LOS ANGELES COUNTY
COMMISSION ON HIV

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****VIRTUAL MEETING****

Consumer Caucus

Virtual Meeting

Thursday, July 13, 2023
1:30PM-3:00PM (PST)

Agenda and meeting materials will be posted on http://hiv.lacounty.gov/Meetings under "Other Meetings"

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIRTUALLY VIA WEBEX. CLICK HERE FOR MORE INFO.

If you are a person living with or at risk of HIV, we invite you to be a part of a unified effort to help improve HIV prevention & care service delivery in Los Angeles County

TO JOIN, CLICK HERE:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mfae5979fb90a4a33e64eb2e4e64808fd

MEETING PASSWORD: CAUCUS
TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE:** 2595 668 7768

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COMMISSION ON HIV

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Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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CONSUMER CAUCUS (CC)

(REVISED) VIRTUAL MEETING AGENDA

Thursday, July 13, 2023 @ 1:30PM-3:00PM

TO JOIN VIRTUALLY BY COMPUTER:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mfae5979fb90a4a33e64eb2e4e64808fd
MEETING PASSWORD: CAUCUS
TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE: 2595 668 7768**

1. CO-CHAIR WELCOME & INTRODUCTIONS 1:30PM – 1:35PM
2. COH MEETING DEBRIEF 1:35PM – 1:45PM
3. ED/STAFF REPORT 1:45PM – 1:50PM
   a. County/Commission Operational Updates
      - 2023 HRSA Site Visit Findings
4. CO CHAIR REPORT 1:50PM – 2:00PM
   a. 2023 Workplan & Meeting Schedule Review
      - 2023 Meeting Agenda Development
        1. August 2023: Collaboration w/ Public Policy Committee Re: Championing COH's Work via Public Comments
        2. August: Annual Meeting Planning: Brainstorming Session
      - HRSA Closed Listening Session Follow-Up
   b. United States Conference on HIV/AIDS (USCHA) – September 6-9, 2023
   c. July 20 Zero HIV Stigma Day #ZeroHIVStigmaDay
5. MEMBER REPORTS (*Opportunity for COH Caucus members to provide updates from their assigned COH Committees **and** related conferences/events attended to better coordinate activities and harness feedback from a consumer perspective.)* 2:00PM – 2:05PM
   a. Bylaws Review Taskforce (BRT) Updates
6. DISCUSSION 2:05PM – 2:50PM
   a. Nutrition Support Services Standards Overview & Opportunity for Feedback
   b. Universal Service Standards & Patient Bill of Rights Overview & Opportunity for Feedback
   c. Opportunities to Improve Consumer Engagement
      - Build Relationships w/ Consumer Advisory Boards (CABs)
7. AGENDA DEVELOPMENT FOR NEXT MEETING 2:50PM – 2:55PM
8. PUBLIC COMMENTS & ANNOUNCEMENTS 2:55PM – 3:00PM
9. ADJOURNMENT 3:00PM

LOS ANGELES COUNTY COMMISSION ON HIV

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CONSUMER CAUCUS

Thursday, June 8, 2023| 1:30-3:00PM

MEETING SUMMARY

Meeting packet is available at: https://hiv.lacounty.gov/meetings/
**Contact staff for verification of attendance*

1. **WELCOME + INTRODUCTIONS + CHECK IN**
   Co-Chair Alasdair Burton welcomed attendees and led introductions.

2. **COH Meeting Debrief**
   - The Caucus engaged in a brief discussion following the Commission on HIV (COH) meeting presentation on unmet needs. Concerns shared included that the presentation was too long and technical.

3. **ED/Staff Report**
   a. County/Commission Operational Updates
      - COH staff provided a brief overview of the Equity Lens for Decision Making document; see meeting packet for details. Staff shared how other committees are using the document/questions in their work.
      - Staff also reminded the Caucus of the COH 2023 Training Schedule; see meeting packet for details.

4. **Co-Chair Report**
   Damone Thomas provided a recap of the May Consumer Caucus meeting.
   a. 2023 Workplan & Meeting Schedule Review
      - 2023 Meeting Agenda Development
        - J. Green recommended inviting the Public Policy Committee (PPC) and Standards & Best Practices (SBP) Committee to upcoming Caucus meetings.
        - COH staff, Dawn McClendon, reminded the Caucus that the Nutrition Support Service Standards are currently out for public comment, and it would be beneficial to invite the SBP Committee to provide an overview of the standards and gather feedback. The Nutrition Support Service Standards will be sent to the Caucus ahead of the July meeting for review; any changes are highlighted in the document.
        - PPC will be invited to the Caucus meeting in August to collaborate on how the Caucus can best support and champion the work of the COH via public comments and other means, if the August meeting is not cancelled.

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- Commission staff, Jose Rangel-Garibay, reminded the Caucus of the need to have consumer participation in the speaker's bureau to provide public comments at Board of Supervisor and Health Deputy meetings. D. McClendon reminded the Caucus to review the recording of the public comment training and suggested practicing during monthly Caucus meetings.
- Lee Kochems recommended inviting representatives from the Bylaws Review Taskforce (BRT) to provide progress updates ensuring consumers are involved in the process and provide essential feedback.
- D. McClendon commented that the COH leans heavily on the Caucus to bring the voice of the consumers to the table and that DHSP contracts require in some capacity providers to participate in COH meetings.
- J. Green commented that the voice of the consumer is important, and that each Ryan White Program contracted agency should be required to have consumer clients present at COH meetings. The Caucus inquired whether CABs are required by an agency as part of a Ryan White Program contract and if so, it was expressed that consumer involvement but may not be structured to have actual high consumer engagement.
- Lee Kochems echoed the need for consumer voice. He noted pushback from consumers after the initial suggestions at the BRT meeting that placed consumers into an advisory role. He commented that consumers need to exercise their voice/rights within the COH before they lose them.
- A. Burton recommended engaging with CABS and providers to participate in COH meetings and encourage consumers to attend both COH and Caucus meetings.

5. Member Reports

a. Universal Service Standards & Patient Bill of Rights Overview Presentation

- Kevin Stalter reported that the Universal Service Standards are currently being revised and the SBP Committee is seeking input from the Caucus on the revisions. He noted the revisions were not extensive but included the addition of tables and charts. He reminded the Caucus that standards are meant to be written so consumers can easily understand them.
- K. Stalter also reported that the SBP Committee is currently collaborating with several Medical Care Coordination (MCC) coordinators/staff on the MMC standards. The Committee is also reaching out DHSP contracts staff to also help review MCC standards to make sure there is synergy and that they can be operationalized. He noted the most challenging provisions within the MCC standards were the eligibility and recertification processes along with case closure.
- J. Green commented that patients no longer get copies of the medical forms that are completed due to the use of electronic systems. K. Stalter reminded the group that a clients' file is their property, and they can request a copy from their provider.
- The Caucus asked how they could help support the SBP Committee. K. Stalter asked the Caucus to help the committee in providing regular feedback and engaging other consumers to also provide feedback. The SBP committee with be working on creating a standardized client questionnaire that funded agencies can use to gather regular feedback on their services.

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- Cheryl Barrit, Executive Director, suggested expanding on the consumer bill of rights with a standardized questionnaire to serve as a standing item for contracts. Feedback from the surveys would come back to the COH and would also be shared back with the community.
- A. Burton requested having a representative from SBP attend the Caucus meeting whenever a set of service standards are released for public comment.
- K. Stalter shared that staff would send the Nutrition Support Service Standards to the Caucus that are currently out for public comment.

6. Discussion

a. Universal Service Standards & Patient Bill of Rights Overview Presentation

b. Opportunities to Improve Consumer Engagement
    - Lilieth Connelly commented that she felt creating separate groups for different people, although intended to be inclusive, dilutes messaging and progress for all consumers. She asked to explore more ways of being inclusive to help identify and address unmet needs.
    - Ish Herrera asked why representatives from other Caucuses were not present at the meetings. He recommended reaching out to organizations with HIV testing counselors to invite people to the Caucus meetings.
    - L. Connelly suggested utilizing social media to increase visibility and engage consumers to participate in the Caucus.
    - Engagement events within the community were also suggested to increase consumer participation.
    - L. Kochems recommended a potential theme for the COH Annual meeting of "The Voice of the Consumer" and requiring funded providers to participate and include consumers as well.
    - Arlene Frames commented that consumers need to be incentivized to increase participation. She commented that removing barriers such as transportation or increased stipends are needed.

7. Agenda Development for Next Meeting

- The SBP Committee will review the Nutrition Support Service Standards to gather feedback from consumers.
- Identify opportunities to engage with CABs to encourage consumer participation.

8. PUBLIC COMMENTS/ANNOUNCEMENTS

- There were no public comments.

9. ADJOURNMENT

- The meeting was adjourned by A. Burton at 3:00pm.

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LOS ANGELES COUNTY COMMISSION ON HIV

Consumer Caucus Workplan 2023
Adopted 1/12/23

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2023.
CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.
CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	**Create a safe environment for consumers** *(people in need of HIV care and prevention services)*	Motivate members to challenge their environment Increase awareness of the caucus in the community	Ongoing	Develop a meeting schedule for 2023 inclusive of community engagement activities, evaluating HIV-related programs and services, educational presentations, and capacity building activities; refer to Co-Chairs for recommendations.
2	**Advocacy:** *Work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation*	Advocate for items the Caucus prioritizes	Ongoing	Suggestion: In response to DHSP's request to reassess COH activities to be more responsive and action oriented in meeting the needs of the community, coordinate a series of listening sessions as part of the CC meetings to evaluate and provide feedback on RWP services. Invite topical SMEs to present. Draft letter to HRSA based on closed listening session outcome.
3	**Comprehensive HIV Plan (CHP):** *Participate in advancing the goals of the CHP to ensure the consumer voice is prioritized*	Participation in CHP implementation	Ongoing	
4	**Leadership and Capacity Building Training**: *Identify training opportunities that foster and nurture (PLWH & HIV-neg) consumer leadership and empowerment in COH and community.*	Continue soliciting ideas from consumers for training topics	Ongoing	CC was invited to participate in the January 23 OPS Committee meeting discussion re: the development of the 2023 training plan. The plan will be finalized for presentation at the February 23 OPS meeting and will be made available to the CC and entire membership. The 2023 Training Schedule has been finalized and is now available on the COH's website; click here to access.

5	**Consumer Recruitment & Participation in COH***: Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities*.	-Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus	Ongoing	**Question:** -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

June 8, 2023

Dr. Micheal Green
Principal Investigator
Chief, Planning, Development, and Research
Ryan White HIV/AIDS Program, EHE
600 South Commonwealth Avenue, Fl 10
Los Angeles, California 90005-4049

Dear Dr. Michael Green,

Re: RWHAP Part A Grant #H89HA00016, EHE Grant#UT8HA33928

Thank you, your staff, and the Ryan White HIV/AIDS Program (RWHAP) Part A and the Ending the HIV Epidemic (EHE) Initiative community for a successful County of Los Angeles Public Health Department Division of HIV and STD Program (DHSP) joint comprehensive site visit conducted on February 14-17, 2023.

The joint site visit provided the team with an opportunity to conduct a full operational assessment of your RWHAP Part A and EHE programs fiscal and administrative systems and processes, as well as the Clinical Quality Management (CQM) Program, Data/Evaluation, to ensure compliance with all statutory and programmatic requirements. The team focused on areas for clinical, financial, data/evaluation and administrative performance improvement. The visit also allowed the team to identify exemplary components of your program, findings that require a corrective action plan, as well areas for improvement.

Enclosed is a copy of the final Part A site visit report. The Part A site visit report includes:

1. Legislative findings: issues that are based on a legislative requirement and require a formal response. Your report includes eight legislative findings; five are administrative and three are fiscal related.

2. Programmatic findings: issues tied to the Health Resources and Services Administration's program requirements and expectations requiring a formal response. Your report includes one programmatic finding in clinical quality management (CQM).

3. Improvement option findings: issues related to best practices and offered as suggestions for ways to enhance program operations and increase program efficiency and/or effectiveness. Improvement options do not require a formal response but may be discussed during monitoring.

Each finding is followed by a recommendation that is intended to help you improve or correct each finding. You will be required to prepare a corrective action plan (CAP) addressing the findings and recommendations, which is due within 30 days of receipt of the enclosed report. The CAP will be completed and submitted through an Electronic Health Handbook (EHB) submission process.

I will schedule a post-site visit conference call within the next two weeks to discuss any questions you have about the report, as well as the procedure for submitting your CAP. Going forward, I will monitor your progress for implementing the corrective actions during scheduled monitoring calls.

Thank you again for your assistance during the site visit. I commend you for your continued efforts to plan for and provide quality services to people with HIV in your area. Please contact me at 301-443-1917 or by e-mail at BYaghmaei@hrsa.gov, if you have any questions.

Sincerely,

Babak Yaghmaei, MPH
Project Officer
Western Branch
Division of Metropolitan HIV/AIDS Programs (DMHAP)

RYAN WHITE PART A SUBRECIPIENT SITE VISIT LOS ANGELES EMA

FEBRUARY 14-17, 2023

PLANNING COUNCIL

Summary of Planning Council/Body (Part A only): Los Angeles EMA established the Los Angeles (LA) Commission on HIV, a community planning body responsible for assessing the needs of people with HIV, establishing service priorities, and allocating grant funds. The commission is comprised of 37 representatives, including seven unaffiliated client representatives. The commission has formal bylaws, policies/procedures, and several standing committees: Executive, Operations, Standards and Best Practices, Planning, Priorities, and Allocation and Public Policy.

The LA commission also has various caucuses: Consumer Caucus, Black/African American Caucus, Women's Caucus, Transgender Caucus, and Aging Caucus. Los Angeles County has a designated LA Commission on HIV website www.hiv.lacounty.org. It is comprehensive and contains information on membership recruitment, bylaws, assessment of the administrative mechanism, service standards, committees/caucuses, grievance procedures, and membership application.

The commission strongly emphasizes member recruitment/retention, as evidenced by meeting minutes and focused membership drive activities. The commission also has a member reimbursement policy and a mentoring program to help acclimate new members and ensure their attendance/participation. The commission's Executive Committee's interaction with HRSAHAB's site visit team was substantive and enthusiastic. The commissioners were engaged, candid, and well-versed on the issues of requirements, operations, HIV service needs, available resources, and their unique challenges. Executive Committee members demonstrated a strong sense of commitment and dedication to the needs of people with HIV in the Los Angeles EMA area.

At the request of the LA Commission on HIV Consumer Caucus, the HRSA HAB's site visit team hosted a listen-only session on February 16, 2023. The session summary is uploaded as a separate document for the Project Officer's review. Summary of Persons with Lived Experience/Community Meeting: The people with lived HIV experiences panel consisted of six participants who self-identified their gender and race: one woman, five men, one Hispanic/Latinx, one African American and four White. Five participants were between 51 to 65 years. One participant reported being between 20-65 years. The number of years receiving HIV care ranged from 6 to 21 years. Participants reported receiving medical care, oral health, mental health, housing, emergency financial assistance, food, and medication assistance. All participants stated the providers generally well protected their confidentiality/privacy.

Most clients reported being aware of the formal grievance process at their agencies. Identified as most important services were medical, oral health, housing, and food. Identified concerns and unmet needs included dealing with non-HIV medical issues, such as diabetes, hypertension, and cancer. Homelessness, lack of housing options, and stigma were identified as significant barriers that impact clients' ability and willingness to access/remain in HIV care and support services. These barriers ultimately lead to poor viral suppression, negative overall health, and negative quality of life outcomes. Additional reported challenges included: health disparities in communities of color, mental health, financial assistance, better case management, status neutral housing, and the need to streamline the

system. Overall, participants were satisfied with the medical care and support services. They gave a rating of 7.9 out of 10 for the overall quality of RWHAP Part A services in the LA EMA service area. In addition, some participants expressed gratitude and appreciation for the services they received. The site visit team participated in a listen-only session at the request of the LA Commission on HIV Consumer Caucus. The summary of this session is captured in Appendix A at the end of this report. III. Finding Categories for Review: The information below provides guidance on the meaning of each option. applicable = this section is not part of the site visit and therefore not reviewed.

Finding identified = The recipient does not currently comply with a legislative requirement and/or programmatic expectation of the Ryan White HIV/AIDS Program (RWHAP). All identified findings must be addressed via a corrective action plan (CAP).

• Improvement Options: (optional) Any area of the program that complies with legislative and programmatic requirements of the program at a satisfactory level but was identified to have the capacity to improve.

• Program Strengths (optional): Any area of the program that complies with legislative and programmatic requirements of the program beyond a satisfactory level.

A. Administration: Finding(s) identified.

1. Findings and Recommendations Governance and Constituent Involvement:

Finding(s) identified Finding 1: Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the LA Commission on HIV and a voting member of the Executive Committee. Citation: Section 2602 (7)(a) of the PHS Act

Recommendation: The recipient must ensure separation of Planning Council and recipient roles to avoid any actual and/or perceived conflict of interest. Per Section 2602 (7)(a) of the PHS Act, a separation of Planning Body and the recipient is necessary to avoid a conflict of interest. A recipient's representative, whose positions are funded by RWHAP funds, provides in-kind services, or has significant involvement in the HIV award, shall not occupy a seat on the Planning Council, nor have a vote in the deliberation of the Planning Council. For additional guidance, the recipient should review HRSA's Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter which clarifies HRSA expectation on the required community input process for RWHAP Part A awards, specific to the separation of Planning Council and recipient roles.

Finding 2: Legislative Description: Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness. (L) Finding Description: Los Angeles (LA) Commission on HIV currently has three vacancies for the following legislatively mandated categories: a) RWHAP Part C Provider, b) Hospital Planning Agency or Health Care Planning Agency, and c) Representatives of Individuals who Formerly were Incarcerated. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: LA Commission on HIV must ensure that its operations committee prioritizes and expedites its efforts to recruit, review, and nominate qualified candidates for the currently vacant

legislatively mandated categories for subsequent submission for Chief Elected Official (CEO)'s review and appointment. The CEO should prioritize their review, consideration, and timely appointment of commissioners to ensure smooth and uninterrupted operations of the HIV Planning Council.

Finding 3: Legislative Description: Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness. (L) Finding Description: LA Commission on HIV currently has 37 CEO-appointed members, including seven unaffiliated client representatives. This represents 19 percent, which is below the 33 percent unaligned client representation requirement for planning bodies, as stated in Section 2602(b)(5)(C) of the PHS Act. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: The LA Commission on HIV, through its Operations Committee, should review, revise, prioritize, and expedite its efforts to recruit and nominate unaffiliated clients for subsequent submission for CEO review and appointment to ensure consistent compliance with the unaligned client participation requirement. To that effect:

1. Operations Committee should proactively and consistently solicit input and assistance from the established Commission on HIV Caucuses, specifically, its Consumer Caucus, Black/African American Caucus, Transgender Caucus, Women's Caucus and Aging Caucus. This will allow the Planning Council to increase the pool of potential eligible/qualified applicants from diverse backgrounds to improve overall representation and reflectiveness of the Commission.

2. Recipient and the Planning Council should engage its provider network in a deeper, more proactive, and consistent recruitment effort that may include a) conducting designated trainings for providers on the importance of recruitment, b) having hard-copy membership applications (in English and Spanish) available at funded agencies, c) conducting Planning Council recruitment "Meet and Greet" events at providers' agency support groups and other client meeting, etc.

3. Establish a "Bring a Friend" Day, when unaffiliated commissioners can bring their friends to PC meetings to get a better understanding of the PC and be able to apply for membership on the spot, if interested.

4. Establish a Commission on HIV Community Recruitment Annual Schedule that will ensure the Commission on HIV's prominent presence and participation in the most important community events, such as during Pride Events, World AIDS Day Events, (December), National HIV Black Awareness Events, (February), National Latino HIV Awareness Events (October), National Women's Awareness Events, (March), etc.

Finding 4: Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Currently, there is one commissioner listed on the membership roster, (Mr. Stalter), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner is a co-chair of the Standards and Best Practices Committee and a member of the Executive Committee. There is another commissioner listed on the membership roster, (Mr. Moreno), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner represents the legislatively

mandated category of Health Care Providers and is a member of the Operations Committees. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: Steps recommended for compliance:

1. Recipient and the commission should review and consistently follow the nominating process outlined in the currently approved LA Commission on HIV Bylaws in Article 4: Nomination Process, p. 9, and LA Commission on HIV Policy and Procedure #09.4205, Commission Membership Evaluation and Nominations Process (approved in May 2018).

2. Recipient and the commission support staff should review HRSA's Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter, which provides clarification on HRSA's expectation on the required community input process for RWHAP Part A awards, specific to PC term limits and membership rotation.

3. The commissioner nomination and re-appointment process should begin early to allow the CEO ample time to review, consider and make approval decisions on member applications.

4. The CEO should prioritize its review, consideration, and reappointment of commissioners whose term is expiring to avoid prolonged vacancies and to ensure smooth and uninterrupted operations of the commission.

Finding 5: Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Lack of compliance with the conflict-of-interest requirement for PC members. The LA Commission on HIV currently has 37 duly appointed PC members. There is no documentation of current, completed, and signed Conflict of Interest (COI) declaration for any of the appointed commissioners. Most of the COI declarations are outdated, going back to 2018 and 2019. The most recent COI declaration is dated June 2021. In addition, several commissioners who are affiliated with currently funded providers declared "No Conflict" on their COI declarations. Based on the review of the meeting minutes for the commission and its Planning, Priority and Allocations Committee, it is evident that several of these commissioners participated in allocations/reallocation discussions and voted on allocations including for the service categories for which their agencies are funded, most recently in June 2022 on a revised FY 2023 RWHAP Part A funding allocation. Citation: Section 2602(b)(5)(C) of the PHS Act

Recommendation: As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity.

Recommended steps of action:

1. LA Commission on HIV support staff members must ensure that all commissioners have a current, completed, and signed COI declaration.

2. LA Commission on HIV support staff members should review the Conflict-of Interest requirements for Planning Councils, as outlined in the RWHAP Part A Manual, Section X, Chapter 8, pp. 143-152.

3. LA Commission of HIV support staff should review the Los Angeles County Conflict of Interest Policy #12.0001, approved in June 2008, specifically item 2 under the Procedures section on p. 4.

4. LA Commission of HIV support staff should conduct a COI refresher training for all commissioners to ensure uniform understanding with participation documentation on file.

5. The recipient and PC support staff members must maintain up-to-date documentation of all members' terms, appointments, representation categories, and agency affiliations.

Los Angeles Commission on HIV Consumer Caucus Listen-Only Session Summary (Reference only; not reviewed)

At the request of the LA Commission on HIV Consumer Caucus, the HRSA HAB's site visit team hosted a listen-only session on February 2, 2023. Below, please see a summary of the feedback provided by the Consumer Caucus members.

1. Introductions and Rationale: • We asked for this meeting, as it is important for HRSA to hear us and move on this. We are looking for action. • We would like to find a way for our messages to get through. • We are most grateful for this meeting. • We are not focusing on the past; we want to fix the problems. • Consumer Caucus is focusing on social determinates of health. This is what we are talking about today.

2. Ryan White and EHE: • I would not mind being on the EHE Steering Committee, but I have to be paid. I sent in my resume and never heard from anyone. Not sure if they need us. • There is a need to merge Ryan White and EHE money. • We need to better coordinate Ryan White and EHE efforts. • We are not included in EHE activities, as if we do not exist. • I would like to participate in the EHE Steering Committee and will bring information back. • There is no prevention for positives anymore. EHE is a whole another world. How do you do status neutral?

3. Incentives and reimbursements for persons with lived experiences: • Reimbursement rates for consumer participation do not work, they are low. • $5 gift card is not enough for my expertise. • Consumers on the Commission need help. How many people got their master's degrees and PhDs based on our stories? • Employees at agencies are getting raises and we are stuck with incentives, yet we are the ones dealing with HIV.

4. LA EMA Site Visit Client Meeting (2/15/2023) follow-up: • I am surprised that there were so few clients at yesterday's client meeting. • I did not receive any emails about the client meeting. • I did not receive the link to the client meeting, as if they did not want us there.

5. LA Commission on HIV concerns : • There are deep issues on the commission. Big stuff needs to be addressed. • There is an anti-white thing going on in the Commission. • Last site visit consumers were unhappy, but the report stated otherwise. • If we do not show up to meetings, there will be no programs.

6. Service Delivery System concerns: • There is lack of staff to help with the paperwork. • Proof of HIV diagnosis and proof of income should be enough for eligibility. • Services should be local, there are no services where I am. • Agencies are not listening to consumers. There is desperation. • I was ignored by

a staff member who now is promoted to supervisor. • Even as a Co-Chair of the Commission, I cannot get through sometimes, I have to ask for assistance from someone else. • If someone like me cannot get through the system, there is no way others can do it. • People are not getting the services that they need. The system delivery is wrong. • We need help. • We have had these issues for a long time, we have to be people friendly.

7. Services for Immigrants: • System is not set up to help immigrants, especially black immigrants. If we do not help them, they will use their bodies to get what they need. • I tried to initiate conversations about immigrant crisis. It is sad. Yes, there is treatment, but that is it. • I have a good family support, but not everyone has the kind of support that I have.

8. Stigma • Why do buildings for HIV services have HIV listings on them? We have to eliminate stigma. People still are ignorant. I would like to see change.

9. Housing : • Housing is very important. I experienced homelessness, spent nights walking. I tried to get into some services just to have an opportunity. • People live on the streets, there are no services available for them. • I applied for housing and heard from them 3 months later.

10. Peer Technical Assistance (TA) : • I participated in the RW Conference and heard from a lot of good programs. • There has to be a way to identify programs that are working well and to share their processes. • My local agency has excellent results, (90% viral suppression). This should be replicated in other places.

11. Follow-up: • We want to hear from HRSA, to acknowledge our words. Please provide a statement of things we talked about to us. • It is important to get true, quality feedback. We have to have back-and-forth capabilities to help each other. • We ask HRSA to send us a summary of the meeting notes, it will be useful and helpful for our collective efforts. • What can we, as consumers, change to improve our services? Some guidance will be helpful. • What can consumers do regarding what HRSA wants us to focus on? Please send us some guidance. • How can we as consumers help you, HRSA, to work towards common goals? • Consider grassroot agencies, women owned agencies for grants.

12. Acknowledgement and thank you: • The Consumer Caucus members are interested to work with HRSA. • We are grateful to be here today and to have an opportunity to speak. • We would like to give you credit for being dedicated civil servants. • Thank you for taking the time to meet with us.

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

RYAN WHITE PROGRAM

UNIVERSAL SERVICE STANDARDS

Approved by COH on 2/11/21

DRAFT FOR PUBLIC COMMENT

PUBLIC COMMENT PERIOD: May 5, 2023- June 5, 2023

Email comments to HIVComm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

Service Standard Review
Guiding Questions for Public Comments

The Los Angeles County Commission on HIV announces an opportunity for the public to submit comments for the draft **Universal Service Standards for HIV Care** being updated by the Standards and Best Practices Committee. We welcome feedback from consumers, providers, community members, and any HIV stakeholders interested in improving HIV care in Los Angeles County. Please distribute the document widely within you networks. The document is included below and can accessed at: **https://hiv.lacounty.gov/service-standards**

Please email comments to: HIVCOMM@LACHIV.ORG
The public comment period ends on **June 6, 2023.**

When providing public comment, consider responding to the following:

1. Are the Universal Service Standards presented up-to-date and consistent with national standards of high quality HIV and STD prevention services?

2. Are the standards reasonable and achievable for providers? Why or why not?

3. Are the proposed Universal Services Standards client-centered? Is there anything missing related to HIV prevention and care?

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

INTRODUCTION

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

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

UNIVERSAL STANDARDS OVERVIEW

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible and non-discriminatory to all people living with HIV in Los Angeles County with a focus on highly impacted populations
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how maintaining an undetectable viral load results in little to no risk of HIV transmission
- Protect client rights and ensure quality of care
- Provide client-centered, age appropriate, culturally, and linguistically competent care
- Provide high quality services through experienced and trained staff
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of addressing grievances
- Prevent information technology security risks and protect patient information and records
- Inform clients of services, establish eligibility, and collect information through an intake process
- Effectively assess client needs and encourage informed and active participation
- Address client needs through coordination of care and referrals to needed services
- Ensure that the quality of service and materials given to patients during telehealth encounter is similar with in-person visits.

1. GENERAL AGENCY POLICIES

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

1.0 GENERAL AGENCY POLICIES	
Standard	**Documentation**
1.1 Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services.	1.1 Written client confidentiality policy on file with specific information technology safeguards for confidentiality and patient information if using telehealth service modality.
1.2 Agency is responsible for informing the patient that they have the right to obtain copies of their medical and other health records maintained by the agency.	1.2 Written policy for informing the patient of their rights to receive a copy of their medical records. The policy should contain a description of the process for obtaining records, such as a verbal or written request and a reasonable timeframe for patients to receive the information.
1.3 Client determines what information of theirs can be released and with whom it can be shared. Services using telehealth modality are subject to consent by the patient.	1.3 Completed *Release of Information Form* on file including: • Name of agency/individual with whom information will be shared • Information to be shared • Duration of the release consent • Client signature For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant. The form must also be compliant with the CA Medi-Cal telehealth policy.[1]
1.4 Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services.	1.4 Written grievance procedure on file that includes, at minimum: • Client process to file a grievance • Information on the Los Angeles County Department of Public Health, Division of HIV & STD Programs (DHSP) Customer Support Program 1-800-260-8787. Additional ways to file grievances can be found at: DHSP_CSP_CustomerSupportForm_Website-ENG-Final_12.2022.pdf (lacounty.gov) DHSP Customer Support Program information is posted in a visible location on site or provided to the patient at the beginning of a telehealth encounter.

1.5 Agency provides eligibility requirements for services available upon request. Eligibility requirements must follow guidance from Division of HIV & STD Programs (DHSP) and HRSA under Policy Clarification Notice #16- 02.[4]	1.5 Written eligibility requirements on file.
1.6 All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use. Protection of client files and information must cover use of electronic medical records, phones, text messages, email, and telehealth modalities.	1.6 Client files must be locked and/or password protected with access provided only to appropriate personnel. Agencies must establish written procedures and IT policies for message encryption and restrictions on staff access to protect client information.
1.7 Agency maintains progress notes of all communication between provider and client.	1.7 Legible progress notes maintained in individual client files that include, at minimum: • Date of communication or service • Service(s) provided Recommended referrals linking clients to needed services (See Section 6: Referrals and Case Closure)
1.8 Agency develops or utilizes an existing crisis management policy.	1.8 Written crisis management policy on file that includes, at minimum: • Mental health crises • Dangerous behavior by clients or staff
1.9 Agency develops a policy on utilization of Universal Precaution Procedures https://www.cdc.gov/niosh/topics/bbp/universal.html • Staff members are trained in universal precautions.	1.9 Written policy or procedure on file. Documentation of staff training in personnel file.
1.10 Agency ensures compliance with Americans with Disabilities Act (ADA) criteria for programmatic accessibility (e.g. building and design accessibility, parking, etc.). For agencies with multiple sites, all sites must comply with the ADA requirements.	1.10 ADA criteria on file at all sites.
1.11 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	1.11 Signed confirmation of compliance with applicable regulations on file.

2. CLIENT RIGHTS AND RESPONSIBILITIES

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

2.0 CLIENT RIGHTS AND RESPONSIBILITIES	
Standard	**Documentation**
2.1 Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category.	2.1 Written eligibility requirements on file. Client utilization data made available to funder.
2.2 Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client centered.	2.2 Written documentation of how input was received to inform service planning and evaluation in regular reports. Lists may include: • Consumer Advisory Board meetings • Participation of people living with HIV in HIV program committees or other planning bodies • Needs assessments • Anonymous patient satisfaction surveys. Discreet drop off boxes should be available in various sites throughout the agency and/or anonymous electronic follow-up surveys emailed to patients after their appointment. • Focus groups
2.3 Agency ensures that clients receive information technology support and training on how to use telehealth services.	2.3 Written checklists and/or "how to" guides are provided to patients prior to their telehealth appointment. Materials may be emailed to patient and/or posted on the agency website. The document should contain at least the following information: • Instructions on how to use telehealth tools (i.e., phone, laptop, tablets, etc.) in plain language and available in the patient's preferred language. • Telephone number for technical support or trouble shooting available before, during and after the telehealth appointment.

2.4 Agency ensures that clients retain the right to accept or decline a telehealth visit. The ultimate decision on the mode of service delivery, whether in-person or telehealth, must be determined by the client first before an appointment is made.	2.4 Written procedures and telehealth acceptance or denial form completed by patients prior to the appointment.
2.5 Agency provides each client a copy of the *Patient & Client Bill of Rights & Responsibilities (Appendix B)* document that informs them of the following: • Confidentiality policy • Expectations and responsibilities of the client when seeking services • Client right to file a grievance • Client right to receive no-cost interpreter services • Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days) • Reasons for which a client may be removed from services and the process that occurs during involuntary removal	2.5 *Patient and Client Bill of Rights* document is signed by client and kept on file.

3. STAFF REQUIREMENTS AND QUALIFICATIONS

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

3.0 STAFF REQUIREMENTS AND QUALIFICATIONS	
Standard	**Documentation**
3.1 Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served. Employment is an essential part of leading an independent, self-directed life for all people, including those living with HIV/AIDS. Agencies should develop policies that strive to hire PLWH in all facets of service delivery, whenever appropriate.	3.1 Hiring policy and staff resumes on file.

3.2 If a position requires licensed staff, staff must be licensed to provide services.	3.2 Copy of current license on file.
3.3 Staff will participate in trainings appropriate to their job description and program a. Required education on how a client achieving and maintaining an undetectable viral load for a minimum of six months will not sexually transmit HIV. b. Staff should have experience in or participate in trainings on: •LGBTQ+/Transgender community and • HIV Navigation Services (HNS) provided by Centers for Disease Control and Prevention (CDC). • Trauma informed care	3.3 Documentation of completed trainings on file
3.4 New staff will participate in trainings to increase capacity for fulfilling the responsibilities of their position. a. Required completion of an agency-based orientation within 6 weeks of hire b. Training within 3 months of being hired appropriate to the job description. c. Additional trainings appropriate to the job description and Ryan White service category.	3.4 Documentation of completed trainings on file
3.5 Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met.	3.5 Documentation of staff efforts of coordinating across systems for the client on file (e.g. housing case management services, etc.).

4. CULTURAL AND LINGUISTIC COMPETENCE

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

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

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

Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services. Interpretation refers to verbal communication where speech is translated from a speaker to a receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

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

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

5. INTAKE AND ELIGIBILITY

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

5.0 INTAKE AND ELIGIBILITY	
Standard	**Documentation**
5.1 Intake process begins within 5 days of initial contact and is completed within 30 days of initial contact with client.	5.1 Completed intake on file that includes, at minimum: • Client's legal name, name if different than legal name, and pronouns • Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address. • Preferred method of communication (e.g., phone, email, or mail) • Emergency contact information • Preferred language of communication • Enrollment in other HIV/AIDS services. • Primary reason and need for seeking services at agency If client chooses not to complete the intake within 30 days of initial contact, document attempts to contact client and mode of communication in client file.
5.2 Agency determines client eligibility	5.2 Documentation includes: • Los Angeles County resident • Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV & STD Programs • Verification of HIV positive status

6. REFERRALS AND CASE CLOSURE

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

6.0 REFERRALS AND CASE CLOSURE	
Standard	**Documentation**
6.1. Agency will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals a. Staff will provide referrals to link clients to services based on assessments and reassessments	6.1 Identified resources for referrals at provider agency (e.g. lists on file, access to websites) a. Written documentation of recommended referrals in client file
6.2 If needed, staff will engage additional providers for specific support services (e.g. behavioral health, substance use, housing)	6.2 Agency establishes partnerships with agencies for referrals as needed. Memoranda of Understanding (MOU) on file.
6.3 For clients with missed appointments or pending case closure, staff will attempt to contact client. a. Cases may be closed if the client: • Relocates out of the service area • Is no longer eligible for the service • Discontinues the service • No longer needs the service • Puts the agency, service provider, or other clients at risk • Uses the service improperly or has not complied with the services agreement • Is deceased • Has had no direct agency contact, after repeated attempts, for a period of 12 months.	6.3 Attempts to contact client and mode of communication documented in file. a. Justification for case closure documented in client file
6.4 Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition.	6.4 Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for case closure; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.

6.5 Agency develops or utilizes existing due process policy for involuntary removal of clients from services; policy includes a series of verbal and written warnings before final notice and case closure.	6.5 Due process policy on file as part of transition, and case closure policy described in the *Patient & Client Bill of Rights* document. (Refer to Appendix B).

APPENDIX A: RYAN WHITE PART A SERVICE CATEGORIES

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

SERVICE CATEGORIES

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

APPENDIX B: PATIENT & CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

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

A. Respectful Treatment and Preventative Services

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

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or care services.
4. Have their phone calls and/or emails answered with 1-5 business days.

C. Participate in the Decision-making Treatment Process

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which treatment option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Have access to patient-specific education resources and reliable information and training about patient self-management.
5. Refuse any and all treatments recommended and be told of the effect that not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
6. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
7. Refuse to participate in research without prejudice or penalty of any sort.

8. Refuse any offered services or end participation in any program without bias or impact on your care.
9. Be informed of the procedures at the agency for resolving misunderstandings, making complaints, or filing grievances.
10. Receive a response to a complaint or grievance within 30-45 days of filing it.
11. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

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

E. Billing Information and Assistance

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

F. Patient/Client Responsibilities

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

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are provided.
4. Follow the treatment plan you have agreed to and understand the consequences of failing to adhere to the recommended course of treatment or of using alternative treatments.
5. Understand that cases may be closed if the client:
    i. Relocates out of the service area
    ii. Is no longer eligible for the service(s)
    iii. Discontinues the service(s)
    iv. No longer needs the service(s)
    v. Puts the agency, service provider, or other clients at risk
    vi. Uses the service(s) improperly or has not complied with the services agreement
    vii. Is deceased
    viii. Has had no direct agency contact, after repeated attempts, for a period of 12 months
6. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
7. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.

8. Follow the agency's rules and regulations concerning patient/client care and conduct.
9. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
10. Refrain from the use of profanity or abusive or hostile language; threats, violence, or intimidations; carrying weapons of any sort; theft or vandalism; sexual harassment and misconduct.
11. If you are a person living with a Substance Use Disorder, please be open and honest with your provider about your substance use so that any issues can be properly addressed.

For More Help or Information

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

Division of HIV and STD Programs | Customer Support Program
(800) 260-8787 | 8:00 am – 5:00 Monday – Friday

APPENDIX C: TELEHEALTH RESOURCES

- **Federal and National Resources:**
  - HRSA's Ryan White HIV/AIDS Program Expanding HIV Care Through Telehealth CARE Action Newsletter October 2019: https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/telehealth.pdf
- **Telehealth Discretion During Coronavirus:**
  - AAFP Comprehensive Telehealth Toolkit: https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
  - ACP Telehealth Guidance & Resources: https://www.acponline.org/practice-resources/business-resources/telehealth
  - ACP Telemedicine Checklist: https://www.acponline.org/system/files/documents/practice-resources/health-information-technology/telehealth/video_visit_telemedicine_checklist_web.pdf
  - AMA Telehealth Quick Guide: https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide
  - CMS Flexibilities for Physicians: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf - "Under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services."
  - CMS Flexibilities for RHCs and FQHCs: https://www.cms.gov/files/document/covid-rural-health-clinics.pdf - "Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. (During the PHE, some telehealth services can be furnished using audio-only technology.)"
  - CMS Fact Sheet on Virtual Services: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
  - Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency
  - Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

DRAFT FOR PUBLIC COMMENT

SERVICE STANDARDS FOR NUTRITION SUPPORT: FOOD BANK/PANTRY SERVICES AND HOME-DELIVERED MEALS

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT FOR PUBLIC COMMENT

PUBLIC COMMENT PERIOD:

June 9, 2023—July 10, 2023

NUTRITION SUPPORT SERVICE STANDARDS REVIEW
GUIDING QUESTIONS FOR PUBLIC COMMENTS

The Los Angeles County Commission on HIV announces an opportunity for the public to submit comments for the draft **Nutrition Support** service standards being updated by the Standards and Best Practices Committee (SBP). The Committee welcomes feedback from consumers, providers, community members, and any HIV stakeholders interested in improving HIV care in Los Angeles County. Please distribute the document widely within your networks. The document is included below and can accessed at: https://hiv.lacounty.gov/service-standards

Please email comments to: HIVCOMM@LACHIV.ORG
The public comment period ends on July 10, 2023.

When providing public comment, consider responding to the following:

1. Are the Nutrition Support service standards presented up-to-date and consistent with national standards of high-quality HIV and STD prevention services?

2. Are the standards reasonable and achievable for providers? Why or why not?

3. Are the proposed Nutrition Support service standards client-centered?

4. Is there anything missing related to HIV prevention and care?

IMPORTANT: The service standards for Nutrition Support: Food Bank/Pantry Services and Home-Delivered Meals adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

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

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

Service Standards: Ryan White HIV/AIDS Programs

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White-funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV (COH) developed Nutrition Support: Food Bank/Pantry Services and Home-Delivered Meals service standards (Nutrition Support) to establish the minimum services necessary to provide Nutrition Support services to people living with HIV. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP), members of the Los Angeles County COH Standards and Best Practices Committee (SBP), caucuses, and the public-at-large.

SERVICE DESCRIPTION

Nutrition Support services for people living with HIV attempt to improve and sustain a client's health, nutrition and food security and quality of life. Good nutrition has been shown to be a critical component of overall measures of health, especially among people living with HIV. Nutrition Support services include Food banks/pantry services and Home delivered meals.

Food Bank/Pantry Services and 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

FOOD BANK/PANTRY SERVICES

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

HOME DELIVERED MEALS

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

PERSONNEL QUALIFICATIONS

All Nutrition Support services will be provided in accordance with current United States Department of Agriculture (USDA) Dietary Guidelines for Americans, Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and Los Angeles County guidelines and procedures, as well as with federal, State, and local laws and regulations. All programs will comply with City, County and/or State grocery and/or restaurant health code regulations. All programs providing food distribution services will operate in collaboration with a Registered Dietitian (RD) consistent with California state law. Such RD will have current knowledge of nutrition issues for people living with HIV.

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.

1. **Chefs:** involved in food production and menu design. Must have at least a high school diploma or GED and be professionally trained/certified with a current food protection and handling license/certification in accordance with applicable State, Federal and local laws, and regulations. Chefs must be familiar with the multi-cultural and dietetic needs of the population. Experience in food preparation and cooking for bulk-meal services preferred.
2. **Dieticians/Nutritionists**: involved in meal planning and menu design. Must be registered and licensed, as required by State and Los Angeles County.
3. **Food Service Workers/Volunteers:** must be professionally trained/certified with a current food protection and handling license/certification.
4. **Food Delivery Drivers**: must have a valid driver's license, familiarity with the geographic region being served and possess good interpersonal communication and writing skills.

SERVICE STANDARDS—NUTRITION SUPPPORT

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

SERVICE COMPONENT	STANDARD	MEASURE
CLIENT INTAKE	Nutrition Support programs will conduct a client intake performed by an RD, DTR[1] or nutrition student under supervision of an RD. Initial nutrition intake and annual screening may be conducted onsite, in-person, telephonically or videoconferencing set forth by the nutrition support provider agency and agreed to by both parties. Nutrition screenings will be shared with the client's primary medical provider when possible.	Client intake in client file updated annually. Signed, dated nutrition screen on file in client chart. Initial and additional intake screenings will include, at minimum: • Medical considerations • Food allergies/intolerances • Interactions between medicines, foods, and complimentary therapies • Dietary restrictions including special diets and cultural and religious considerations • Assessment of nutrition intake vs. estimated need • Client's nutritional concerns • Ability to complete Activities of Daily Living • Any HIV-related illnesses diagnose in the last six months • Any chronic illness with date of diagnosis • Family members and caregivers and if they need HDM service as well[2] • Current nutrition issues such as: lack of appetite, nausea/vomiting, involuntary weight loss, diarrhea, inability

[1] DTR: Dietetic Technician, Registered

[2] Affected individuals (people not living with HIV) may be eligible for HRSA Ryan White HIV/AIDS Program services in limited situations, but these services for affected individuals must always benefit People Living with HIV. See HRSA PCN-16-02

SERVICE COMPONENT	STANDARD	MEASURE
		to prepare or procure food due to health issues, etc. • Medications and/or treatments/therapies
	Client confidentiality will be strictly maintained. As necessary, Release of Information will be signed to exchange information with other providers.	Signed, dated Release of Information in client chart.
	Nutrition Support programs will coordinate with client's primary care providers and case managers to assess need for service and to ensure nutrition needs are being addressed.	Records of communication with medical providers and case managers in client chart.
	Nutrition education will be provided by an RD or Dietetic Technician, Registered (DTR) or nutrition student under the supervision of RD to appropriate clients identified through screening process. When needed, clients will be referred for medical nutrition therapy.	Documentation of education and referral on file in client chart.
MEAL PRODUCTION AND DELIVERY	**Home-Delivered Meals** programs providing home delivered meals will develop menus with the help of RD(s).	Menu cycle on file at provider agency that considers the nutrition needs of the client, special diet restrictions, portion control and client, community, and cultural preference. Menu cycle will be changed as necessary.
	Home-Delivered Meals programs providing home delivered meals will prepare and ensure the delivery of meals to clients. Meals will be planned by a chef under the supervision of an RD. Food and water safety measures will be strictly enforced.	Plans on file at provider agency.

SERVICE COMPONENT	STANDARD	MEASURE
	Home-Delivered Meals programs providing home delivered meals will distribute meals to Community-Based Organizations (CBO)s for delivery to clients.	Memorandum of Understanding (MOU)s with CBOs on file at provider agency.
	Home-Delivered Meals programs will deliver meals directly to clients within an expected delivery time if CBOs are not able to distribute meals.	Delivery policy on file at provider agency. Daily delivery records on file at provider agency
	Home-Delivered Meals programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.
PROGRAM OPERATIONS	**Food Bank/Pantry** programs providing food bank/pantry services will develop menus and food choices with the help of RD(s).	Menu cycle on file at provider agency that considers the: • Nutrition needs of the client • Special diet restrictions • Portion control • Client, community • Cultural preference
	Food Bank/Pantry programs providing food bank/pantry services will purchase and maintain a nutritional food supply. Food/ water safety and handling measures will be strictly enforced.	Plans on file at provider agency.
	Food Bank/Pantry programs will distribute food to provider agencies for delivery to clients.	MOUs with CBOs on file at provider agency.
	Food Bank/Pantry programs will distribute food directly to clients.	Distribution policy and daily distribution records on file at provider agency.
	Food Bank/Pantry programs will train volunteers in proper food handling techniques and HIV sensitivity.	Volunteer training curriculum and records of volunteer trainings on file at provider agency.
PROMOTION AND LINKAGES	Nutrition Support programs will promote the availability of their services.	Promotion plan on file at provider agency

SERVICE COMPONENT	STANDARD	MEASURE
	Nutrition Support programs will network with CBOs to identify appropriate clients.	Record of outreach and networking efforts on file at provider agency
	Home-Delivered Meals programs providing Home-delivered Meals will develop MOUs with provider agencies that provide food delivery services.	MOUs on file at provider agency that include: • Days and times food will be delivered and distributed to clients • Persons responsible for ensuring that food is delivered appropriately • Persons responsible for the actual delivery of food (e.g., staff, volunteers) • Geographic areas to be served
	Food Bank/Pantry programs providing food bank/pantry services will develop MOUs with CBOs that collaborate on food distribution.	MOUs on file at provider.
PROGRAM RECORDS	Nutrition Support programs will maintain client files.	Client chart on file at provider agency that includes: • Client intake • Review and evaluation of updated determination of nutrition need and plan to meet nutrition needs • Client services agreement • Documentation of referrals • Documentation of annual reassessment of eligibility • Initial nutrition intake and annual screening All entries in client chart will be signed and dated.
FOOD SAFETY AND QUALITY	Nutrition support programs will follow Los Angeles County Environmental Health Food Safety Guidelines[3]	Documentation on file.

[3] Environmental Health | Los Angeles County Department of Public Health (lapublichealth.org) (http://www.lapublichealth.org/eh/)

SERVICE COMPONENT	STANDARD	MEASURE
	Nutrition Support programs will be responsible to develop an Infection Control Program.	Infection Control Program on file at provider agency that includes education, promotion and inspection of proper hand washing, personal hygiene and safe food handling practices by staff and volunteers.
	Nutrition Support programs will be responsible for developing a Food Quality Control Program.	Food Quality Control Program on file at provider agency that includes these requirements (at minimum): • Proper food temperature is maintained at all times • Food inventory is updated and rotated as appropriate on a first-in, first-out basis • Facilities and equipment have capacity for proper food storage and handling • A procedure for discarding unsafe food is posted • Providers and vendors maintain proper licenses • Programs will maintain quality control logs
	Nutrition Support programs will develop a nutrition support manual.	Food Service Manual on file at provider agency which addresses food service and preparation standards; sanitation; safety; food storage; distribution; and volunteer training.
	Nutrition Support programs will conduct an annual client survey.	Client survey results on file at provider agency and agency plan of action to address concerns.
TRIAGE AND REFERRAL	Clients applying for nutrition support services who do not have a case manager will be referred to a case manager.	Record of referral on file in client chart.
	Clients will be referred to other medical and support services as needed.	Referrals to treatment advocacy, peer support, medical treatment, dental treatment, etc., recorded in client chart.

SERVICE COMPONENT	STANDARD	MEASURE
	Referrals will be made to other food sources as needed.	Record of referral on file in client chart.
CASE CLOSURE	Nutrition Support programs will develop case closure criteria and procedures.	Program cases may be closed when the client: • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died
	Patients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record.
STAFFING REQUIREMENTS AND QUALIFICATIONS	At minimum, all nutrition support staff will be able to provide age and culturally appropriate care to clients living with HIV or affected by HIV.	Staff resume and qualifications on file at provider agency.
	All employees involved in the preparation of meals will undergo a health screening as a condition of employment which includes TB test and stool screening.	Copy of health clearance in employee file.
	All staff and volunteers will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes: • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations Basic overview of food and water safety • Food protection protocols including hand washing, cross contamination, cooling/heating/cooling, hot

SERVICE COMPONENT	STANDARD	MEASURE
		and cold reheating, temperature danger zones • Service provider personal hygiene • Work safety • Proper receiving and storing of food and supplies
	In-service trainings will be provided quarterly by an RD or other qualified professional.	Record of quarterly training (including date, time, topic, presenter, and attendees) on file at provider agency.
	Any nutrition support employee having direct contact with daily food preparation will hold a current certification in food handling.	Certifications on file at provider agency.
	Volunteers will be supervised by a staff person. All staff will be reviewed by their supervisor annually, at minimum.	Supervision plan and annual staff reviews on file at provider agency.
	RDs working with HIV food distribution programs will have the following: • Broad knowledge of principles and practices of nutrition and dietetics • Advanced knowledge in the nutrition assessment, counseling, evaluation, and care plans of people living with HIV • Advanced knowledge of current scientific information regarding nutrition assessment and therapy	Resume and training verification on file at provider agency.

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