



STANDARDS AND BEST PRACTICES COMMITTEE

Virtual Meeting
Tuesday, April 5, 2022

10:00AM-12:00PM (PST)

Agenda + Meeting Packet will be available on
the Commission's website at:

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

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1-415-655-0001

Event #/Meeting Info/Access Code: 2599 254 3272

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LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE VIRTUAL MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)
STANDARDS AND BEST PRACTICES COMMITTEE
TUESDAY, April 5, 2022, 10:00 AM – 12:00 PM

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

<https://tinyurl.com/2p87efhw>

or Dial

1-415-655-0001

Event Number/Access code: 2599 254 3272

(213) 738-2816 / Fax (213) 637-4748

HIVComm@lachiv.org <http://hiv.lacounty.gov>

Standards and Best Practices (SBP) Committee Members			
Erika Davies <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Miguel Alvarez	Mikhaela Cielo, MD
Wendy Garland, MPH	Thomas Green	Mark Mintline, DDS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA,
Mallery Robinson	Harold Glenn San Agustin, MD	Rene Vega, MSW, MPH	Ernest Walker, MPH
QUORUM: 6			

AGENDA POSTED: March 30, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click [Replace with the 2022 link http://hiv.lacounty.gov/Portals/HIV/Calendar%202022_Ongoing01-19-22.pdf?ver=i2ZO2MskAnfWfRaMOKQiuA%3d%3d](http://hiv.lacounty.gov/Portals/HIV/Calendar%202022_Ongoing01-19-22.pdf?ver=i2ZO2MskAnfWfRaMOKQiuA%3d%3d)

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

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

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

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

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

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

I. ADMINISTRATIVE MATTERS 10:03 AM – 10:07 AM

- 1. Approval of Agenda **MOTION #1**
- 2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:10 AM

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

III. COMMITTEE NEW BUSINESS ITEMS 10:10 AM – 10:15 AM

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

IV. REPORTS

- 5. Executive Director/Staff Report 10:15 AM – 10:35 AM
 - a. AB 361 and Virtual and In-Person Meeting
 - b. Comprehensive HIV Plan 2022-2026

- c. Oral Healthcare Subject Matter Expert Panel
- d. Special Populations Best Practices Project
- e. Mini Training Series: Training Topics of Interest

- 6. Co-Chair Report 10:35 AM – 10:55 AM
 - a. 2022 SBP Committee Workplan
- 7. Division of HIV & STD Programs (DHSP) Report 10:55 AM – 11:05 AM

V. DISCUSSION ITEMS

- 8. Service Standards Development 11:05 AM – 11:45 AM
 - a. Home-based Case Management review
 - b. Transitional Case Management- Incarcerated/Post-Release review

VI. NEXT STEPS 11:45 AM – 11:55 AM

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

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

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

VIII. ADJOURNMENT 12:00 PM

- 12. Adjournment for the virtual meeting of April 5, 2022.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/15/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based Benefits Specialty HIV Testing Storefront HIV Testing Social & Sexual Networks STD Screening, Diagnosis and Treatment Sexual Health Express Clinics (SHEX-C) Health Education/Risk Reduction Health Education/Risk Reduction, Native American Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Oral Healthcare Services Mental Health Biomedical HIV Prevention STD Screening, Diagnosis and Treatment Transportation Services
ROBINSON	Mallery	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	L.A. County Department of Health Services JWCH, INC.	Medical Care Coordination (MCC) HIV Testing Storefront HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV) STD Screening, Diagnosis and Treatment Health Education/Risk Reduction Mental Health Oral Healthcare Services Transitional Case Management Ambulatory Outpatient Medical (AOM) Benefits Specialty Biomedical HIV Prevention Medical Care Coordination (MCC) Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront HIV Testing Social & Sexual Networks Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
THOMAS	Damone	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	Unaffiliated consumer	No Ryan White or prevention contracts
VEGA	Rene	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission’s website; meeting recordings are available upon request.

**STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES**

February 1, 2022

COMMITTEE MEMBERS					
P = Present A = Absent					
Erika Davies, <i>Co-Chair</i>	P	Thomas Green	P	Harold Glenn San Agustin, MD	P
Kevin Stalter, <i>Co-Chair</i>	P	Eduardo Martinez (<i>Alt. to Joshua Ray</i>)	A	Reba Stevens (<i>Alt. to Pamela Coffey</i>)	P
Miguel Alvarez	P	Mark Mintline, DDS	P	Justin Valero, MA	A
Mikhaela Cielo, MD	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P	Rene Vega, MSW, MPH	A
Pamela Coffey	A	Katja Nelson, MPP	P	Ernest Walker, MPH	P
Wendy Garland, MPH	P	Joshua Ray, RN (<i>LoA</i>)	EA		
Grissel Granados, MSW	P	Mallery Robinson	P	Bridget Gordon (<i>Ex Officio</i>)	A
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay, AJ King					
DHSP STAFF					
Lisa Klein					

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of Commission approval.

**LOA: Leave of absence

Meeting agenda and materials can be found on the Commission’s website at <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=sXmedx0nmro%3d&portalid=22>

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: The meeting was called to order at 10:03 am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 11/02/2021 Standards and Best Practices (SBP) Committee meeting minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no public comments made.

III. COMMITTEE NEW BUSINESS ITEMS: There were no new Committee business items.

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no new committee business items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

- a. Cheryl Barrit, Executive Director (ED) yielded the floor to AJ King, Consultant to discuss the Comprehensive HIV Plan:

- Comprehensive HIV Plan (CHP) 2022-2026

AJ King shared that he has been attending different Commission on HIV (COH) groups and subgroups will continue engaging as many groups as possible to gather feedback and answer questions regarding the CHP. The plan will utilize elements of existing plans by building and focusing on the four pillars described in the Ending the HIV Epidemic (EHE) plan: Diagnose, Treat, Prevent, and Respond. He also noted that he plans to learn more about the upcoming changes to Medi-Cal under the California Advancing and Innovating Medi-Cal (CalAIM) proposal.

AJ King prompted the group to share their thoughts on ways to determine if the existing standards best practices incorporate a status neutral approach. K. Stalter noted that the way documents reviewed by the SBP committee are being written to be more attuned to non-stigmatizing language. Dr. Glenn San Agustin asked if having a status neutral approach imply that there will be a section specific to prevention services in the CHP. AJ King responded that the HRSA, CDC, and other federal partners are requesting that jurisdictions incorporate a status neutral approach in their CHP. He loosely defined having a status neutral approach as a client being treated with dignity, respect, and not stigmatize regardless of their HIV status.

AJ King shared that other COH groups/sub-groups identified the workforce issues such as burnout of HIV workforce, lack of HIV clinicians, and the aging out of HIV clinicians at various levels of the workforce. He also discussed systems issues such as the lack of subspecialties for people living with HIV (PLWHIV), identifying ways to improving Medi-Cal, and assisting PLWHIV access services not directly connected to HIV. K. Stalter added that pay and retention of case workers is another workforce issue to consider addressing. He noted that the CHP covers HIV prevention and care services for all of Los Angeles County (LAC), but the COH is responsible of a small portion of the system of care. He suggested engaging HIV clinicians in LAC—Ryan White providers and Non-Ryan White providers--training them on the standards, the different services available to PLWHIV throughout LAC to increase the ways providers can help their patients.

AJ King noted he is preparing a survey to collect information on workforce and systems issues to assess the needs and additional issues. He requested the help of SBP committee members to develop the assessment tool. Dr. Paul Nash stated he has background experience as a survey methodologist and offered to help with developing the assessment tool. Wendy Garland also offered to review the survey.

- Oral Health Service Standards Targeted Review Project Updates

Jose Rangel-Garibay shared that the oral health service standards targeted review group met on 1/11/22 and discussed the details for a subject matter expert (SME) panel to address specialty dental provider use of exclusion criteria for dental implants not explicitly mentioned in the oral health service standards. He noted that the group identified a facilitator for the SME panel and plan to schedule the event for late February 2022. A copy of the oral health project workplan is included in the packet.

- Special Populations Best Practices Project Updates

J. Rangel-Garibay shared he presented a list of best practice resources with the Aging Task Force (ATF) and requested their feedback. He will review the comments received and share an updated list with the ATF. He also met with the Transgender Caucus and noted he will focus on identifying best practice resources for that

group next.

6. CO-CHAIR REPORT

a. 2021 Workplan Review & Opportunities to Support Task Forces and Caucuses

- K. Stalter provided an overview of the 2022 SBP Committee workplan and shared details of the progress and timelines for the different items. C. Barrit shared that upon recommendation from the Division on HIV and STD Programs (DHSP), the SBP committee will put a hold on the Home-based Case Management (HBCM) service standards. She added that the committee will not remove the HBCM item from the workplan and will update the target completion date to “To be determined”. She noted that the committee and DHSP will need more time to review data on service utilization and upcoming changes to service components covered by the State’s plan. COH staff will change the target completion date for the HBCM item to “TBD”.

Reba Stevens asked about implementation timeline for the Substance Use Disorder and Residential Treatment Services (SUD) service standards. C. Barrit responded that COH staff submitted the SUD service standards to DHSP and will work with DHSP to determine next steps. COH still will follow-up with W. Garland for any changes DHSP foresees with SUD.

MOTION #3: Approve the 2022 Workplan as presented or revised. *(Passed by Roll call vote).*

b. Committee Member “Getting to Know You” Activity

- K. Stalter asked for committee members to share their favorite genre of music during the introductions and statement of conflicts portion of the meeting.

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

- W. Garland reported that DHSP continues to have staff deployed to the COVID-19 response. K. Stalter asked what the current number of case worker openings is, the number of MCC openings, and the case worker turnover rate at DHSP contracted agencies. W. Garland noted that would be a discussion to have with Paulina Zamudio and will follow-up with her. She suggested being broader in the approach to requesting this data. C. Barrit added that having a clear idea of the scope for the data of interest will yield better results. AJ King echoed the request for data for the workforce in general. W. Garland noted that some agency vacancies can be agency specific and DHSP has no control over how agencies are hiring and retaining staff.

V. DISCUSSION ITEMS

8. Service Standards Development

a. Benefits Specialty Services Standards: Review comments from Public Comment period

Erika Davies reviewed the public comments received from JWCH Institute Inc. For comment 1, she noted that providing training about the various county benefit programs available to clients would be out of control and scope for the SBP committee. She referenced the staff development and enhancement section (page 6 in the standard and page 28 in the packet) in the service components and suggested revisiting the language. Lisa Klein, echoed support for encouraging Benefits Specialist to engage in continual learning and training on the changes to various benefit programs. She suggested having an ongoing internal training on the important benefit programs and providing annual and quarterly updates as applicable. E. Davies added that expanding on the training benefits specialty staff will complete and maintaining up to date on program offerings is important. G. San Agustin agreed and asked if there was a centralized location for learning about different benefit programs, services available, and contact information. He added there needs to be way to centralize all the programs that are available such as a monthly newsletter. L. Klein noted that if left to the agency, then there would be a range of services for each agency and suggested the COH or DHSP work on centralizing the list. E. Davies recommended to enhance the service component to include language directing benefit specialty staff to seek formal trainings, in-services, and opportunities to stay up to date with benefit specialty services.

For comment 2, which stated the need to have less required paperwork during intake, E. Davies noted that paperwork is something that the SBP committee do not have a lot of control over. She added that most BSS program paperwork is agency specific and dependent on helping clients enroll into the various programs and benefits they are eligible for, and each benefit program will have its own packet and/or forms associated with it. She emphasized the

need for BSS staff to reduce the burden on the client as much as possible. C. Barrit asked if DHSP can provide more information on the requirements for contracted agencies related to paperwork for documenting services provided to help the SBP committee identify ways to make the service standards more flexible.

Erika noted that comments 1 and 2 focus on encouraging benefits specialty staff to stay on top of the most recent benefits information and services available. She added that comments 3, 4, and 5 should be considered as feedback for working with these agencies and providing technical assistance. A copy of the comments is included in the packet.

L. Klein noted that there needs to be a distinction between what can be address by service standards and what is required by the contracts. She added that much of the information collected for benefits specialty is not reported to CaseWatch and DHSP does not know what those requirements are. She will follow up with Paulina Zamudio.

C. Barrit added that questions about contracts and agency requirements for documenting services is outside the scope of the SBP committee. Agencies will have additional paperwork required to meet the requirements of the different funding streams the agency accesses to pay for services they provide. It would be difficult to differentiate between Ryan White and non-Ryan White service documentation. C. Barrit also noted that DHSP released a memorandum to all contracted agencies stating the shift towards using an annual recertification process.

C. Barrit shared that COH staff will attend a webinar on 2/16 focused on aging adults living with HIV and benefits to learn if there are any information that can be integrated into the BSS standards. The webinar is titled: "California Statewide HIV & Aging Educational Initiative: Session 1 Review of 2022 Benefits for Adults with HIV in California" and is hosted by the APLA Health through the Pacific AIDS Education & Training Center. COH staff will make changes to BSS standard based on the feedback sharing during the meeting today and will attend the webinar to learn more. Katja Nelson added that she will share with the panel the question of identifying best practices to address the issue of keeping up to date with benefits.

b. Home-based Case Management Services Standard Review

C. Barrit reminded the group that review for the HBCM standard is on hold until further notice. This allows the SBP committee more time to read and review the document while COH staff learn and understand more about the changes in the background.

E. Davies led the group in a discussion on the HBCM standard and reviewed the document section by section. Below are the edits that resulted from the review:

- Add language regarding the Memorandum of Understanding that reads "BSS will collaborate with primary care, healthcare, and supportive services providers"
- Add a space between "every" and "60"
- Scott Blackburn noted that the timeframe for re-assessment is currently 90 days, not 60 days. DHSP enacted the change took place about 6 years ago. COH staff will changes the timeframe to 90 days.
- Add more information on the importance of getting client's input and buy-in for their treatment and have them become better advocates for themselves in the care and services they are receiving. S. Blackburn shared the wording suggestion, "Documentation that plan was created in collaboration with client and that the client feels the plan is appropriate," and emphasized that the service plan should be client centered.
- E. Davies suggested clarifying the definitions for HCO and HHA acronyms.
- L. Klein suggested including guidance or resources for agencies to determine when an attendant needs to reach out to a Registered Nurse (RN).
- S. Blackburn shared that the cost for using skilled nursing services is high and usually requires a daily service. APLA does not provide skilled nursing because it is cost prohibitive. When skilled nursing is required, that would indicate a higher level of care needed beyond HBCM. E. Davies suggested to review the HBCM standards at other municipalities/jurisdictions to expand on this section.
- S. Blackburn added that on the supervision piece, on the state waiver side, when [APLA] doing site review for contracted agencies, they are looking for RN supervision at least every 62 days for attendant care and every 6 months for homemaker services since they do not provide care and only expected to provide hygiene for the

house. HBCM is not a service that will require a lot of RN supervision. E. Davie suggested reviewing the state waiver standards and try to align and updated the HBCM specific service components for consistency. C. Barrit noted that COH staff are doing background reviews of state initiatives and will dive deeper into understanding how to amend the standards.

- Change the language to read “subcontract with at least 3 HCOs or HHAs
- Add the language “HIV and STD prevention” to reinforce safer behaviors.
- Change all phrasings referencing case managers to “RN case managers” for consistency
- Remove duplicate language before “Referral and Coordination of Care” service component section
- Update the timeframe for “case conference” to 90 days
- E. Davies recommend ensuring removal of gender-specific pronouns to make the language more gender neutral by incorporating “they/their/them” pronouns.
- Regarding the “staffing requirements and qualifications” section, S. Blackburn added that the state waiver program is in the renewal process and one of the changes proposed is to change the MSW (master) requirements down to a Bachelors (BA/BS) in response to rural providers having difficulty finding qualified social workers with a MSW degree. Lowering the requirement will help with hiring. He noted that this does not seem like a problem affecting providers in metropolitan Los Angeles area and that the nature of the work would benefit from having a social worker with a master’s degree.

VI. NEXT STEPS

a. **TASK/ASSIGNMENTS RECAP:**

- ➡ COH staff will review documents and resources in the background as the SBP committee continues the review for the BSS and HBCM service standards
- ➡ Oral Health SME panel group will report back findings and recommendations during the March SBP committee meeting
- ➡ COH staff will make minor modifications to the HBCM service standards
- ➡ COH staff will follow up with DHSP for data inquires regarding workforce issues/questions identified during the meeting

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Comprehensive HIV Plan 2022-2026
- Report back any updates on the Special Population Best Practices project
- Report back any updates on the Oral Health service standard Targeted Review project
- Continue review of the Benefits Specialty Services standards
- Continue review of the Home-based Case Management service standards

VII. ANNOUNCEMENTS

- 13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** J. Rangel-Garibay clarified that the next SBP meeting will be on 3/1/22. K. Stalter recognized and thanked Katja Nelson and Justin Valero for their service and contributions to the work of the SBP committee.

VIII. ADJOURNMENT

- 14. ADJOURNMENT:** The meeting adjourned at 11:50am.



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> • VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission’s website; meeting recordings are available upon request.

**STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES**

March 1, 2022

COMMITTEE MEMBERS					
P = Present A = Absent					
Erika Davies, <i>Co-Chair</i>	A	Thomas Green	P	Reba Stevens (<i>Alternate</i>)	A
Kevin Stalter, <i>Co-Chair</i>	P	Mark Mintline, DDS	A	Rene Vega, MSW, MPH (<i>Alternate</i>)	A
Miguel Alvarez	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P	Ernest Walker, MPH	A
Mikhaela Cielo, MD	EA	Mallery Robinson	P		
Wendy Garland, MPH	P	Harold Glenn San Agustin, MD	P	Bridget Gordon (<i>Ex Officio</i>)	A
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay, Sonja Wright					
DHSP STAFF					

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of Commission approval.

**LOA: Leave of absence

Meeting agenda and materials can be found on the Commission’s website at
http://hiv.lacounty.gov/LinkClick.aspx?fileticket=y_3fDYI6JL0%3d&portalid=22

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: The meeting was called to order at 10:03 am. Kevin Stalter led introductions and prompted attendees to share about their pets/children.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the agenda order, as presented (*Postponed/No quorum*).

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 2/01/2021 Standards and Best Practices (SBP) Committee meeting minutes, as presented (*Postponed/No quorum*).

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no public comments made.

III. COMMITTEE NEW BUSINESS ITEMS: There were no new Committee business items.

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no new committee business items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

- a. Cheryl Barrit, Executive Director (ED) reported the following:

- Comprehensive HIV Plan (CHP) 2022-2026

AJ King is meeting with stakeholder groups and will provide updates at the full Commission meeting on 3/10/22. He may not be present at the April and May Committee meetings as he will devote time to writing.

- AB 361

C. Barrit shared that the Executive Office of the Board of Supervisors has instructed all Commissions to prepare for the resumption of in-person meetings beginning in the month of April for groups that are tied to the Brown Act; this includes full body Commission meetings and standing Committee meetings. Caucuses and other sub-groups will remain virtual. Commission staff will provide a WebEx link and/or conference line to support a hybrid meeting form starting in April 2022.

C. Barrit reminded the Committee that AB361 is in effect until 2024 and Commission staff will seek guidance from County counsel and provide accommodations as possible.

- Oral Health Service Standards Targeted Review Project Updates

Jose Rangel-Garibay reported that the Committee convened an oral healthcare subject matter expert panel to support Commission staff in drafting a dental implant addendum to the current Ryan White Part A oral healthcare standard. The addendum will provide clarification and guidance to the Commission's current oral healthcare service standard regarding dental implants.

The panel consisted of dental providers and dental program administrators. Commission staff will work with the panel facilitator to compile a meeting summary and begin drafting the addendum. During the panel, the group discussed:

- Clinical situations that would make a client a candidate for dental implants and stressed the importance of having standardized criteria
- Cost associated with placing, maintaining, and restoring dental implants
- Revisiting the consumer bill of rights and consider expanding the client responsibilities section to reconcile client expectations and service provider capacity

- Special Populations Best Practices Project Updates

J. Rangel-Garibay reported he will attend the Aging Task Force meeting later this afternoon to understand the potential changes to the group's scope of work. He will present best practice recommendations to the Transgender Caucus at their April meeting; and he will present best practice recommendations to the Consumer Caucus at their March meeting. He will focus on identifying best practice resources for the Women's Caucus and the Black Caucus next.

6. **CO-CHAIR REPORT**

- a. **2021 Workplan Review & Opportunities to Support Task Forces and Caucuses**

- There were no changes to the workplan.

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

- Wendy Garland reported that DHSP staff have started returning from their COVID-19 placements. She also noted that Lisa Klein will be retiring and recognized her hard work and service to the Commission and DHSP.

V. DISCUSSION ITEMS

8. Service Standards Development

a. Substance Use Disorder and Residential Treatment Standards

COH staff reported they submitted a transmittal letter to DHSP indicating the Committee had completed their review of the Substance Use Disorder and Residential Treatment service standards. A copy of the letter is included in the packet. DHSP staff will now review the document and implement; and COH staff and DHSP staff will continue regular communication to receive updates on Request For Proposal (RFP) for this service category.

C. Barrit addressed a question regarding a LA Times article reporting on Kaiser Permanente's approach to CalAIM implementation being perceived as limiting the number of high-risk utilizers allowed into their program. She noted that the different health plans are reporting to the State Department of Health Care Services (DHCS) and describing the services they can provide to offer the expanded service defined by CalAIM for the target population(s).

b. Benefits Specialty Services Standards

COH staff shared resources from the "Benefits in 2022 for Aging Adults Living with HIV" presentation and recommended the Committee include the website www.benefitscheckup.org to the Benefits Specialty Services standard.

C. Barrit described 2-1-1 as social service directory designed to function as an information referral hub for LA County residents; the program works with various departments within LA County, non-profits, and agencies.

c. Transitional Case Management- Incarcerated/Post-Release

The Committee began review of the Transitional Case Management- Incarcerated/Post-Release (TCMIPR) service standards.

C. Barrit noted that since the last review of the TCMIPR service standards there have been significant changes to the County jail system related to the establishment and prioritization of alternatives to incarceration led by the Board of Supervisors.

Glenn San Agustin recommended adding language regarding Hepatitis C training and engaging subject matter experts and agencies currently contracted to provide this service for feedback.

K. Stalter suggested reviewing TCM-related standards for incarcerated/post-release populations in other jurisdictions and recommended sending a Word version of the document to committee members and DHSP staff to begin harnessing feedback.

W. Garland recommended reaching out to Dr. Nina Harawa for input as she has been working to develop interventions in the jail system. W. Garland also reported she will provide more information in the future regarding the ranking for this service category and agencies currently contracted to provide this service. She added that working with the jails is challenging due to changes in administration and workflows.

G. San Agustin noted that JWCH is the sole contractor for TCM and has one case manager in the jail. The case manager is working remotely and not allowed back in the jail due to COVID-19. He recommended adding language related to remote work for TCM staff; and sharing the TCM standard with the case management staff serving the jail population to request feedback.

W. Garland noted that case managers faced difficulty accessing clients/seeing them in-person due to COVID-19 safety measures. She shared that using telehealth for Medical Case Management (MCC) worked well and acknowledged that the jail and post-release population and their setting are different. She suggested to ask case managers if this was helpful or a hindrance to those clients to gain a sense of how the service is working.

Standards and Best Practices Committee Meeting Minutes

March 1, 2022

Page 4 of 4

VI. NEXT STEPS

a. **TASK/ASSIGNMENTS RECAP:**

- ➡ COH staff will post an updated meeting packet on the Commission website
- ➡ COH staff will edit the TCMIPR service standard to reflect items discussed during today's meeting
- ➡ COH staff will share the TCMIPR service standard draft with subject matter experts for feedback

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Report back updates regarding AB361
- Report back updates regarding the Comprehensive HIV Plan 2022-2026
- Report back updates on the Special Population Best Practices project
- Report back updates on the Oral Health service standard Targeted Review project
- Continue review of the TCMIPR service standards

VII. ANNOUNCEMENTS

- 13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** The Aging Task Force will meet at 1pm today and will discuss broadening the scope of the group. An updated packet will be posted on the Commission website.

VIII. ADJOURNMENT

- 14. ADJOURNMENT:** The meeting adjourned at 11:17am.



**LOS ANGELES COUNTY COMMISSION ON HIV 2022
SPECIAL POPULATIONS BEST PRACTICES PROJECT TRACKER (Updates in RED)**

COH ASSIGNED: Jose Rangel-Garibay				
Revision date: 3/30/22				
Purpose of Work Plan: To track progress for activities related to the Special Populations Best Practices Project (SPBP) 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/
1	<ul style="list-style-type: none"> • Provide overview of SPBP project • Research and identify best practices • Select best practices and develop list • Submit list to SBP committee 	Develop list of best practices for the Aging Task Force to include in the “Special Populations Best Practice Compilation” document	In-progress	Presented list of best practices identified and requested feedback.
2	<ul style="list-style-type: none"> • Provide overview of SPBP project • Research and identify best practices • Select best practices and develop list • Submit list to SBP committee 	Develop list of best practices for the Transgender Caucus to include in the “Special Populations Best Practice Compilation” document	In-progress	Will present list of best practices identified at their April 2022 meeting
3	<ul style="list-style-type: none"> • Provide overview of SPBP project • Research and identify best practices • Select best practices and develop list • Submit list to SBP committee 	Develop list of best practices for the Consumer Caucus to include in the “Special Populations Best Practice Compilation” document	In-progress	Will present list of best practices identified at their April 2022 meeting
4	<ul style="list-style-type: none"> • Provide overview of SPBP project • Research and identify best practices • Select best practices and develop list • Submit list to SBP committee 	Develop list of best practices for the Aging Task Force to include in the “Special Populations Best Practice Compilation” document	May 2022	
5	<ul style="list-style-type: none"> • Provide overview of SPBP project • Research and identify best practices • Select best practices and develop list • Submit list to SBP committee 	Develop list of best practices for the Women’s Caucus to include in the “Special Populations Best Practice Compilation” document	June 2022	
6	<ul style="list-style-type: none"> • Provide overview of SPBP project • Research and identify best practices • Select best practices and develop list • Submit list to SBP committee 	Develop the “Special Populations Best Practice Compilation” document and submit to SBP committee for review and approval	June 2022	



STANDARDS AND BEST PRACTICES COMMITTEE

ORAL HEALTH STANDARDS TARGETED REVIEW WORK PLAN (UPDATES IN RED)

WORKGROUP ROSTER					
Commission on HIV (COH) SBP committee members: Erika Davies (PDH), Kevin Stalter (consumer), Dr. Mark Mintline (WU)					
DHSP representatives: Mario Perez, Paulina Zamudio, Dr. Michael Green					
Community Stakeholders: Dr. Fariba Younai (UCLA)					
COH Staff: Cheryl Barrit, Jose Rangel-Garibay					
Approval Date:		Revision Dates: 11/4/21, 11/8/21, 12/1/21, 12/14/21, 12/20/21, 1/11/22, 3/30/22			
GOAL: Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.					
#	OBJECTIVE	TASKS/ACTIVITIES	OUTCOMES/DELIVERABLES	STATUS	TARGET DATE
1	Describe issue(s) and determine course of action	<ul style="list-style-type: none"> Host initial meeting to help the Standards and Best Practices (SBP) committee gather information and determine the need to review the Oral Health service standards in response to an appeal from the Director of the Division on HIV and STD Programs (DHSP) 	<ul style="list-style-type: none"> Determined to conduct a targeted review of the 2016 Oral Health service standards informed by a panel of specialty dental providers and other subject matter experts Meeting summary for participants Monthly progress reports to SBP Committee 	COMPLETE	Oct 2021
2	Pre-planning for SME panel	<ul style="list-style-type: none"> Develop work plan and project timeline Gather contact information for specialty dental providers and other subject matter experts (SMEs) Conduct literature review Share updates with work plan with participants 	<ul style="list-style-type: none"> Work plan and project timeline List of contacts received Summary from literature review 	COMPLETE	Dec 2021
3	Plan SME panel	<ul style="list-style-type: none"> Draft SME panel agenda Set expectations and deliverables for SME panel Share contacts identified and send availability requests/invite potential panelists Share literature review summary document with workgroup Set date and time for the SME panel 	<ul style="list-style-type: none"> Agenda for SME panel SME panel objectives and expectations SME panel meeting packet items Invite potential panelists 	COMPLETE	Dec 2021 (Early) Jan 2022
4	Convene expert panel	<ul style="list-style-type: none"> Facilitate discussion regarding guidance for dental implants to be included to the Oral Health service standards 	<ul style="list-style-type: none"> Summary of feedback 	IN-PROGRESS	(Late) Jan 2022 (Late) Feb 2022

STANDARDS AND BEST PRACTICES COMMITTEE

ORAL HEALTH STANDARDS TARGETED REVIEW WORK PLAN (UPDATES IN RED)

		<ul style="list-style-type: none"> Collect feedback for addendum to Oral Health service standards 			March 2022
5	Draft addendum to Oral Health Standards	<ul style="list-style-type: none"> COH staff to review feedback summary and draft addendum 	<ul style="list-style-type: none"> Draft addendum 	In-Progress	Feb 2022 (Mid) April 2022
6	Send addendum to SBP committee for review and approval	<ul style="list-style-type: none"> SBP committee co-chairs to share addendum and request committee feedback SBP committee co-chairs to post addendum for a 30-day public comment period SBP committee to review public comments and make edits as necessary SBP committee to vote on approving addendum 	<ul style="list-style-type: none"> SBP Committee review, editing, and approval of addendum 	Pending	May 2022
7	Send addendum to Executive Committee for approval	<ul style="list-style-type: none"> SBP committee co-chairs to present addendum to Executive Committee and request approval vote 	<ul style="list-style-type: none"> Executive Committee approval of addendum 	Pending	May 2022
8	Send addendum to full COH for approval	<ul style="list-style-type: none"> SBP committee co-chairs to present addendum to full COH and request approval vote 	<ul style="list-style-type: none"> COH approval of addendum 	Pending	Jun 2022
9	Submit addendum to DHSP for distribution	<ul style="list-style-type: none"> COH co-chairs to send addendum to DHSP leadership and recommend distribution 	<ul style="list-style-type: none"> DHSP receipt and distribution of addendum 	Pending	Jun 2022
10	Full review of Oral Health service standards	<ul style="list-style-type: none"> SBP committee to conduct a full review of the Oral Health service standards 	<ul style="list-style-type: none"> Updated Oral Health service standards 	TBD	Fall 2022



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

Co-Chairs: Erika Davies, Kevin Stalter				
Approval Date: 2/1/22				
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2022 workplan	COH staff to review and update 2021 workplan monthly	Ongoing	Workplan revised/updated on: 12/22/21, 1/6/2022, 1/19/22, 1/26/22; 2/1/22; 2/24/22; 3/30/22
2	Update Substance Use Outpatient and Residential Treatment service standards	Continuation of SUD service standards review from 2021.	Jan 2022 COMPLETED	During the November meeting, the committee placed a temporary hold on approving the SUD service standards pending further review of the implications of CalAIM. COH staff will provide CalAIM updates and allow the committee to determine to approve or extend the hold on approving the SUD service standards. At the December 7 th meeting, the committee approved the SUD service standards and moved them to the Executive Committee for approval. Approved by the Executive Committee on 12/9/21 and on the Commission agenda for approval on 1/13/22 Approved by Commission on 1/13/22. COH staff sent transmittal letter to DHSP on 1/26/22.
3	Update Benefits Specialty service standards	Continuation of BSS service standards review from 2021.	Early 2022	Committee extended the public comment period and now ends on January 21, 2022. The Committee reviewed public comments received at the February 2022 meeting. Committee placed a temporary hold on



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

				additional review of the BSS standards pending further instruction from DHSP.
4	Update Home-based Case Management service standards	SBP prioritized HBCM for 2022 based on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+	TBD	DHSP presented a HBCM service utilization summary document at the January 2022 SBP Committee meeting Committee will continue review at April 2022 meeting.
5	Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.	Mario Perez (DHSP) recommended that the SBP committee conduct this specific addendum to the oral health standards for 2022	June 2022	COH staff scheduled a planning meeting to elaborate details for an expert panel. The meeting is scheduled January 11, 2022. COH staff to identified Jeff Daniels as facilitator for Subject Matter Expert (SME) panel. COH staff requested service utilization summary document for Oral Health service standards from Wendy Garland [DHSP]. Dr. Younai provided literature review materials and COH staff will prepare an annotated bibliography. Paulina Zamudio provided list of dental providers contracted with DHSP. COH staff will draft SME panel invite letter. SME panel to convene in late February 2022. The COH convened an oral healthcare subject matter expert panel to support Commission staff in drafting a dental implant addendum to the current Ryan White Part A oral healthcare service standard. The addendum will provide clarification and guidance to the Commission's current oral healthcare service standard regarding to dental implants



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

				Commission staff will work with the panel facilitator Jeff Daniel, to compile a meeting summary to share with the panelists and will begin drafting an outline for the addendum. The plan is to have a draft addendum ready for the SBP committee to review for the April SBP meeting.
6	Update Transitional Case Management service standards	Recommendation from DHSP	Mid 2022	Committee will begin the review process at the March 2022 meeting. Committee will continue review process at April 2022 meeting.
7	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan	Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	Ongoing, as needed	
8	Collaborate with the Planning, Priorities and Allocations Committee and AJ King (consultant) to shape the Comprehensive HIV Plan (CHP)	Contribute to the development of the CHP and advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy	Ongoing/ Late 2022	Added “CHP discussion” item for all SBP Committee meetings in 2022. COH staff and AJ King to provide updates on CHP progress and submit requests for information for the SBP Committee to address.
9	Engage private health plans in using service standards and RW services		TBD	



LOS ANGELES COUNTY
COMMISSION ON HIV



Standards & Best Practices Committee Standards of Care

- ❖ **Service standards are written for service providers to follow**

- ❖ **Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer**

- ❖ **Service standards are essential in defining and ensuring consistent quality care is offered to all clients**

- ❖ **Service standards serve as a benchmark by which services are monitored and contracts are developed**

- ❖ **Service standards define the main components/activities of a service category**

- ❖ **Service standards do not include guidance on clinical or agency operations**



LOS ANGELES COUNTY
COMMISSION ON HIV



Standards of Care Review Guiding Questions

1. Are the standards 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?
3. Will the services meet consumer needs? Are the proposed standards client-centered?
4. What are the important outcomes we expect for people receiving this service? How can we measure whether or not the service is working for them?
5. Is there anything missing from the standards related to HIV prevention and care?
6. Is there anything missing in regard to other topics such as reducing stigma, social determinants of health, immigration issues, support around insurance and housing, etc.?
7. Are the references still relevant?



Home-Based Case Management Services Standards of Care

DRAFT FOR REVIEW

4/5/2021



Home-Based Case Management Services SERVICE STANDARDS

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

[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](#)

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

The Los Angeles County Commission on HIV developed the Home-Based Case Management Services standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality Home-Based Case Management services when attending core medical and/or support services appointments and meetings. 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 Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women’s Caucus, and the public-at-large.

SERVICE INTRODUCTION

Home-based case management services are client-centered case management and social work activities that focus on care for people living with HIV who are functionally impaired and require intensive home and/or community-based care. Services are conducted by qualified Registered Nurse (RN) case managers and master’s degree-level social workers who facilitate optimal health outcomes for functionally impaired people living with HIV through advocacy, liaison, and collaboration.

Home-based case management services may include:

- Assessment
- Service planning
- Attendant care
- Homemaker services
- Medical case management
- Care coordination
- Psychosocial case management
- Mental health therapy

The goals of home-based case management for functionally impaired people living with HIV include:

- Assessing and facilitating in-home services
- Helping clients locate needed health care and supportive services
- Helping service providers coordinate care for clients
- Helping clients understand and manage their medical diagnoses, including comorbidities and other health-related diagnoses that impact HIV care treatment
- Educating clients on reducing risks for HIV infection
- Helping patients adhere to medical regimens and drug therapies
- Helping clients transition appropriately to self-management and care
- Providing appropriate, quality, cost-effective care

All service providers receiving funds to provide Home-based Case Management services are required to adhere to the following standards.

Table 2. HOME-BASED CASE MANAGEMENT SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Home-based case management programs will outreach to potential patients and providers.	Outreach plan on file at provider agency.
Intake	Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): <ul style="list-style-type: none"> • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility

		<ul style="list-style-type: none"> • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
Intake	Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and date by client on file and updated annually.
Intake	Consent for Services will be completed.	Signed and dated Consent in client file.
Intake	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
Assessment	Assessments will be completed within 30 days following intake. Updates to the assessment will be done on a continuous basis, but no less than once every 60 days.	<p>Assessment or update on file in client record to include:</p> <ul style="list-style-type: none"> • Date • Signature and title of staff person • Comprehensive medical information (detailed above) • Client's educational needs related to treatment • Assessment of psychological adjustment and coping • Consultation (or documented attempts) with health care and related social service providers • Assessment of need for home-health care services <p>A client's primary support person should also be assessed for ability to serve as client's primary caretaker.</p>
Service Plan	Home-based case management service plans will be developed in conjunction with the patient.	Home-based case management service plan on file in client record to include:

		<ul style="list-style-type: none"> • Name of client, RN case manager and social worker • Date/signature of RN case manager and/or social worker • Documentation that plan has been discussed with client • Client goals, outcomes, and dates of goal establishment • Steps to be taken to accomplish goals • Timeframe for goals • Number and type of client contacts • Recommendations on how to implement plan • Contingencies for anticipated problems or complications
<p>Implementation and Evaluation of Service Plan</p>	<p>RN case managers and social workers will:</p> <ul style="list-style-type: none"> • Provide referrals, advocacy and interventions based on the intake, assessment, and case management plan • Monitor changes in the client's condition • Update/revise the case management plan • Provider interventions and linked referrals • Ensure coordination of care • Conduct monitoring and follow-up • Advocate on behalf of clients • Empower clients to use independent living strategies • Help clients resolve barriers 	<p>Signed, dated progress notes on file to detail (at minimum):</p> <ul style="list-style-type: none"> • Description of client contacts and actions taken • Date and type of contact • Description of what occurred • Changes in the client's condition or circumstances • Progress made toward plan goals • Barriers to plan and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent

	<ul style="list-style-type: none"> • Follow up on plan goals • Maintain ongoing contact based on need • Be involved during hospitalization or follow-up after discharge from the hospital • Follow up missed appointments by the end of the next business day • Ensuring that State guidelines regarding ongoing eligibility are followed 	<ul style="list-style-type: none"> • RN case manager's or social worker's signature and title
Attendant Care	Attendant care will be provided under supervision of a licensed nurse, as necessary.	Record of attendant care on file in client chart.
Attendant Care	When possible, programs will subcontract with at least HCOs or HHCs.	Contracts on file at provider agency.
Homemaker Services	Homemaker services will be provided under the supervision of a licensed nurse, as necessary.	Record of homemaker services on file in client record.
Homemaker Services	Homemaker services will be monitored at least once every 60 days.	Record of monitoring on file in the client record.
Homemaker Services	When possible, programs will subcontract with at least HCOs or HHCs.	Contracts on file at provider agency.
HIV Prevention, Education and Counseling	RN case managers and social workers will provide prevention and risk management education and counseling to all clients, partners, and social affiliates.	Record of services on file in client medical record.
HIV Prevention, Education and Counseling	Case managers and social workers will: <ul style="list-style-type: none"> • Screen for risk behaviors • Communicate prevention messages • Discuss sexual practices and drug use • Reinforce safer behavior 	Record of prevention services on file in client record.

	<ul style="list-style-type: none"> • Refer for substance abuse treatment • Facilitate partner notification, counseling, and testing • Identify and treat sexually transmitted disease 	
HIV Prevention, Education and Counseling	When indicated, clients will be referred to appropriately credentialed/licensed professionals for prevention education and counseling.	Record of linked referral on file in client record.
HIV Prevention, Education and Counseling	Case managers and social workers will: <ul style="list-style-type: none"> • Screen for risk behaviors • Communicate prevention messages • Discuss sexual practices and drug use • Reinforce safer behavior • Refer for substance abuse treatment • Facilitate partner notification, counseling, and testing • Identify and treat sexually transmitted diseases 	Record of prevention services file in client record.
HIV Prevention, Education and Counseling	When indicated, clients will be referred to appropriately credentialed/licensed professionals for prevention education and counseling.	Record of linked referral on file in client record.
Referral and Coordination of Care	Home-based case management programs will maintain a comprehensive list of providers for full spectrum HIV-related services referrals.	Referral list on file at provider agency.
Referral and Coordination of Care	Home-based case management programs will collaborate with other agencies and providers to provide effective, appropriate referrals.	Memoranda of Understanding detailing collaborations on file at provider agency.

Referral and Coordination of Care	Home-based case management programs will develop procedures and protocols for referrals.	Written procedures and protocols on file at provider agency that includes proves for tracking and monitoring referrals.
Case Conference	Case Conferences held by RN and social worker (at minimum) will review and revise services plans at least every 60 days. Client or representative feedback will be sought.	Documentation of case conferences on file in client record to include names and titles of those participating in the review and client or representative input.
Patient Retention	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
Patient Retention	Programs will provide regular follow-up procedures to encourage and help maintain a client in home-based case management.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: <ul style="list-style-type: none"> • Telephone calls • Written correspondence • Direct contact
Case Closure	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record
Case Closure	Home-based case management cases may be closed when the client: <ul style="list-style-type: none"> • Has achieved his or her home-based case management service plan goals • 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 	Case closure summary on file in client chart to include: <ul style="list-style-type: none"> • Date and signature of RN case manager and/or social worker • Date of case closure • Service plan status • Statue of primary health care and service utilization • Referrals provided • Reason for closure • Criteria for re-entry into services

	<p>complied with the client services agreement</p> <ul style="list-style-type: none"> • Has died 	
Policies, Procedures and Protocols	Home-based case management programs will have written policies procedures and protocols, including eligibility criteria.	Policies, procedures, and protocols on file at provider agency.
Staffing Requirements and Qualifications	<p>RNs providing home-based case management services will:</p> <ul style="list-style-type: none"> • Hold a license in good standing form the California State Board of Registered Nursing • Have graduated from an accredited nursing program with a BSN or two-year nursing associate degree • Have two year’s post-degree experience and one year’s community or public health nursing experience • Practice within the scope defined in the California Business & Professional Code, Section 2725 	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
Staffing Requirements and Qualifications	Social workers providing home-based case management services will hold an MSW or related degree and practice according to State and Federal guidelines and the Social Work Code of ethics	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
Staffing Requirements and Qualifications	RN case managers and social workers will attend an annual training/briefing on public/private benefits.	Documentation of attendance in employee files.
Staffing Requirements and Qualifications	Staff will maintain licenses by completing continuing education requirements of their respective professional boards.	Record of continuing education in employee files at provider agency.

DEFINITIONS AND DESCRIPTIONS

Assessment is a comprehensive evaluation of each client's physical, psychological, social, environmental, and financial status to determine the type and level of service needs. Assessments will be performed in accordance with guidelines set forth by the California Department of Public Health (CDPH) Case Management Program (CMP).

Attendant care includes the provision of non-medical personal care by a home health aide or nurse assistant certified by the CDPH. Services are provided under the direct supervision of a licensed nurse.

Home care organization (HCO) is an entity that provides attendant care and/or homemaker services only. HCOs are not licensed by the CDPH and are not subject to State-issued service standards or criteria.

Home health agency (HHA) is a public or private entity that provides skilled nursing and other therapeutic services to clients in their place of residence under a treatment plan prescribed by an attending physician. HHAs must be qualified and licensed by the CDPH as a home health agency.

Homemaker services include general household activities performed when the client is unable to manage home care for himself or herself at home. Services are provided under the direct supervision of a licensed nurse.

Registered Nurse (RN) case management services include the provision of comprehensive medical case management for people living with HIV who require intensive home and/or community-based services.

Service plan is a written document identifying a client's problems and needs, intended interventions, and expected results, including short- and long-range goals written in measurable terms.

Social work case management services include the provision of comprehensive social work case management services including, but not limited to, psychosocial, financial, housing, and related concerns for people living with HIV who require intensive home- and/or community-based services.

Social workers, as defined in this standard, are individuals who hold a master's degree in social work or related field from an accredited program.



SERVICE STANDARDS FOR INCARCERATED AND POST- RELEASE TRANSITIONAL CASE MANAGEMENT SERVICES



LOS ANGELES COUNTY
COMMISSION ON HIV



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

[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

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

The Los Angeles County Commission on HIV developed the Incarcerated and Post-Release Transitional Case Management Services standards to establish the minimum services necessary to coordinate care for incarcerated/post-release individuals who are living with HIV and are transitioning back to the community.

The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, caucuses, and the public-at-large.

INCARCERATED AND POST-RELEASE TRANSITIONAL CASE MANAGEMENT SERVICES (IPRTCM) OVERVIEW:

Transitional Case Management (TCM) Definition

HIV transitional case management is a client-centered activity that coordinates care for special transitional populations and those living with HIV. TCM includes:

- Intake and assessment of available resources and needs
- Development and implementation of individual release plans or transitional

independent living plans

- Coordination of services
- Interventions on behalf of the client or family
- Linked referral
- Active, ongoing monitoring and follow-up
- Periodic reassessment of status and needs
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Access to HIV and STI information, education, partner services, and behavioral and biomedical interventions (such as pre-exposure prophylaxis (PrEP)) to prevent acquisition and transmission of HIV/STIs

Services to facilitate retention in care, viral suppression, and overall health for incarcerated/post-release individuals who are living with HIV and are transitioning back to the community.

Incarcerated and Post-Release Transitional Case Management (IPRTCM) provides services to incarcerated individuals who are living with HIV and are transitioning back to the community. These services include complete psychosocial assessment; individual care plan development; appropriate referrals to housing, community case management, medical, mental health, and drug treatment.

Unique Needs of the Incarcerated/Post-Release Individuals Assuring and maintaining access to medical care and social support services for incarcerated/post-release individuals facilitate retention in care, viral suppression, and overall health. However, the needs of the incarcerated and post-incarcerated individuals are unique and complex.

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

<https://careacttarget.org/sites/default/files/JailsLinkageHIPPocketCard.pdf>

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

<http://www.enhancelink.org/>

A. OUTREACH

Programs providing Incarcerated and Post-Release Transitional Case Management services will conduct outreach to educate potential clients, HIV and STI services providers and other supportive service organizations about the availability and benefits of transitional management services for incarcerated and post-released persons with HIV within the Los Angeles County Jail system. Promotion and outreach will include the provision of information sessions to HIV-positive inmates that facilitate enrollment into incarcerated TCM programs. Programs will collaborate with HIV primary health care and support services providers, as well as HIV and STI testing sites.

B. COMPREHENSIVE ASSESSMENT AND REASSESSMENT

Comprehensive assessment/reassessment is completed in a cooperative, interactive, face-to-face interview process. Assessment/reassessment identifies and evaluates a client's medical, physical, psychosocial, environmental, and financial strengths, needs and

resources.

Comprehensive assessment is conducted to determine the:

- a. Client's needs for treatment and support services
- b. Client's current capacity to meet those needs
- c. Ability of the client's social support network to help meet client need
- d. Extent to which other agencies are involved in client's care
- e. Areas in which the client requires assistance in securing services
- f. Readiness for transition to adult/mainstream case management services (Youth will remain in transitional case management services at least until age 29.

Appropriateness of continued transitional case management services will be assessed annually through age 29. Planning will be made for eventual transition to adult/mainstream case management at least by the client's 29th birthday.)

C. INDIVIDUAL RELEASE PLAN (IRP)

In conjunction with the client, an IRP is developed that determines the case management goals to be reached. IRPs will be completed for each client within two weeks of the conclusion of the comprehensive assessment or reassessment. IRPs will be updated on an ongoing basis. At a minimum, IRPs should be updated when clients are re-assessed for their needs.

Programs will ensure that IRP goals include transportation, housing/shelter, food, primary health care, substance use treatment and community-based case management.

D. IMPLEMENTATION OF IRP, MONITORING AND FOLLOW-UP

Implementation, monitoring, and follow-up involve ongoing contact and interventions with (or on behalf of) the client to ensure that IRP goals are addressed and that the client is linked to and appropriately accesses and maintains primary health care and community-based supportive services identified on the IRP. These activities ensure that referrals are completed, and services are obtained in a timely, coordinated fashion.

E. CASE CONFERENCES

Programs will ensure that each case manager participates in group and/or multidisciplinary team case conferences. Case conferences can be conducted in accordance with client care-related supervision or independently from client care-related supervision. Those case conferences conducted independently from client care-related supervision will be discussions of selected clients to assist in problem-solving related to clients' IRP goal progress.

F. STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all transitional case management staff will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. Case management staff will complete an agency-based orientation before providing services. Staff will also be trained and oriented regarding client confidentiality and HIPAA regulations. See Personnel and Cultural Linguistic Competence Universal Standards.

All contractors must meet the Universal Standards of Care in addition to the following Incarcerated/Post-Release Transitional Case Management Services standards. Universal Standards of Care can be access at: <http://hiv.lacounty.gov/Projects>

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Transitional case management programs will outreach to potential clients and providers.	Outreach plan on file at provider agency.
	Transitional case management programs will provide information sessions to HIV-positive inmates.	Record of information sessions at the provider agency. Copies of flyers and materials used. Record of referrals provided to clients.
	Transitional case management programs establish appointments (whenever possible) prior to release date.	Record of appointment made with the client prior to release date.
Comprehensive Assessment	<p>Complete and enter comprehensive assessments into DHSP's data management system within 30 days of the initiation of services.</p> <p>Perform reassessments at least once per year or when a client's needs change or he or she has re-entered a case management program.</p>	<p>Comprehensive assessment or reassessment on file in client chart to include:</p> <ul style="list-style-type: none"> ○ Date ○ Signature and title of staff person ○ Client strengths, needs and available resources in: ○ Medical/health care ○ Medications ○ Adherence issues ○ Physical health ○ Mental health ○ Substance use, history, and treatment ○ Nutrition/food ○ Housing and living situation ○ Family and dependent care issues ○ Access to hormone replacement therapy, gender reassignment procedures, name change/gender change clinics

		<p>and other transition-related services.</p> <ul style="list-style-type: none"> ○ Transportation ○ Language/literacy skills ○ Cultural factors ○ Religious/spiritual support ○ Social support system ○ Relationship history ○ Domestic violence/Intimate Partner Violence (IPV) ○ Financial resources ○ Employment ○ Education ○ Legal issues/incarceration history ○ Risk behaviors ○ HIV and STI prevention issues ○ Environmental factors <p>Resources and referrals</p>
Individual Release Plan (IRP)	IRPs will be developed in conjunction with the client within two weeks of completing the assessment or reassessment	<p>IRP on file in client chart to includes:</p> <ul style="list-style-type: none"> ● Name of client and case manager ● Date and signature of case manager and client ● Date and description of client goals and desired outcomes ● Action steps to be taken by client, case manager and others ● Customized services offered to client to facilitate success in meeting goals, such as referrals to peer navigators and other social or health services. ● Goal timeframes <p>Disposition of each goal as it is met, changed, or determined to be unattainable</p>
Implementation of IRP, Monitoring and Follow-up	<p>Case managers will:</p> <ul style="list-style-type: none"> ● Provide referrals, advocacy and interventions based on the intake, assessment, and IRP ● Monitor changes in the client's condition 	<p>Signed, dated progress notes on file that detail (at minimum):</p> <ul style="list-style-type: none"> ● Description of client contacts and actions taken ● Date and type of contact ● Description of what occurred ● Changes in the client's condition or circumstances

	<ul style="list-style-type: none"> • Update/revise the IRP • Provide interventions and linked referrals • Ensure coordination of care • Help clients obtain health benefits and care • Conduct monitoring and follow-up to confirm completion of referrals and service utilization • Advocate on behalf of clients with other service providers • Empower clients to use independent living strategies • Help clients resolve barriers • Follow up on IRP goals • Maintain/attempt contact at a minimum of once every two weeks and at least one face-to-face contact monthly • Follow up missed appointments by the end of the next business day • Collaborate with the client's community-based case manager for coordination and follow-up when appropriate <p>Transition clients out of incarcerated transitional case management at six month's post-release.</p>	<ul style="list-style-type: none"> • Progress made toward IRP goals • Barriers to IRPs and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent with, or on behalf of, client <p>Case manager's signature and title</p>
Case Conferences	<p>All case managers will participate in case conferences either in client care-related supervision or independently.</p>	<p>Documentation on file in client chart to include:</p> <ul style="list-style-type: none"> • Date of case conference • Notation that conference is independent of supervision • Names and titles of participants

	Independent case conferences will be documented.	<ul style="list-style-type: none"> • Issues and concerns identified • Guidance and/or follow-up plan • Results of implementing guidance/follow-up
Staffing Requirements and Qualifications	<p>Case managers will have:</p> <ul style="list-style-type: none"> • Knowledge of HIV/AIDS/STIs and related issues • Knowledge of and sensitivity to incarceration and correctional settings and populations • Knowledge of and sensitivity to lesbian, gay, bisexual, and transgender persons • Effective motivational interviewing and assessment skills • Ability to appropriately interact and collaborate with others • Effective written/verbal communication skills • Ability to work independently • Effective problem-solving skills • Ability to respond appropriately in crisis situations <p>Effective organizational skills</p>	Resume, training certificates, interview assessment notes, reference checks, and annual performance reviews on file.
	Case managers will hold a bachelor's degree in an area of human services; high school diploma (or GED equivalent) and at least one year's experience working as an HIV case manager or at least two years' experience working within a related health services field. Prior experience providing services to incarcerated	Resumes on file at provider agency documenting experience. Copies of diplomas on file.

	<p>individuals is preferred.</p> <p>Personal life experience with relevant issues is highly valued and should be considered when making hiring decisions</p>	
	<p>All staff will be given orientation prior to providing services.</p>	<p>Record of orientation in employee file at provider agency.</p>
	<p>Case management staff will complete DHSP's required case management certifications/training within three months of being hired.</p> <p>Case management supervisors will complete DHSP's required supervisor's certification/training within six months of being hired.</p>	<p>Documentation of certification completion maintained in employee file.</p>
	<p>Case managers will participate in recertification as required by DHSP and in at least 20 hours of continuing education annually.</p> <p>Management, clerical, and support staff must attend a minimum of eight hours of HIV/ AIDS/STIs training each year.</p>	<p>Documentation of training maintained in employee files to include:</p> <ul style="list-style-type: none"> • Date, time, and location of function • Function type • Staff members attending • Sponsor or provider of function • Training outline, handouts, or materials <p>Meeting agenda and/or minutes</p>
	<p>Case management staff will receive a minimum of four hours of client care-related supervision per month from a master's degree-level mental health professional.</p>	<p>All client care-related supervision will be documented as follows (at minimum):</p> <ul style="list-style-type: none"> • Date of client care-related supervision • Supervision format • Name and title of participants • Issues and concerns identified • Guidance provided and follow-up plan • Verification that guidance and plan have been implemented <p>Client care supervisor's name, title, and signature.</p>
	<p>Client care-related supervision</p>	<p>Documentation of client care-related</p>

	will provide general clinical guidance and follow-up plans for case management staff.	supervision for individual clients will be maintained in the client's individual file.
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Recommended training topics for IPRTCM staff:

- Integrated HIV/STI prevention and care services
- Hepatitis C screening and treatment
- Substance use harm reduction models and strategies
- The role of substances in HIV and STI prevention and progression
- Sexual identification, gender issues, and provision of trans-friendly services
- Cultural competence
- Correctional issues
- Risk reduction and partner notification
- Current medical treatment and updates
- Mental health issues for people living with HIV
- Confidentiality and disclosure
- Behavior change strategies
- Stigma and discrimination
- Community resources including public/private benefits
- Grief and loss

DRAFT



California Statewide
HIV & AGING
Educational
Initiative



2022 – Statewide Overview – Policies, programs and benefits for older people with HIV

Phil Curtis

Director, Government Affairs – APLA Health

February 16, 2022

Disclosures

If there are no disclosures use this statement:

All presenters of this continuing medical education activity have indicated that neither they nor their spouse/legally recognized domestic partner has any financial relationships with commercial interests related to the content of this activity.

CA – Policy Updates

California Master Plan on Aging – Enacted in 2019 – a blueprint to address health and well being of older CA residents

SB 258 – Identifies older people living with HIV as a population having the “greatest economic or social need”

Five demonstration projects – to address health and well-being of older people living with HIV

Federal SPNS Grants - HIV and Aging programs

Long term income support

1. Social Security Retirement

- 40 quarters working history
- Early retirement age 62
- Retirement age 66 - varies depending on birth year

2. Social Security Disability

- 20 quarters past 10 years
- Medical eligibility

3. Supplemental Security Income (SSI)

- Available to disabled people and retirees
- Medical and income eligibilities

4. Presumptive SSI

- Immediate access to benefits for life-threatening AIDS diagnoses
- Medical and income eligibility

5. Veterans Benefits

- Disability benefits – service connected
- Medical benefits

Short term income/housing support

1. General Relief (LA County)
 - Income support
 - Short term – 9 months
 - Employment requirements for able-bodied
2. State Disability Insurance (SDI)
 - Short-term disability income – up to 1 year
 - MD signature required
 - Must be attached to labor force – 30 days
3. Unemployment
 - Loss of job through no fault of your own
 - Benefits depend on wages - \$40 to \$450
 - Up to a year
4. HOPWA – rental and utility assistance, long-term subsidized housing
5. Housing is Key – State rental/eviction assistance

Ryan White Programs

1. Ryan White Care
 - Medical, dental, behavioral health and a broad range of support services
 - 500 % of federal poverty level
2. AIDS Drug Assistance Program (ADAP)
 - Free HIV and other medications
 - Same income eligibility
3. OA Health Insurance Premium Payment Assistance
 - Private and employer-based premiums and co-pays
4. Medicare Part D and Medigap – Premium/copay assistance
5. Call your local RW clinic or ASO

Health coverage

1. [Covered California](#) – Broad range of private plans with federal subsidies
2. [Medi-Cal](#)
 - Disability
 - Under 138% of fpl - \$18,700
3. [Medicare](#)
 - Social Security disability or age 65
 - Must have paid in 40 quarters lifetime
4. [My Health LA](#), [Healthy San Francisco](#) – Local low income health coverage
5. [IHSS](#)
 - Must be Medi-Cal eligible
 - Assistance paying home health aids, including relatives/friends
6. [Home Health](#)
 - Statewide Medi-Cal waiver program
 - In home support, case management, attendant care
7. [Veterans Health Care](#) – Long time leader in HIV care

Food programs/VocRehab

1. Cal Fresh – “Food stamp” program, now EBT card
2. California Food Assistance Program Food Assistance Program (for non-citizens)
3. NOLP, Project Angel Food, Project Open Hand – Local Ryan White funded meal and pantry programs
4. Vocational Rehabilitation – Assistance in job training/job readiness for people with disabilities