LOS ANGELES COUNTY
COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES COMMITTEE REGULAR MEETING

Tuesday, July 2, 2024
10:00Am-12:00pm (PST)

Vermont Corridor
510 S. Vermont Ave. Terrace Conference Room TK11
****Valet Parking: 523 Shatto Place, LA 90020****

Agenda and meeting materials will be posted on our website at http://hiv.lacounty.gov/Meetings

As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th Floor) where our meetings are held.

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To Join by Telephone: +1-213-306-3056 United States Toll (Los Angeles)
Password: STANDARDS **Access Code:** 2531 818 3991

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, July 2, 2024| 10:00 AM – 12:00 PM

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

For those attending in person, as a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th floor) where our meetings are held.

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
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To Join by Telephone: 1-213-306-3065
Password: STANDARDS Access Code: 2531 818 3991

Standards and Best Practices Committee (SBP) Members:			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Dahlia Ale-Ferlito	Mikhaela Cielo, MD
Sandra Cuevas	Kerry Ferguson (Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames
Wendy Garland, MPH *(DHSP Representative)*	Lauren Gersh, LCSW *(Committee-only)*	David Hardy, MD *(Alternate)*	Mark Mintline, DDS *(Committee-only)*
Andre Molette	Byron Patel, RN	Martin Sattah, MD	Russell Ybarra
QUORUM: 9			

AGENDA POSTED: June 27, 2024.

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the

item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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

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

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I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		10:00 AM – 10:03 AM
2.	Introductions, Roll Call, & Conflict of Interest Statements		10:03 AM – 10:05 AM
3.	Approval of Agenda	**MOTION #1**	10:05 AM – 10:07 AM
4.	Approval of Meeting Minutes	**MOTION #2**	10:07 AM – 10:10 AM

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

6. 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.

IV. REPORTS

7. Executive Director/Staff Report 10:15 AM – 10:30 AM
   a. Operational and Programmatic—Updates
   b. HRSA Dear Colleague Letter—Expungement Services
   c. Housing Security Deports in the Ryan White HIV/AIDS Program letter
8. Co-Chair Report 10:30 AM – 10:40 AM
   a. 2024 Workplan and Meeting Schedule—Updates

b. Service Standards Revision Tracker—Updates

9. Division on HIV and STD Programs (DHSP) Report 10:40 AM—10:50 AM

V. DISCUSSION ITEMS

10. Ambulatory Outpatient Medical (AOM) Service Standards Review 10:50 AM—11:20 AM
    a. **MOTION #3**: Post the AOM service standards for a 30-day public comment period starting on July 5, 2024 and ending on August 5, 2024.
11. Emergency Financial Assistance (EFA) Service Standards Review 11:20 AM—11:45 AM

VI. NEXT STEPS 11:45 AM – 11:55 AM

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

VII. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VIII. ADJOURNMENT 12:00 PM

15. Adjournment for the meeting of July 2, 2024.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.
MOTION #3	Post the Ambulatory Outpatient Medical (AOM) service standards for a 30-day public comment period starting on July 5, 2024 and ending on August 5, 2024.

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 3.22.23)

☐ This meeting is a **Brown-Act meeting** and is being recorded.

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/10/24

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 MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	**Lilieth**	No Affiliation	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	Invisible Men	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated consumer	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated consumer	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MUHONEN	**Matthew**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

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

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

June 4, 2024

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	P	Arlene Frames	P	Andre Molette	A
Kevin Stalter, *Co-Chair*	P	Wendy Garland, MPH	P	Byron Patel, RN	P
Mikhaela Cielo, MD	P	Lauren Gersh, LCSW	P	Martin Sattah, MD	EA
Sandra Cuevas	EA	David Hardy, MD	P	Russell Ybarra	P
Kerry Ferguson	P	Mark Mintline, DDS	P		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit; Lizette Martinez					
DHSP STAFF					
COMMUNITY MEMBERS					

**Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.*
**Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.*
**Meeting minutes may be corrected up to one year from the date of Commission approval.*
***LOA: Leave of absence*

Meeting agenda and materials can be found on the Commission's website at
https://hiv.lacounty.gov/standards-and-best-practices-committee/

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:07am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 5/07/24 SBP Committee meeting minutes, as presented ***(✓Passed by consensus).***

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION

JURISDICTION: There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**: Kevin Stalter, SBP Committee co-chair, asked COH staff to add a discussion on regarding the Emergency Financial Assistance (EFA) service standards to a future agenda. COH staff noted that the item is in the June agenda and will continue to future months. Cheryl Barrit, Executive Director of the COH, added that during the Health Resources and Services Administration (HRSA) technical assistance site visit, HRSA staff shared that an announcement regarding updated guidance for the EFA program will be forthcoming. COH staff will share the information with the Committee once it becomes available.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

- **Operational and Programmatic Updates**

  C. Barrit reported that on May 21, 2024 thru May 23, 2024, Senior Program Officer staff from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Department of Metropolitan HIV/AIDS Programs (DMHAP) conducted a technical assistance visit. She noted that overall, the site visit was helpful and yielded a variety of helpful recommendations for improving COH operations and core functions. One key recommendations the HRSA staff provided was for the COH to revisit the COH's Memorandum of Understanding (MOU) with the Division on HIV and STD Programs (DHSP) and clearly articulate the expectations on data requests. Additional recommendations include changes to the COH bylaws, suggestions for the priority setting and resource allocation process, tips around membership recruitment, and emphasis on effective succession planning. Another overarching theme of the site visit was a deeper understanding of the responsibilities of planning councils and maintaining boundaries between planning council support staff, commissioners, and the recipient. She added that COH staff are waiting for a formal write up of recommendations for improvements and will follow-up with requests for sample documents showcasing some of the suggestions presented during the sessions. C. Barrit also reported that for the June Commission meeting, she prepared a high-level overview of a timeline of the key tasks that Commission co-chairs and staff need to complete as a follow-up. She added that this site visit is part of an ongoing technical assistance program and Commissioners can submit ideas for future technical assistance session topics.
- C. Barrit encouraged all Committee members to read the Policy Clarification Notice 16-02 (PCN 16-02) which is a key document developed by HRSA that articulates and defines the allowable and non-allowable use of Ryan White funds and lists definitions for service categories. She added COH staff reference this document as part of the service standards review process. A copy of the document is included in the meeting packet.

6. **CO-CHAIR REPORT**

- **2024 Workplan Development and Meeting Schedule and Service Standard Revision Tracker**

  Erika Davies provided an overview of the 2024 workplan. She noted that COH staff transmitted the Prevention Services standards to DHSP, and that the Committee will begin review of the EFA service standards today. She reminded Committee members that in addition to the EFA service standards, the Committee will also review and revise (as appropriate) the Transitional Case Management service standards and complete the review of the Ambulatory Outpatient Medical service standards.

  Joseph Green, COH co-chair pro-tem, asked the following questions: what happens after the service standards have been submitted to DHSP? What follow-up takes place one-year, two-years from now? What sort of feedback does the COH received after the documents are transmitted? C. Barrit noted that a 12-month follow-up would be appropriate and the DHSP liaison on the Committee may be able to facilitate that report back. She added that this is another item that the COH is working on addressing with DHSP. In particular establishing a procedure where DHSP provides the COH with data regarding the service implementation and quality measures that give insight on how well the service standards are being

implemented and determine if revisions are needed. J. Rangel-Garibay also referenced a discussion regarding the childcare services Request for Proposal (RFP) that DHSP released last year which did not yield any childcare services programs since the organizations that applied did not meet the County's line-of-sight requirement and/or did not have the infrastructure to meet the line-of-sight requirement. C. Barrit noted that this is another item that the COH will revisit with DHSP and work together to identify opportunities to have childcare services implemented. K. Stalter also shared that there is a possibility for HRSA to write a letter to local government officials to clarify potential overreach when their policies present barriers to implementing programs.

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

Wendy Garland, asked the Committee for feedback on the Committee's expectations from the DHSP representative and the type of information the Committee would find helpful for the DHSP representative to share during their standing reports. She mentioned providing regular updates on the service categories in terms of their implementation, contract solicitation schedule, and service delivery challenges/barriers and facilitators. She added that the service category updates can be distributed throughout the year with a report back on 5 service categories every quarter and can include information from the program management perspective in addition to the current service utilization report. C. Barrit noted that COH staff will draft a "Service Standards Guide for DHSP Staff" to assist the DHSP representative in understanding their role in the Committee and the expectations the Committee has of them in terms of data requests and standing report content. She added that the service category updates can mirror the service standards review calendar that the Committee develops at the beginning of the year.

K. Stalter asked if the service category updates can include data on the number of clients that seek services but do not receive them. He gave the example of clients who apply for EFA services but are either turned away due to eligibility issues or turned away for other reasons. W. Garland noted that there is no current mechanism for collecting this information at the agency level and there is no current requirement for the agencies to report this information to DHSP. K. Stalter added that during the HRSA TA visit, the HRSA staff shared an example where all agencies contracted to provide Ryan White service offer their clients a "Consumer/Client Satisfaction Survey" to collect consumer feedback on the services received or not received. W. Garland shared that this could potentially be a feature of the new data system DHSP is working on implementing in 2026. K. Stalter also asked on the possibility to reinstate a "secret shopper" program for Ryan White services. W. Garland noted that this is typically led by the Clinical Quality Management and/or the Contracted Services units at DHSP.

W. Garland reported that as part of DHSP's efforts to increase awareness and access to Ryan White services, they developed fact sheets for each service category which describes the categories in basic terms and includes contact information for the different contracted agencies offering each service. C. Barrit noted that the fact sheets are available on the COH homepage. She added that the "I'M+ LA" is not searchable on Google and is generally difficult to find unless you know the exact URL for the site. W. Garland noted that she will notify the DHSP team in charge of the website and find out more information.

Felipe Findley, Committee member, noted that some agencies experience infrastructure challenges that may limit their ability to offer a service at full capacity and/or as described in the service standards and at times cannot be compared to other agencies offering the same service. W. Garland noted that F. Findley's comment falls under the category of service implementation and that DHSP does not have a central authority that tells agencies what their compensation structures should be and/or their clinic flow. She added that the agencies provide that information themselves on their application. C. Barrit noted that this discussion item is outside of the scope of the Committee given that planning councils/planning bodies cannot delve into comparing agency

budgets because that is a contractual issue. She added that the Committee can work with W. Garland to identify potential solutions on the programmatic side of the issue such as changing hiring/staffing requirements on the service standards.

V. DISCUSSION ITEMS

8. Ambulatory Outpatient Medical (AOM) Service Standards Review

E. Davies noted that COH staff prepared facilitation questions for the AOM Providers Listening session and led the discussion. A copy of the questions can be found in the meeting packet. The Committee discussed the following:

- Byron Patel noted that the core indicators and supplemental indicators that contracted providers are asked to follow do not always align with he HRSA requirements when put into practice.
- The AOM program through Ryan White is a good funding sources but there are more challenges and barriers to implementing it. For example, CaseWatch is an issue and DHSP needs to implement a new system that allows for inter-agency collaboration which would improve case management for clients that receive their care at multiple contracted agencies.
- The AOM program and any other case management (including Medical Care Coordination) programs should consider including additional health maintenance visits for comorbidities that develop over time now that people living with HIV are aging and acquiring chronic comorbid conditions that are not typically covered under Ryan White.
- Russell Ybarra noted that consumers often do not know all the Ryan White services available to them. The Committee recommends asking the Consumer Caucus questions regarding their experiences with AOM services to gain an understanding of what is happening at the client level. Sample questions include: How many times did you see your providers for HIV-related issues? What about for non-HIV related issues?
- Do AOM services align with services covered by other insurances? What is the role of AOM with the recent expansions to Medi-Cal eligibility? One of the main differences noted is that in Los Angeles County, the income eligibility threshold for the Ryan White program is 500% of the Federal Poverty Line (FPL) for an individual compared to 138% for Medi-Cal. This allows for clients to utilize both systems of care however, services covered by Medi-Cal are not always on par with services provided through the Ryan White program based on viral suppression and retention and care metrics. The Committee recommended asking Benefits Specialist and Enrollment Specialist for their feedback on the AOM program.
- The Committee recommended the following revisions to the AOM service standards document:
    - Add “viral hepatitis”, and “substance use services” to the list of AOM services, see page 1 and 2 of the AOM service standards document in the meeting packet.
    - Rephrase bullet point 2, page 2 under “The goals of AOM services include:” to read “help patients achieve low and/or suppressed viral load (as much as that patient can achieve) to improve their health and prevent HIV transmission.
    - Create a separate staffing section to list all staff involved in providing AOM services.
    - AOM medical visits and evaluation and treatment should be scheduled based on acuity and viral suppression goals. For long-term durability of viral suppression, patients should have at minimum 1 medical visit per year and have labs done 2 times per year. The patient’s other comorbidities may require additional medical visits and should consult with provider for treatment plan adjustments.
    - Add background section explaining the partnership between MCC and AOM services.

VI. NEXT STEPS

9. TASK/ASSIGNMENTS RECAP:

- COH staff will send a Word document version of the EFA service standards to Committee members and request their feedback to discuss at the August SBP Committee meeting.

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Continue review of the AOM service standards.
- Continue review of the Emergency Financial Assistance (EFA) service standards

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- There were no announcements.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 11:56am.

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 6, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Experiences with the legal system can pose a significant barrier for people with HIV in many critical areas, including housing, employment, and access to public benefits. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to ensuring that people with HIV who have had legal system involvement (defined as any person who is engaged at any point along the continuum of the legal system as a defendant, including arrest, incarceration, and community supervision) have access to core medical and support services to improve their HIV-related health outcomes.

As described in *HRSA HAB Policy Clarification Notice (PCN) #18-02 The Use of Ryan White HIV/AIDS Program (RWHAP) Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved*, RWHAP funds may be used to support people with HIV who are incarcerated and are expected to be eligible for HRSA RWHAP services upon their release.[1] HRSA HAB funded two specific RWHAP Part F Special Projects of National Significance (SPNS) Program initiatives which included a focus on people who have been involved with the legal system: Supporting Replication of Housing Interventions in the RWHAP (SURE) and Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV (2iS), and HRSA HAB continues to learn best practices for supporting people with legal system involvement.

The expungement[2] of criminal records is an effective way to remove barriers to care and services, protect privacy, mitigate stigma, and support successful reentry into community.[3] RWHAP funds may be used to aid in the expungement of criminal records.

The scope of allowable legal services as outlined under the "Other Professional Services" service category in *HRSA HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* includes matters "related to or arising from [an individual's] HIV." To the extent that expunging a client's record is done to assist in obtaining access to services and benefits that will improve HIV-related health outcomes, RWHAP funds can be used to pay for the expungement of criminal records and associated costs. As policy and legal landscapes vary by geographic area, it is advisable that RWHAP recipients and subrecipients partner with legal service professionals and consult their own state and local laws to determine eligibility for expungement assistance.

[1] A case study of RWHAP funds being used for expungement: https://publications.partbadap-2019.nastad.org/
[2] Expungement is the process by which a defendant's criminal record is destroyed or sealed and thus treated as if it had never occurred. See https://www.americanbar.org/groups/public_education/publications/teaching-legal-docs/what-is-_expungement-/
[3] https://www.americanbar.org/groups/criminal_justice/publications/criminal-justice-magazine/2024/winter/evolving-landscape-sealing-expungement-statutes/

RWHAP recipients and subrecipients providing expungement services should develop policies and procedures to determine how RWHAP clients will receive expungement services. In doing so, RWHAP recipients and subrecipients must ensure that:

- Such services are available and accessible to all eligible clients who seek them.
- The payor of last resort requirement[4] is met.

HRSA HAB remains committed to serving individuals involved with the legal system and strives to improve health outcomes and reduce disparities for people with HIV across the United States. We remain committed to addressing barriers to care and appreciate the community input we have received in this area. Thank you for your ongoing efforts and dedication to providing HIV care and treatment to more than half a million people with HIV across the country and continuing to provide a whole-person approach to improving the lives of people with HIV.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

[4] The Payor of Last Resort Requirement is described in HRSA HAB PCN #21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 26, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Access to safe, quality, affordable housing and the support necessary to maintain it constitutes one of the most basic and powerful social determinants of health. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to addressing barriers to housing instability that can help improve health outcomes for people with HIV.[1] The 2022-2025 National HIV/AIDS Strategy (NHAS)[2] identified social and structural determinants of health that impede access to HIV services and exacerbate HIV-related disparities, which included inadequate housing, housing instability and homelessness.

HRSA Ryan White HIV/AIDS Program (RWHAP) funds can be used for a variety of support services to help people with HIV remain in HIV care, including housing, as described in *HRSA HAB Policy Clarification Notice #16-02 (PCN 16-02) Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds.*[3] RWHAP recipients and subrecipients have reported that the prohibition on payment of housing security deposits continues to be a barrier to getting clients into stable and permanent housing. A cash security deposit that is returned to a client violates the RWHAP statutory prohibition on providing cash payments to clients.[4]

To address this barrier, HRSA HAB is providing clarifying guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients. **RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.**

HRSA HAB presents this guidance as an optional opportunity for recipients to offer this support within allowable legislative and programmatic parameters. It is not HRSA's intention to compel RWHAP recipients and subrecipients to provide this service. While HRSA HAB is providing guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients, please note that RWHAP recipients and subrecipients may use a variety of funding sources to pay for a RWHAP client's security deposits.[5]

[1] See Optimizing HUD-Assisted Housing Among People in Need of HIV Care and Prevention Services 2022 Technical Expert Panel Executive Summary at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-housing-tep-exec-summary.pdf.
[2] https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025.
[3] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.
[4] Allowable uses of program funds are described in HRSA HAB PCN 16-02.
[5] Examples include: Ending the HIV Epidemic (EHE) funds; program income generated through the 340B program; braided funding; and non-RWHAP grant awards.

RWHAP recipients and subrecipients interested in using RWHAP funds to pay for a RWHAP client's security deposit must maintain policies and procedures that demonstrate programmatic and legislative compliance, including that there is no violation of RWHAP's prohibition on cash payment to the RWHAP client. The procedures should also include how return of less than the full security deposit will be addressed between the recipient and the client. RWHAP recipients and subrecipients must also track returned security deposits as a refund, to be used for program purposes, and to be expended prior to grant funds.

Please contact your HRSA HAB Project Officer if you have questions about using RWHAP funds for security deposit housing services.

HRSA HAB appreciates the tireless efforts of HIV community stakeholders working to improve health outcomes for people with HIV who are at risk for or are experiencing housing instability and homelessness.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV 2024
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

Co-Chairs: Erika Davies, Kevin Stalter

Adopted on: 4/2/24

Purpose of Work Plan: To focus and prioritize key activities for SBP Committee for 2024.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2024 workplan and meeting calendar.	COH staff to update 2024 workplan and meeting calendar monthly.	Ongoing, as needed	Workplan revised/updated on: 12/05/23, *02/29/24, 03/28/24, 4/30/24, 5/24/24, 6/26/24*
2	Update Universal service standards and Consumer Bill of Rights	Annual review of the standards. Revise/update document as needed.	COMPLETE	The COH approved the document on 01/08/24. The Committee decided to move the document to a bi-annual review or as needed/requested.
3	Update the Medical Care Coordination (MCC) service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	COMPLETE	The COH approved the document on 01/08/24.
4	Update Prevention Service standards	Review and revise/update document as needed.	COMPLETE	Committee forwarded the document to the Prevention Planning Workgroup for review at their 07/26/23 meeting. The PPW co-chairs presented the proposed revisions to the Prevention standards on 11/7/23. The Committee approved the standards and elevated them to the Executive Committee and full COH for approval. The COH approved the Prevention Standards on 4/11/24. Transmittal letter sent to DHSP on 5/20/24.
5	Develop global Transitional Case Management Service standards.	This standard will include sections for priority populations such as youth, older adults (50+), and justice involved individuals. The section for older adults will	Late 2024	The Committee will review meeting calendar on 7/2/24 and determine when to schedule the review.

		focus on healthcare navigation between the Ryan White Care system, Medi-Cal, and Medi-Care.		
6	Update the Emergency Financial Assistance service standards	Committee received a request to consider reviewing the EFA service standards.	Late 2024	The Committee will continue review of the EFA service standards on 7/2/24.
7	Update Ambulatory Outpatient Medical Services standards	Upcoming solicitation to release in Nov. 2024	August 2024	The Committee will continue their review on 6/4/24.
8	Update Transportation Services standards	Upcoming solicitation to release in Oct. 2024.	TBD	The Committee will review meeting calendar on 7/2/24 and determine when to schedule the review.
9	Update Temporary and Permanent Housing Services standards	Upcoming solicitation to release in Nov. 2024.	TBD	The Committee will review meeting calendar on 7/2/24 and determine when to schedule the review.

LOS ANGELES COUNTY
COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE
2024 MEETING CALENDAR | (updated 06.26.24)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
~~**Feb. 6, 2024**~~	Meeting Cancelled due to significant weather event.
Mar. 5, 2024 10am to 12pm *Room TK08*	Review and Adopt 2024 Committee workplan and meeting calendar Deliberate and establish standards review schedule for 2024 Review and approve HIV/STI Prevention Services standards HIV/STI Prevention Services standards on Executive Committee agenda
Apr. 2, 2024 10am to 12pm *Room TK05*	Service standard development refresher Review AOM service standards HIV/STI Prevention Services standards on COH agenda
May 7, 2024 10am to 12pm *Room TK08*	Continue review of AOM service standards
Jun. 4, 2024 10am to 12pm *Room TK11*	LA LGBT Center AOM Program Presentation Initiate review of Emergency Financial Assistance (EFA) service standards
Jul. 2, 2024 10am to 12pm *Room TK11*	Continue review of AOM service standards Continue review of EFA service standards
Aug. 6, 2024 10am to 12pm *Pending*	
Sep. 3, 2024 10am to 12pm *Pending*	Labor Day Holiday 9/2/24
Oct. 1, 2024 10am to 12pm *Pending*	
Nov. 5, 2024 10am to 12pm *Pending*	Commission on HIV Annual Conference 11/14/2024
Dec. 3, 2024 10am to 12pm *Pending*	Elect Co-chairs for 2024 Reflect on 2024 accomplishments Draft workplan and meeting calendar for 2025

LOS ANGELES COUNTY COMMISSION ON HIV

Service Standards Revision Date Tracker as of 06/24/24 FOR PLANNING PURPOSES

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Committee will begin review on 7/2/24.
4	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	Last approved by COH on Apr. 11, 2024.	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and.org hard of hearing individuals.	Last approved by COH in 2017.	

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
7	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
8	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH on Jan. 11, 2024.	Upcoming solicitation—release Nov. 2024
9	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Currently under review Upcoming solicitation—release Nov. 2024
10	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		
11	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
12	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
13	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
14	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
15	Substance Use Residential and Treatment Services	Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery from drug or alcohol use disorders.	Last approved by COH on Jan. 13, 2022.	
16	Temporary Housing Services	Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that providers 24-hour care.	Last approved by COH on Feb. 8, 2018.	Upcoming solicitation—release Nov. 2024
17	Temporary Housing Services	Transitional Residential Care Facility (TRCF)	Short-term housing that providers 24-hour assistance to clients with independent living skills.	Last approved by COH on Feb. 8, 2018	Upcoming solicitation—release Nov. 2024
18	Transitional Case Management Services, Youth	Transitional Case Management—Youth	Client-centered, comprehensive services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and support services.	Last approved by COH on Apr. 13, 2017.	Committee decided to develop a global Transitional Case Management service standard document which will include sections for priority populations such as youth, older adults (50+), and justice-involved individuals.
19	Transitional Case Management Services—Justice-Involved Individuals	Transitional Case Management	Support for incarcerated individuals transitioning from County Jails back to the community.	Last approved by COH on Dec. 8, 2022.	See notes section for item #18.

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
20	Transitional Case Management—Older Adults	n/a	To be developed.	n/a	See notes section for item #18.
21	Transportation	Transportation Services	Ride services to medical and social services appointments.	Last approved by COH in 2017.	Consider for review in 2024. Upcoming solicitation—Release Oct. 2024
22	Universal Standards and Client Rights and Responsibilities	n/a	Establish the minimum standards of care necessary to achieve optimal health among people living with HIV, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH on Jan. 11, 2024.	Not a program—standards apply to all services. The Committee will review this document on a bi-annual basis or as necessary per community stakeholder, partner agency, or Commission request.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Guiding Questions for Reviewing Service Standards

The Standards and Best Practices (SBP) Committee is responsible for developing service standards for the Commission on HIV's (COH) Ryan White service categories. Service standards are written for service providers to follow and establish the minimal level of service of care that a Ryan White funded agency or provider may offer. Service standards define the main components/activities of a service category and are essential in defining and ensure consistent quality of care is offered to all clients. Service standards should not include guidance on clinical or agency operations. Lastly, service standards are a benchmark by which services are monitored and contracts are developed; These activities are led by the Division on HIV and STD Programs (DHSP).

The sections in **orange** are revisions discussed at previous SBP Committee meetings. When reviewing the Ambulatory Outpatient Medical (AOM) service standards below, consider answering the following questions:

- Are the standards reasonable and achievable for providers? Why or why not?
- Do the services meet consumer needs? Why or why not?
- Is there anything missing from the standards related to HIV prevention and care?
- Do you have any additional comments/recommendations to related to the AOM service standards and/or AOM services?

As always, feel free to reach out to Jose Rangel (jgaribay@lachiv.org) with any questions or to request additional assistance. Thank you.

AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICE STANDARDS

Draft for review by the Standards and Best Practices Committee ***last updated 6.20.24***

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

- Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

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 purpose of the standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category. Additionally, the standards set the minimum level of care Ryan White-funded service providers may offer clients, however, service providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV (COH) developed the Ambulatory Outpatient Medical (AOM) service standards to establish the minimum service necessary to provide HIV specialty medical care to people living with HIV. The developed of the standards included review of current clinical guidelines, as well as feedback from service providers, people living with HIV, members of the COH's Standards and Best Practices (SBP) Committee, COH caucuses, and the public-at-large. All service standards approved by the COH align with the Universal Service Standards and Client Bill of Rights and Responsibilities (Universal Standards) approved by the COH on January 11, 2024. AOM providers must also follow the Universal Standards in addition to the standards described in this document.

AMBULATORY OUTPATIENT MEDICAL (AOM) OVERVIEW

AOM Services are evidence-based preventive, diagnostic and therapeutic medical services provided through outpatient medical visits by California-licensed health care professionals. Clinics shall offer a full-range of health services to HIV-positive RWP eligible clients with the objective of helping them cope with their HIV diagnosis, adhere to treatment, prevent HIV transmission, and identify and address co-morbidities.

Ambulatory Outpatient Medical (AOM) services include, but are not limited to:

- Medical evaluation and clinical care including sexual history taking
- AIDS Drug Assistance Program (ADAP) enrollment services
- Laboratory testing including disease monitoring, STD testing, viral hepatitis testing, and other clinically indicated tests
- Linkage and referrals to medical subspecialty care, oral health, medical care coordination, mental health care, substance use disorder services, and other service providers
- Secondary HIV prevention in the ambulatory outpatient setting
- Retention of clients in medical care.

The goals of AOM services include:

- Provide patients with high-quality care and medication even if they do not have health insurance and connect patients to additional care and support services as applicable.
- Help patients achieve low and/or suppressed viral load (as much as the patient can achieve) to improve their health and prevent HIV transmission (Undetectable=Untransmittable)
- Prevent and treat opportunistic infections
- Provide education and support with risk reduction strategies

SERVICE COMPONENTS

HIV/AIDS AOM services form the foundation for the Los Angeles County HIV/AIDS continuum of care. AOM services are responsible for assuring that the full spectrum of primary and HIV specialty medical care needs for patients are met either by the program directly or by referral to other health care agencies. Services will be provided to individuals living with HIV who are residents of Los Angeles County and meet Ryan White eligibility requirements.

AOM services will be patient-centered, respecting the inherent dignity of the patient. Programs must ensure that patients are given the opportunity to ask questions and receive accurate answers regarding services provided by AOM service providers and other professionals to whom they are referred. Such patient-practitioner discussions are relationship building and serve to develop trust and confidence. Patients must be seen as active partners in decisions about their personal health care regimen.

AOM services must be provided consistent with the following treatment guidelines:

- Clinical Practice Guidance for Persson with Immunodeficiency Virus: 2020
- American Academy of HIV Medicine HIV Treatment Guidelines
- Guidelines for the Use of Antiretrovirals Agents in Adults and Adolescents with HIV

The core of the AOM services standard is medical evaluation and clinical care that includes:

- Initial assessment and reassessment
- Follow-up treatment visits
- Additional assessments
- Laboratory assessment and diagnostic screening (including drug resistance testing)
- Medication service
- Antiretroviral (ART) therapy
- Treatment adherence counseling
- Health maintenance
- Clinical trials
- Primary HIV nursing care
- Medical specialty services
- Nutrition screening and referral
- Referrals to other Ryan White Program services and other publicly funded healthcare and social services programs.

MEDICAL EVALUATION AND CLINICAL CARE

AOM programs must confirm the presence of HIV infection and provide tests to diagnose the extent of immunologic deficiency in the immune system. Additionally, programs must provide diagnostic and therapeutic measures for preventing and treating the deterioration of the immune system and related conditions that conform to the most recent clinical protocols. At minimum, these services include regular medical evaluations; appropriate treatment of HIV

infection; and prophylactic and treatment interventions for complications of HIV infection, including opportunistic infections, opportunistic malignancies and other AIDS defining conditions.

The following core services must be provided onsite or through referral to another facility offering the required service(s). Qualified health care professionals for these services include physicians, Nurse Practitioners (NPs) and/or Physician Assistance (PAs) except where indicated RNs may provide primary HIV nursing care services and linkage to medical care coordination services.

STANDARD		DOCUMENTATION
	AOM medical visits/evaluation and treatment should be scheduled based on acuity and viral suppression goals. For long-term durability of viral suppression, patients should have at minimum 1 medical visit per year and have labs done 2 times per year. The patient's other comorbidities may require additional medical visits and should consult with provider for treatment plan adjustments.	Medical record review to confirm.
	AOM core services will be provided by physicians, NPs, and/or PAs. RNs will provide primary HIV nursing care services and linkage to medical care coordination (MCC), if appropriate	Policies and procedures manual and medical chart review to confirm.

INITIAL ASSESSMENT AND REASSESSMENT

Every effort should be made to accommodate timely medical appointments for patients newly diagnosed with HIV or newly re-engaging in HIV medical care. Clinics may receive requests for appointments from patients directly, from HIV test counselors, or from "linkage" staff such as patient navigators, whose role is to refer and actively engage patients back in medical care. If possible, patients should see their medical provider (or the MCC team) on their first visit to the clinic to help improve their success in truly engaging in their medical care.

The initial assessment of HIV-infected individuals must be comprehensive in its scope, including physical, sociocultural, and emotional assessments and may require two to three outpatient visits to complete. Unless indicated more frequently by a patient's changing health condition, a comprehensive reassessment should be completed on an annual basis. The AOM practitioners (physician, NP, PA, or RN) responsible for completing the initial assessment and reassessments will use assessment tools based on established HIV practice guidelines. While taking steps to ensure a patient's confidentiality, the results of these assessments will be shared with medical care coordination staff to help identify and intervene on patient needs. An initial assessment

and annual reassessment for HIV-infected patient should include a general medical history; a comprehensive HIV-related history, including a psychosocial history; sexual health history, mental health, and substance abuse histories; and a comprehensive physical examination. When obtaining the patient's history, the practitioner should use vocabulary that the patient can understand, regardless of education level. AOM providers must follow and use the most current clinical guidelines and assessment tools for general medical and comprehensive HIV medical histories.

STANDARD		DOCUMENTATION
	Comprehensive baseline assessment will be completed by physician, NP, PA, or RN and updated, as necessary.	Medical record review to confirm.

FOLLOW-UP TREATMENT VISITS

Patients should have follow-up visits scheduled following established clinical guidelines. If the patient is clinically unstable or poorly adherent, a more frequent follow-up should be considered. Visits should be scheduled more frequently at entry to care, when starting or changing ARV regimens, or for management of acute problems. Due to the complex nature of HIV treatment, ongoing AOM visits must be flexible in duration and scope, requiring that programs develop practitioner clinic schedules allowing for this complexity. Follow-up should be conducted as recommended by the specialist or clinical judgment.

STANDARD		DOCUMENTATION
	Patients should have follow-up visits scheduled following established clinical guidelines.	Patient medical chart to confirm frequency.

OTHER ASSESSMENTS – OLDER ADULTS WITH HIV

According to the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

AOM providers must at minimum assess patients 50 years and older for mental health, neurocognitive disorders/cognitive function, functional status, frailty/falls and gait, social support and levels of interactions, vision, dental, and hearing. Additional recommended assessments and screenings for older adults living with HIV can be found on page 6 of the Aging Task Force Recommendations.

Other specialized assessments leading to more specific services may be indicated for patients receiving AOM services. AOM programs must designate a member of the treatment team (physician, RN, NP, or PA) to make these assessments in the clinic setting.

	STANDARD	DOCUMENTATION
	Other assessments based on patient needs will be performed.	Assessments and updates noted documented in patient's medical record.

LABORATORY ASSESSMENT AND DIAGNOSTIC SCREENING (INCLUDING DRUG RESISTANCE SCREENING)

AOM programs must have access to all laboratory services required to comply fully with established practice guidelines for HIV prevention and risk reduction and for the clinical management of HIV disease. Programs must assure timely, quality lab results, readily available for review in medical encounters.

DRUG RESISTANCE TESTING

When appropriate, AOM practitioners may order drug resistance testing to measure a patient's pattern of resistance of HIV to antiretroviral medications. Genotypic testing looks for viral mutations, and is expected for all naïve patients, and phenotypic testing measures the amount of drug needed to suppress replication of HIV. By using resistance testing, practitioners can determine if the virus is likely to be suppressed by each antiretroviral drug. This information is used to guide practitioners in prescribing the most effective drug combinations for treatment.

Counseling and education about drug resistance testing must be provided by the patient's medical practitioner, RN and/or other appropriate licensed health care provider (if designated by the practitioner). Patients must be fully educated about their medical needs and treatment options according to standards of medical care. Patients must be given an opportunity to ask questions about their immune system, antiretroviral therapies, and drug resistance testing. All patient education efforts will be documented in the patient record.

	STANDARD	DOCUMENTATION
	Baseline lab tests based on current clinical guidelines.	Record of tests and results on file in patient medical chart.
	Ongoing lab tests based on clinical guidelines and provider's clinical judgement.	Record of tests and results on file in patient medical chart.
	Appropriate health care provider will provide drug resistance testing as indicated.	Record of drug resistance testing on file in patient medical chart.
	Drug resistance testing providers must follow most recent, established resistance testing guidelines, including genotypic testing on all naïve patients.	Program review and monitoring to confirm.

MEDICATION SERVICES

Medications should be provided to interrupt or delay the progression of HIV-disease, prevent, and treat opportunistic infections, and promote optimal health. Patients should be referred to an approved AIDS Drug Assistance Program (ADAP) enrollment site and, as indicated, to medical care coordination programs for additional assistance with public benefit concerns. Patients eligible for ADAP will be referred to a participating pharmacy for prescriptions on the ADAP formulary. If the patient requires medications that are not listed on the ADAP formulary or that can be reimbursed through other local pharmacy assistance resources, the AOM program is responsible for making every effort possible to link them to medications and exercise due diligence for that effort consistent with their ethical responsibilities.

STANDARD		DOCUMENTATION
	Patients requiring medications will be referred to ADAP enrollment site. As indicated, patients will also be referred to medical care coordination programs for public benefits concerns.	ADAP referral documented in patient medical chart.
	AOM programs must exercise every effort and due diligence consistent with their ethical responsibilities to ensure that patients can get necessary medications not on the ADAP and local formularies.	Documentation in patient's medical chart.

ANTIRETROVIRAL THERAPY (ART)

Antiretroviral therapy will be prescribed in accordance with the established guidelines based upon the DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents Decisions to begin ARV treatment must be collaborative between patient and AOM practitioner.

STANDARD		DOCUMENTATION
	ART will be prescribed in accordance with DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents.	Program monitoring to confirm.
	Patients will be part of treatment decision-making process.	Documentation of communication in patient medical chart.

MEDICATION ADHERENCE ASSESSMENT

Medication adherence assessment should be performed for patients at every medical visit. Providers should refer patients challenged by maintaining treatment adherence to Medical Care Coordination (MCC) services.

STANDARD		DOCUMENTATION
	Medical providers or treatment adherence counselors will provide direct treatment adherence counseling or refreshers to all patients.	Notes in medical file indicating that counseling was provided, by whom and relevant outcomes.
	Medical providers or treatment adherence counselors will develop treatment adherence assessments of patients where need is indicated.	Assessment on file in patient chart signed and dated by medical staff or treatment adherence counselor responsible, indicating, at a minimum, any follow-up intended.
	Medical providers will refer patients with more acute treatment adherence needs to specialized treatment adherence or treatment education programs.	Referral(s) noted in assessment and/or patient chart, as applicable.

ONE-ON-ONE PATIENT EDUCATION

Medical providers and MCC staff will provide one-on-one patient education to make information about HIV disease and its treatments available, as necessary.

STANDARD		DOCUMENTATION
	Medical provider or treatment adherence counselors may provide one-on-on patient support contacts to support patients as they seek and receive services. Support can include: • Accompanying patients to medical visits and clinical trials visits and/or providing transportation support • Helping patients understand HIV disease and treatment options • Helping patients with adherence issues • Providing emotional support	Progress notes on file in patient chart to include (at minimum): • Date, time spent, type of contact • What occurred during the contact • Signature and title of the person providing the contact • Referrals provided, and interventions made (as appropriate) • Results of referrals, interventions and progress made toward goals in the individual service plan (as appropriate)

STANDARD HEALTH MAINTENANCE

AOM practitioners will discuss general preventive health care and health maintenance with all patients routinely, and at a minimum, annually. AOM programs will strive to provide preventive health services consistent with the most current recommendations of the U.S. Preventive Health Services Task Force . AOM practitioners will work in conjunction with medical care coordination programs and medical nutrition therapy and other Ryan White programs to ensure that a patient's standard health maintenance needs are being met.

STANDARD	DOCUMENTATION

	Practitioners will discuss health maintenance with patients annually (at minimum), including: • Cancer screening (cervical, breast, rectal — per American Cancer Society guidelines) • Vaccines • Pap screening • Hepatitis screening, vaccination • TB screening • Family planning • Counseling on sexual health options and STI screening including discussions about Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and Doxy PEP • Counseling on food and water safety • Counseling on nutrition, exercise, and diet • Harm reduction for alcohol and drug use • Smoking cessation • Mental health and wellness	Annual health maintenance discussions will be documented in patient medical chart.

COMPLEMENTARY, ALTERNATIVE AND EXPERIMENTAL THERAPIES

AOM practitioners must be aware if their patients are accessing complementary, alternative, and experimental therapies. Providers are encouraged to discuss at regular intervals complementary and alternative therapies with patients, discussing frankly and accurately both their potential benefits and potential harm. Practitioners may consult the NIH National Center for Complementary and Alternative Medicine (http://nccam.nih.gov) for more information.

	STANDARD	DOCUMENTATION
	Practitioners must know if their patients are using complementary and alternative therapies and are encouraged to discuss these therapies with their patients regularly.	Record of therapy use and/or discussion on file in patient medical record.

PRIMARY HIV NURSING CARE

AOM programs will provide primary HIV nursing care performed by an RN and/or appropriate licensed health care provider. Services will be coordinated with medical care coordination programs to ensure the seamless, non-duplicative, and most appropriate delivery of service.

	STANDARD	DOCUMENTATION
	RNs and/or other appropriate licensed health care providers in AOM programs will provide primary HIV nursing care to include (at minimum): • Nursing assessment, evaluation, and follow-up • Triage • Consultation/communication with primary practitioner • Patient counseling • Patient/family education • Services requiring specialized nursing skill • Preventive nursing procedures • Service coordination in conjunction with medical care coordination	Documentation of primary HIV nursing care service provision on file in patient medical chart.

MEDICAL SPECIALTY SERVICES HIV/AIDS

AOM service programs are required to provide access to specialty and subspecialty care to fully comply with the DHHS Guidelines.

Such medical specialties for HIV-related specialty or subspecialty care include (but are not limited to):

- Cardiology
- Dermatology
- Ear, nose, and throat (ENT) specialty
- Gastroenterology
- Gerontology
- Gynecology
- Infusion therapy
- Neurology
- Ophthalmology
- Oncology
- Oral health
- Pulmonary medicine
- Podiatry
- Proctology
- General surgery
- Urology
- Nephrology
- Orthopedics
- Obstetrics
- Transgender care

MEDICAL SPECIALTY REFERRAL

Referrals to medical specialists are made as complications occur that are beyond the scope of practice of primary HIV medical and nursing care. Such complications require referral to specialty and subspecialty physicians for consultation, diagnosis, and therapeutic services. In some cases, the AOM practitioner may need only to consult verbally with a medical specialist for clarification and confirmation on an approach to HIV clinical management. In other cases,

the physician may need to refer a patient to a medical specialist for diagnostic and therapeutic services. Medical specialty services are considered consultative; patients will be referred back to the original AOM clinic for ongoing primary HIV medical care.

AOM programs must develop written policies and procedures that facilitate referral to medical specialists. All referrals must be tracked and monitored. The results of the referrals must be documented in the patient's medical record.

	STANDARD	DOCUMENTATION
	AOM programs must develop policies and procedures for referral to all medical specialists.	Referral policies and procedures on file at provider agency.
	All referrals will be tracked and monitored.	Record of linked referrals and results on file in patient medical record.
	In referrals for medical specialists, medical outpatient specialty practitioners are responsible for: • Assessing a patient's need for specialty care • Providing pertinent background clinical information to medical specialist • Making a referral appointment • Communicating all referral appointment information • Tracking and monitoring referrals and results • Assuring the patient returns to the AOM program of origin	Record of referral activities on file in patient medical record.

COORDINATION OF SPECIALTY CARE

It is imperative that AOM programs and medical specialists coordinate their care to ensure integration of specialty treatment with primary HIV medical care. As noted above, AOM programs must provide pertinent background clinical information in their referrals to medical specialists. In turn, specialists within the County-contracted system must provide to AOM programs a written report of their findings within two weeks of seeing a referred patient. Medical specialists within the County-contracted system must telephone AOM programs within one business day in the event that urgent matters arise, to follow up on unusual findings or to plan a required hospitalization.

	STANDARD	DOCUMENTATION
	Specialists within the County-contracted system must provide written reports within two weeks of seeing a referred patient.	Specialty report on file at provider agency

	Specialists within the County-contracted system must telephone AOM programs within one business day: • When urgent matters arise • To follow up on unusual findings • To plan required hospitalization	Documentation of communication in patient file at provider agency.

NUTRITION SCREENING AND REFERRAL

Nutrition is a component of the Public Health Service standards of care in order to guard against malnutrition and wasting. The physician, NP, PA, RN, or RD should screen all patients for nutrition concerns and provide a written prescription for all at-risk patients for medical nutrition therapy within six months of an individual becoming an active patient in the AOM program.

AOM programs may provide medical nutrition therapy onsite or may refer patients in need of these services to specialized providers offsite.

All programs providing nutrition therapy (including AOM services sites) must adhere to the Commission on HIV's Nutrition Therapy Standard of Care (2005).

STANDARD		DOCUMENTATION
	AOM service providers should screen all patients for nutrition-related concerns for all at-risk patients.	Record of screening for nutrition related problems noted in patient's medical chart.
	AOM service providers will provide a written prescription for all at-risk patients for medical nutrition therapy within six months of an individual becoming an active patient.	Record of screening for nutrition related problems noted in patient's medical chart.
	When indicated, patients will also be referred to nutrition therapy for: • Physical changes/weight concerns • Oral/GI symptoms • Metabolic complications and other medical conditions • Barriers to nutrition • Behavioral concerns or unusual eating behaviors • Changes in diagnosis	Record of linked referral on file in patient medical chart.
	Referral to medical nutrition therapy must include: • Written prescription, diagnosis, and desired nutrition outcome	Record of linked referral on file in patient medical chart.

	• Signed copy of patient's consent to release medical information • Results from nutrition-related lab assessments	

MEDICAL CARE COORDINATION (MCC) SERVICES

In order to best address the complex needs of their patients, AOM providers are expected to partner with medical care coordination teams located at their clinics. For additional details, please see the Medical Care Coordination Standard of Care, Los Angeles Commission on HIV, 2024.

HIV PREVENTION IN AMBULATORY/OUTPATIENT MEDICAL SETTINGS

HIV prevention is a critical component to ongoing care for people living with HIV. Prevention services provided in AOM clinics include HIV counseling, testing and referral; partner counseling; prevention and medical care; and referral for intensive services. For additional details see the HIV Prevention Service Standards Los Angeles, Commission on HIV, 2024.

LAST APPROVED BY SBP ON 6/2/20

LOS ANGELES COUNTY COMMISSION ON HIV

EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers and provide 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 should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Emergency Financial Assistance Standards of Care to ensure people living with HIV (PLWH) can apply for **short-term or one-time** financial assistance to assist with emergency expenses. The development of the Standards includes guidance from service providers, consumers, the Los Angeles County Department of Public Health - Division of HIV and STD Programs (DHSP), as well as members of the Los Angeles County Commission on HIV, Standards & Best Practices (SBP) Committee.

All contractors must meet the Universal Standards of Care in addition to the following Emergency Financial Assistance Standards of Care.[1]

EMERGENCY FINANCIAL ASSISTANCE OVERVIEW

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. The purpose of emergency financial assistance is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. Emergency financial assistance must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted.

Emergency financial assistance should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes. Agencies are responsible for referring clients to the appropriate Ryan White service category related to the need for continuous provision of services and non-emergency situations.

An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis situation that hinders ability to meet housing, utility, food, or medication need
- Public health emergencies, such as the COVID-19 pandemic, that severely disrupt national systems of care, employment, and safety net. Contracted agencies must follow DHSP and HRSA guidelines on special use of EFA in times of public health emergencies.

[1] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

Based on capacity and contract guidance from DHSP, an agency may provide emergency financial assistance if the client presents with an emergency need that cannot first be met through the appropriate Ryan White Service Category.

Table 1. Categories for Determining Emergency Needs and Ryan White Services

Emergency Need	Ryan White Service Category
Short term rental assistance	Housing Services
Move-in assistance	
Essential utility assistance	
Emergency food assistance	Nutrition Services
Transportation	Transportation
Medication assistance to avoid lapses in medication	Ambulatory Outpatient Medical

KEY COMPONENTS

Emergency Financial Assistance (EFA) services provide people living with HIV with limited one-time or short-term financial assistance due to hardship. Agencies will establish program services based on agency capacity and Division of HIV & STD Programs contract requirements. EFA is decided on a case-by-case basis by a case manager or social worker and is subject to the availability of funding. Financial assistance is never paid directly to clients, but issued via checks or vouchers to specific vendors or agencies.

Agencies and staff will make every effort to reduce the amount of documentation necessary, while staying within funding and contract requirements, for a client in need of emergency financial assistance. A signed affidavit declaring homelessness should be kept on file for clients without an address.

EFA services are capped annually per client at $5,000 per 12-month period. With consultation with the SBP Committee, DHSP may increase the $5,000 annual cap for cost of living adjustments.

ELIGIBILITY CRITERIA

Agencies coordinating EFA will follow eligibility requirements for potential clients based on DHSP guidance and the type of financial assistance the client is seeking. Clients may enter EFA services through self-referral or referral by a case management or another provider. Each client requesting EFA will be subject to eligibility determination that confirms the need for services. Programs coordinating EFA are responsible to determine such eligibility. Eligibility documentation should be appropriate to the requested financial assistance and completed annually, at minimum, or for every instance a client seeks emergency financial assistance.

Eligibility criteria includes:

- Los Angeles County resident
- Verification of HIV positive status
- Current proof of income

- Emergency Financial Assistance (EFA) application based on the type of assistance the client is requesting

In addition to the general Ryan White eligibility criteria, priority should be given to individuals who present an emergency need with the appropriate documentation that qualifies as an emergency, subject to payor of last resort requirements.

REFERRALS

All service providers must work in partnership with the client, their internal care coordination team and external providers, both Ryan White funded and non-Ryan White funded sites, to ensure appropriate and timely service referrals are made according to client's needs.

In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence. For clients accessing EFA services, staff is responsible for referring clients to a program with a case manager or Medical Care Coordination provider if they are not linked already. For more information, see *Universal Standards, Section 6: Referrals and Case Closure*.

Table 1. Emergency Financial Assistance Standards of Care

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Agencies will hire staff with experience in case management in an area of social services or experience working with people living with HIV. Bachelor's degree in a related field preferred.	Staff resumes on file
	Staff are required to seek other sources of financial assistance, discounts, and/or subsidies for clients requesting EFA services to demonstrate Ryan White funding is the payor of last resort. (See Appendix A for a list of additional non-Ryan White resources).	Lists of other financial sources, discounts, and/or subsidies for which the staff applied for the client on file. See *Appendix A* as a reference starting point.
	Staff are required to connect clients to or provide referrals for: • A Case manager for a needed service or for Medical Care Coordination • Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services • Opportunities for trainings such as job or workforce trainings	Lists of referrals the staff provided to the client. Name of case manager(s) client connects with in client file.

Eligibility	Agency will determine client eligibility for EFA at minimum annually, or for every instance a client requests EFA. Eligible uses may include: • Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication *Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.	Documentation of emergency need and eligible use in client file. Documentation of Ryan White eligibility requirements in client file. See *Universal Standards (Section 5.2, page 10)*.
Housing Assistance	Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises. If rental assistance is needed beyond an emergency, please refer to our *Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15).*[2]	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Housing Assistance includes: • Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged
Utility Assistance	Eligible clients must provide evidence they have an account in their name with the utility company or proof or responsibility to make utility payments. Limited to past due bills for gas, electric, or water service. Staff is responsible for checking client eligibility for SoCal Edison assistance program	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Utility Assistance includes: • Copy of the most recent bill in client name or a signed affidavit with the name of the individual that is responsible for paying the bill. • Copy of the lease that matches the address from the bill • Proof of inability to pay
Food Assistance	Limited to gift card distribution to eligible clients by medical case managers or social	Documentation in client file that demonstrates emergency need and type of assistance received.

[2] Housing Standards, Temporary Housing Services can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

	workers at their discretion and based on need. Staff is responsible for referring clients to a food pantry and/or CalFresh.	
Transportation Assistance	Eligible clients must provide evidence they are in need of transportation to/from appointments related to core medical and support services. See *Transportation Services Standards of Care*.[3]	Documentation in client file that demonstrates emergency need and type of assistance received.
Medication Assistance	Eligible clients must provide evidence they are need of medication assistance to avoid a lapse in medication.	Documentation in client file that demonstrates emergency need and type of assistance received.

[3] Transportation Standards of Care can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

APPENDIX A

EMERGENCY ASSISTANCE RESOURCES

The list below is intended to provide agency staff with starting point of additional resources to assist clients with emergency needs. Please note it is not a comprehensive list of available resources in Los Angeles County and staff are encouraged to seek other resources for client care.

211 Los Angeles
https://www.211la.org/
Phone: Dial 2-1-1

Los Angeles Housing + Community Investment Department, City of Los Angeles (HCIDLA) Housing Opportunities for Persons with HIV/AIDS (HOPWA)
https://hcidla.lacity.org/people-with-aids

Comprehensive Housing Information & Referrals for People Living with HIV/AIDS (CHIRP LA)
http://www.chirpla.org/

Los Angeles Housing Services Authority
https://www.lahsa.org/get-help

Department of Public Social Services, Los Angeles County
http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/homeless-services/

CalWorks - Monthly financial assistance for low-income families who have children under 18 years old
https://yourbenefits.laclrs.org

Los Angeles Regional Food Bank – Free and low-cost food
www.lafoodbank.org/get-help/pantrylocator

Project Angel Food
https://www.angelfood.org/

Los Angeles Department of Water and Power (LADWP) – Low Income Discount Program or Lifeline Discount Program for Utility Bill Assistance
Phone: (213) 481-5411

Low-Income Home Energy Assistance Program (HEAP) – Utility Bill Assistance
http://www.csd.ca.gov/Services/FindServicesinYourArea.aspx
Phone: (866) 675-6623

Women, Infants, and Children (WIC)
https://www.phfewic.org/

Veterans of Foreign Wars – Unmet Needs Program
https://www.vfw.org/assistance/financial-grants

City of West Hollywood HIV/AIDS Resources
https://www.weho.org/services/social-services/hiv-aids-resources

The People's Guide to Welfare, Health & Services
https://www.hungeractionla.org/peoplesguide

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

HIV/AIDS,
Hepatitis, STD and TB Administration

Emergency Financial Assistance (EFA)

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers and will be used as contract requirements, in program monitoring, and in quality management.

I. SERVICE CATEGORY DEFINITION

Emergency Financial Assistance (EFA) provides limited, one-time or short-term payments to assist Ryan White HIV/AIDS Program customers with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, and medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance or another HRSA RWHAP allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, oil and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication

II. INTAKE AND ELIGIBILITY

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting viral load. .

2. **Residency:** The following are acceptable methods of meeting the burden for residency:

   - Current lease or mortgage statement
   - Deed settlement agreement
   - Current driver's license
   - Current voter registration card
   - Current notice of decision from Medicaid
   - Fuel/utility bill (past 90 days)
   - Property tax bill or statement (past 60 days)
   - Rent receipt (past 90 days)
   - Pay stubs or bank statement with the name and address of the customer (past 30 days)
   - Letter from another government agency addressed to customer
   - Active (unexpired) homeowner's or renter's insurance policy
   - DC Healthcare Alliance Proof of DC Residency form
   - If homeless, a written statement from case manager or facility

3. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is your income or a household member's from each source.
   The following are acceptable forms of proof of income:

   - Pay stubs for the past 30 days. The pay stub must show the year to date earnings, hours worked, all deductions, and the dates covered by the paystub
   - A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
   - Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the customer projecting current annual income must be included
   - Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
   - SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
   - Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer

B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer self-report)

7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

C. MAINTENANCE OF ELIGIBILITY

To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer's income and/or residency status has changed. RWHAP providers are permitted to accept a customer's self-attestation of "no change" when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

III. IMPLEMENTATION GUIDELINES

Emergency Financial Assistance (EFA) programs are intended to address emergency needs that could result in eviction for non-payment of rent, disconnection of utilities or telephone service, or lack of sufficient food.

Direct cash payments to customers are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a customer should not be funded through emergency financial assistance.

Provision of EFA should be part of a larger plan to address barriers to HIV care and treatment. Therefore, EFA is a collaborative effort between case managers and EFA provider staff and all applications must be submitted by the customer's case manager. Case management and EFA provider staff must ensure that they are familiar with these Service Standards and all other EFA related policies and procedures to ensure the effective implementation of EFA services. If a customer (potential EFA customer) does not have a case manager, the EFA provider staff will refer the customer to an agency that provides access to case management services.

1. Application Tracking System: EFA provider agencies must develop, implement and maintain a comprehensive tracking system that documents a customer's EFA application status from start to finish; i.e., incomplete draft, complete, submitted, pending, approved, denied, error, requested service provided, etc.

2. EFA provider agencies must establish frequent communication guidelines for staff to communicate application status at each stage with the case manager who submitted the application.

3. EFA provider agencies must also maintain effective methods of communication with other HIV providers in the jurisdiction to ensure that there is widespread knowledge and understanding of the EFA benefits available for customers.

4. Incomplete Applications: EFA provider staff must contact the case manager who submitted the application within 24 hours of receipt to convey the incomplete status. EFA provider staff and case managers must work together to ensure that the application is completed. If the application is incomplete over seven business days, the EFA provider agency can deny the application and the case manager must re-submit.

5. EFA provider agencies must develop policies, procedures and forms that reflect all requirements of the EFA Service Standards.

6. Supervisor(s) must conduct quarterly audits of EFA customer records to ensure that EFA applications are processed in accordance with agency policies and procedures, particularly the policies regarding eligibility, documentation, and timeliness of application processing.

7. Timeline for Processing EFA Application and Providing EFA: The emergency nature of this benefit requires that the application processing and the subsequent provision of the benefit be done in a timely manner, to avoid any harmful consequences brought on by the initial need. In jurisdictions where EFA is provided directly by case managers, completed EFA applications must be processed within three business days of receipt. In jurisdictions where EFA is provided centrally, completed EFA applications must be processed within five business days of receipt.

8. Customers that require receipt of a specific voucher must be notified of the availability of their approved voucher within 24 hours of its approval and arrangements for the expeditious provision of that voucher to the customer must be made. If case managers are picking up vouchers on the customer's behalf, it must be done within 24 hours of its approval.

IV. KEY SERVICE COMPONENTS & ACTIVITIES

ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES	
Standard	**Measure**
A application for EFA needs to be completed prior to the provision of assistance	Signed and dated application for EFA in the customer's record
A brief needs assessment for case management services is to be completed prior to the provision of assistance	Documentation of needs assessment for case management services in customer's record signed and dated
For those customers determined to need case management services, develop an emergency assistance plan within 24 hours of providing emergency assistance	For customers in need of case management services, signed and dated documentation of emergency assistance plan
Review the emergency assistance plan and reassess needs every 30 days for 3 months	Signed and dated emergency assistance plans reassessed every 30 days in customer's record
Provide Emergency Financial Assistance (EFA) for essential services including: ● Utilities ● Housing (Emergency Housing 1-14 days and Short-term Housing 15-30 days) ● Transportation ● Food (including groceries, food vouchers, and food stamps) ● Non-ADAP formulary medications *Note: Brand name formulations may be paid for with Ryan White funds only if generic formulation is not available*	Signed and dated documentation of assistance provided for essential services with frequency and duration outlined in customer's record
EMERGENCY RENTAL ASSISTANCE (FIRST MONTH'S/PAST DUE RENT)	
Scope of Service: Provides emergency rental payments for customers with critical delinquency, or first month's rent for new dwelling, made by the EFA provider directly to landlord	
Standard	**Measure**
Additional Eligibility Criteria ● Customers must be at least one month past due to submit an application for delinquent rent unless a summons or writ of eviction has been received	● Approval letter with monthly rent amount for first month's rent ● Delinquency notice or itemized statement for emergency rent from landlord

● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance **Maximum Benefit** ● Annual cap for rental assistance is based on Fair Market Rents (FMR) established by HUD ● For customers renting rooms, the annual cap for rental assistance will be based on an $800.00 FMR ● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed the equivalent of three times one month's rent at the fair market rate.	● A copy of a current lease agreement ● W-9 Form with the landlord's Tax Identification Number. The EFA provider is required to report all rental payments to the IRS each year. ● Documentation that cap has been exceeded for the year
EMERGENCY UTILITY PAYMENTS	
Scope of Service: Provides payment of electricity, water, oil, or gas bills, made by the EFA provider directly to utility company	
Standard	**Measure**
Additional Eligibility Criteria ● Customers must have a disconnection notice to be eligible to apply ● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance **Maximum Benefit** ● Maximum benefit for a 12-month period is $1,500.00 ● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed $1,500.00 **Exclusions** ● Customers living in subsidized housing are not eligible for utilities assistance	● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information ● Documentation that cap has been exceeded for the year
EMERGENCY TELEPHONE SERVICES PAYMENT	
Scope of Service: Provides for the payment of telephone bills made by the EFA provider directly to the telephone company	
Standard	**Measure**
Additional Eligibility Criteria ● Customers must have a disconnection notice to be eligible to apply ● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance **Maximum Benefit** ● Maximum benefit for a 12-month period is $300.00	● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information ● Documentation that cap has been exceeded for the year

● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed $300.00 **Exclusions** ● If telephone service is provided as part of a bundled package with other services such as cable TV or internet service, application and billing document must clearly identify the telephone charges for which payment is requested	
EMERGENCY FOOD VOUCHERS	
Scope of Service: Provides food vouchers in the form of supermarket gift cards given by the EFA provider directly to case managers, who thereafter distribute the vouchers to customers	
Standard	**Measure**
Additional Eligibility Criteria ● Customers must document effort to seek food resources elsewhere before accessing food vouchers **Maximum Benefit (Individual)** ● The maximum benefit for a single application for an individual is $300.00 ● Customers may access this service three times in each 12-month period, at intervals of at least three (3) months. ● Total 12-month cap for individual customers is $900.00 **Maximum Benefit (Family)** The maximum benefit for a single application for families is $700 ● Family cap of $700 is computed as follows: $300.00 for the PLWH, plus $100.00 per dependent for a maximum of four dependents ● Customers may access this service three times in each 12-month period, at intervals of at least three (3) months ● Total 12-month cap for families is $2,100.00 **Exclusions** ● Dependents can only be included in a food voucher application if they are 18 or younger ● Vouchers are intended for food purchases only and shall not be used to purchase alcohol, tobacco products, or lottery tickets	● Documentation of effort to seek food from other resources is provided through a referral certification form, ● (For customers seeking food vouchers for dependents) proof of dependency through birth certificates, tax returns, or court documentation of guardianship ● Signed voucher policy reflecting agreement to comply with voucher use restrictions ● Documentation that cap has been exceeded for the year
EMERGENCY MEDICATION	
Scope of Service: Provides HIV medications that are not included in the ADAP formulary; medications when the ADAP financial eligibility is restrictive; and medications if there is a protracted State ADAP eligibility process (such as a wait list) and/or other means of accessing medications are not available (i.e., pharmaceutical company assistance programs) Purchase of pharmaceuticals must be directly linked to the management of HIV disease that is consistent with the most current HIV/AIDS Treatment Guidelines; coordinated with the State's Part B AIDS Drug Assistance	

Program (ADAP); and implemented in accordance with requirements of the 340B Drug Pricing Vendor Program and/or Alternative Methods Project.

Standard	Measure
Additional Eligibility Criteria ● Customers with insurance and other third-party payer sources are not eligible for EFA assistance unless there is documentation on file that the medication is not covered by their prescription benefits **Maximum Benefit** ● The maximum benefit is $4,000.00 ● Service may be accessed no more than twice in a 12-month period. Any extenuating circumstances require recipient/administrative agent approval **Program Rules** ● EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use is not subject to the $4,000.00/customer/year cap. ● EFA can be used to reimburse dispensing fees associated with purchased medications ● Dispensing fees are not subject to the $4,000.00/customer/year cap ● Agency may reimburse the pharmacy a minimal dispensing fee per prescriptions as outlined in a MOU *Purchasing Medications during ADAP application period:* ● No more than a 30-day supply of medication on the ADAP formulary can be purchased at a time for each customer. If more than 30 days is needed, the medication can be refilled for another 30 days ● If the ADAP denied the coverage, the agency staff should work with the customer and the customer's attending physician to find alternate funding sources which may include manufacturer's compassionate/patient assistance programs, religious groups, or other community resources	● Evidence of enrollment in insurance or other third-party payer source ● Evidence that medication is not covered by existing prescription benefits ● Documentation that cap has been exceeded for the year

EMERGENCY MOVING ASSISTANCE

Scope of Service: Provides payment of moving services for applicants that are moving to a new dwelling. The EFA provider may obtain a contract with a moving company for no more than one year, or obtain quotes from various companies per job to obtain the most cost-effective service

Standard	Measure
Required Documentation	• Inventory of items to be moved • Addresses of pick-up and delivery location • Customer name and contact information
Maximum Benefit	• Maximum benefit is $2000 • Service may be accessed once in a 12 month period

Exclusions	• Service cannot be used to move applicant outside of the Eligible Metropolitan Area (EMA)

CASE CLOSURE	
Standard	**Measure**
Case will be closed if customer: ● Has met the service goals ● Needs are more appropriately addressed in other programs ● Moves out of the EMA ● Fails to provide updated documentation of eligibility status thus, no longer eligible for services ● Can no longer be located ● Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan	Documentation of case closure in customer's record with clear rationale for closure

● Exhibits pattern of abuse as defined by agency's policy ● Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program ● Is deceased	

V. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

EFA service staff must have a minimum of a high school diploma or general education development (GED) equivalent, and at least one year of customer-related experience, one year of customer service experience, one year of administrative support experience; and/or have worked at least three years within a related health services field. Experience providing customer service and working with people in some capacity is a crucial requirement for all EFA service staff.

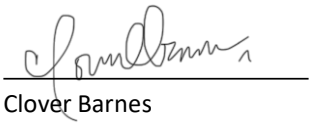
At minimum, all EFA service staff will be able to provide linguistically and culturally appropriate care for people living with HIV and complete documentation as required by their positions. EFA service staff will complete an agency based orientation before providing services. EFA service staff will also be trained and oriented regarding customer confidentiality, linguistic and cultural competency, stigma and Health Insurance and Accountability Act (HIPAA) regulations. EFA service staff must attend training on budgeting and money management skills, such as Consumer Credit Counseling. All agency staff providing EFA must undergo comprehensive training regarding the policies, procedures and documentation requirements.

VI. CLINICAL QUALITY MANAGEMENT

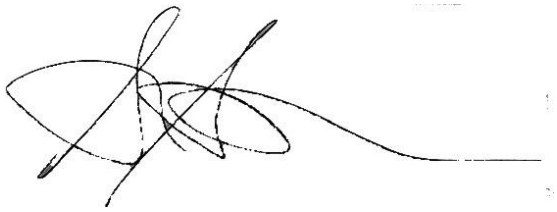
A continuous Clinical Quality Management Program for HIV patient care. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018).

VII. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on March 24, 2021. The next annual review is March 24, 2022.



Clover Barnes
Division Chief
Care and Treatment Division
DC Health/HAHSTA



Sarcia Adkins
Community Co-Chair
Washington DC Regional Planning Commission on Health and and HIV (COHAH)

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

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

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services*.

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
    - 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
        - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
        - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - 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

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are 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

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are 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

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the 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 other specialty care providers. Medical Case Management includes all types of case management encounters (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

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy
Description:
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.

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services
Description:
Mental Health Services are the 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 mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care
Description:
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.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services
Description:
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
- Preventive 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

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports 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.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides 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 an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals
Description:

Food Bank/Home Delivered Meals refers to the 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

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the 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. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing
Description:
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 services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
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 RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. 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 and 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 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
- Client-specific advocacy and/or review of utilization of 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

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
Other Professional Services allow for the 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 provided 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
        - 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 options for legal dependents including standby guardianship, joint 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.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, 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.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
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 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 (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services
Description:
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 for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care
Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:
Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) activities are those 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:

- Pretreatment/recovery readiness programs
- Harm reduction
- 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 (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

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Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

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

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share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

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

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