administration (HRSA). The key documents used to develop these standards include:

- **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

This document is not meant to cover every regulation or requirement for delivering Ryan White HIV services. Instead, it highlights the key expectations and features of the Ryan White system that apply to all core and support service categories in the Los Angeles County EMA.

Basic Requirements for Ryan White HIV Services

All clients receiving Ryan White-funded HIV services in the Los Angeles County EMA must receive services that:

- Are accessible to all persons with HIV who qualify and meet eligibility requirements;
- Include a comprehensive intake process that accurately assesses client needs and supports active involvement in treatment planning

- Maintain the highest standards of care in both in-person and telehealth services
- Are developed and evaluated with input from people living with HIV to ensure care is client centered
- Guarantee client confidentiality, protect client autonomy, and protect the rights of persons living with HIV
- Are culturally and linguistically competent
- Maintain a fair grievance process
- Are provided by experienced, trained, and (as appropriate) licensed staff

Ryan White HIV funds are meant to support the HIV-related needs of eligible clients. Any service paid for with these funds must clearly connect to the goal of helping clients access and remain engaged in HIV care, treatment, and related services that promote their health and well-being. Ryan White HIV funds are the payer of last resort and may only be used when all other funding options have been exhausted or are unavailable. Providers must establish criteria and procedures to determine client eligibility and to confirm that no other funding sources can cover the services needed.

Client Eligibility for Ryan White Services

Ryan White services are available to anyone with HIV who meets the eligibility requirements. Eligibility requirements for receiving Ryan White services include:

- Documentation confirming HIV diagnosis
- Proof that the client lives in Los Angeles County
- Proof income at or below 500% of Federal Poverty Level (FPL). **Note:** 300% FPL to receive Nutrition Support Services
- Proof of health insurance (if any)

To assist clients facing challenges obtaining documentation, service provider agencies are expected to follow the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) guidance on using self-attestation forms to verify eligibility for Ryan White services.

Rapid linkage to care after an HIV diagnosis is a top priority, and this requirement should never prevent someone from receiving services. Although agencies must confirm HIV diagnosis and eligibility before providing Ryan White–funded services, there is no legal requirement that the diagnosis be fully confirmed before care begins. An initial positive HIV screening test is enough to start Ryan White services, with confirmatory testing ordered on the first visit.

The DHSP “Rapid and Ready Program” promotes and supports rapid linkage to HIV care for all persons who newly test positive for HIV or are ready to reengage in HIV care. The services are for anyone who tests positive for HIV in Los Angeles County and is interested in seeing an HIV provider. HIV testing sites, community clinics, medical centers, and emergency departments can also use the service to link a client to HIV care. To learn more about the “Rapid and Ready Program” visit:
http://publichealth.lacounty.gov/dhsp/RapidAndReadyProgram_ActionKit.htm

General Service Provider Agency Requirements

STANDARD	DOCUMENTATION
Service provider agencies must have an intake procedure for determining client eligibility and an annual eligibility redetermination procedure.	Written policy and procedure at service provider agency including required documentation for eligibility determination and recertification.
Service provider agencies must have up-to-date written policies and procedures manual that contains information for both clients and staff regarding: • Client rights and responsibilities • Client grievance policies and procedures • Client eligibility requirements • Referral lists as necessary • Consent to share information • Quality assurance policies and procedures • Data collection procedures • Staff training programs and policies • Confidentiality policies and agreements • Client Follow-up and Disenrollment procedures • Telehealth procedures including support for clients interested in using telehealth services • Universal Precautions procedures • Client information protection procedures including IT safeguards for securing client information • Crisis management procedures • Client feedback procedures	Written policies and procedures manual on file at service provider agency.
Service provider agencies must provide clients with the following policies/forms/procedures and obtain signatures confirming consent: • Agency consent for service form • Confidentiality policy • Release of Information form • Agency procedures for addressing grievances • Information on the DHSP Customer Support Program Client Rights and Responsibilities (See Appendix B)	Signed and dated forms in client file.
Service provider agencies must follow all relevant state and federal workplace and safety laws, and all sites must meet ADA accessibility requirements.	Signed confirmation of compliance with applicable regulations on file.

Intake, Eligibility and Recertification

STANDARD	DOCUMENTATION
Service provider agencies must complete an intake for clients to determine eligibility for Ryan White services and to assess the HIV care support service needs of the client. The intake process must include: • Determining eligibility for Ryan White services and annual recertification process • Obtaining consent for receiving services • Explanation of the agency's confidentiality policy and release of information procedures • Assessment of client's immediate needs and explanation of available services • Review of client rights and responsibilities • Explanation of grievance procedures • Referrals to other Ryan White services not offered at agency conducting intake, as appropriate.	Completed intake in client file. If the client does not complete intake within 30 days, agency must document all contact attempts and the methods used in the client file.
Intake must begin within 5 days of initial contact and be completed within 30 days. Intake forms must allow clients to indicate their preferred name and pronouns and must also explain the situations in which a legal name is required.	Written policy and procedure at service provider agency.
Service provider agencies must conduct an annual eligibility redetermination based on the client's eligibility determination date. Required recertification documentation includes: • Proof of residence • Income • Insurance status • Screening for service needs/acuity	Completed eligibility determination and required recertification documentation in client file.

Cultural and Linguistic Competence

STANDARD	DOCUMENTATION
Recruit, promote, and support a culturally and linguistically diverse workforce that reflects and responds to the population served.	Written policy and documentation on file.
Clearly inform clients—verbally and in writing, and in their preferred language—about available language assistance services. Ensure interpreters are competent; avoid using untrained individuals or minors.	Written policy and documentation on file.

Offer easy-to-understand print and multimedia materials and signage in the primary languages of the service population at all clinic entry points and client service areas.	Written policy and documentation on file.

Staff Requirements and Qualifications

STANDARD	DOCUMENTATION
Staff meet the minimum qualifications for their positions and have the knowledge, skills, and abilities needed to effectively serve their communities. If a position requires a license, staff must hold the appropriate license to provide services.	Hiring policy, staff resumes and copy of license (as appropriate) on file at service provider agency.
Service provider agencies must adopt policies that support hiring people living with HIV in all appropriate areas of service delivery.	Hiring policy at service provider agency.
Staff participate in training relevant to their job duties, program needs, and the Ryan White Program service category.	Documentation of completed training in staff file.

Care Coordination and Referrals

STANDARD	DOCUMENTATION
During intake, clients must be screened for their need for additional services including: • Medical care • Case management services • Housing services • Nutrition support services • Mental Health support services • Substance use disorder services • Medical transportation services • Benefits counseling services Appropriate referrals should be made for service needs not offered by the agency.	Documentation of client assessment of needs and referrals made.
Referrals should be performed utilizing a warm handoff when possible. Warm handoffs can be completed in -person, by phone, via video to ensure a seamless transition and reduce the chances of the client being lost to follow-up.	Documentation of referrals made and outcome of referrals.
As appropriate, service provider agencies will follow-up with referrals made to ensure services were delivered.	Documentation of referral follow-up and outcome.

Client Follow-Up and Disenrollment Procedures

STANDARD	DOCUMENTATION
Service provider agencies are expected to monitor client progress by keeping regular contact, or "follow-up" with clients to support their Ryan White service needs. Follow-ups may include face-to-face meetings, phone calls, or other direct communication with the client. A real conversation with the client is required; leaving a voicemail or message does not count as follow-up.	Documentation of client monitoring and progress notes in client file.
Multiple attempts to reach a client may be necessary and use of an emergency contact may be needed if attempts to reach the client using their contact information does not work.	Documentation of contact attempts and outcomes in client file.
Service provider agencies must make at least three different types of contact attempts before closing cases in alignment with contract requirements regarding minimum follow-up expectations for missed appointments.	Documentation of contact attempts and outcomes in client file.
If a client is lost to follow-up or requests to discontinue Ryan White services, a formal disenrollment process should be initiated. When appropriate, the disenrollment process should include connecting the client with resources or other transitional support to promote continued success.	Completed transition summary should be placed in the client file and signed by the client and supervisor when possible.
Agencies may disenroll clients from Ryan White services if they: • Relocate outside the service area • Is no longer eligible for Ryan White services • Requests to discontinue services • Discontinues services on their own • Pose a risk to the service provider staff or other clients • Misuses services or violates the service agreement • Has had no direct contact with service provider agency for 12 months despite repeated outreach attempts • Is deceased	All contact attempts and communication methods must be documented, along with the justification for disenrollment.

APPENDIX A: Client Bill of Rights and Responsibilities

Service provider agencies are responsible to provide clients with a copy of the "Client Bill of Rights and Responsibilities" in all service settings. The purpose of this document is to empower clients to advocate for themselves and work in partnership with their service providers to achieve the best possible HIV care and treatment. This Bill of Rights and Responsibilities affirms that individuals receiving HIV care or support services have the right to:

1. **Respectful Treatment and Preventive Services**
    a. Receive considerate, respectful, professional, confidential, and timely care and preventive services in a safe, client-centered, trauma-informed environment
    b. Receive equal, unbiased care appropriate to your age and needs, in compliance with federal and state laws and regulations.
    c. Receive information about your providers' qualifications, including their experience with HIV/AIDS care.
    d. Be informed of the names and work phone numbers of the staff responsible for your care.
    e. Have safe accommodations to protect personal property while receiving services.
    f. Receive culturally and linguistically appropriate services, including clear explanations in your preferred language and dialect.
    g. Review your medical records and obtain copies upon request, subject to reasonable service provider agency policies and applicable fees.
2. **Competent, High-Quality Care**
    a. Have your care provided by competent, qualified professionals who follow HIV treatment stands as set forth by the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the California Department of Health Services, and the County of Los Angeles Department of Public Health.
    b. Have access to these professionals at convenient times and locations.
    c. Receive appropriate referrals to other care and support services.
    d. Have their phone calls and/or emails answered within 1-3 business days based on the urgency of the matter.
3. **Participate in Treatment Decision-Making Process**
    a. Receive clear, up-to-date information in understandable terms about your diagnosis, treatment options, medications (including common side effects), and expected outcomes.
    b. Actively participate with your providers in discussing treatment choices.
    c. Make the final treatment decision after receiving all relevant information and your provider's recommendations.
    d. Access patient-specific education and reliable self-management resources.
    e. Refuse any recommended treatment, be informed of potential health impacts, and consequences, and retain the right to change your mind later.
    f. Be informed about and offered the chance to participate in eligible clinical research studies.
    g. Refuse to participate in research without any penalty.
    h. Decline services or end participation in any program without bias or negative impact on your care.
    i. Be informed of the agency's internal procedures for addressing misunderstandings, complaints, or grievances, in addition to the DHSP Customer Support Program.
    j. Receive a response to any complaint or grievance withing 45 days.
4. **Confidentiality and Privacy**
    a. Receive a copy of the service provider agency's Notice of Privacy Policies and Procedures.
    b. Have your HIV diagnosis kept confidential and receive an explanation of confidentiality

policies and any exceptions.
   c. Request restricted access to specific parts of your medical record.
   d. Authorize or withdraw permission for others to access your medical record, except for providers and billing.
   e. Question information in your medical record and request written corrections (your provider may accept or decline with explanation).

5. **Billing Information and Assistance**
   a. Receive clear information about all potential charges and provider payment policies.
   b. Receive information about financial assistance programs and help accessing any benefits for which you may qualify.

Client Responsibilities

To support your care, you are responsible for:

1. Participating in creating and following your treatment or service plan to the best of your ability.
2. Providing accurate, complete information about your health history, medications, and other treatments; reporting changes promptly.
3. Providing your provider contact information (including phone number and email address if available) for your Primary Care Provider and other providers involved in your care and telling your provider when that information changes.
4. Telling your provider when you do not understand information given to you.
5. Following the agreed-upon treatment plan and understanding the consequences of non-adherence or using alternative treatments.
6. Understanding that you may be disenrolled from services if you:
   a. Moves out of the service area
   b. Is no longer eligible for Ryan White services
   c. Discontinues services on their own
   d. Requests to discontinue services
   e. Poses a risk to the service provider agency, staff, or other clients
   f. Misuses services or violates the service agreement
   g. Has no direct contact with the agency for 12 months despite repeated outreach
   h. Are deceased
7. Keeping appointments or notifying the agency promptly if unable to attend.
8. Keeping the service provider agency informed of how to reach you confidentially.
9. Following service provider agency rules and conduct guidelines.
10. Treating providers and other clients with respect.
11. Avoiding profanity, abusive language, threats, violence, weapons, theft, vandalism, and any form of sexual harassment or misconduct.
12. ~~If living with a substance use disorder, being open with your provider about your substance use so appropriate support can be provided.~~

For more help or information:

Start by discussing any complaint or grievance with your provider or the agency's client services representative or patient advocate. If the issues are not resolved in a reasonable timeframe, you may contact the Division on HIV and STD Programs (DHSP) Customer Support Program by calling 1-800-260-8787 and leaving a message or emailing dhspsupport@ph.lacounty.gov Calls and emails are returned within two business days. Please note that the Customer Support Line is not intended for emergencies or crisis situations.

LOS ANGELES COUNTY
COMMISSION ON HIV

PUBLIC COMMENT PERIOD FOR THE DRAFT ORAL HEALTH SERVICE STANDARDS

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft **Oral Health Service Standards** revised by the Standards and Best Practices (SBP) Committee. The SBP Committee convened a subject matter expert panel composed of Ryan White-funded dental providers on 10/19/26 to review the Oral Health Standards and revised the document based on their recommendations. Revisions are in **red**. Comments from consumers, providers, HIV prevention and care stakeholders, and the public are welcome. A draft of the document is posted to the COH website and can be found at: **https://hiv.lacounty.gov/standards-and-best-practices-committee/.**

Comments can be submitted via email to **HIVCOMM@LACHIV.ORG**.

Additionally, consumers of Ryan White Services can request that a physical copy of the service standards be mailed to their home address. For more information, please contact Jose Rangel-Garibay at **jgaribay@lachiv.org** or (213) 738-2816.

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

1. Are the Oral Health Service Standards reasonable and achievable for providers? Why or why not?

2. Do the Oral health Service Standards meet consumer needs? Why or why not? Give examples of what is working/not working.

3. Is there anything missing from the Oral Health Services related to HIV prevention and care?

4. Do you have any additional comments related to the Oral Health Services?

Public comments are due by November 8, 2026.

ORAL HEALTH SERVICE STANDARDS

Last approved by the Commission on HIV on April 4, 2023

IMPORTANT: The service standards for Oral Health Care 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 Oral Health Care 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

Oral health care services are an integral part of primary medical care for all people living with HIV. Most HIV infected patients can receive routine, comprehensive oral health care in the same manner as any other person. All treatment will be administered according to published research and available standards of care. In addition, the COH developed a Dental Implants addendum to provide specific service delivery guidance to Ryan White Part A-funded agencies regarding the provision of dental implants. For more information, see the Oral Health Care Service Standard Addendum.

Service shall include (but not limited to):

- Routine dental care and oral health education and counseling
- Obtaining a comprehensive medical and oral hygiene history and consulting primary medical providers as necessary

- Providing educational, prophylactic, diagnostic and therapeutic dental services to patients with a written confirmation of HIV diagnosis
- Providing medication appropriate to oral health care services, including all currently approved drugs for HIV-related oral manifestations
- Providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, prosthodontists, endodontists, oral surgeons, oral pathologists, oral medicine practitioners, orofacial pain specialists, and registered dietitians
- Maintaining individual patient dental records in accordance with current standards
- Complying with infection control guidelines and procedures established by the California Occupation Safety and Health Administration (Cal-OSHA)

The following are priorities for HIV oral health treatment:

1. Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
2. Elimination of presenting symptoms
3. Elimination of infection
4. Preservation of dentition and restoration of functioning

Recurring themes in this standard include:

- Good oral health is an important factor in the overall health management of people living with HIV.
- Treatment modifications should only be used when a patient's health status demands them.
- Comprehensive evaluation is a critical component of appropriate oral health services.
- Treatment plans, their medical necessity, should be discussed with patient and appropriate informed consent should be obtained.
- Collaboration with primary medical providers is necessary to provide comprehensive dental treatment.
- Prevention and early detection should be emphasized.

GENERAL CONSIDERATIONS: <u>There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV</u>. Further, the magnitude of the CD4 count and viral load are not indicators to withhold dental treatment for the patient. If, however, a patient's medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary. Additionally, oral health services are subject to availability of Ryan White funds.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

HIV/AIDS oral health care services shall be provided by dental care professionals who have applicable professional degrees and current California State licenses. Dental staff can include dentists, dental assistants, dental assistants in extended functions, dental hygienists, and dental

hygienists in extended practice. Clinical supervision shall be performed by a licensed dentist responsible for all clinical operations.

Dentists: A dentist must complete a four-year dental program and possess a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree. Additionally, dentists must pass a three-part examination as well as the California jurisprudence exam and a professional ethics exam. Dentists are regulated by the California Dental Board (please see Dental Board of California for further information).

Registered Dental Assistants (RDA): RDAs must possess a diploma or certificate in dental assisting from an educational program approved by the California Dental Board, or 18 months of satisfactory work experience as a dental assistant. RDAs are regulated by the California Dental Board (please see Dental Board of California for further information).

Unlicensed Dental Assistants (DA): Unlicensed dental assistants are not licensed by the Dental Board of California, but they are subject to certain laws governing their conduct. Section 150.1 is the statute governing the duties that unlicensed dental assistants are allowed to perform. Unless a specific duty is listed in that regulations, the dental assistant is NOT allowed to perform that duty. A dental assistant may only expose radiographs after successful completion of a board-approved radiation safety course. Dental assistants with certain experience or educational backgrounds may qualify to apply for Registered Dental Assistant (RDA) licensure.

Registered Dental Assistants in Extended Functions (RDAEF)[1]: RDAEF holds a current licensure as a Registered Dental Assistant or has completed the requirements for licensure as a RDA, completed a Board-approved course in the application of Pit & Fissure Sealants, completed a Board-approved RDAEF program, passed a written examination administered by the Board, and submitted fingerprint clearances from both the Department of Justice and the Federal Bureau of Investigation. RDAEFs are regulated by the California Dental Board (please see Dental Board of California for further information).

Registered Dental Hygienists (RDH): RDHs must have been granted a diploma or certificate in dental hygiene from an approved dental hygiene educational program. RDHs are regulated by the California Dental Board (please see Dental Board of California for further information).

Registered Dental Hygienists in Extended Functions (RDHEF)[2]: RDHEF holds a current license as a registered dental hygienist in California, completed clinical training approved by the dental hygiene board in a facility affiliated with a dental school under the direct supervision of the dental school faculty, performed satisfactorily on an examination required by the dental hygiene board, and completed an application form and paid all application fees required by the dental hygiene board. RDHEF are regulated by the California Dental Board (please see Dental Board of California for further information).

[1] Registered Dental Assistant in Extended Functions Applicants - Dental Board of California
[2] Codes Display Text (ca.gov)

SERVICE STANDARDS

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

SERVICE COMPONENT: INTAKE	
STANDARD	**DOCUMENTATION**
Intake process will begin during first contact with client.	Intake in client file to include (at minimum): • Documentation of HIV diagnosis • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number • Contact information for primary care provider and inform when changes occur
Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in client file.
Client will be informed of Rights and Responsibilities and the Division on HIV and STD Programs (DHSP) Customer Support Program[3].	Signed, dated forms in client file.
SERVICE COMPONENT: EVALUATION When presenting for dental services, people living with HIV should be given a comprehensive oral evaluation. When indicated, diagnostic tests relevant to the evaluation of the patient should be performed and used in diagnosis and treatment planning. In addition, full medical status information from the patient's medical provider, including most recent lab work results, should be obtained, and considered by the dentist.	
STANDARD	**DOCUMENTATION**

[3] The program aims to assist consumers of HIV and STD services who have experienced difficult accessing services from DHSP-funded providers throughout Los Angeles County.

A comprehensive oral evaluation will be given to patients living with HIV and will include: • Documentation of patient's presenting complaint • Caries charting • Radiographs or panoramic and bitewings and selected periapical films • Complete periodontal exam or PSR (Periodontal Screening Record) • Comprehensive head and neck exam • Complete intra-oral exam, including evaluation for HIV-associated lesions • Pain assessment	Signed by provider, dated evaluation on file in patient chart.
As indicated, diagnostic tests relevant to the evaluation will be used in diagnosis and treatment planning. Biopsies of suspicious oral lesions will be taken.	Signed by provider, dated evaluation in patient chart to detail additional tests.
Full medical status information will be obtained from the patient's medical provider and considered in the evaluation. The medical history and current medication list will be updated regularly to ensure all medical and treatment changes are noted.	Signed by provider, dated evaluation in patient chart to detail medical status information.
Obtain a thorough medical, dental, and psychosocial history to assess the patient's oral hygiene habits and periodontal stability and determine the patient's capacity to achieve dental implant success and the possibility of dental implant failure.	Client Chart/Treatment Plan/Provider Progress Notes
Clinician, after patient assessment, will make necessary referrals to specialty programs and other Ryan White-funded services including, but not limited to: Medical Case Management (MCC); Substance use treatment; smoking cessation programs; and medical nutritional therapy thereby increasing patients' success rate for receiving dental implants.	
The clinicians referring patients to specialty Oral Healthcare services will complete a referral form, educate the patient, and discuss treatment plan alternatives with patient.	
SERVICE COMPONENT: TREATMENT PLANNING	

In conjunction with the patient, each dental provider shall develop a comprehensive, multidisciplinary treatment plan. The patient's primary reason for the visit should be considered by the dental professional when developing the dental treatment plan. Treatment priority should be given to the management of pain, infection, traumatic injury, or other emergency conditions.

Dental provider will support and reinforce patient understanding, agreement, and education in the patient's treatment plan. Ensure patient understanding that dental implants are for medical necessity (as determined by the dental provider through assessments and evaluation) and would lead to improved HIV health outcomes. Reinforce that Ryan White funds cannot be used to provide dental implants for cosmetic purposes.

STANDARD	DOCUMENTATION
A comprehensive, multidisciplinary treatment plan and its medical necessity will be discussed with the patient and appropriate informed consent should be obtained.	Treatment plan dated and signed by both the provider and patient in patient file.
Patient's primary reason for dental visit should be addressed in treatment plan.	Treatment plan dated and signed by both the provider and patient in the patient file to detail.
Patient strengths and limitations will be considered in development of treatment plan.	Treatment plan dated and signed by both the provider and patient in patient file to detail.
Treatment priority will be given to pain management, infection, traumatic injury, or other emergency conditions.	Treatment plan dated and signed by both the provider and patient in patient file to detail.
Treatment plan will include consideration of the following factors: • Tooth and/or tissue supported prosthetic options • Fixed protheses, removable prostheses or combination • Soft and hard tissue characteristics and morphology, ridge relationships, occlusion and occlusal forces, aesthetics, and parafunctional habits • Restorative implications, endodontic status, tooth position and periodontal prognosis • Craniofacial, musculoskeletal relationships	Treatment plan dated and signed by both the provider and patient in file to detail.
Six-month recall schedule will be used to monitor any changes. A three-month recall	Signed, dated progress note in patient file to detail.

schedule may be considered to limit disease progression and maintain healthy periodontal tissues in advanced cases of periodontitis or caries.	
Treatment plans will be updated as deemed necessary.	Signed, dated progress note in patient file to detail.
The receiving clinician will review the referral, consider the patient's medical, dental, and psychosocial history to determine treatment plan options that offer the patient the most successful outcome based on published literature. The clinician will discuss with patient dental implant options with the goal of achieving optimal health outcomes.	Referral in Client Chart/Treatment Plan/Provider Progress Notes
The clinician will consider the patient's perspective in deciding which treatment plan to use.	Client Chart/Treatment Plan/Provider Progress Notes
The clinician will discuss treatment plan alternatives with the patient and collaborate with the patient to determine their treatment plan.	
The clinician and the patient will revisit the treatment plan periodically to determine if any adjustments are necessary to achieve the treatment goal.	
The clinician will educate patients on how to maintain dental implants and the importance of routine care.	

SERVICE COMPONENT: INFORMED CONSENT

Patients will sign an informed consent document for all dental procedures. This informed consent process will be ongoing as indicated by the dental treatment plan.

STANDARD	DOCUMENTATION
As part of the informed consent process, dental professionals will provide the following before obtaining consent: • Diagnostic information • Recommended treatment • Alternative treatment • Benefits and risks of treatment • Limitations of treatment	Signed, dated progress note or informed consent in patient field to detail.

Dental providers will describe all options for dental treatment and allow the patient to be part of the decision-making process.	Signed, dated progress note or informed consent in client file to detail.
After the informed consent discussion, patients will sign an informed consent for all dental procedures.	Signed, dated informed consent in client file.
This informed consent process will be ongoing as indicated by the dental treatment plan.	Ongoing signed, dated informed consents in client file (as needed).

MEDICAL CONSULTATION AND PRIMARY CARE PARTICIPATION

Dentists can play an important part in reminding patients of the need for regular primary medical care and CBC, CD4, viral load tests as indicated ~~every three to six months~~ depending on the past history of HIV infection and level of suppression achieved and encouraging patients to adhere to their medication regimens. However, even the highest number of viral copies has no impact on the provision of dental care. If a patient is not under the regular care of a primary care physician, the patient should be urged to seek care and a referral to primary care will be made. Until patient is in medical care, dental care may be withheld.

STANDARD	DOCUMENTATION
Primary care physicians will be consulted when providing dental treatment.	Signed, dated progress note to detail consultations.
Primary care physicians will be consulted when providing dental treatment depending on the medical needs of the patient. Consultation with medical providers will be: • To obtain the necessary laboratory test results • When there is any doubt about the accuracy of the information provided by the patient • When there is a change in the patient's general health, determine the severity of the condition and the need for treatment modifications • If after evaluating the patient's medical history and the laboratory tests, the oral health provider decides that treatment should occur in a hospital setting • New medications are indicated to ensure medication safety and prevent drug/drug interactions • Oral opportunistic infections are present	Signed, dated progress note to detail consultations.

Dentists will encourage consistent medical care in their patients and provide referrals as necessary. Under certain circumstances, dental professionals may require further medical information to determine safety and appropriateness of care.	Signed, dated progress notes to detail referrals and discussion.
Programs may decide to discontinue oral health services if a client has not engaged in primary medical care. Patients will be made aware of this policy at time of intake into the program.	Signed, dated progress notes to detail referrals and discussion. Policy on file at provider agency. Intake materials will also state this policy.
Under certain circumstances, dental professionals may require further medical information to determine safety and appropriateness of care.	Signed, dated progress notes to detail discussion.

PREVENTION/EARLY INTERVENTION

Dental professionals will emphasize prevention and early detection of oral disease by educating patients about preventive oral health practices, including instruction in oral hygiene. In addition, dental professionals may provide counseling regarding behaviors (e.g., tobacco use, unprotected oral sex, body piercing in oral structures) and general health conditions that can compromise oral health. The impact of good nutrition on preserving good oral health should be discussed.

STANDARD	DOCUMENTATION
Dental professionals will educate patients about preventive oral health practices.	Signed, dated progress note in patient file to detail education efforts.
Routine examinations and regular prophylaxis will be scheduled twice a year.	Signed, dated progress note or treatment plan in patient file to detail schedule.
Dental professionals will provide basic nutritional counseling to assist in oral health maintenance. Referrals to an RD and others will be made, as needed.	Signed, dated progress note to detail nutrition discussion and referrals made.
Root planing/scaling will be offered as necessary, either directly or by referral.	Signed, dated progress note or treatment plan in patient file to detail.

SPECIAL TREATMENT CONSIDERATIONS

STANDARD	DOCUMENTATION
As indicated, the following modifications to standard dental treatment should be considered:	Signed, dated process note or treatment plan in patient file to detail treatment modifications and referrals.

• ~~Bleeding tendencies~~ Lab evidence of a bleeding disorder may determine whether or not to recommend full mouth scaling and root planning or multiple extractions in one visit. • In severe cases, patients may be treated more safely in a hospital environment where blood transfusions are available. • Deep block injections should be avoided in patients with ~~bleeding tendencies.~~ lab evidence of a bleeding disorder. • A pre-treatment antibacterial mouth rinse should be used for those patients with periodontal disease. • Patients with salivary hypofunction should be closely monitored for caries, periodontitis, soft tissue lesions and salivary gland disease. • Fluoride supplements should be prescribed for those with increase caries and salivary hypofunction. Referral to dental professional experiences in oral mucosal and salivary gland diseases should be made in severe cases of xerostomia. • Medical considerations prior to performing procedures under sedation/general anesthesia	
Routine examinations and regularly prophylaxis will be scheduled twice a year.	Signed, dated progress note or treatment plan in patient file to detail scheduled.
Root planning/scaling will be offered as necessary, either directly or by referral.	Signed, dated progress note or treatment plan in patient file to detail.

TRIAGE, REFERRAL, COORDINATION

On occasion, patients will require a higher level of oral health treatment services than a given agency is able to provide. Coordinating oral health care with primary care medical providers is vital. Regular contact with a client's primary care clinic will ensure integration of services and better client care.

Train referring dental providers on how to adequately complete referral forms to allow more flexibility in treatment planning for receiving specialty dental providers.

STANDARD	DOCUMENTATION
As needed, dental providers will refer patients to full range of oral health care providers, including: • Periodontists • Endodontists • Prosthodontists • Oral surgeons • Oral pathologists • Oral medicine ~~practitioners~~ • Orofacial Pain Specialists • Dental Anesthesiologists	Signed, dated progress note to document referrals in patient chart.
Providers will attempt to contact a client's primary care clinic if required or as clinically indicated to coordinate and integrate care.	Documentation of contact with primary medical clinics and providers to be placed in progress notes.
OUTREACH Programs providing dental care for people living with HIV will actively promote their services through known linkages and direct outreach.	
STANDARD	**DOCUMENTATION**
Programs will promote dental services for people living with HIV through linkages or outreach.	Service promotion/outreach plan on file at provider agency.
CLIENT RETENTION	
STANDARD	**DOCUMENTATION**
Programs shall develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
Programs shall provide regular follow-up procedures to encourage and help maintain a client in oral health treatment services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact • Text messaging
STAFFING REQUIREMENTS AND QUALIFICATIONS	

STANDARD	DOCUMENTATION
Provider will ensure that all staff providing oral health care services will possess applicable professional degrees and current California state licenses.	Documentation of professional degrees and licenses on file.
Providers should be trained and oriented before providing oral health care services both in general dentistry and HIV specific oral health services. Training will include: • Basic HIV information • Office and policy orientation • Infection control and sterilization techniques • Methods of initial evaluation of the patient living with HIV disease • Health maintenance education and counseling • Recognition and treatment of common oral manifestations and complications of HIV disease • Recognition of oral signs and symptoms of advanced HIV disease and oral sexually transmitted infections	Training documentation on file maintained in personnel record.
Oral health care providers will practice according to California state law and the ethical codes of their respective professional organizations.	Chart review will ensure legally and ethically appropriate practice.
Dentist in charge of dental operations shall provide clinical supervision to dental staff.	Documentation of supervision on file.
Dental care staff will complete documentation required by program.	Periodic chart review to confirm.
Providers will seek continuing education about HIV disease and associated oral health treatment considerations.	Documentation of trainings in employee file.

Priority Setting and Resource Allocation Basics



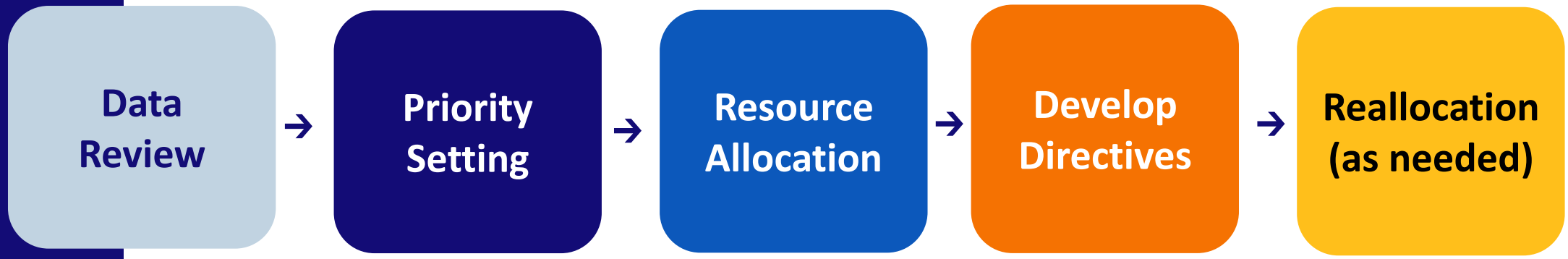
Consumer Caucus
November 6, 2026

LOS ANGELES COUNTY
COMMISSION ON HIV

What is PSRA?

Priority Setting and Resource Allocation (PSRA) is the **single most important legislative responsibility** of a planning council.

It is a data-driven process used to decide how federal grant money is distributed to best meet the needs of people with HIV (PLWH) in an Eligible Metropolitan Area (EMA)



The goal is to make sure funds are used in the best way to support people with HIV within the EMA

Data Review

Data review is critical in the PSRA process because it ensures decisions on priorities and resource allocations are evidence-based, equitable, and aligned with the needs of populations served.

- Client/ Patient Data
- HIV Care Continuum Data
- Service Utilization Data
- Expenditure Data
- Needs Assessment Data

Other additional data may be used, if and when available, to help inform PSRA decisions.

Priority Setting

Services prioritized must be from those listed in the Ryan White legislation

Priority Setting - process of ranking which specific core medical and support services are most urgently needed by people with HIV in the local community.

When setting priorities, members **should consider**:

Community Voice

What the community says is needed.

Effectiveness & Cost

How effective and cost-efficient the services are.

Overall Needs

Do the services address the overall needs of people with HIV.

Priorities should not be influenced by availability of funding or who provides the funding for services

LOS ANGELES COUNTY COMMISSION ON HIV

Resource Allocation

Resource Allocation - process of deciding how much RWHAP Part A and Minority AIDS Initiative (MAI) grant funds will be distributed to each prioritized service category.

Various criteria are used to determine funding

Payor of Last Resort	Determining what other funding streams already cover services
Cost & Utilization	Cost-per-client and service utilization rates – investing for the greater good
Consumer Needs	Consider consumer perspectives, lived experience, and community preferences

Recipient provides data & advice, but the **planning council is the decision maker**

LOS ANGELES COUNTY COMMISSION ON HIV

Directives

Directives are the primary mechanism through which a Planning Council helps provide guidance on **how service categories are delivered**.

Directives – the planning council's instructions to the recipient on how best to meet priorities and are based on identified needs

Typically focus on:

- **Service Models**
- **Improving Access**
- **Specific Populations**
- **Reducing Barriers**

Directives ensure that the allocated money is spent in a way that truly addresses community needs. They guide how those services should be structurally shaped to meet client needs.

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Reallocation

Reallocation – the process of moving funds across prioritized service categories following initial allocation

Timing

Can be done at any point throughout the program year

Adjustments

Needed when service categories are underspent or overspent

Approval

Recipient cannot move funds without prior planning council approval

Goal

Addresses changing service needs, utilization trends, & prevents unspent funds

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Priority Setting & Resource Allocation At A Glance

Purpose: Use data and community input to set priorities and allocate Ryan White Program Part A and MAI funds.

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Source: Policy #09.5203

1 Prepare

Complete PSRA training, complete conflict of interest form, & attend all data presentations.



2 Review Data

Consider needs, gaps, use, outcomes, capacity, and community voice.



3 Set Priorities

Rank service categories based on documented needs.



4 Allocate Funds

Assign funds to prioritized service categories.



5 Develop Directives

Provide guidance to the recipient on how best to meet priorities based on identified needs.



6 Reallocate Funds

Moving funds from prioritized service categories following initial allocation, as needed.



What guides decisions

- Needs assessment findings
- Service costs & utilization data
- Other resources
- Community input
- Other relevant data

How the process stays fair

- Community agreements for respectful discussion
- Public comment allowing for community voice
- Conflict checks including disclosure & abstention
- Roll call voting on record

Bottom line

Funding decisions stay grounded in need, equity, and community voice to create a comprehensive HIV care continuum within Los Angeles County.

Revised 6/10/26

LOS ANGELES COUNTY
COMMISSION ON HIV

Priority Setting and Resource Allocation FAQ

Purpose: This FAQ explains how priorities are set and resources are allocated, why the process matters, how conflicts of interest are managed, and how consumers/clients and providers meaningfully participate.

1. What is priority setting and resource allocation?

Priority setting is the process of ranking service categories by their importance in providing a comprehensive system of care for people with HIV based on community needs, equity, and outcomes. Resource allocation is the process of distributing funds across prioritized categories to maximize impact and reduce disparities. Priority setting and resource allocation is a data-driven process and must use a variety of data to determine priorities and allocate funds.

2. Why is priority setting and resource allocation important?

Priority setting and resource allocation (PSRA) is the single most important legislative responsibility of a planning council. PSRA is critical because it links federal Ryan White Program funding to the real needs of people living with HIV, ensures equitable access, meets legal requirements, and uses data-driven, collaborative decision-making to improve health outcomes and reduce HIV transmission.

3. What information is used to set priorities and determine allocations?

Planning councils use a data-driven, structured process to set priorities and allocate funds, ensuring decisions are based on evidence rather than anecdotal information. In setting priorities and allocating funds, planning councils rely on a variety of data that includes, but is not limited to local epidemiological data, service utilization metrics, community needs assessments, cost/utilization data, unmet need and out-of-care data, and information regarding other funding streams and resources (for resource allocation only).

4. Who participates in PSRA and why is participation important?

While only eligible voting members can take formal action on PSRA decisions, community participation is still essential to the process. PSRA is a collaborative, multi-stakeholder process that involves a variety of stakeholders including state and local health departments, healthcare providers, community organizations, advocacy groups, and people living with HIV/AIDS. PSRA is not just a technical funding decision — it's a community-driven process. Participation allows diverse perspectives to be integrated into the decision-making process and helps ensure transparency that RWP resources are allocated to the services and populations that need them most, in the most effective and equitable way possible. Consumers bring insight from lived experience (e.g., access barriers, cultural responsiveness) that data alone can miss. Providers offer operational expertise (e.g. capacity, workforce, compliance) to ensure feasibility and sustainability. Balanced participation makes decisions both responsive and implementable.

Revised 6/10/26

5. How does voting work?

To be eligible to vote, you must:

- Be an appointed voting member of the Commission on HIV or a Planning, Priorities and Allocations (PP&A) Committee-only member.
- Attend the annual PSRA training or view the recording (and notify staff that you have reviewed the materials).
- Attend or view all PSRA-related data presentations.
- Complete the annual conflict of interest form and submit it to Commission staff.

During meetings dedicated to PSRA, members with a conflict of interest may not initiate discussion on a service category for which they have a conflict. However, they may answer direct questions from other members, staff, or the facilitator when clarification is needed. Members with a conflict of interest must abstain from voting on *individual service categories* for which they have a conflict. Members with a conflict of interest can, however, vote on a slate. A slate consists of all prioritized service categories and proposed allocations.

6. Why is managing conflict of interest important?

Managing conflict of interest helps protect the integrity of the PSRA process by ensuring that members disclose any real or perceived conflicts and refrain from participating in decisions where those conflicts may affect, or appear to affect, their objectivity. It protects public trust by making sure that decisions are free from self-dealing or favoritism, ensures fairness and equity by preventing allocations to skew toward specific interests or organizations and it supports HRSA funding compliance.

7. How can RWP consumers/clients and service providers participate in PSRA effectively?

<u>For consumers/clients</u>

- Gather lived-experience evidence: Participate in needs assessment activities, gather input from other consumers noting specific barriers (e.g., transportation, wait times, eligibility hurdles, language access, stigma).
- Pair stories with data: Confirm that lived experience aligns with the data.
- Clarify desired outcomes: Frame needs as outcomes (e.g., “Reduce time to first appointment from 30 to 10 days”).

<u>For providers</u>

- Operational readiness: Summarize capacity, workforce constraints, and quality metrics (e.g., retention, completion rates).
- Feasibility insights: Identify what is feasible and any cost drivers.
- Equity checks: Note how your service affects underserved populations and what adjustments are needed to reach them (e.g., hours, mobile sites, bilingual staff).

<u>For both</u>

- Before the vote: Attend listening sessions, submit comments, share barriers/solutions, review draft materials.
- During deliberations: Provide concise, evidence-informed input that reflects both needs and feasibility.
- After decisions: Help monitor implementation, identify unintended consequences, and recommend corrections.

Improving Care Together: CQM Update on Nutrition Support Services Project



Commission on HIV:
Consumer Caucus Meeting
November 6, 2026

Clinical Quality Management (CQM) Team
Division of HIV and STD Programs (DHSP)
Los Angeles County Department of Public Health (LACDPH)

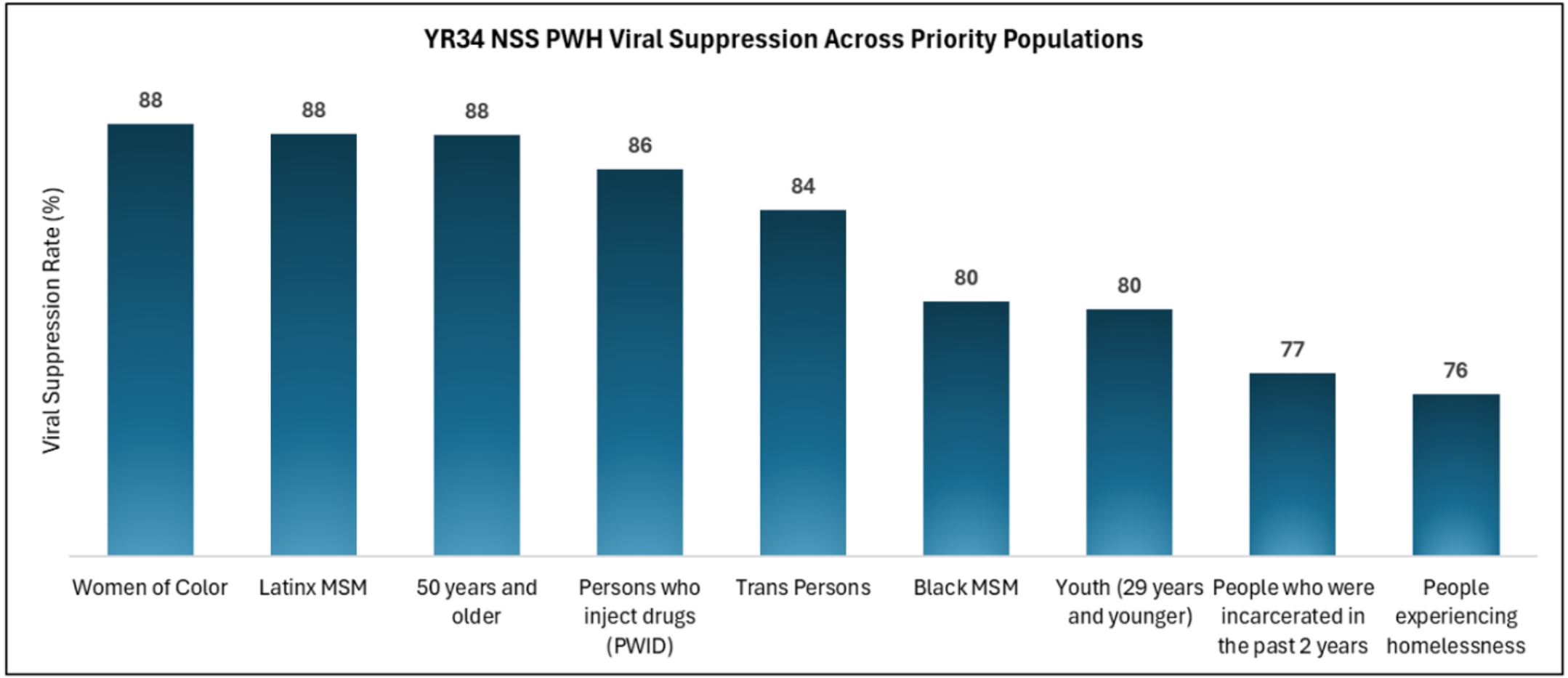
Why are we here today?

- Share how the feedback provided from the previous All-Caucus meeting was applied in our current quality improvement activities.

- Provide a progress update on the Nutrition Support Services quality improvement project.



Viral Suppression Outcomes Differ Across Communities



*Viral load <200 copies/ml at most recent test reported in the 12 months before quarter's end.

Our goals last time were to…

- Listen to your feedback about Ryan White Nutrition support services
- Learn from your experiences with HIV and HIV services
- Apply lessons learned to service improvement activities
- Strengthen collaboration with consumers



We asked 2 questions…

How can Nutrition Support programs make it easier for their homeless clients to stay virally suppressed?



How can Nutrition Support programs help clients who are not going to the doctor?

Consumer feedback themes

NSS as gateway to other services

Time spent at food banks is opportunity for engagement

NSS can collaborate with other programs

Offer additional supportive resources while waiting

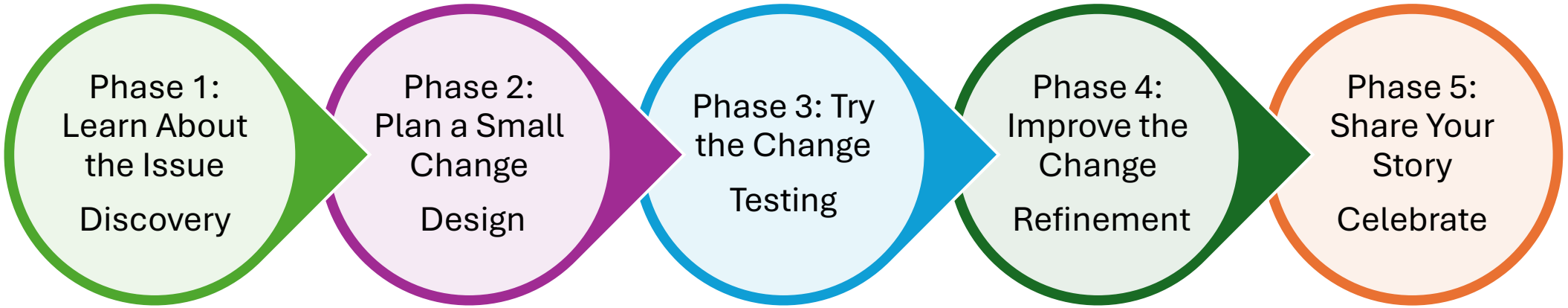
Grocery gift card or other support incentives

How feedback was utilized?

- **Shared as:**
  - **Recommendations** for quality improvement ideas
  - Examples for their **required consumer involvement** approach



QI Learning Series



What happens next?



Share outcomes of the Nutrition Support Services CQM project



Return with updates on the Customer Support Line

THANK YOU!



Contact the CQM Team:

Robyn Lee, MPH, PMP
RLee5@ph.lacounty.gov

Rebecca Cohen, MD, MPH
RCohen@ph.lacounty.gov



We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

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

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





Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
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