LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020
MAIN: 213.738.2816 | EMAIL: hivcomm@lachiv.org | WEB: https://hiv.lacounty.gov

AGENDA FOR THE REGULAR MEETING OF THE STANDARDS AND BEST PRACTICES COMMITTEE

MONDAY, AUGUST 17, 2026 | 10:00 AM—12:00 PM

510 S. Vermont Ave.
Terrace Level Conference Room (9th Floor), Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

As a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending a Commission on HIV meeting.

TO JOIN THE MEETING VIRTUALLY, PLEASE REGISTER USING THE LINK BELOW:
https://bos-lacounty-gov.zoom.us/webinar/register/WN_sPE75xvBQ4eleAj6IBN1hA

COMMITTEE CO-CHAIRS: Caitlin Dolan and Montana Volby

AGENDA POSTED: August 12, 2026

PUBLIC COMMENT: Public comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments may be provided in person or submitted electronically to https://forms.cloud.microsoft/g/sTQqRq5dH7

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 hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con la Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission's website https://hiv.lacounty.gov/meetings.

1. ADMINISTRATIVE MATTERS

A.	Call to Order and Roll Call		10:00 AM—10:05 AM
B.	Code of Conduct and Meetings Guidelines		10:05 AM—10:07 AM
C.	Approval of the Agenda	**MOTION #1**	10:07 AM—10:09 AM

D. Approval of Prior Meeting Minutes **MOTION #2** 10:09 AM—10:10 AM

2. **PUBLIC COMMENT** 10:10 AM—10:15 AM

Opportunity for members of the public to address the Commission on agenda items or other matters within the subject matter jurisdiction of the Commission. Comments may not exceed 2 minutes per person, per agenda item.

3. **COMMITTEE NEW BUSINESS ITEMS** 10:15 AM—10:20 AM

Opportunity for Committee 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.

4. **REPORTS**

A. Commission on HIV (COH) Staff Report 10:20 AM—10:25 AM

i. Operational and Commission Updates

B. Co-Chair Report 10:25 AM—10:35 AM

i. 2026 SBP Workplan and Meeting Calendar Updates

ii. Service Standard Review Calendar

C. Division of HIV and STD Programs (DHSP) 10:35 AM—10:45 AM

5. **DISCUSSION** 10:45 AM—11:50 AM

A. Assessment of the Efficiency of the Administrative Mechanism Updates

B. Universal Service Standards and Client Bill of Rights and Responsibilities Review

MOTION #3: *Approve the Universal Service Standards and the Client Bill of Rights and Responsibilities, as presented or revised, and elevate to the Executive Committee.*

C. Oral Health Service Standard Review

6. **NEXT STEPS** 11:50 AM—11:55 AM

A. Task/Assignment Recap

B. Agenda Development for the Next Meeting

7. **ANNOUNCEMENTS** 11:55 AM—12:00 PM

Opportunity for members of the public and Commission members to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

8. **ADJOURNMENT** **12:00PM**

PROPOSED MOTION(S)/ACTIONS(S)	
MOTION #1	Approve the agenda order, as presented or revised.
MOTION #2	Approved the prior Committee meeting minutes, as presented or revised.
MOTION #3	Approve the Universal Service Standards and the Client Bill of Rights and Responsibilities, as presented or revised, and elevate to the Executive Committee.

STANDARDS AND BEST PRACTICES COMMITTEE MEMBERSHIP		
Gerardo	Almazan	Committee-Only Member
Oscar	Arellano	Committee-Only Member
Robert	Bolan, MD	Community-Based & AIDS Service Orgs (CBO/ASO)
Mikhaela	Cielo, MD	Ryan White Part D / CYF Providers
Anthony	Corona	Committee-Only Member
Johnny	Cross	Committee-Only Member
Caitlin	Dolan	Committee-Only Member
Arlene	Frames	Committee-Only Member
Lauren	Gersh	Committee-Only Member
Joseph	Green	Committee-Only Member
LeiLani	Johnson	Committee-Only Member **[LOA]**
Roberto	Lara	Committee-Only Member
Eric	Mattern	Substance Use Providers
Paul	Nash	HIV Academic Researcher
Byron	Patel, RN, ACRN	Health Care Providers (FQHCs)
Nolan	Samé-Weil, MBA	Board of Supervisors Office #4 Representative
Emmanuel	Sanchez-Ramos, DrPH, MPH	Affected & Disproportionately Impacted Communities
Draya	Santiago	Committee-Only Member **[LOA]**
Montana	Volby	Unaffiliated Representative - SPA 1
QUORUM: 8		

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COMMISSION ON HIV

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

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

Hybrid Meeting Guidelines

(Updated 6.11.26)

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

- ☐ **Public Comment** can be submitted in person or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

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

- ☐ Attendees joining online should **remain muted** unless called upon.

- ☐ Commissioners and Committee-only members invoking **SB 707 for "Just Cause"** must communicate their intentions to staff no later than one hour before the meeting. Members requesting to join pursuant to SB 707 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges.

- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A conflicts of interest** on the record. A list of conflicts can be found in the meeting packet, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please contact Commission staff at hivcomm@lachiv.org for assistance. Please note that staff may have limited availability during meetings and responses may be delayed. We appreciate your patience and will follow up as soon as we're able.

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MINUTES FOR THE REGULAR MEETING OF THE STANDARDS AND BEST PRACTICES COMMITTEE

DATE: Monday, June 15, 2026 from 10:00 AM—12:00 PM.

LOCATION: 510 S. Vermont Ave. Terrace Level Conference Room (9th Floor), Los Angeles, CA 90020

CALL TO ORDER: COH staff called the meeting to order at 10:05am.

CO-CHAIRS: Caitlin Dolan and Montana Volby

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission's website https://hiv.lacounty.gov/standards-and-best-practices-committee/

STANDARDS AND BEST PRACTICES COMMITTEE MEMBERSHIP P = Present | A = Absent| SB707 = Remote Participation | PU = Public			
Gerardo Almazan	P	Joseph Green	EA
Oscar Arellano	EA	LeiLani Johnson	A
Robert Bolan, MD	P	Roberto Lara	P
Mikhaela Cielo, MD	EA	Eric Mattern	P
Anthony Corona	P	Byron Patel, RN, ACRN	P
Johnny Cross	SB707	Emmanuel Sanchez-Ramos, DrPH, MPH	P
Caitlin Dolan	P	Draya Santiago	A
Arlene Frames	SB707	Montana Volby	P
Lauren Gersh	EA		

ADMINISTRATIVE MATTERS	**MOTION #1**: Approval of the Agenda. *Approved by consensus.* **MOTION #2**: Approval of Prior Meeting Minutes. *Approved by consensus.*
PUBLIC COMMENT	There were no public comments.
COMMITTEE NEW BUSINESS ITEMS	There were no committee new business items.
REPORTS	**COMMISSION ON HIV (COH) STAFF REPORT** Jose Rangel-Garibay, COH staff, reminded commissioners to complete the Conflict-of-Interest form to help COH keep an updated list of conflicts of interest; a QR code to access the form is included in the meeting packet. He noted that the "Needs Assessment Overview and Priority Setting and Allocation (PSRA)" training took place on June 3, 2026. A recording of the training is available on the COH website; Commissioners are required to watch the recording and notify COH staff once completed. He added that the next COH meeting will be on July 9th, 2026, at the CA Endowment. Lastly, he shared

	that the next COH virtual training session will be on July 2, 2026, on "Service Standards Overview and Development". **CO-CHAIR REPORT** Caitlin Dolan, SBP committee co-chair, led an overview of the SBP committee 2026 workplan. She highlighted the committee's continued work on reviewing the Universal Service Standards and the Client Bill of Rights and Responsibilities. She also noted that the committee will review the survey tools for the Assessment of the Efficiency of the Administrative Mechanism (AEAM). A copy of the document is included in the meeting packet. **DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT** Paulina Zamudio, Chief of Contracted Community Services at the Division on HIV and STD Programs (DHSP), reported that DHSP is finalizing the staff assignment for the SBP committee. She noted that DHSP received their full HRSA Ryan White award and CDC EHE award and closed out to Request for Proposals (RFPs) in the past week; 1 for Nutrition Services and 1 for Residential Services. She added that the HRSA RW award ($45,531,463) was 1.7% less than previous years. Dawn McClendon-Musson, Interim-Executive Director of the COH, added that the decrease in HRSA RW award funds is due to the change in the formula HRSA used to calculate award amounts. The shifts in funds may require DHSP to consult the Planning, Priorities, and Allocations (PP&A) committee for possible fund reallocation.
DISCUSSION ITEMS	**ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM (AEAM) UPDATES** J. Rangel-Garibay led a detailed review of the draft survey tools for the Program Year (PY) 35 AEAM. The committee made the following recommendations: • Add a statement that makes the AEAM provider survey mandatory • Clarify who should complete the survey and stipulate that the survey is reviewed by the director of the program receiving funds COH staff will send out the AEAM provider survey, DHSP staff will follow-up with agencies requesting that they complete the survey and reinforce compliance. J. Rangel-Garibay noted that the AEAM Commissioner survey might have skewed results given that the survey will be sent to all current commissioners and some of the current commissioners were not part of the COH during PY 35 (March 1, 2025, February 28, 2026) or during the time the COH complete PSRA activities; there is a "Not Applicable" option. The survey will be sent to all commissioners including committee-only members. The deadline for both the Commissioner and Provider AEAM surveys is August 7, 2026. D. McClendon-Musson shared that in the past COH staff and consultants have conducted key informant interviews for the AEAM. For PY 35, COH staff will

	conduct the key informant interviews and will work with DHSP to determine the appropriate staff to interview for this portion of the AEAM. **MOTION #3:** Launch the Assessment of the Efficiency of the Administrative Mechanism for Ryan White Program Year 35 (March 1, 2025—February 28, 2026), as presented or revised. *Approved by roll call vote.* **Yes: G. Almazan, R. Bolan, J. Cross, A. Frames, R. Lara, E. Mattern, B. Patel, E. Sanchez-Ramos, C. Dolan, M. Volby.** **UNIVERSAL SERVICE STANDARDS AND CLIENT BILL OF RIGHTS AND RESPONSIBILITIES REVIEW** The committee reviewed updated drafts of the Universal Service Standards and the Client Bill of Rights and Responsibilities and made the following revisions: • Corrected minor editorial errors (e.g., HIPAA spelling) • Added expectations around gender-affirming practices • Clarified referral and case-closure requirements • Separate the Referrals and Case Closure into two separate sections. • Revise the links for Appendix C and Appendix D and include a screenshot of the website. **MOTION #4:** Announce a 60-day public comment period for the Universal Service Standards and the Client Bill of Rights and Responsibilities. *Approved by roll call vote.* **Yes: G. Almazan; R. Bolan; J. Cross; A. Frames; R. Lara; E. Mattern; B. Patel; E. Sanchez-Ramos; C. Dolan; M. Volby.**
ANNOUNCEMENTS	There were no announcements.
ACTION ITEMS	
RESPONSIBLE PARTY	**ITEM**
COH STAFF	• COH staff will launch the PY 35 AEAM commissioner and provider surveys. Survey links will be shared via email and posted on the SBP Committee webpage. • COH staff will post the Universal Service Standards and Client Bill of Rights and Responsibilities to the SBP Committee webpage and announce a public comment period ending on August 7, 2026. • COH staff will prepare a draft Service Standard review calendar for committee review.
NEXT MEETING	The next Standards and Best Practices Committee meeting is Monday August 17, 2026, from 10:00am—12:00pm at the Vermont Corridor.
ADJOURNMENT	The meeting adjourned at 11:30am.

PREPARED BY: Jose Rangel-Garibay	**APPROVAL DATE:**

LOS ANGELES COUNTY
COMMISSION ON HIV

2026 - 2027 Training Schedule

(Subject to change)

To meet the Ryan White HIV/AIDS Program (RWHAP) Part A requirements, the Commission on HIV must provide appropriate orientation and annual training that enables members to be fully active participants and to fulfill their legislative responsibilities. Training sessions will educate members to understand their roles, responsibilities, and expectations for participation, how work is undertaken, and how formal decisions are made.

- Training sessions listed below are **mandatory** for all Commissioners, Alternates, and Committee-only members. Additional sessions on topics not listed may be included as appropriate.
- Training sessions are open to the public.
- Training sessions will be held virtually, unless otherwise noted.
- Training session recordings will be made available on our website.
- Certificates of Completion will be provided and attendance will be recorded.
- For questions or assistance, contact Commission staff at hivcomm@lachiv.org.

CLICK ON THE TRAINING TOPIC TO REGISTER

TRAINING TITLE	DATE AND TIME
Commission on HIV Orientation	April 9, 2026 9am – 3pm (in person)
Co-Chair Orientation & Leadership Development	May 20, 2026 12pm - 1pm
Needs Assessment Overview and Priority Setting and Resource Allocation (PSRA)	June 3, 2026 12pm – 1pm
Service Standards Overview and Development	July 22, 2026 12pm – 1pm
Data Related Trainings	Summer/Fall 2026 TBD
Member Knowledge & Self-Assessment Survey	Released late September 2026
Refresher Training	November 4, 2026 12pm – 1pm

Revised 5/22/26

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/31/26

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts.***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.***

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALMANZAN	**Gerardo**	No affiliation	No Ryan White or prevention contracts
VAZQUEZ ALVAREZ	**Leo**	LACADA	No Ryan White or prevention contracts
ARRELANO	**Oscar**	Homeless Outreach Program Integrated Care System (HOPICS)	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BARAJAS	**Jeronimo**	Unaffiliated Member	No Ryan White or prevention contracts
BIENEMAN	**Stevie**	AIDS Healthcare Foundation	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			Medical Transportation Services
			HIV & STD LB
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Sexual Health Express Clinics (SHEx-C)
BLEA	**Leroy**	California Department of Public Health, Office of AIDS	Part B Grantee

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BOLAN	**Robert**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
BROWN	**Jasmine**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
CONTRERAS	**Robert**	Bienestar	Nutrition Support (Food Bank/Pantry Service)
			Vulnerable Populations (Trans)
			High Impact Prevention
			HTS - Storefront
			HTS - Social and Sexual Networks
			STD-SDTS
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
COPELAND	**Raniyah**	Equity Impact Solutions	No Ryan White or prevention contracts
CORONA	**Anthony**	Watt's Healthcare	Core HIV Medical Services - MCC & PSS
			Biomedical HIV Prevention Services
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			Medical Transportation Services
CORONA	**Ceasar**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			HIV Testing and Viral Hepatitis Services
CROSS	**Johnny**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Population (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts
DOLAN	**Caitlyn**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
GAMBOA	**Robert**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GERSH	**Lauren**	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
GRIFFEN	**TJ**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
GUTIERREZ	**Joaquin**	Unaffiliated representative	No Ryan White or prevention contracts
HARRIS	**Darryn**	St. John's Well Child and Family Center (SJW)	Core HIV Medical Services - AOM; MCC & PSS
			Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
			Medical Transportation Services
HUNT	**Angela**	Unaffilated Member	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	**LeiLani**	Unaffilited Member	No Ryan White or prevention contracts
JOHNSON	**Stephanie**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
LARA	**Roberto**	AMAAD	No Ryan White or prevention contracts
LESTER	**Rob**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
LOCKLEAR	**Preston**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ	**Miguel**	No affiliation	No Ryan White or prevention contracts
MATTERN	**Eric**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MCKINLEY	**Kiante**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MILLER	**Jack**	Unaffiliated Member	No Ryan White or prevention contracts
MORRISON	**Donta**	UCLA CARE	No Ryan White or prevention contracts
MULLEN	**Sadie**	No affiliation	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	No Ryan White or prevention contracts
NGUYEN	**Kevin**	Saban Community Clinic	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
NWIZU	**Ujuonu**	Public Health Alliance	No Ryan White or prevention contracts
CERDA OROZCO	**David**	No affiliation	No Ryan White or prevention contracts
PACHECO	**Elizabeth**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
PATEL	**Byron**	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PLEASANTS	**Shawn**	Unaffiliated Member	No Ryan White or prevention contracts
ROJAS	**David**	LAC Consumer & Business Affairs	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	**Ismael**	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services
SANCHEZ-RAMOS	**Emmanuel**	APLA Health	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD - ExC
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
SAN AGUSTIN	**Glen**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAME-WEIL	**Nolan Ross**	Los Angeles Centers for Alcohol & Drug Abuse (L.A. CADA)	No Ryan White or prevention contracts
SANTIAGO	**Draya**	Unaffilited Member	No Ryan White or prevention contracts
SKELTON	**Maria**	No affiliation	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
WEBB	**Christopher**	REACH LA	HTS - Social and Sexual Networks

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
VALENZUELA	**David**	LAC Department of Public Health	No Ryan White or prevention contracts
VOLBY	**Montana**	Unaffilited Member	No Ryan White or prevention contracts

LOS ANGELES COUNTY COMMISSION ON HIV

2026 STANDARDS AND BEST PRACTICES COMMITTEE MEETING CALENDAR *(Revised 8/13/26)*

MONTH	KEY ACTIVITIES
April 20, 2026 **10am-12pm**	• Nominate and elect committee co-chairs • Conduct committee orientation training • Review and adopt 2026 committee workplan
May 18, 2026 **10am-12pm**	• Review Assessment of the Efficiency of the Administrative Mechanism (AEAM) assessment tool • Develop service standard development schedule
June 15, 2026 **10am-12pm**	• Launch AEAM assessment tool for PY35 • Review of Universal Service Standards and Client Bill of Rights and Responsibilities
August 17, 2026 **10am-12pm**	• Finalize review of Universal Service Standards and Client Bill of Rights and Responsibilities • Initiate review of Oral Health Service Standards • Updates to PY35 AEAM
October 19, 2026 **10am-12pm**	• Review Oral Health Service Standards • Review AEAM report for PY35
November 16 2026 **PROPOSED**	• Finalize review of Oral Health Service Standards
December 2026 ****CANCELED****	Limited Executive Committee activity in recognition of the holiday period
January 11, 2027 **PROPOSED**	• Finalize review of Oral Health Service Standards
February 8, 2027 **10am-12pm**	• Draft 2027-28 committee workplan and meeting calendar • Draft service standard development schedule

LOS ANGELES COUNTY COMMISSION ON HIV

2026 STANDARDS AND BEST PRACTICES COMMITTEE MASTER WORKPLAN *(SUBJECT TO CHANGE)*

PURPOSE

To define the scope, priorities, and core activities of the **Standards & Best Practices (SBP) Committee** during the Ryan White Program Year (March 1, 2026 – February 28, 2027), in alignment with the revised Commission Bylaws, Ryan White HIV/AIDS Program (RWHAP) Part A legislative and program expectations, CDC/HRSA integrated planning guidance, and the Commission's restructured governance model. The SBP Committee leads the Commission's work to strengthen the quality, consistency, and effectiveness of the HIV service delivery system by supporting clinical quality management, developing and maintaining service standards, identifying best practices, assessing service effectiveness, and advancing service system improvements in coordination with DHSP and other Commission working units.

CRITERIA

Activities included in this workplan are selected based on their ability to:

- Fulfill SBP responsibilities defined in the Commission Bylaws;
- Support compliance with RWHAP Part A, HRSA expectations, CDC/HRSA integrated planning guidance, Brown Act, and County requirements;
- Strengthen quality management and performance/outcomes accountability across the HIV service continuum;
- Promote consistent, evidence-informed standards and best practices in HIV prevention and care;
- Identify service gaps and recommend feasible system improvements and directives; and
- Align with Commission and staff capacity, recognizing a bi-monthly meeting schedule.

CORE COMMITTEE RESPONSIBILITIES

The SBP Committee is responsible for:

- Supporting DHSP's Clinical Quality Management Plan and reviewing aggregate quality, utilization, and outcomes data to assess service effectiveness;
- Identifying, reviewing, and recommending service standards, best practices, and outcome measures across the HIV care continuum;
- Evaluating service effectiveness, including outcomes, cost effectiveness, capacity, access, and service models;
- Identifying service gaps, system inefficiencies, and improvement opportunities, and recommending corrective actions to DHSP and the Commission;
- Recommending service delivery improvements and implementation directives, in coordination with the Planning, Priorities & Allocations Committee;
- Conducting the Assessment of the Administrative Mechanism and overseeing implementation of adopted recommendations;
- Promoting consistency and quality in HIV services countywide through system-level review (not individual provider oversight); and
- Carrying out additional responsibilities as assigned by the Commission or Board of Supervisors.

Approved 5/18/26

2026 STANDARDS AND BEST PRACTICES COMMITTEE MASTER WORKPLAN *(SUBJECT TO CHANGE)*

ACRONYMS	
• **COH:** Commission on HIV • **DHSP:** Division on HIV and STD Programs • **BOS:** Board of Supervisors • **HRSA:** Health Resources and Services Administration • **MCE:** Membership and Community Engagement Committee • **PP&A:** Planning, Priorities, and Allocations Committee • **SBP:** Standards and Best Practices Committee	• **EO:** Executive Office • **CEO LAIR:** Chief Executive Office Legislative Affairs and Intergovernmental Relations • **OA:** California Office of AIDS • **CHIPTS:** Center for HIV Identification, Prevention, and Treatment Services.

#	OBJECTIVE	TASKS/ACTIVITIES	TIMELINE	NOTES/COMMENTS
1	Establish committee leadership.	• Hold nominations for committee co-chairs. • Elect committee co-chairs.	April	**COMPLETED**
2	Develop 2026 committee workplan.	• Review and adopt annual workplan *(subject to change).* • Establish meeting calendar *(subject to change).*	May	**COMPLETED**
3	Monitor progress on committee workplan.	• Provide monthly updates/reports to Executive Committee and COH.	Ongoing	
4	Conduct committee orientation.	• Review role, scope, and responsibilities of committee.	April	**COMPLETED**
5	Assist with development of the BOS Annual Report	• Outline SBP Committee key accomplishments and challenges • Submit accomplishments and challenges to Executive Committee for incorporation into BOS Annual Report.	Jan-Feb 2027	
6	Conduct review/revisions of service standards, as needed.	• Conduct review/revisions of service standards, as needed. • Develop schedule based on service rankings, DHSP RFP schedule, consumer/provider concern, or in response to changes in the HIV care continuum. • Review service utilization reports. • Collaborate with DHSP, COH committees and caucuses, and RWHAP Part A providers.	Ongoing	Finalize review of Universal Service Standards and Client Bill of Rights and Responsibilities. Initiate review of Oral Health Service Standards.
7	Conduct the Assessment of the Efficiency of the Administrative Mechanism.	• Review assessment tool, revise as needed. • Conduct assessment for PY 35 (Mar 1, 2025-Feb 28, 2026) • Collaborate with DHSP and RWHAP Part A providers. • Analyze and report findings.	May-Oct	Review survey findings and submit report to Executive Committee.

2026 STANDARDS AND BEST PRACTICES COMMITTEE MASTER WORKPLAN *(SUBJECT TO CHANGE)*

8	Review and monitor clinical quality management activities.	• Review report(s) on clinical quality management activities led by DHSP. • Review service category evaluation report(s). • Identify strategies for addressing findings. • Collaborate with DHSP; review service category evaluation report(s).	Ongoing	
9	Develop and monitor program directives.	• Develop and define directives for implementation of services and service models. • Ensure priorities and implementation efforts are consistent with needs, the HIV care continuum, and service delivery. • Develop strategies to address unmet need. • Collaborate with PP&A Committee.	Ongoing	
10	Compile best practices as related to HIV care and prevention.	• Identify, collect, and disseminate best practices for reducing HIV transmission, improving health outcomes, and optimizing quality of life and self-sufficiency for all PLWH.	Ongoing	

SERVICE STANDARDS REVISION DATE TRACKER FOR PLANNING PURPOSES

Last updated: 8/13/26

KEYWORDS AND ACRONYMS	
HRSA: Health Resources and Services Administration	**COH:** Commission on HIV
RWHAP: Ryan White HIV/AIDS Program	**DHSP:** Division on HIV and STD Programs
HAB PCN 16-02: HIV/AIDS Bureau Policy Clarification Notice 16-02 RWHAP: Eligible Individuals & Allowable Uses of Funds	**SBP Committee:** Standards and Best Practices Committee
	PLWH: People Living With HIV

GENERAL

Document Name	Description	Notes
Universal Service Standards	Apply to all services and covers areas such as non-discriminatory service delivery, client confidentiality, quality care, and grievance procedures. The SBP Committee reviews this document on a bi-annual basis or as needed per community stakeholder, service provider agency, or COH member request.	**Currently under review** **Last approved by COH: 1/11/2024**
Client Bill of Rights and Responsibilities	Empowers clients to advocate for themselves and work in partnership with their service providers to achieve the best possible HIV/AIDS care and treatment. Service provider agencies are required to provide clients with a copy of this document when receiving HRSA RWHAP services.	**Currently under review** **Last approved by COH: 1/11/2024**
Prevention Services	HIV and STI prevention services are those services used alone or in combination to prevent the transmission of HIV and STIs and may include Biomedical, Non-Biomedical, and Harm Reduction services.	Prevention standards **are not** required by CDC or HRSA but are developed by the COH to support inclusive, status-neutral prevention and care planning. **Last approved by COH: 1/11/2024**

CORE SERVICES

Service and Service Category	HRSA PCN 16-02 Service Description	Notes
Service Category: AIDS Drug Resistance Program Treatments	State-administered program authorized under RHWAP Part B to provide U.S. Food and Drug Administration (FDA)- approved medications to low-income clients living with HIW who have no coverage or limited health care coverage.	ADAP contracts directly with agencies and is administered by the California Department of Public Health, Office of AIDS.

LOS ANGELES COUNTY COMMISSION ON HIV

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Early Intervention Services (PH Clinics) *Service Category: Early Intervention Services*	EIS is a combination of services rather than a stand-alone service and must include: • Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV • Referral services to improve HIV care and treatment services at key points of entry • Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse care. • Outreach services and Health Education/Risk Reduction related to HIV diagnosis	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 5/2/2017**
Home-Based Case Management *Service Category: Home and Community-Based Health Services*	Provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include: • Appropriate mental health, developmental, and rehabilitation services • Day treatment or other partial hospitalization services • Durable medical equipment • Home health aide services and personal care services in the home	**Upcoming DHSP solicitation. Consider scheduling review in October 2026.** Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 9/92022**
Service Category: Hospice Services	End-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are: • Mental health counseling • Nursing care • Palliative therapeutics • Physician services • Room and board	**Last approved by COH: 5/2/2017**
Medical Care Coordination (MCC) *Service Category: Medical Case Management, including Treatment Adherence Services*	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes specialty care providers. Medical Case Management includes all types of case management encounters	Currently funded for RW PY36 (3/1/2026-2/28/27). **MCC:** Last approved by the COH on 1/11/2024

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	(e.g. face-to-face, phone contact, and any other forms of communication). Key activities include: • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Timely and coordinated access to medically appropriate levels of health and support services and continuity of care • Continuous client monitoring to assess the efficacy of the care plan • Re-evaluation of the care plan at least every 6 months with adaptations as necessary • Ongoing assessment of the client's and other key family members' needs and personal support systems • Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments • Client-specific advocacy and/or review of utilization of services May also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible.	**Treatment Education Services**: Last approved by the COH on 5/2/2017
Medical Nutrition Therapy *Service Category: Medical Nutrition Therapy*	Includes: • Nutrition assessment and screening • Dietary/nutritional evaluation • Food and/or nutritional supplements per medical provider's recommendation • Nutrition education and/or counseling These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.	**Last approved by COH: 5/2/2017**
Mental Health Services *Service Category: Mental Health Services*	Provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a	**Upcoming DHSP solicitation. Consider scheduling review in October 2026.**

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 5/2/5017.**
Oral Health Services *Service Category: Oral Health Care*	Activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.	**Upcoming DHSP solicitation. Review scheduled for October 2026.** Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 4/13/2023**
Ambulatory Outpatient Medical (AOM) services *Service Category: Outpatient/Ambulatory Health Services*	Provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Allowable activities include: • Medical history taking • Physical examination • Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing • Treatment and management of physical and behavioral health conditions • Behavioral risk assessment, subsequent counseling, and referral • Preventative care and screening • Pediatric developmental assessment • Prescription and management of medication therapy • Treatment adherence • Education and counseling on health and prevention issues • Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology.	**Last approved by COH: 2/13/2025**
Service Category: Substance Abuse Outpatient Care	Provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:	**Last approved by COH: 1/13/2022**

LOS ANGELES COUNTY COMMISSION ON HIV

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**

	• Screening
	• Assessment
	• Diagnosis and/or
	• Treatment of substance use disorder, including:
	  ○ Pretreatment/recovery readiness programs
	  ○ Life-saving overdose prevention and response services or supplies such as opioid reversal supplies, substance test kits, and overdose reversal and training services
	  ○ Behavioral health counseling associated with substance use disorder
	  ○ Medication assisted therapy
	  ○ Neuro-psychiatric pharmaceuticals
	  ○ Relapsed prevention	

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Child Care Services *Service Category: Child Care Services*	Intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.	**Last approved by COH: 7/8/2021**
Emergency Rental Assistance *Service Category: Emergency Financial Assistance*	Limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by ADAP, or another HRSA RWHAP-allowable cost needed to improve health outcomes. EFA must occur as direct payment to an agency or through a voucher program.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 2/13/2025** **Updates from DHSP:** Program currently only provides rental assistance. Clients must be facing eviction to qualify, the limit is $5,000 per year, per client, and applications are through Benefits Specialists.

LOS ANGELES COUNTY COMMISSION ON HIV

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Nutrition Support Services *Service Category: Food bank/Home Delivered meals*	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: Personal hygiene products; Household cleaning supplies; Water filtration/purification systems in communities where issues of water safety exist.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 8/10/2023**
Service Category: Health Education/Risk Reduction	Provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.	**Last approved by COH: 4/10/2025**
Housing Services: Residential Care Facility for Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF) *Service Category: Housing*	Provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy service on behalf of the eligible client, as well as fees associated with these activities.	Currently funded for RW PY36 (3/1/2026-2/28/27) with RW Part B funds. **Last approved by COH: 4/10/2025**
Legal Services **Permanency Planning** *Service Category: Other Professional Services, Legal Services*	Provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include: Legal services provide to and/or on behalf of the HRSA RWHAP=eligible PLWH and involving legal matters related to or arising from their HIV disease, including: • Assistance with public benefits such as Social Security Disability Insurance (SSDI) • Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP • Preparation of: ○ Healthcare power of attorney	**Upcoming DHSP solicitation. Consider scheduling review in October 2026.** Currently funded for RW PY36 (3/1/2026-2/28/27) with RW Part B funds. **Last approved by COH: 7/12/2018**

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	○ Durable powers of attorney ○ Living wills Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: • Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney • Preparation for custody, or adoption Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.	
Language Services *Service Category: Linguistic Services*	Include interpretation and translation activities, both oral and written to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWAHP-eligible services.	**Last approved by COH: 5/2/2017**
Medical Transportation *Service Category: Medical Transportation*	Provision of nonemergency transportation that enable an eligible client to access or be retained in core medical and support services.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 2/13/2025**
Benefits Specialty Services (BSS) **Patient Support Services (PSS)** **Transitional Case Management (TCM): Justice-Involved Individuals, Youth, and Older Adults 50+** *Service Category: Non-Medical Case Management*	Provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. Non-Medical Case Management (NMCM) provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public, private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone	**BSS**: Currently funded for RW PY36 (3/1/2026-2/28/27). Last approved by COH 9/8/2022. **PSS:** Currently funded for RW PY36 (3/1/2026-2/28/27). Last approved by COH 12/11/2025 **TCM Justice-Involved, Youth, and Older Adults 50+:** Last approved by COH 10/9/2022

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	contact, and many other forms of communication. Key activities include: Initial assessment of service needs; Development of a comprehensive, individualized care plan; Timely and coordinated access to medically appropriate levels of health and support services and continuity of care; client-specific advocacy and/or review of utilization services; continuous client monitoring to assess the efficacy of the care plan; Re-evaluation of the care plan at least every 6 months with adaptations as necessary; Ongoing assessment of the client's and other key family members' needs and personal support systems.	
Linkage and Reengagement Program *Service Category: Outreach Services*	Provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 5/2/2017**
Psychosocial Support Services *Service Category: Psychosocial Support Services*	Provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services category may include: • Bereavement counseling • Caregiver/respite support (HRSA RWHAP Part D) • Child abuse and neglect counseling • HIV support groups • Nutrition counseling provided by a non-registered dietitian • Pastoral care/counseling services	**Last approved by COH: 9/10/2020**
Referral Services *Service Category: Referral for Health Care and Support Services*	Directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans.	**Last approved by COH: 5/2/2017**
Substance Use Disorder Transitional Housing	Activities provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:	Currently funded for RW PY36 (3/1/2026-2/28/27) with RW Part B funds.

LOS ANGELES COUNTY COMMISSION ON HIV

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Service Category: Substance Abuse Services (residential)	• Pretreatment/recovery readiness programs • Behavioral health counseling associated with substance use disorder • Medication assisted therapy • Neuro-psychiatric pharmaceuticals • Relapse prevention • Detoxification, if offered in a separate licensed residential setting	**Last approved by COH: 1/13/2022**

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave. Floor 14, Los Angeles, CA 90020| (213) 738-2816 | hivcomm@lachiv.org

Public Comment Period for the draft
Universal Service Standards and Client Bill of Rights and Responsibilities

Posted: June 30, 2026

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft **Universal Service Standards and Client Bill of Rights and Responsibilities** revised by the Standards and Best Practices Committee. 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 Universal Service Standards and Client Bill of Rights and Responsibilities reasonable and achievable for providers? Why or why not?

2. Do the Universal Service Standards and Client Bill of Rights and Responsibilities meet consumer needs? Why or why not? Give examples of what is working/not working.

3. Is there anything missing from the Universal Service Standards and Client Bill of Rights and Responsibilities related to HIV prevention and care?

4. Do you have any additional comments related to the Universal Service Standards and Client Bill of Rights and Responsibilities or Ryan White services?

Public comments are due by August 14, 2026.

LOS ANGELES COUNTY
COMMISSION ON HIV

UNIVERSAL SERVICE STANDARDS AND CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

SERVICE STANDARDS FOR RYAN WHITE HIV/AIDS PROGRAM CARE AND TREATMENT SERVICES

Los Angeles County Commission on HIV
510 S. Vermont Ave. 14th Floor, Los Angeles, CA 90020
(213) 738-2816 | hivcomm@lachiv.org
REVISED: 06/10/26 | APPROVED BY COH: PENDING

Table of Contents

IMPORTANT: Service standards must adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

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 Policy Clarification Notice (PCN) # 16-02: 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

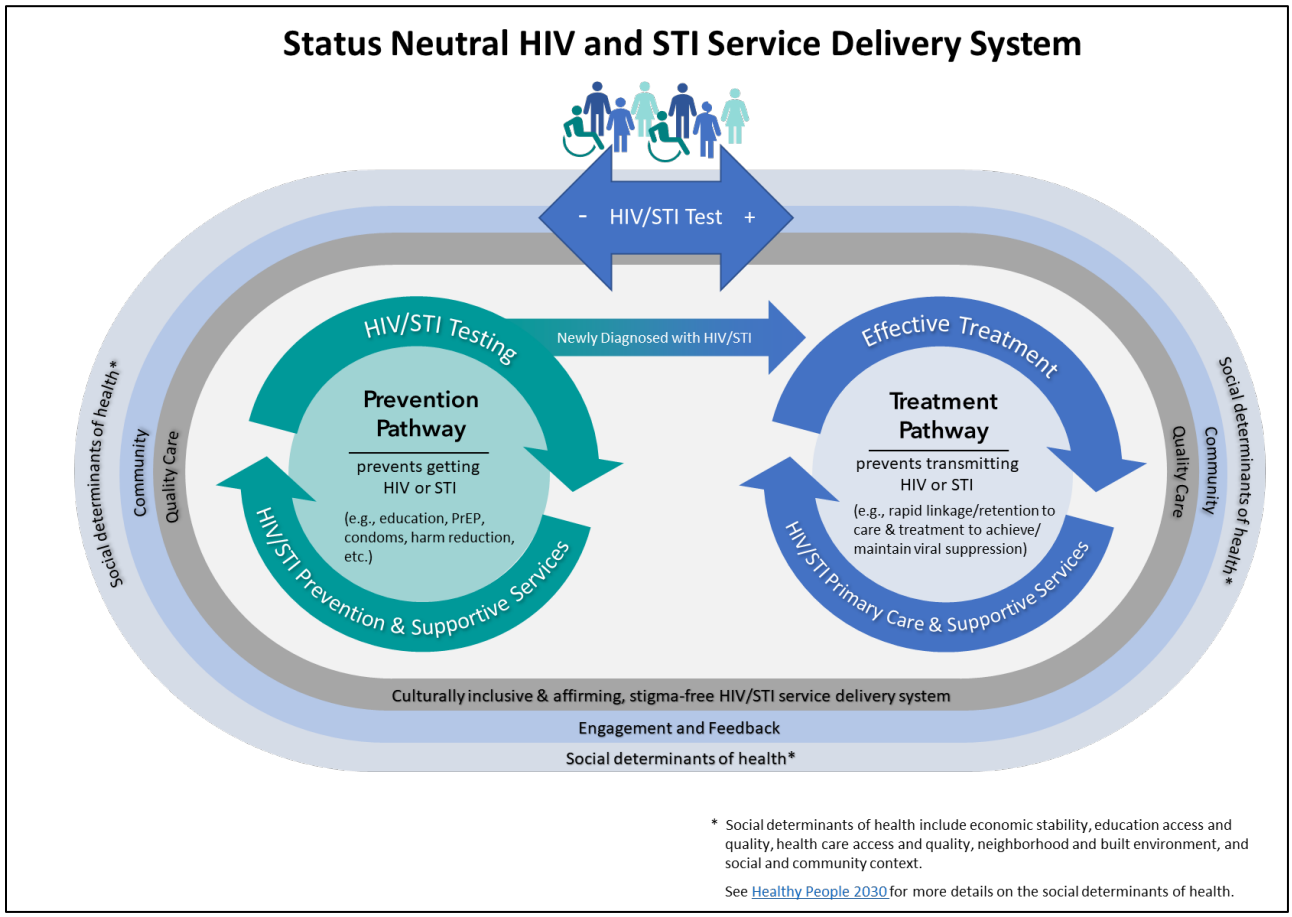
Service Standards: Ryan White HIV/AIDS Programs

Introduction

Ryan White HIV/AIDS Part A Program (RWHAP) service standards define the minimum expectations for how RWHAP service providers in Los Angeles County must deliver each service category, ensuring consistent, high-quality care across all funded agencies. Service providers are encouraged to exceed these minimums. The Universal Service Standards and the Client Bill of Rights Responsibilities were developed by the Los Angeles County Commission on HIV, incorporating input from service providers, consumers, and the Standards and Best Practices Committee, and reflect current national and federal HIV care guidelines to support optimal health for living with HIV (PLWH).

Service providers are encouraged to use a status-neutral framework that treats all clients the same, regardless of HIV or STI status, and connects them to appropriate prevention, care, and support services. This approach address social determinants of health, reduces disparities, and helps ensure rapid linkage to treatment for newly diagnosed clients and ongoing prevention for those who test negative. See Figure 1 for an example. More information on the status-neutral HIV and STI service delivery framework and related prevention standards is available here https://hiv.lacounty.gov/our-work under the “Ryan White Program Service Standards” tab.

Figure 1—Status Neutral HIV and STI Service Delivery System Framework
(*Adapted from the Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care Framework)*



General Eligibility Requirements for Ryan White Services

- Be diagnosed with HIV or AIDS with verifiable documentation;
- Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level;
- Provide documentation to verify eligibility, including HIV diagnosis, income level, and residency.

Given the barriers with attaining documentation, service provider agencies are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms for documentation eligibility for Ryan White services.

Universal Service Standards Overview

The purpose of the Universal Service Standards is to ensure service providers:

- Provide accessible, nondiscriminatory services to all PLWH in Los Angeles County
- Educate staff and clients on the importance of maintaining an undetectable viral load
- Protect client rights and ensure quality of care
- Safeguard client confidentiality, support client autonomy, and maintain a fair grievance process

- Deliver client-centered, age-appropriate, culturally and linguistically competent services
- Accurately assess client needs and support active involvement in treatment planning
- Ensure high quality services through trained and experienced staff
- Ensure telehealth services match the quality of in-person care
- Comply with all federal, state, and local safety, sanitation, and public health requirements
- Prevent IT security risks and protect client data and records
- Inform clients about services, determine eligibility and collect necessary information during intake
- Coordinate care and provide referrals to meet client needs

Section 1.0—General Service Provider Agency Policies

GENERAL SERVICE PROVIDER AGENCY POLICIES	
STANDARD	**DOCUMENTATION**
Service provider agencies must have a client confidentiality policy that follows all local, state, and federal laws to protect client's HIV status, behavioral risk information, and use of services. The policy must also explain how confidentiality and patient information are protected when using telehealth, including required technology safeguards.	Written client confidentiality policy on file at service provider agency.
Service provider agencies must provide their service eligibility requirements upon request, and those requirements must follow DHSP guidance and HRSA's Policy Clarification Notice #16-02.	Written eligibility requirements on file at service provider agency.
Service provider agencies must have a Release of Information form that specifies the receiving party, the information shared, the duration of consent, and the client's signature. The form must meet HIPAA disclosure requirements and comply with the California Medi-Cal telehealth policy.	Completed Release of Information form on client file at service provider agency.
Service provider agencies must have a grievance policy that gives clients a way to address concerns about unfair treatment or poor service. The policy must outline how clients can file a grievance and include information about the Los	Written grievance policy on file at service provider agency.

Angeles County DHSP Customer Support Program (1-800-260-8787). This information must be visibly posted onsite or provided at the start of a telehealth visit.	
Client files must be securely stored—physically locked or password protected—and accessible only to authorized staff.	Written IT policies that outline how client information is protected on file at service provider agency.
Service provider agencies must keep clear, legible progress notes for each client that document every communication or service provided, including the date and the service delivered. Notes should also include any recommended referrals to needed services.	Progress notes maintained in individual client files at service provider agency.
Service provider agencies must have a crisis management policy that address how to respond to mental health crises and dangerous behaviors from clients or staff.	Written crisis management policy on file at service provider agency.
Service provider agencies must have a policy on Universal Precautions Procedures and maintain documentation that staff have been trained in these precautions.	Documentation of staff training in personnel files at service provider agency.
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 at service provider agency.

Section 2.0—Client Rights and Responsibilities

CLIENT RIGHTS AND RESPONSIBILITIES	
STANDARD	**DOCUMENTATION**
Service provider agencies ensure services are accessible to all individuals who meet the service-specific eligibility criteria.	Written eligibility requirements on file at service provider agency.
Service provider agencies collect and incorporate input from PLWH to ensure services are client-centered.	Written documentation showing how client input is collected and used in service planning and evaluation.

Clients have the right to choose whether to use telehealth or in-person services (as applicable), and appointments must follow the client's preferred mode of care. Service provider agencies ensure clients receive the IT support and training needed to use telehealth services effectively.	Written checklists or "how-to" guides before telehealth visits, delivered by email or posted on the service provider agency website.
Service provider agencies provide clients with a copy of the Client Bill of Rights and Responsibilities (Appendix B).	Signed Client Bill of Rights and Responsibilities document on client file at service provider agency.

Section 3.0—Staff Requirements and Qualifications

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. Service provider agencies must adopt policies that support hiring people living with HIV in all appropriate areas of service delivery.	Hiring policy, staff resumes and copy of license (as appropriate) on file 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 on file at service provider agency.
Staff must coordinate with both Ryan White-funded and non-funded programs to ensure all client needs are met.	Documentation of staff efforts to coordinate client services across systems kept on file at service provider agency.

Section 4.0—Cultural and Linguistic Competence

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 at service provider agency.
Service provider agencies develop or use existing culturally and linguistically appropriate policies	Written policy and documentation at service provider agency.

and practices and provide ongoing training to ensure staff consistently apply them.	
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 at service provider agency.
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 at service provider agency.

Section 5.0—Intake and Eligibility

INTAKE AND ELIGIBILITY	
STANDARD	**DOCUMENTATION**
Service provider agencies must have an intake procedure for determining client eligibility.	Written procedure describing intake workflow on file at service provider agency. Documentation must verify residency in Los Angeles County, Income at or below the Federal Poverty Level (FPL) set by the Division on HIV & STD Programs and confirmed HIV diagnosis.
Service provider agencies must complete an intake for clients which includes a review of client rights and responsibilities, explanation of available services, covers confidentiality and grievance policies, assess immediate needs, and obtains permission to release information as appropriate. Service provider agencies must begin intake process within 5 days of initial contact and be completed within 30 days. If the client does not complete intake within 30 days, document all contact attempts and the methods used in the client file.	Complete intake in client file at service provider agency.
Client intake forms must allow clients to indicate their preferred name and pronouns, and they must also explain the situations in which a legal name is required.	Written policy and documentation at Service Provider Agency.

Section 6.0—Referrals

REFERRALS AND CASE CLOSURE	
STANDARD	**DOCUMENTATION**
Service provider agencies will maintain a comprehensive list of providers for HIV-related and other service referrals. Staff will make referrals based on client assessments and reassessments, using identified agency resources.	All recommended referrals must be documented in client files at service provider agency.
Service provider agencies will follow-up with referrals made to ensure services were delivered as appropriate.	Documentation that the service provider agency follow-up with referrals.

Section 7.0—Case Closure

REFERRALS AND CASE CLOSURE	
STANDARD	**DOCUMENTATION**
Service provider agencies must establish a case closure procedure that includes documented justification and, when appropriate, a transition plan to other services or providers.	Written case closure procedure on file at service provider agency.
Cases may be closed if the client: • Relocates outside the service area • Is no longer eligible for RWHAP services • Discontinued services • No longer needs services • Poses a risk to the service provider agency, staff, or other clients • Misuses services or violates the service agreement • Is deceased • Has had no direct contact with the service provider agency for 12 months despite repeated outreach attempts	All contact attempts and communication methods must be documented, along with the justification for case closure.

Service provider agencies must have a transition procedure to support clients leaving services and ensure a smooth handoff.	Completed transition summary should be placed in the client file and signed by the client and supervisor when possible.
Service provider agencies will establish or use an existing due process policy for involuntary client removal, including a sequence of verbal and writer warnings before final notice and case closure.	Due Process policy kept on file at service provider agency.

Appendix A: Ryan White Part A Service Categories

The Ryan White HIV/AIDS Program Part A provides a comprehensive system of care for people living 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

Policy Clarification Notice (PCN) 16-02 provides program guidance for services categories for RWHAP services.

Core Medical Services	Supportive Services
• AIDS Drug Assistance Program (ADAP) • Local AIDS Pharmaceutical Assistance Program (LDAP) • Early Intervention services (EIS) • Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals • Home and Community-based Health Services • Home Health Care • Hospice Services • Medical Case Management, including Treatment Adherence Services • Medical Nutrition Therapy • Oral Health Care • Outpatient/Ambulatory Health Services • Substance Use Outpatient Care	• Childcare Services • Emergency Financial Assistance • Food Bank/Home Delivered Meals • Housing • Linguistic Services • Medical Transportation • Non-Medical Case Management Services • Other Professional Services, including Legal Services and Permanency Planning • Outreach Services • Psychosocial Support Services • Referral for Healthcare and Support Services • Rehabilitation Services • Respite Care • Substance Use Services (Residential)

Appendix B: 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, including telehealth. 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/AIDS care and treatment.

Developed by people living with HIV in Los Angeles County, this Bill of Rights and Responsibilities affirms that individuals entering or receiving HIV/AIDS care, treatment, or support services have the right to:

1. Respective Treatment and Preventive Services
    a. Receive considerate, respectful, professional, confidential, and timely care and preventive services (including screenings and vaccinations) in a safe, client-centered, trauma informed environment without bias.
    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 medical, mental health, or care services.
    d. Have their phone calls and/or emails answered within 1-5 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 service provider agency procedures for addressing misunderstandings, complaints, or grievances.
j. Receive a response to any complaint or grievance withing 45 days.
k. Be informed about external ombudsman or advocacy resources, including how to reach relevant federal complaint centers (CMS).

4. Confidentiality and Privacy
    a. Receive a copy of the service provider agency's Notice of Privacy Policies and Procedures.
    b. Have your HIV status 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.
6. Client Responsibilities

    To support your care, you are responsible for:
    a. Participating in creating and following your treatment or service plan to the best of your ability.
    b. Providing accurate, complete information about your health history, medications, and other treatments; reporting changes promptly.
    c. Telling your provider when you do not understand information given to you.
    d. Following the agreed-upon treatment plan and understanding the consequences of non-adherence or using alternative treatments.
    e. Understanding that cases may be closed if the client:
        i. Moves out of the service area
        ii. Is no longer eligible for RWHAP services
        iii. Discontinue services
        iv. No longer need services
        v. Pose a risk to the service provider agency, staff, or other clients
        vi. Misuse services or violate the service agreement

vii. Is deceased
viii. Has no direct contact with the agency for 12 months despite repeated outreach

f. Keeping appointments or notifying the agency promptly if unable to attend.
g. Keeping the service provider agency informed of how to reach you confidentially.
h. Following service provider agency rules and conduct guidelines.
i. Treating providers and other clients with respect.
j. Avoiding profanity, abusive language, threats, violence, weapons, theft, vandalism, and any form of sexual harassment or misconduct.
k. If living with 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 service provider agency's client services representative or patient advocate. If the issue is not resolved in a reasonable timeframe, or if you prefer to speak with someone outside the service provider agency, you may call the number below for confidential, independent assistance.

Division on HIV and STD Programs, Customer Support Program 1-800-260-8787, 8am-5pm, Monday—Friday

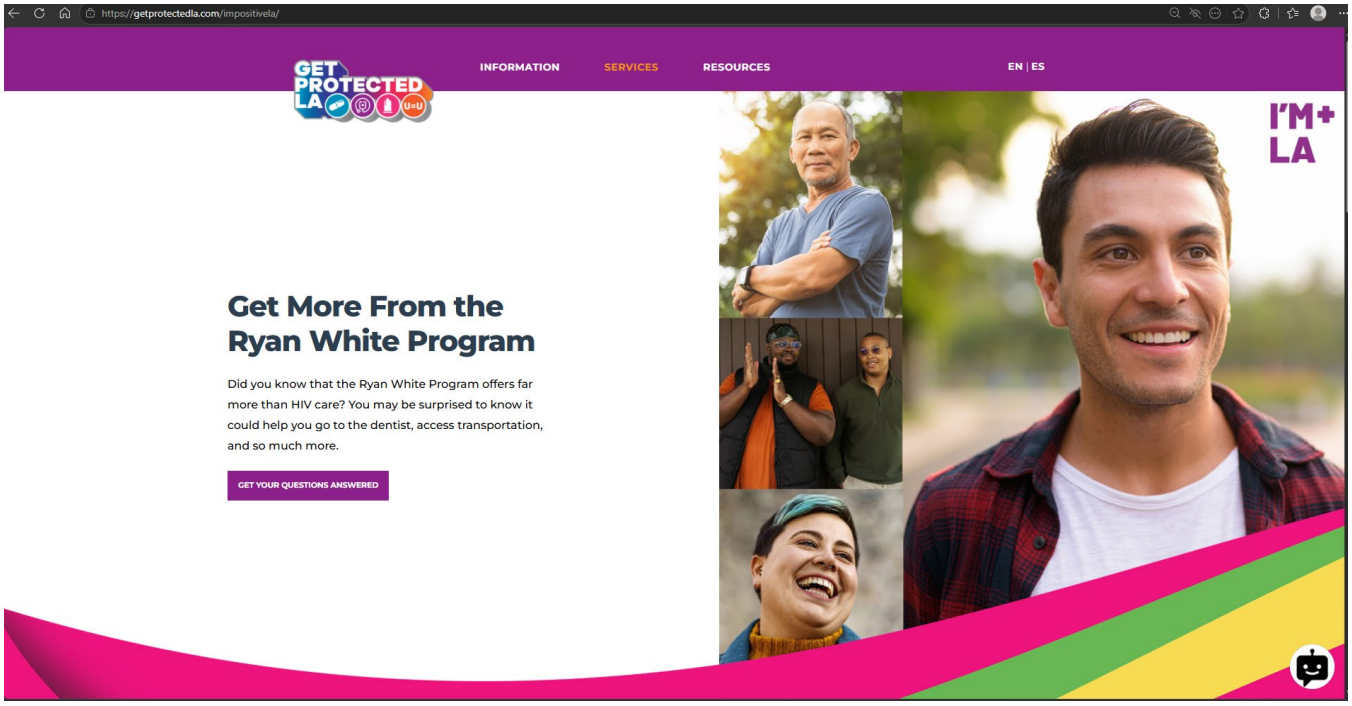
Appendix C: Division on HIV and STD Programs Customer Support Program

The Division of HIV and STD Programs (DHSP) Customer Support Program helps clients who experience difficulty accessing services form DHSP-funded providers in Los Angeles County. If you or someone you know is having trouble obtaining HIV or STD services or has concerns about service quality, the program can assist.

Contact the Customer Support Program by email at dhspsupport@ph.lacounty.gov, online at http://publichealth.lacounty.gov/dhsp/QuestionServices.htm, or by phone at 1-800-260-8787. Reaching out will not affect your access to services, and your name and personal information can be kept confidential.

Appendix D: Get Protected LA and I'M+ LA Online Resources

The Division of HIV and STD Programs (DHSP) offers Get Protected LA and I'M+ LA, online resources with information about free or low-cost HIV care and support services available through the Ryan White Program for eligible people living with HIV in Los Angeles County regardless of insurance status. Visit: https://getprotectedla.com/impositvela/



From: Jeffrey Young
Sent: Tuesday, June 30, 2026 9:26 PM
To: HIV Comm <HIVComm@lachiv.org>
Subject: Comment on the Draft Universal Service Standards and Client Bill of Rights and Responsibilities

I reviewed the draft against the actual state and federal rules it's supposed to follow. Most of it doesn't match. Two problems matter most.

First, the income cutoff on page 5 is wrong: the state raised it over a year ago, so some people who actually qualify could be turned away by mistake.

Second, the draft never explains that a client's immigration status doesn't affect their eligibility and won't be shared with immigration enforcement: that's a real rule that should be written plainly so people aren't afraid to sign up.

There are other gaps too, like a service listed on page 12 that actually has a much stricter, unstated set of requirements, and a complaint line on page 13 that sends people to the wrong federal agency.

I also looked at whether anyone is actually tracking how long it takes a client to get from referral to their first appointment. Nobody is. The county's public reports track something different and broader, so a slow, badly run intake process could exist, and it wouldn't show up anywhere.

I am willing to sit down with the Committee and go through what I found, item by item, before this gets finalized.

JEFFREY YOUNG

SERVICE STANDARDS FOR ORAL HEALTH CARE SERVICES

LOS ANGELES COUNTY
COMMISSION ON HIV

APPROVED BY THE COH ON 04/13/23

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:

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 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, prosthodontists, endodontists, oral surgeons, oral pathologists, oral medicine practitioners 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 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: <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 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.

<u>SERVICE/ORGANIZATIONAL LICENSURE CATEGORY</u>

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	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 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.
EVALUATION When presenting for dental services, people living with HIV should be given a comprehensive oral evaluation. When indicated,	A comprehensive oral evaluation will be given to patients living with HIV and will include: • Documentation of patient's presenting complaint • Caries charting	Signed, dated evaluation on file in patient chart.

[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.

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	• 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	
	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, 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, 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 including, but not limited to smoking cessation programs; substance use	

	treatment; 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.	
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	A comprehensive, multidisciplinary treatment plan will be developed in conjunction with the patient.	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	Treatment plan dated and signed by both the provider and patient in file to detail.

funds cannot be used to provide dental implants for cosmetic purposes.	position and periodontal prognosis • Craniofacial, musculoskeletal relationships	
	Six-month recall schedule will be used to monitor any changes. A three-month recall schedule may be considered to limit disease progression and maintain healthy periodontal tissues in advanced cases of periodontitis or caries.	Signed, dated progress note in patient file to detail.
	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.	
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.	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 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	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	Signed, dated progress note to detail consultations.

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.	• 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 presents	
	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.	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	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	Signed, dated process note or treatment plan in patient file to detail treatment modifications and referrals.

	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.	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	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	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. In

forms to allow more flexibility in treatment planning for receiving specialty dental providers.		
OUTREACH Programs providing dental care for people living with HIV will actively promote their services through known linkages and direct outreach.	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	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	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 shall 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	Training documentation on file maintained in personnel record.

	• 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	
	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*
RDAEF *Registered Dental Assistant in Extended Functions*
RDH *Registered Dental Hygienists*
RDHEF *Registered Dental Hygienist in Extended Functions*
STI *Sexually Transmitted Infection*

DEFINITIONS AND DESCRIPTIONS

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

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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ORAL HEALTH CARE SERVICE STANDARD ADDENDUM

Approved by the Commission on HIV on 12/8/22.

I. INTRODUCTION

The purpose of the addendum is to provide specific service delivery guidance to Ryan White Part A-funded agencies regarding the provision of dental implants. The service expectations are aimed at creating a standardized set of service components, specifically for dental implants. Dental implants are an oral health care procedure and not a specialty service. Subrecipients funded by the Los Angeles County Division of HIV and STD Programs (DHSP) must adhere to all service category definitions and service standards for which they are funded.

II. BACKGROUND

On February 24th, 2022, the Los Angeles County Commission on HIV convened an Oral Health Care subject matter expert panel to discuss an addendum to the EMA's Oral Health Care service standard specifically to address dental implants. The panel consisted of dental providers and dental program administrators from agencies contracted by the Division on HIV and STD Programs (DHSP) to provide dental and specialty dental services under the Ryan White Program Part A. Among the participating agencies, there were the UCLA School of Dentistry, USC School of Dentistry, Western University, AIDS Healthcare Foundation, and Watts Health.

III. SUBJECT MATTER EXPERT PANEL FINDINGS AND RECOMMENDATIONS

Recommendations for improving dental implant services for Ryan White Part A specialty dental providers:

a. Support and reinforce patient understanding, agreement, and education in the patient's treatment plan.
b. 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
c. Reinforce that RW funds cannot be used to provide dental implants for cosmetic purposes.
d. The treatment plan should be signed by both patient and doctor.
e. Engage and collaborate with the Consumer Caucus to revisit and strengthen the "Consumer Bill of Rights" document and consider reviewing the client responsibilities section to ensure it addresses the client's service expectations and the service provider's capacity to meet them within the limits of the contractual obligations as prescribed by DHSP.

f. Review the referral form(s) providers use to refer patients to specialty dental services
g. Develop a standard form/process referring providers can complete when referring
h. Train referring dental providers on how to adequately complete referral forms to allow more flexibility in treatment planning for receiving specialty dental providers.
i. Recommend that dental providers complete training modules and access training resources available on the Pacific AIDS Education and Training (PAETC) website.

IV. HEALTH RESOURCES SERVICE ADMINISTRATION (HRSA) SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES[1]

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants

V. PROGRAM SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES

Service Considerations (as listed on 2015 Oral Healthcare Service Standards) Oral healthcare services should be an integral part of primary medical care for all people living with HIV. Most HIV-infected patients can receive routine, comprehensive oral healthcare in the same manner as any other person. All treatment will be administered according to published research and available standards of care (for additional information please see: Oral Health Care Standards of Care).

VI. ORAL HEALTHCARE SERVICE ADDENDUM REGARDING DENTAL IMPLANTS

General Consideration: 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 a patient. If, however, a patient's medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
EVALUATION/ASSESSMENT	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

[1] *HRSA Policy Clarification Notice (PCN) #16-02*

	Clinician, after patient assessment, will make necessary referrals to specialty programs including, but not limited to smoking cessation programs; substance use treatment; 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.	
TREATMENT PLANNING AND ORAL HEALTH EDUCATION	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.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician and the patient will revisit the treatment plan periodically to determine if any adjustments are necessary to achieve the treatment goal.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will educate patients on how to maintain dental implants and the importance of routine care.	Client Chart/Treatment Plan/Provider Progress Notes

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