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# STANDARDS AND BEST PRACTICES COMMITTEE

## **Virtual Meeting**

Tuesday, December 6, 2022

10:00AM-12:00PM (PST)
Agenda + Meeting Packet will be available on the Commission's website at:

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

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### **PUBLIC COMMENTS**

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide <u>live</u> public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. You may also provide written public comments or materials by email to <a href="mailto:hivcomm@lachiv.org">hivcomm@lachiv.org</a>. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.



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

### STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, DECEMBER 6, 2022, 10:00 AM - 12:00 PM

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

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Standards and Best Practices (SBP) Committee Members						
Erika Davies <i>Co-Chair</i>	Kevin Stalter Co-Chair	Mikhaela Cielo, MD	Wendy Garland, MPH			
Thomas Green	Mark Mintline, DDS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	Mallery Robinson			
Harold Glenn San Agustin, MD						
QUORUM: 5						

AGENDA POSTED: November 29, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, visit <a href="https://hiv.lacounty.gov/meetings">https://hiv.lacounty.gov/meetings</a>

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.

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.

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

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

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

Call to Order, Introductions, Conflict of Interest Statements

10:00 AM - 10:03 AM

### I. ADMINISTRATIVE MATTERS

10:03 AM - 10:07 AM

**1.** Approval of Agenda

**MOTION #1** 

**2.** Approval of Meeting Minutes

**MOTION #2** 

### **II. PUBLIC COMMENT**

10:07 AM - 10:10 AM

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

### **III. COMMITTEE NEW BUSINESS ITEMS**

10:10 AM - 10:15 AM

4. Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

### IV. REPORTS

**5.** Executive Director/Staff Report

10:15 AM - 10:30 AM

- a. Operational Updates
- b. Co-Chair Nominations/Elections
- c. Holiday Meeting Schedule

**6.** Co-Chair Report

10:30 AM - 10:40 AM

- a. 2022 SBP Committee Workplan
- b. 2023 SBP Committee Workplan Development

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

10:40 AM - 10:50 AM

### V. DISCUSSION ITEMS

- **8.** Transitional Case Management (TCM): Justice-Involved Individuals 10:50 AM 11:30 AM
  - a. Review public comments received
  - b. Approve the TCM: Justice-Involved Individuals service standards, as presented or revised and elevate to the Executive Committee. **MOTION #3**
- **9.** Oral Healthcare Service Standards

11:30 AM - 11:50 AM

a. Continue review

### VI. NEXT STEPS

11:50 AM - 11:55 AM

- 10. Tasks/Assignments Recap
- **11.** Agenda development for the next meeting

### VII. ANNOUNCEMENTS

11:55 AM - 12:00 PM

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

VIII. ADJOURNMENT 12:00 PM

**13.** Adjournment for the virtual meeting of December 6, 2022.

	PROPOSED MOTIONS				
MOTION #1	Approve the Agenda Order, as presented or revised.				
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.				
MOTION #3	Approve the Transitional Case Management: Justice-Involved Individuals service standards, as presented or revised and elevate to the Executive Committee.				



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Presence at virtual 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

November 1, 2022

COMMITTEE MEMBERS  P = Present   A = Absent					
Erika Davies, Co-Chair	Р	Wendy Garland, MPH	EA	Mallery Robinson	Α
Kevin Stalter, Co-Chair	EA	Thomas Green	Р	Harold Glenn San Agustin, MD	Α
Michael Cao, MD	Р	Mark Mintline, DDS	Р		
Mikhaela Cielo, MD	Р	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	EA		
	·	<b>COMMISSION STAFF AND CONSULTANTS</b>			
Cher	yl Barrit, .	Jose Rangel-Garibay, Catherine Lapointe, Li:	zette	Martinez	
DHSP STAFF					
		Sona Oksuzyan			

<sup>\*</sup>Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

### 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 10:05 am. Erika Davies led introductions.

### I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

**MOTION #2**: Approve the 10/4/2022 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.

<sup>\*</sup>Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

<sup>\*</sup>Meeting minutes may be corrected up to one year from the date of Commission approval.

<sup>\*\*</sup>LOA: Leave of absence

### **IV. REPORTS**

### 5. EXECUTIVE DIRECTOR/STAFF REPORT

### a. Operational Updates

• Cheryl Barrit, Executive Director, reported that the Commission on HIV (COH) Annual Meeting will take place on Thursday, November 10 and noted that Spanish interpretation will be available. The flyer is included in the meeting packet.

### b. Comprehensive HIV Plan 2022-2026

• C. Barrit reported that AJ King, consultant, is developing a version of the CHP that will be released for public comment. The document will be posted on the Commission website later this evening and will be available for public comment until 11/21. There will be an email announcing the public comment period later this evening. The CHP will be submitted to the Federal Government on 12/7/22. AJ King will provide an overview of the plan's highlights at the COH annual meeting.

### c. Co-Chair Nominations

- C. Barrit announced that co-chair nominations are now open, and elections will be held at the December
  meeting. She reminded the group that committee members can self-nominate. She added that the
  term is for one-year, and the co-chairs work with the COH staff to develop the agenda, do additional
  review to the standards and workplans as needed, and service as key leadership team in the
  Commission.
- Mikhaela Cielo nominated E. Davies for SBP committee co-chair.

### 6. CO-CHAIR REPORT

### • 2022 Workplan Updates

- E. Davies provided a review of the 2022 workplan and noted the following:
  - -The Home-based Case Management (HBCM) and the Benefits Specialty Services (BSS) transmittal letters have been sent to Division on HIV and STD Programs (DHSP) leadership and colleagues
  - -The Dental Implants Addendum to the Oral Healthcare Service Standards was approved by the Executive Committee and will vote for approval at the COH December meeting

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

• Wendy Garland was not able to attend the meeting but sent Sona Oksuzyan as a designee. There was no DHSP report.

### **V. DISCUSSION ITEMS**

### 8. Transitional Case Management-Incarcerated/Post-Release Service Standards (TCM)

- J. Rangel-Garibay shared the "Staffing and Qualifications" information received from DHSP staff Paulina Zamudio clarifying the roles and responsibilities expected for the TCM service standards.
- E. Davies suggested changing the name to "Transitional Case Management: Justice-Involved Individuals"
- The Case management training hours will be updated to 8 hours.
- Angelica Vogel asked if Transitional Case Managers were different from ECM Care Managers. C. Barrit
  commented that ECM Care Managers are part of the upcoming implementation of CalAIM and noted that
  the main difference is that a person in the Ryan White Care System is allowed re-entry into the
  program/services while ECM/Community Supports are time limited and limited to specific high utilizer
  populations. COH staff will follow-up with A. Vogel to provide further information.
- COH staff will post the TCM document for a 30-day public comment period starting on 11/4/22 and ending on 12/5/22.

#### 9. Oral Healthcare Service Standards

- Erika Davies provided an overview of the Oral Healthcare standards document. She recommended to review the publication dates for the items cited throughout the document, advocated to keep the "Recurring themes" section, and move the "How service relates to HIV" section to the background section.
- Mark Mintline recommended the inclusion of DMD, Registered Dental Assistants with Extended Functions, and Registered Dental Hygienist with Extended Functions to the staffing requirements section.
- J. Rangel-Garibay recommended to change phrasing "HIV disease" to "HIV status" when referring to a person living with HIV.
- There was a question regarding a client's ability to receive services without a permanent address. E. Davies noted that there is an Affidavit that can be signed on behalf of a client for people experiencing homelessness that can be used as proof of Los Angeles County residency.
- E. Davies recommended to have the "General Consideration" statement highlighted throughout the document.
- M. Mintline commented that the ambiguity of the standard "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" works and applies in cases where a dentist may not feel comfortable proceeding with a treatment plan without having all the medical information.
- M. Mintline recommended to add "Prosthodontist" to the "Triage/Referral/Coordination" section and to move the second standard in this section to the "Medical Consultation" section.
- COH staff will remove the "Units of Service" section to be consistent with other recently updated standards.
- M. Mintline noted he will review the staffing requirements and citations.

### **VI. NEXT STEPS**

### **10. TASK/ASSIGNMENTS RECAP:**

- COH staff will reach out to Nurse Martha Tadesse regarding the TCM service standard
- COH staff will include the COH Annual meeting flyer, Co-Chair duties statement to Committee members
- COH staff will post the TCM service standards for public comment and make announcement
- COH staff will send an edited version of the Oral Healthcare service standards to Committee members

### 10. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Review public comments received for TCM services standards
- Continue reviewing the Oral Healthcare service standards
- Hold co-chair elections
- Decide meeting date for January 2023

### **VII. ANNOUNCEMENTS**

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

### VIII. ADJOURNMENT

**12. ADJOURNMENT**: The meeting adjourned at 11:33 am.



### **COMMISSION MEMBER "CONFLICTS-OF-INTEREST"**

Updated 11/30/22

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 ME	EMBERS	ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
			Benefits Specialty
			Biomedical HIV Prevention
ALVIZO	Everardo	Long Beach Health & Human Services	Medical Care Coordination (MCC)
ALVIZO	Lverardo	Long Deach Health & Human Gervices	HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
	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
BALLESTEROS			Oral Healthcare Services
BALLEGILIO			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 ME	MBERS	ORGANIZATION	SERVICE CATEGORIES
			Oral Health Care Services
CAMPDELL			Medical Care Coordination (MCC)
CAMPBELL	Danielle	UCLA/MLKCH	Ambulatory Outpatient Medical (AOM)
			Transportation Services
			Ambulatory Outpatient Medical (AOM)
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIEC	Fuilso	City of Docadona	HIV Testing Storefront
DAVIES	Erika	City of Pasadena	HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
	Felipe	Watts Healthcare Corporation	Transportation Services
FINDLEY			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
FINDLEY			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
			Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
FULLER	Luckie	APLA Health & Wellness	Health Education/Risk Reduction
I OLLLIN	Luckie	7ti E7t Floaiti & Wolfiloss	Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support

COMMISSION MEN	MBERS	ORGANIZATION	SERVICE CATEGORIES
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
			HIV Testing Storefront
GREEN	Thomas	APAIT (aka Special Services for Groups)	Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	loso	The Wall Las Memorias, Inc.	HIV Testing Storefront
WAGANA	Jose	THE Wall Las Mellionas, IIIC.	HIV Testing Social & Sexual Networks
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
MARTINEZ	Eduardo	AIDS Healthcare Foundation	STD Screening, Diagnosis and Treatment
MARTINEZ			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
			Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
MADTINEZ (DD 9 A			STD Screening, Diagnosis and Treatment
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEI	MBERS	ORGANIZATION	SERVICE CATEGORIES
			Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
MULO	A sadle a servi	Cauthama CA Mara'a Madical Craus	Medical Care Coordination (MCC)
MILLS	Anthony	Southern CA Men's Medical Group	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
			Biomedical HIV Prevention
	Andre	Southern CA Men's Medical Group	Ambulatory Outpatient Medical (AOM)
MOLLETTE			Medical Care Coordination (MCC)
MOLLETTE			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
MORENO	Carlos	Children's Hospital, Los Angeles	Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
NAOII			Oral Healthcare Services

COMMISSION ME	EMBERS	ORGANIZATION	SERVICE CATEGORIES
			Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
NELSON	Katja	APLA Health & Wellness	Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
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	OBINSON 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	Ambulatory Outpatient Medical (AOM)
		2. 1 0 0 3. 1. 1 0 1 1 1 0 3 1 1 1 0 3 1 1 1 0 0 0 1 1 1 0 0 0 1 1 1 0 0 0 0	Medical Care Coordination (MCC)

COMMISSION ME	MBERS	ORGANIZATION	SERVICE CATEGORIES
			HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
SAN AGUSTIN	Harold	JWCH, INC.	Oral Healthcare Services
SAN AGOSTIN	Tiaroid	SVVOII, IIVO.	Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Ambulatory Outpatient Medical (AOM)
SPENCER	LaShonda		HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts



# LOS ANGELES COUNTY COMMISSION ON HIV 2022 STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

Co-Chairs: Erika Davies, Kevin Stalter

Approval Date: 2/1/22

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2022 workplan	COH staff to review and update 2021 workplan monthly	Ongoing	Workplan revised/updated on: 12/22/21, 1/6/2022, 1/19/22, 1/26/22; 2/1/22; 2/24/22; 3/30/22; 4/27/22, 6/24/22, 7/26/22, 8/30/22, 9/28/22, 11/1/22, 12/5/22
2	Update Substance Use Outpatient and Residential Treatment service standards	Continuation of SUD service standards review from 2021.	Jan 2022 COMPLETED	During the 11/2021 meeting, the committee placed a temporary hold on approving the SUD service standards pending further review of the implications of CalAIM. COH staff will provide CalAIM updates and allow the committee to determine to approve or extend the hold on approving the SUD service standards. At the 12/7/21 meeting, the committee approved the SUD service standards and moved them to the Executive Committee for approval. Approved by the Executive Committee on 12/9/21 and on the Commission agenda for approval on 1/13/22.
3	Update Benefits Specialty service standards	Continuation of BSS service standards review from 2021.	Early 2022 October 2022 COMPLETED	COH staff sent transmittal letter to DHSP on 1/26/22.  Committee extended the public comment period and now ends on January 21, 2022. The Committee reviewed public comments received at the February 2022 meeting. Committee placed a temporary hold on additional review of the BSS standards pending further instruction from DHSP. Approved by the Executive Committee on 8/29/22. Executive Committee approved the BSS standards and moved them to the Full Commission for approval. The Full Commission approved the BSS standards on 9/8/22. COH staff sent Transmittal letter to DHSP staff on 10/28/22.
4	Update Home-based Case Management service standards	SBP prioritized HBCM for 2022 based on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+	<del>July 2022</del> October 2022 COMPLETED	DHSP presented a HBCM service utilization summary document at the January 2022 SBP Committee meeting Committee will announced a 30-day Public Comment period starting on 5/4/22 and ending on 6/3/22. Approved by the Executive Committee on 8/29/22. Executive Committee approved the HBCM standards and moved them to the Full Commission for approval. The Full Commission approved the HBCM standards on 9/8/22. COH staff sent transmittal letter to DHSP staff on 10/28/22.



# LOS ANGELES COUNTY COMMISSION ON HIV 2022 STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

5	Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.	Mario Perez (DHSP) recommended that the SBP committee conduct this specific addendum to the oral health standards for 2022	July 2022 October 2022 December 2022	COH staff scheduled a planning meeting to elaborate details for an expert panel. The meeting is scheduled January 11, 2022.  COH staff to identified Jeff Daniels as facilitator for Subject Matter Expert (SME) panel. COH staff requested service utilization summary document for Oral Health service standards from Wendy Garland [DHSP]. Dr. Younai provided literature review materials and COH staff will prepare an annotated bibliography. Paulina Zamudio provided list of dental providers contracted with DHSP. COH staff will draft SME panel invite letter. SME panel to convene in late February 2022.  The COH convened an oral healthcare subject matter expert panel to support Commission staff in drafting a dental implant addendum to the current Ryan White Part A oral healthcare service standard. The addendum will provide clarification and guidance to the Commission's current oral healthcare service standard regarding to dental implants  Commission staff will work with the panel facilitator Jeff Daniel, to compile a meeting summary to share with the panelists and will begin drafting an outline for the addendum. The plan is to have a draft addendum ready for the SBP committee to review for the April SBP meeting. Committee will vote to approve the addendum at the September meeting and move to the Executive Committee for approval.  The Executive Committee approved the addendum on 10/27/22 and moved it to the full Commission for approval at their December meeting.
6	Update Oral healthcare Service	Recommendation from DHSP	Mid 2023	COH staff will provide an overview of the 2017 Oral Healthcare Service
	Standards			Standards at the November 2022 meeting to initiate the review process.
7	Update Transitional Case	Recommendation from DHSP	November 2022 December 2022-	The Committee will begin the review process at the March 2022 meeting. The
	Management service standards		Early 2023	Committee announced a public comment period starting on November 4, 2022 and ending on December 5, 2022. The Committee will review public
			Lully 2023	comments received and vote to approve the standards at their 12/6
				committee meeting. If approved, then the Committee will elevate the TCM
				standards to the Executive Committee for approval on 12/7. If approved by
				the Executive Committee, the standards will be elevated to the full-body for
				approval on 12/8.



# LOS ANGELES COUNTY COMMISSION ON HIV 2022 STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

8	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan	Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	Ongoing, as needed	
9	Collaborate with the Planning, Priorities and Allocations Committee and AJ King (consultant) to shape the Comprehensive HIV Plan (CHP)	Contribute to the development of the CHP and advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy	Ongoing COMPLETE	Added "CHP discussion" item for all SBP Committee meetings in 2022. COH staff and AJ King to provide updates on CHP progress and submit requests for information for the SBP Committee to address.  The plan will be submitted to Federal partners on 12/7/22.
10	Engage private health plans in using service standards and RW services		TBD	Item will move to the 2023 SBP Committee workplan.
11	Update the Medical Case Management service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	2023	Item will move to the 2023 SBP Committee workplan.
12	Update Consumer Bill of Rights	Committee received feedback during the oral healthcare dental implants subject matter expert panel to consider reviewing the Consumer Bill of Rights.	2023	Item will move to the 2023 SBP Committee workplan.



# Instructions and Guiding Questions for Public Comments Service Standards for Transitional Case Management: Justice-Involved Individuals

The <u>Los Angeles County Commission on HIV</u> (COH) announces an opportunity for the public to submit comments on the draft Service Standards for **Transitional Case Management: Justice-Involved Individuals** being updated by the Standards and Best Practices Committee. Consumer, provider, and community feedback is critical for the planning process. We invite you to share your comments and distribute the document widely within your networks.

The document can also be accessed at: https://hiv.lacounty.gov/service-standards

Please email comments to: <u>HIVCOMM@LACHIV.ORG</u>

### THE PUBLIC COMMENT PERIOD ENDS ON DECEMBER 5, 2022.

When providing public comment, consider responding to the following:

- 1. What barriers currently exist in providing Transitional Case Management services for individuals who are living with HIV and are transitioning back to the community and those that continue to experience recidivism? Do the proposed standards address these barriers?
- 2. Are the proposed standards reasonable and achievable for provider agencies? Why or why not?
- 3. Will the services meet consumer needs? Are the proposed standards client-centered?
- 4. Is there anything missing regarding service delivery for Transitional Case Management Services under the Ryan White HIV/AIDS Program?

# SERVICE STANDARDS FOR TRANSITIONAL CASE MANAGEMENT: JUSTICE-INVOLVED INDIVIDUALS



Under review by the SBP Committee.

Current draft as of 11/4/22

Approved by the Commission on HIV on 4/13/2017

### SERVICE STANDARDS: TRANSITIONAL CASE MANAGEMENT- JUSTICE-INVOLVED INDIVIDUALS

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

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

HRSA HAB Policy Clarification Notice (PCN) # 18-02: The use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved

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

### INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV (COH) developed Transitional Case Management Services for justice-involved individuals standards to establish the minimum services necessary to coordinate care for individuals who are living with HIV and are transitioning back to the community and those that continue to experience recidivism. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, caucuses, and the public-at-large.

### SERVICE DESCRIPTION

Transitional Case Management-Justice is a client-centered activity that coordinates care for justice-involved individuals who are living with HIV and are transitioning back to the community and experiencing recidivism. TCM services include:

- Intake and assessment of available resources and needs
- Periodic reassessment of status and needs
- Development and implementation of Individual Release Plans
- Appropriate referrals to housing, community case management, medical, mental health, and substance use treatment, dental health
- Services to facilitate retention in care, viral suppression, and overall health and wellness
- Access to HIV and STI information, education, partner services, and behavioral and biomedical interventions (such as pre-exposure prophylaxis (PrEP)) to prevent acquisition and transmission of HIV/STIs)

### RECOMMENDED TRAINING TOPICS FOR TRANSITIONAL CASE MANAGEMENT STAFF

Transitional Case Management staff should complete ongoing training related to the provision of TCM services. Staff development and enhancement activities should include, but not be limited to:

- HIV/AIDS Medical and Treatment Updates
- Risk Behavior and Harm Reduction Interventions
- Addiction and Substance Use Treatment
- HIV Disclosure and Partner Services
- Trauma-informed Care
- Person First Language
- Mental health and HIV/AIDS including Grief and Loss
- Legal Issues, including Jails/Corrections Services
- Alternatives to Incarceration Training
- Integrated HIV/STI prevention and care services including Hepatitis C screening and treatment
- Sexual identification, gender issues, and provision of trans-friendly services
- Stigma and discrimination and HIV/AIDS
- Health equity and social justice
- Motivational interviewing
- Knowledge of available housing, food, and other basic need support services

The following are resources to assist agencies the health and social needs of this community:

https://wdacs.lacounty.gov/justice-involved-support-services/

https://careacttarget.org/sites/default/files/JailsLinkageIHIPPocketCard.pdf

https://www.cdc.gov/correctionalhealth/rec-guide.html

http://www.enhancelink.org/

### **SERVICE STANDARDS**

All contractors must meet the <u>Universal Standards of Care</u> approved by the COH in addition to the following Incarcerated/Post-Release Transitional Case Management Services standards.

The <u>Universal Standards of Care</u> can be accessed at: <a href="https://hiv.lacounty.gov/service-standards">https://hiv.lacounty.gov/service-standards</a>

SERVICE	CTANDARD	DOCUMENTATION
COMPONENT	STANDARD	DOCUMENTATION
	Transitional case management programs will conduct outreach to educate potential clients and HIV and STI services providers and other supportive service organizations about the availability and benefits of TCM services for justice-involved persons living with HIV.	Outreach plan on file at provider agency.
Outreach	Transitional case management programs will provide information sessions to incarcerated people living with HIV that facilitate enrollment into TCM services.  Transitional case management programs establish appointments (whenever possible) prior to release date.	Record of information sessions at the provider agency. Copies of flyers and materials used.  Record of referrals provided to clients.  Record of appointment date.
Client Intake	Initiate a client record	<ul> <li>Client record to include:         <ul> <li>Client name and contact information including: address, phone, and email</li> <li>Written documentation of HIV/AIDS diagnosis</li> <li>Proof of LAC Residency or documentation that client will be released to LAC residency</li> <li>Verification of client's financial eligibility for services</li> <li>Date of intake</li> <li>Emergency and/or next of kin contact name, home address, and telephone number</li> <li>Signed and dated Release of Information, Limits of</li> </ul> </li> </ul>

		Confidentiality Control
		Confidentiality, Consent,
		Client Rights and
		Responsibilities, and
		Grievance Procedures forms
	Comprehensive assessment and	Comprehensive assessment or
	reassessment are completed in a	reassessment on file in client chart to
	cooperative process between the	include:
	TCM staff and the client and entered	o Date of
	into DHSP's data management	assessment/reassessment
	system within 15 days of the	<ul> <li>Signature and title of staff</li> </ul>
	initiation of services.	person conducting
		assessment/reassessment
	Perform reassessments at least once	<ul> <li>Client strengths, needs and</li> </ul>
	per year or when a client's needs	available resources in the
	change or they have re-entered a	following areas:
	case management program.	<ul> <li>Medical/physical</li> </ul>
		healthcare
	Comprehensive assessment is	<ul> <li>Medications and</li> </ul>
	conducted to determine the:	Adherence issues
	<ul> <li>Client's needs for treatment</li> </ul>	<ul> <li>Mental health</li> </ul>
	and support services including	<ul> <li>Substance use and</li> </ul>
	housing and food needs	substance use
	<ul> <li>Client's current capacity to</li> </ul>	treatment
Comprehensive	meet those needs	<ul> <li>HCV/HIV dual</li> </ul>
Assessment	<ul> <li>Client's Medical Home post-</li> </ul>	diagnosis
Assessment	release and linkage to	<ul> <li>Nutrition/food</li> </ul>
	Medical Case Management	<ul> <li>Housing and living</li> </ul>
	(MCC) team prior to release	situation
	to ensure continuity of care	<ul> <li>Family and dependent</li> </ul>
	<ul> <li>Ability of the client's social</li> </ul>	care issues
	support network to help meet	<ul> <li>Access to hormone</li> </ul>
	client need	replacement therapy,
	<ul> <li>Extent to which other</li> </ul>	gender reassignment
	agencies are involved in	procedures, name
	client's care	change/gender change
		clinics and other
		transition-related
		services.
		<ul> <li>Transportation</li> </ul>
		<ul> <li>Language/literacy skills</li> </ul>
		<ul> <li>Religious/spiritual</li> </ul>
		support
		<ul> <li>Social support system</li> </ul>
		<ul> <li>Relationship history</li> </ul>
L	1	

Individual Release Plan (IRP)	IRPs will be developed in conjunction with the client within two weeks of completing the assessment or reassessment  The IRP should address, at minimum, the following:  • Document discharge viral load  • Document discharge medications ordered  • Reasons for incarceration and prevention of recidivism  • Transportation  • Housing/shelter  • Food  • Primary health care  • Mental health  • Substance use treatment  • Community-based case management  IRPs will be updated on an ongoing basis.	o Domestic violence/Intimate Partner Violence (IPV) History of physical or emotional trauma Financial resources Employment and Education Legal issues/incarceration history HIV and STI prevention issues  IRP on file in client chart to includes: Name of client and case manager Date and signature of case manager and client Date and description of client goals and desired outcomes Action steps to be taken by client, case manager and others Customized services offered to client to facilitate success in meeting goals, such as referrals to peer navigators and other social or health services. Goal timeframes Disposition of each goal as it is met, changed, or determined to be unattainable
	Implementation, monitoring, and follow-up involve ongoing contact	Signed, dated progress notes on file that detail (at minimum):
	and interventions with (or on behalf of) the client to ensure that IRP goals are addressed, and that the client is	<ul> <li>Description of client contacts and actions taken</li> <li>Date and type of contact</li> </ul>
Monitoring and	linked to and appropriately access	Description of what occurred

### Follow-up

and maintains primary health care and community-based supportive services identified on the IRP.

### Case managers will:

- Provide referrals, advocacy and interventions based on the intake, assessment, and IRP
- Monitor changes in the client's condition
- Update/revise the IRP
- Provide interventions and linked referrals
- Ensure coordination of care
- Help clients submit applications and obtain health benefits and care
- Conduct monitoring and follow-up to confirm completion of referrals and service utilization
- Advocate on behalf of clients with other service providers
- Empower clients to use independent living strategies
- Identify available familial or partner resources
- Help clients resolve barriers
- Follow up on IRP goals
- Maintain/attempt contact at a minimum of once every two weeks and at least one faceto-face contact monthly
- Follow up missed appointments by the end of the next business day
- Collaborate with the client's community-based case manager for coordination and follow-up when appropriate
- Transition clients out of incarcerated transitional case management at six month's

- Changes in the client's condition or circumstances
- Progress made toward IRP goals
- Barriers to IRPs and actions taken to resolve them
- Linked referrals and interventions and current status/results of same
- Barriers to referrals and interventions/actions taken
- Time spent with, or on behalf of, client
- Case manager's signature and title

	nest valence Transitioning	
	post-release. Transitioning may include sharing	
	assessment documents and	
	other documents that were	
	collected with the receiving	
		December 1 of the second of th
Staffing Requirements and Qualifications	Case managers will have:  Knowledge of HIV//STIs and related issues  Knowledge of and sensitivity to incarceration and correctional settings and populations  Knowledge of and sensitivity to lesbian, gay, bisexual, and transgender and gender-fluid persons  Effective motivational interviewing and assessment skills  Ability to appropriately interact and collaborate with others  Effective written/verbal communication skills  Ability to work independently  Effective problem-solving skills  Ability to respond appropriately in crisis situations	Resume, training certificates, interview assessment notes, reference checks, and annual performance reviews on file.
	<ul> <li>Effective organizational skills</li> <li>Prioritize caseload</li> <li>Patience</li> <li>Multitasking skills</li> </ul>	
	Watercasking skins	
	Refer to list of recommend training topics for Transitional Case Management Staff	
	Case managers will hold a bachelor's	Resumes on file at provider
	degree in an area of human services;	agency documenting experience.
	high school diploma (or GED equivalent) and at least one year's	Copies of diplomas on file.

ovnoriones working as an LIIV assa	
experience working as an HIV case manager or at least two years'	
experience working within a related	
health services field. Prior	
experience providing services to	
justice-involved individuals is	
preferred. Personal life experience	
with relevant issues is highly valued	
and should be considered when	
making hiring decisions.	
All staff will be given orientation	Record of orientation in employee
prior to providing services.	file at provider agency.
Case management staff will	Documentation of certification
complete DHSP's required	completion maintained in employee
certifications/training as defined in	file.
the contract. Case management	THE.
supervisors will complete DHSP's	
required supervisor's	
certification/training as defined in	
the contract.	
Case managers and other staff will	Documentation of training
participate in recertification as	maintained in employee files to
required by DHSP.	include:
required by Brisi.	Date, time, and location of
	function
	Function type
	Staff members attending
	Sponsor or provider of function
	Training outline, handouts, or
	materials
	Meeting agenda and/or minutes
Case management staff will receive	All client care-related supervision
a minimum of four hours of client	will be documented as follows (at
care-related supervision per month	minimum):
from a master's degree-level	Date of client care-related
mental health professional.	supervision
- 75p. 5.655.6	Supervision format
	Name and title of participants
	Issues and concerns identified
	<ul> <li>Guidance provided and follow-up</li> </ul>
	plan
	Verification that guidance
	and plan have been
	and plan have been

	<ul><li>implemented</li><li>Client care supervisor's name, title, and signature.</li></ul>
Clinical Supervisor will provide general clinical guidance and	Documentation of client care-related supervision for individual clients will
follow-up plans for case management staff.	be maintained in the client's individual file.

# DRAFT UNDER REVIEW SERVICE STANDARDS FOR ORAL HEALTH CARE SERVICES



Under review by the SBP Committee.

Current draft as of 12/6/22

### **SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

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:

<u>Human Resource Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice</u> (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, 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. See Dental Implants 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 status
- 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, endodontists, oral surgeons, oral pathologists, oral medicine practitioners and registered dietitians
- Maintaining individual patient dental records in accordance with current standards

### **SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

 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 care services.
- Treatment plans should be made in conjunction with the patient.
- Collaboration with primary medical providers is necessary to provide comprehensive dental treatment.
- Prevention and early detection should be emphasized.

General Considerations: There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the viral load is not an indicator 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.

### 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 and dental hygienists. 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) 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 () 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).

### **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: <a href="https://hiv.lacounty.gov/service-standards">https://hiv.lacounty.gov/service-standards</a>

SERVICE COMPONENT	STANDARD	DOCUMENTATION
INTAKE	Intake process will begin during first contact with client.	Intake took in client file to include (at minimum):  Documentation of HIV status Proof of LA County residency Verification of financial eligibility Date of intake Client name, home address, mailing address and telephone number  Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality Policy and Release of Information will be discussed and	Release of Information signed and dated by client on file and updated
	completed.	annually.
	Consent for Services will be	Signed and dated Consent in client file.
	completed.  Client will be informed of Rights and	Signed, dated forms in client file.
	Responsibilities and Grievance	Signed, dated forms in cheft me.
	Procedures.	
EVALUATION	A comprehensive oral evaluation will	Signed, dated evaluation on file in
	be given to patients living with HIV	patient chart.
When presenting for	and will include:	
dental services,	Documentation of patient's  proceeding complaint	
people living with HIV	presenting complaint	
should be given a	Caries charting     Radiographs or panoramic and	
comprehensive oral evaluation. When	<ul> <li>Radiographs or panoramic and bitewings and selected periapical</li> </ul>	
indicated, diagnostic	films	
tests relevant to the	Complete periodontal exam or	
evaluation of the	PSR (Periodontal Screening	
patient should be	Record)	
performed and used	<ul> <li>Comprehensive head and neck</li> </ul>	
in diagnosis and	exam	
treatment planning. In	Complete intra-oral exam,	
addition, full medical	including evaluation for HIV-	
status information	associated lesions	
from the patient's	Pain assessment	
medical provider,	As indicated, diagnostic tests	Signed, dated evaluation in patient
including most recent	relevant to the evaluation will be	chart to detail additional tests.

lab work results,	used in diagnosis and treatment	
should be obtained,	planning. Biopsies of suspicious oral	
and considered by the	lesions will be taken.	
dentist	Full medical status information will	Signed, dated evaluation in patient
	be obtained from the patient's	chart to detail medical status
	medical provider and considered in	information.
	the evaluation. The medical history	
	and current medication list will be	
	updated regularly to ensure all	
	medical and treatment changes are	
	noted.	
	A comprehensive, multidisciplinary	Treatment plan dated and signed by
	treatment plan will be developed in	both the provider and patient in
	conjunction with the patient.	patient file.
	Patient's primary reason for dental	Treatment plan dated and signed by
	visit should be addressed in	both the provider and patient in the
TREATMENT	treatment plan.	patient file to detail.
PLANNING	Patient strengths and limitations will	Treatment plan dated and signed by
	be considered in development of treatment plan.	both the provider and patient in patient file to detail.
In conjunction with	Treatment priority will be given to	Treatment plan dated and signed by
the patient, each	pain management, infection,	both the provider and patient in
dental provider shall	traumatic injury, or other emergency	patient file to detail.
develop a	conditions.	patient me to detail.
comprehensive,	Treatment plan will include	Treatment plan dated and signed by
multidisciplinary	consideration of the following	both the provider and patient in file
treatment plan. The	factors:	to detail.
patient's primary	Tooth and/or tissue supported	
reason for the visit	prosthetic options	
should be considered	Fixed protheses, removable	
by the dental	prostheses or combination	
professional when	Soft and hard tissue	
developing the dental	characteristics and morphology,	
treatment plan.	ridge relationships, occlusion and	
Treatment priority	occlusal forces, aesthetics, and	
should be given to the	parafunctional habits	
management of pain,	Restorative implications,	
infection, traumatic	endodontic status, tooth position	
injury or other	and periodontal prognosis	
emergency conditions.	Craniofacial, musculoskeletal	
conditions.	relationships	
	Six-month recall schedule will be	Signed, dated progress note in
	used to monitor any changes. [fa	patient file to detail.
	patient's CD4 count is below 100, a	
	three-month recall schedule will be	
	considered.	

	Treatment plans will be updated as	Signed, dated progress note in
	deemed necessary.	patient file to detail.
	As part of the informed consent	Signed, dated progress note or
	process, dental professionals will	informed consent in patient field to
	provide the following before	detail.
	obtaining consent:	
	<ul> <li>Diagnostic information</li> </ul>	
INFORMED CONSENT	Recommended treatment	
Patients will sign an	Alternative treatment	
informed consent	Benefits and risks of treatment	
document for all	Limitations of treatment	
dental procedures.	Dental providers will describe all	Signed, dated progress note or
This informed consent	options for dental treatment and	informed consent in client file to
process will be	allow the patient to be part of the	detail.
ongoing as indicated	decision-making process.	
by the dental	After the informed consent	Signed, dated informed consent in
treatment plan.	discussion, patients will sign an	client file.
'	informed consent for all dental	one me me.
	procedures.	
	This informed consent process will	Ongoing signed, dated informed
	be ongoing as indicated by the	consents in client file (as needed).
	dental treatment plan.	consents in cheft the (as needed).
	Treatment will be administered	Signed, dated progress notes in
TREATMENT	according to published research and	patient chart to detail treatment.
STANDARDS	available standards of care.	patient chart to detail treatment.
NATRICAL	Primary care physicians will be	Signed, dated progress note to detail
MEDICAL	consulted when providing dental	consultations.
CONSULTATION AND	treatment.	Consultations.
PRIMARY CARE PARTICIPATION	Consultation with medical providers	Signed, dated progress note to detail
	will be:	consultations.
Dentists can play an		Consultations.
important part in	To obtain the necessary	
reminding patients of	laboratory test results	
the need for regular	When there is any doubt about	
primary medical care	the accuracy of the information	
and viral load tests	provided by the patient	
every three to six	When there is a change in the	
months depending on	patient's general health,	
the past history of HIV	determine the severity of the	
infection and level of	condition and the need for	
suppression achieved)	treatment modifications	
and encouraging	If after evaluating the patient's	
patients to adhere to	medical history and the	
their medication	laboratory tests, the oral health	
regimens. If a patient	provider decides that treatment	
is not under the	should occur in a hospital	
regular care of a	setting	

Г.		
primary care physician, he or she should be urged to seek care and a referral to primary	<ul> <li>New medications are indicated to ensure medication safety and prevent drug/drug interactions</li> <li>Oral opportunistic infections are presents</li> </ul>	
care will be made.	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 educate patients about preventive oral health	Signed, dated progress note in patient file to detail education
Dental professionals will emphasize prevention and early	practices.  Routine examinations and regular prophylaxis will be scheduled twice a	efforts. Signed, dated progress note or treatment plan in patient file to
detection of oral disease by educating patients about preventive oral health practices, including instruction in oral	year.  Dental professionals will provide basic nutritional counseling to assist in oral health maintenance. Referrals to an RD and others will be made, as needed.	detail schedule.  Signed, dated progress note to detail nutrition discussion and referrals made.
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	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.
health. The impact of good nutrition on		

preserving good oral		
health should be		
discussed.		
SPECIAL TREATMENT CONSIDERATIONS	As indicated, the following modifications to standard dental treatment should be considered:  Bleeding tendencies 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 sagely in a hospital environment where blood transfusions are available.  Deep block injections should be avoided in patients with bleeding tendencies.  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.  Routine examinations and regularly prophylaxis will be scheduled twice a year.  Root planning/scaling will be offered as necessary, either directly or by referral.	Signed, dated process note or treatment plan in patient file to detail treatment modifications and referrals.  Signed, dated progress note or treatment plan in patient file to detail scheduled. Signed, dated progress note or treatment plan in patient file to detail.
TRIAGE, REFERRAL,	As needed, dental providers will	Signed, dated progress note to
COORDINATION	refer patients to full range of oral	document referrals in patient chart.
	health care providers, including:	
On occasion, patients	Periodontists	
will require a higher	Endodontists	
level of oral health	Oral surgeons	

treatment services	Oral pathologists	
than a given agency is		
able to provide. Coordinating oral health care with primary care medical providers is vital. Regular contact with a	Oral medicine practitioners  Providers will attempt to make contact with a client's primary care clinic at a minimum of once a year, or as clinically indicated, to coordinate and integrate care.	Documentation of contact with primary medical clinics and providers to be placed in progress notes.
client's primary care clinic will ensure integration of services and better client care.	Programs will promote dental	Service promotion/outreach plan on
SERVICES PROMOTION	services for people living with HIV through linkages or outreach.	file at provider agency.
Programs providing dental care for people living with HIV will actively promote their services through known linkages and direct outreach.		
	Programs shall develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
CLIENT RETENTION	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	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.
STAFFING REQUIREMENTS AND QUALIFICATIONS	Providers shall be trained and oriented before providing oral health care services both in general dentistry and HIV specific oral health services. Training will include:	Training documentation on file maintained in personnel record.

### **SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

<ul> <li>Infection control and sterilization techniques</li> <li>Methods of initial evaluation of the patient living with HIV disease</li> <li>Health maintenance education and counseling</li> <li>Recognition and treatment of common oral manifestations and complications of HIV disease</li> <li>Recognition of oral signs and symptoms of advanced HIV disease</li> </ul>	
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.

### **ACRONYMS**

AIDS Acquired Immune Deficiency Syndrome

CAL-OSHA California Occupation Safety and Health Administration

CD4 Cluster Designation 4

DDS Doctor of Dental Surgery

DHSP Division of HIV and STD Programs

**HBV** Hepatitis B Virus

HIPAA Health Insurance Portability and Accountability Act

HIV Human Immunodeficiency Virus

**RDA Registered Dental Assistant** 

**RDH Registered Dental Hygienists** 

STD Sexually Transmitted Disease

### **SERVICE STANDARDS: ORAL HEALTH CARE SERVICES**

### **DEFINITIONS AND DESCRIPTIONS**

Client registration and intake is the process that determines a person's eligibility for oral services.

**Registered Dental Assistant (RDA)** is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

**Registered Dental Hygienist (RDH)** is a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and RDA under the designated supervision of a licensed dentist.

**Oral prophylaxis** is a preventive dental procedure that includes the complete removal of calculus, soft deposits, plaque and stains from the coronal portions of the tooth. This treatment enables a patient to maintain healthy hard and soft tissues.

**Direct supervision** is supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

**General supervision** is the supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

**Basic supportive dental procedures** are the fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility and inability to precipitate potentially hazardous conditions for the patient being treated.

**Standard precautions** are an approach to infection control that integrates and expands the elements of universal precautions (human blood and certain human body fluids treated as if known to be infectious for HIV, Hepatitis B Virus (HBV) and other blood-borne pathogens). Standard precautions apply to contact with all body fluids, secretions and excretions (except for sweat), regardless of whether they contain blood, and to contact with non-intact skin and mucous membranes.

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Zabos, G.P. (1999). Meeting primary oral health care needs of HIV-infected women. *American Journal of Public Health*, 89, 818-819.

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

Oral Health Care Exhibit, Office of AIDS Programs and Policy, 2004

Practice Guidelines for the Treatment of HIV Patients in General Dentistry, LA County Commission on HIV Services, 2002

Oral Health Care for People with HIV Infection, AIDS Institute, New York State Department of Health, 2001

Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Florida Community Planning Group (2002); Denver, CO (2004); and Chicago, IL (2002)

All treatment will be administered according to published research and available standards of care, including the following:

The New York AIDS Institute Oral Health Guidelines, 2001 (available at: http://www.hivguidelines.org/public\_html/center/clinical-guidelines/oral\_care\_guidelines/oral\_health\_book/oral\_health.htm)

The LA County Commission on HIV Practice Guidelines for the Treatment of HIV Patients in General Dentistry

Dental Management of the HIV-infected Patient, Supplement to JADA, American Dental Association, Chicago, 1995

Clinician's Guide to Treatment of HIV-infected Patients, Academy of Oral Medicine, 3rd Edition, Ed. Lauren L. Patton, Michael Glick, New York, 2002

Principles of Oral Health Management for the HIV/AIDS Patient, A Course for Training the Oral Health Professional, Department of Human Services, Rockville, Maryland, 2001