LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
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COMMISSION ON HIV MEETING

Thursday, September 12, 2024
9:00am-12:00pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r45e4d0f01cb057cb3b031b64a1b427a3

Notice of Teleconferencing Sites

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://www.surveymonkey.com/r/COHMembershipApp
For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org

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

(REVISED) AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV (COH)

THURSDAY, SEPTEMBER 12, 2024 | 9:00 AM – 12:00 PM

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room*, Los Angeles 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

NOTICE OF TELECONFERENCING SITES
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r45e4d0f01cb057cb3b031b64a1b427a3
JOIN BY PHONE
+1-213-306-3065
Access code: 2535 220 1088

AGENDA POSTED: September 6, 2024

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, email your Public Comment to hivcomm@lachiv.org or submit electronically HERE. All Public Comments will be made part of the official record.

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.

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

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

1. ADMINISTRATIVE MATTERS

A.	Call to Order, Roll Call/COI & Meeting Guidelines/Reminders		9:00 AM – 9:03 AM
B.	County Land Acknowledgment		9:03 AM – 9:05 AM
C.	Approval of Agenda	**MOTION #1**	9:05 AM – 9:07 AM
D.	Approval of Meeting Minutes	**MOTION #2**	9:07 AM – 9:09 AM
E.	Consent Calendar	**MOTION #3**	9:09 AM – 9: 10 AM

2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment (*Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE, or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.*) 9:10 AM – 9:15 AM

B. Commissioner Comment (*Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. Comments may not exceed 2 minutes per member.*) 9:15 AM – 9:20 AM

3. STANDING COMMITTEE REPORTS – I 9:20 AM – 10:15 AM

A. Planning, Priorities and Allocations (PP&A) Committee

(1) Service Rankings and Allocations for Program Years (PY) 35 Ryan White Program Part A and Minority AIDS Initiative (MAI) Funds **MOTION #4**

a. Review Updated Paradigms and Operating Values

b. PY 33 Expenditure Report

c. FY 2025 RWP Part A Notice of Funding Opportunity Preparation (HRSA 25-054)

B. Operations Committee

(1) Membership Management

a. SEAT CHANGE | Dr. David Hardy, Alternate (Seat #34) to Provider Representative #1 (Seat #11) **MOTION #5**

(2) Assessment of the Efficiency of the Administrative Mechanism (AEAM)

a. Report Findings

(3) Policies & Procedures

a. Proposed Bylaws Changes | UPDATES

b. Unaffiliated Consumer Member Stipend Policy | UPDATES

(3) 2024 Training Schedule | REMINDERS

(4) Recruitment, Retention & Engagement

3. STANDING COMMITTEE REPORTS – I (cont'd) 9:20 AM – 10:15 AM

C. Standards and Best Practices (SBP) Committee

(1) Ambulatory Outpatient Medical (AOM) Service Standards | **MOTION #6**

(2) Transportation Service Standards | PUBLIC COMMENT OPEN UNTIL SEPTEMBER 30, 2024

(3) Emergency Financial Assistance (EFA) Service Standards Review | UPDATES

(4) Service Standards Schedule & Tracker | UPDATES

D. Public Policy Committee (PPC)

(1) Federal, State, County Policy, Legislation & Budget

a. 2024 Legislative Docket | UPDATES

b. Project 2025 and Voter Registration Advocacy

c. County Response to STD Crisis | UPDATES

E. Caucus, Task Force, and Work Group Reports: 10:15 AM – 10:30 AM

(1) Aging Caucus | October 1, 2024 @ 1-3PM **Virtual*

(2) Black/AA Caucus | September 19, 2024 @ 4-5PM **Virtual*

- Empower, Engage, Evolve: Sexual Health & HIV Dialogue for Black SGL Men: September 26, 2024 @ 7-9PM **In Person; Location to be Disclosed Upon Registration*

(3) Consumer Caucus | September 12, 2024 @ 1:30-3PM **Hybrid @ Vermont Corridor*

(4) Transgender Caucus | October 22, 2024 @ 10-11:30AM **Virtual*

(5) Women's Caucus | October 21, 2024 @ 2-4PM **Virtual*

- Social Isolation Educational Event | September 23, 2024 @ 9:20AM-2PM **In Person/Vermont Corridor*

(6) Housing Task Force | Last Friday of Each Month @ 9AM-10AM **Virtual*

4. B R E A K 10:30 AM – 10:45 AM

5. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/Staff Report 10:45 AM – 10:55 AM

(1) 2024 COH Meeting Schedule Review & Updates

(2) Annual Conference Workgroup Updates

B. Co-Chairs' Report 10:55 AM – 11:10 AM

(1) Welcome New & Leaving Members

(2) 2025-2027 COH Co-Chair Open Nominations & Election | **MOTION #7**

(3) August 8, 2024 COH Meeting | FOLLOW-UP & FEEDBACK

(4) Cancelation of October 10, 2024 COH Meeting

(5) Conferences, Meetings & Trainings *(An opportunity for members to share information and resources related to the COH's core functions, with the goal of advancing the Commission's mission)*

- National Ryan White Conference on HIV Care & Treatment | August 20-23, 2024
- United States Conference on HIV/AIDS | September 12-15, 2024

(6) Member Vacancies & Recruitment

(7) Acknowledgement of National HIV Awareness Days

5. MANAGEMENT/ADMINISTRATIVE REPORTS – I (cont'd)

C. LA County Department of Public Health Report 11:10 AM – 11:20 AM

(1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)

a. Programmatic and Fiscal Updates

b. Mpox Briefing

c. Ending the HIV Epidemic (EHE) | UPDATES

D. California Office of AIDS (OA) Report (Part B Representative) 11:20 AM – 11:25 AM

(1) OAVoice Newsletter Highlights

(2) California Planning Group (CPG)

E. Housing Opportunities for People Living with AIDS (HOPWA) Report 11:25 AM – 11:35 AM

F. Ryan White Program (RWP) Parts C, D, and F Report 11:35 AM – 11:40 AM

G. Cities, Health Districts, Service Planning Area (SPA) Reports 11:40 AM – 11:45 AM

6. MISCELLANEOUS

A. Public Comment 11:45 AM – 11:50 AM

(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE, or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)

B. Commission New Business Items 11:50 AM – 11:55 AM

(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, or where the need to act arose after the posting of the agenda.)

C. Announcements 11:55 AM – 12:00 PM

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

D. Adjournment and Roll Call 12:00 PM

Adjournment for the meeting of September 12, 2024 in the memory of Dean Goishi, APAIT Founding Member.

LOS ANGELES COUNTY
COMMISSION ON HIV

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
MOTION #4	Approve Service Rankings and Allocations for Program Years (PY) 35 Ryan White Program Part A and Minority AIDS Initiative (MAI) Funds, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #7	Approve 2025-2027 COH Co-Chair, as elected.
CONSENT CALENDAR	
MOTION #5	Approve Seat Change for Commission Member Dr. David Hardy from Alternate (Seat #34) to Provider Representative #1 (Seat #11), as presented or revised.
MOTION #6	Approve Ambulatory Outpatient Medical (AOM) Service Standards, as presented or revised.

LOS ANGELES COUNTY COMMISSION ON HIV

COMMISSION ON HIV MEMBERS			
Danielle Campbell, PhDc, MPH, Co-Chair	*Joseph Green, Co-Chair*	Dahlia Alé-Ferlito	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD
Lilieth Conolly	Sandra Cuevas	Mary Cummings	Erika Davies
Kevin Donnelly	Kerry Ferguson (*Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS (LOA)	Arlene Frames
Arburtha Franklin (**Alternate)	Rita Garcia (**Alternate)	Felipe Gonzalez	Bridget Gordon
Karl Halfman, MA	Dr. David Hardy (**Alternate)	Ismael Herrera	Terrance Jones
William King, MD, JD, AAHIVS	Lee Kochems, MA	Leon Maultsby, MHA	Vilma Mendoza
Andre Moléttе (LOA)	Matthew Muhonen (LOA)	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP
Ronnie Osorio	Byron Patel, RN	Mario J. Pérez, MPH	Dechelle Richardson
Erica Robinson	Leonardo Martinez-Real	Daryl Russell	Harold Glenn San Agustin, MD
DeeAna Saunders	Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter
Lambert Talley (*Alternate)	Justin Valero, MPA	Jonathan Weedman (LOA)	Russell Ybarra
		MEMBERS:	**41**
		QUORUM:	**22**

LEGEND:

LoA = Leave of Absence; not counted towards quorum
Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

LOS ANGELES COUNTY
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Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

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

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

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

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

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

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

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

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial HERE or contact Commission staff at hivcomm@lachiv.org.

OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

AS ADOPTED BY THE BOARD OF SUPERVISORS ON NOVEMBER 1, 2022

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants—past, present, and emerging—as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandeño Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- San Manuel Band of Mission Indians
- San Fernando Band of Mission Indians

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at lanaic.lacounty.gov.

WHAT IS A LAND ACKNOWLEDGMENT?

A land acknowledgment is a statement that recognizes an area's original inhabitants who have been forcibly dispossessed of their homelands and is a step toward recognizing the negative impacts these communities have endured and continue to endure, as a result.

"THIS IS A FIRST STEP IN THE COUNTY OF LOS ANGELES ACKNOWLEDGING PAST HARM TOWARDS THE DESCENDANTS OF OUR VILLAGES KNOWN TODAY AS LOS ANGELES...THIS BRINGS AWARENESS TO STATE OUR PRESENCE, *E'QUA'SHEM*, WE ARE HERE."

—Anthony Morales, Tribal Chairman of the Gabrieleno/Tongva San Gabriel Band of Mission Indians

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

The Board of Supervisors (Board) approves a motion, authored by LA County Supervisor Hilda L. Solis, to adopt the Countywide Cultural Policy.

JULY 13, 2021

The Board supports a motion to acknowledge and apologize for the historical mistreatment of California Native Americans by Los Angeles County.

OCTOBER 5, 2021

The Board directs the LA County Department of Arts and Culture (Arts and Culture) and the LA City/County Native American Indian Commission (LANAIC) to facilitate meetings with leaders from local Tribes to develop a formal land acknowledgment for the County.

"THE SPIRIT OF OUR ANCESTORS LIVES WITHIN US. THE TRUE DESCENDANTS OF THIS LAND HAVE BECOME THE TIP OF THE SPEAR AND WILL CONTINUE TO SEEK RESPECT, HONOR, AND DIGNITY, ALL OF WHICH WERE STRIPPED FROM OUR ANCESTORS. IT IS OUR MOST SINCERE GOAL TO WORK TOGETHER AS WE BEGIN TO CREATE THE PATH FORWARD TOWARD ACKNOWLEDGMENT, RESTORATION, AND HEALING."

—Donna Yocum, Chairwoman of the San Fernando Band of Mission Indians

NOVEMBER 2021 – MARCH 2022

With help from an outside consultant, Arts and Culture and LANAIC conduct extensive outreach to 22 tribal governments, with generally 5 tribal affiliations, that have ties to the LA County region, as identified by the California Native American Heritage Commission. Five Tribes agree to participate on a working group.

MARCH 30 – SEPTEMBER 30, 2022

Over five facilitated sessions, the working group contributes recommendations, guidance, and historic and cultural information that informs the development of the County's land acknowledgment.

OCTOBER 18, 2022

LANAIC Commissioners approve a recommendation for the Board to adopt the Countywide Land Acknowledgment.

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

The Countywide Land Acknowledgment begins to be verbally announced and displayed visually at the opening of all Board meetings.

"TRUTH IS THE FIRST STEP TO THE RECOVERY OF OUR STOLEN LAND AND BROKEN PROMISES…WE ARE STILL HERE."

—Robert Dorame, Tribal Chair of the Gabrielino Tongva Indians of California

LOS ANGELES COUNTY
COMMISSION ON HIV

2024 MEMBERSHIP ROSTER| UPDATED 9.10.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative			***Vacant***	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			***Vacant***		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC|OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			***Vacant***		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			***Vacant***		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Vilma Mendoza	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC|OPS	Bridget Gordon	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	David Hardy (SBP)
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhDC, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman ***(LOA)***	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen ***(LOA)***	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS | PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS ***(LOA)***	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	**42**						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 47

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816
WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMITTEE ASSIGNMENTS

Updated: September 10, 2024
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 14 | Number of Quorum= 8**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Danielle Campbell, PhDc, MPH	**Co-Chair, Comm./Exec.***	**Commissioner**
Joseph Green *(Pro tem)*	**Co-Chair, Comm./Exec.***	**Commissioner**
Miguel Alvarez	Co-Chair, Operations	Commissioner
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Felipe Gonzalez	Co-Chair, PP&A	Commissioner
Bridget Gordon	At-Large	Commissioner
Lee Kochems, MA	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Dèchelle Richardson	At-Large	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 10:00 AM-12:00 PM** **Number of Voting Members= 10 | Number of Quorum= 6**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Miguel Alvarez	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Jayda Arrington	*	Commissioner
Alasdair Burton	At-Large	Commissioner
Bridget Gordon	At-Large	Commissioner
Ismael Herrera	*	Commissioner
Leon Maultsby, MHA	*	Commissioner
Vilma Mendoza	*	Commissioner
Erica Robinson	*	Commissioner
Dèchelle Richardson	At-Large	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 15| Number of Quorum= 8		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Felipe Gonzalez	**Committee Co-Chair***	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly	*	Commissioner
Rita Garcia *(alternate to Felipe Gonzalez)*	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Matthew Muhonen *(LOA)*	*	Commissioner
Daryl Russell, M.Ed	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
Dee Saunders	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman *(LOA)*	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 9 | Number of Quorum= 5		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Arburtha Franklin (*alternate to L. Martinez-Real)*	*	Alternate
Terrance Jones	*	Commissioner
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner
Ronnie Osorio	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE Regular meeting day: 1st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 16 | Number of Quorum = 9		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Dahlia Alè-Ferlito	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS *(LOA)*	*	Commissioner
Kerry Ferguson	*	Alternate
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

AGING CAUCUS
Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm **Co-Chairs: Kevin Donnelly & Paul Nash** ***Open membership****

CONSUMER CAUCUS
Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting **Co-Chairs: Damone Thomas, Lilieth Conolly & Ismael (Ish) Herrera** ***Open membership to consumers of HIV prevention and care services****

BLACK CAUCUS
Regular meeting day/time: 3rd Thursday of Each Month @ 4PM-5PM (Virtual) **Co-Chairs: Danielle Campbell & Leon Maultsby** ***Open membership****

TRANSGENDER CAUCUS
Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm **Co-Chairs: Xelestiál Moreno-Luz & Jade Ali** ***Open membership****

WOMEN'S CAUCUS
Regular meeting day/time: Virtual - 3rd Monday of Each Quarter @ 2-4:00pm **The Women's Caucus Reserves the Option of Meeting In-Person Annually** **Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo** ***Open membership****

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

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

Division of HIV and STDs Contracted Community Services

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health
	Caring Choice
	The Wright Home Care
	Cambrian
	Care Connection
	Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store
	Foothill AIDS Project
	JWCH
	Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy
	Caring Choice
	Health Talent Strategies
	Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA
	SJW
HTS - Storefront	LabLinc Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	

Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT
	AMAAD
HTS - Storefront	Center for Health Justice
	Sunrise Community Counceling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service forr Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	

Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar
	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Poplulations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy
	Cambrian
	Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home
	Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech
	Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	

LOS ANGELES COUNTY
COMMISSION ON HIV

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Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission's website and may be corrected up to one year after approval. Meeting recordings are available upon request.

COMMISSION ON HIV (COH)
AUGUST 8, 2024 MEETING MINUTES

Vermont Corridor Terrace Level
510 S. Vermont Avenue, Los Angeles, CA 90020
CLICK HERE FOR MEETING PACKET

TELECONFERENCE SITES:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

COMMISSION MEMBERS P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence									
Dahlia Alè-Ferlito	P	Miguel Alvarez	P	Jayda Arrington	AB2449	Al Ballesteros, MBA	P	Alasdair Burton	P
Danielle Campbell, PhDc, MPH	P	Mikhaela Cielo, MD	P	Lilieth Conolly	P	Sandra Cuevas	EA	Mary Cummings	A
Erika Davies	P	Kevin Donnelly	P	Kerry Ferguson	P	Felipe Findley	EA	Arlene Frames	P
Arburtha Franklin	P	Rita Garcia	P	Felipe Gonzalez	P	Bridget Gordon	EA	Joseph Green	P
Karl Halfman, MS	EA	Dr. David Hardy	P	Ismael Herrera	EA	Dr. William King, JD	EA	Lee Kochems	P
Leon Maultsby, MHA	P	Vilma Mendoza	P	Andre Molette	P	Matthew Muhonen	EA	Dr. Paul Nash	P
Katja Nelson	P	Ronnie Osorio	A	Byron Patel	P	Mario J. Peréz, MPH	P	Leonardo Martinez-Real	P

De'chelle Richardson	P	Erica Robinson	EA	Daryl Russell	AB2449	Dr. H. Glenn San Augustin	P	Dr. Martin Sattah	P
Dee Saunders	P	Dr. LaShonda Spencer	P	Kevin Stalter	AB2449	Lambert Talley	P	Justin Valero	EA
Jonathan Weedman	EA	Russell Ybarra	P						
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Dawn McClendon, Lizette Martinez, MPH; Sonja Wright, DACM; Jose Rangel-Garibay, MPH; and Jim Stewart									

1. ADMINISTRATIVE MATTERS

A. CALL TO ORDER, ROLL CALL/COI & MEETING GUIDELINES/REMINDERS

Joe Green, COH Co-Chair Pro Tem, called the meeting to order at 9:05 AM. Jim Stewart, Parliamentarian, conducted roll call. J. Green, COH Co-Chair, reviewed meeting guidelines and reminders; see packet.

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, J. Arrington (AB2449), A. Burton, L. Connolly, E. Davies, K. Donnelly, K. Ferguson, A. Frames, A. Franklin, R, Garcia, F. Gonzalez, F. Gonzalez, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, P. Nash, B. Patel, M. Perez, D. Russell (AB2449), L. Spencer, K. Stalter, (AB2449), L. Talley, R. Ybarra, D. Campbell, and J. Green.

B. COUNTY LAND ACKNOWLEDGEMENT

Commissioner Erika Davies, read the County's Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumash Peoples; see meeting packet for full statement.

C. APPROVAL OF AGENDA

MOTION #1: Approve meeting agenda, as presented or revised. ✓ ***Passed by Consensus***

D. APPROVAL OF MEETING MINUTES

MOTION #2: Approve meeting minutes, as presented or revised. ✓ ***Passed by Consensus***

2. PUBLIC & COMMISSIONER COMMENTS

A. **Public Comment**

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

- No public comment.

B. **Commissioner Comment**

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

- A. Franklin expressed concerns with call-in technical issues during the New Commissioner Orientation conducted by the Board of Supervisors Office (BOS) last week. C. Barrit will relay the difficulties experienced to the BOS.
- L. Conolly thanked staff and commissioners for resources and support of the Back-to-School Outreach event on August 3rd. L. Conolly used this event as an opportunity for recruitment and outreach and obtained 14 names and email addresses of individuals who might be interested in the Commission.
- J. Green announced that Reverend Kathy Cooper-Ledesma of the Hollywood United Methodist Church is retiring on September 8th after 18 years of service. Reverend Cooper-Ledesma has been very active in serving people living with HIV (PLWH). She was honored by the BOS on Tuesday. J. Green also thanked the LGBT Center for hosting a virtual viewing of one of the Aging Caucus meetings.

3. PRESENTATION & COMMUNITY FEEDBACK SESSION

Commission Co-chair, Danielle Campbell, opened the presentation of Mapping Our Progress: An Update on the Comprehensive HIV Plan (CHP) and provided a brief background explaining the Health Resources and Services Administration (HRSA) and the Centers for Disease Control (CDC) require Planning Councils (PCs) to develop local integrated HIV and prevention care plans, known as the Comprehensive HIV Plan (CHP), every four years, and the current CHP cover years 2022 thru 2026. D. Campbell informed everyone that this is an opportunity for community engagement and to provide feedback on the Commission's progress in implementing the CHP.

D. Campbell introduced AJ King of Next-Level Consulting and highlighted that AJ wrote the CHP and led several focus groups in partnership with the Commission as part of the needs assessment included in

the meeting packet. AJ King facilitated the presentation beginning with a brief Mentimeter quiz via mentimeter.com. Refer to PowerPoint (PPT) presentation in meeting packet.

Kevin Donnelly, Co-chair of the Planning, Priorities and Allocations (PP&A) Committee, led the interactive activity. Attendees were divided into five groups who visited each station, brainstorming and writing down ideas regarding the topics of each station: (1) diagnose all people with HIV as early as possible, (2) treat people with HIV rapidly and effectively to reach sustained viral suppression, (3) prevent new transmission by using proven interventions, (4) respond quickly to HIV outbreaks to get care and services to those who need it, and (5) cross-cutting goals that include workforce capacity and mixing things together to ensure everyone gets what they need.

Group feedback is recorded in the attached Addendum.

4. STANDING COMMITTEE REPORTS – I

A. Operations Committee

Co-chair, Miguel Alvarez, provided the report.

- Terrance Jones Unaffiliated At-Large #2 Representative (Seat #33)

MOTION #3

(Approved via Consensus)

M. Alvarez reported the Operations Committee met on June 27th. Executive Director, Cheryl Barrit, informed the Committee that HRSA will provide the report of their recommendations from their technical assistance (TA) visit by the middle of August and that HRSA is open to presenting their TA recommendations to the full body but will require that the Commission review their report and come up with specific questions in advance of their presentation. Due to the topics already scheduled for Commission meetings, the HRSA presentation may not occur until December or early 2025. The Committee reviewed and discussed the proposed updates to the Bylaws and a summary of the primary changes are as follows: (1) clarification of the role of HRSA's role in the bylaws review (HRSA will review but approval from the Project Officer is not required); (2) Membership composition changed from 51 to 50 voting members (1 non-voting member, DHSP), (3) term limits and member rotations; and (4) DHSP's roles and responsibilities as a non-voting member. Concerning the Bylaws, the Committee discussed HRSA's feedback regarding the Commission's overall composition and the opportunity to potentially downsize to enhance active participation and increase effectiveness in the planning process with a smaller body. The Committee engaged in a robust discussion regarding increased compensation for unaffiliated consumers. By consensus, the Committee agreed upon $500 per month based on levels of participation. It was expressed that an increase will meaningfully

recognize the contributions of unaffiliated consumers and allow for more opportunities to participate in various Commission activities. The Consumer Caucus was invited to attend the Operations meeting to provide input from a consumer's perspective. The Committee is requesting attendance at the next Operations Committee meeting on August 22nd, from 10 AM to 12 PM, to provide feedback on the Bylaws and increased consumer compensation discussions, a presentation by Collaborative Research on the Assessment of the Administrative Mechanism (AAM), and to hear updates regarding the Committee's outreach and engagement efforts such as Outreach team and elevator pitch. M. Alvarez issued a reminder that the next training, Policy Priorities and Legislative Docket Development Process, is scheduled for October 2nd, 3 from 3:00 pm-4:30 pm.

Commissioners commented on HRSA's recommendations as follows:

- Staff clarified that once term limits are adopted, they would not be retroactive.
- A suggestion was made to have a mechanism in place to mitigate the loss of history, knowledge, and experience due to term limits.
- Appreciation and general comments regarding consideration for an increase in consumer compensation were expressed.

The link to the meeting packet can be found HERE.

B. Standards and Best Practices (SBP) Committee

Co-chair, Erika Davies, reported the Committee met August 6th and the link to the meeting packet can be found HERE.

The Committee reviewed public comments and approved the revised Ambulatory Outpatient Medical (AOM) service standards and elevated the document to the Executive Committee. Program staff from the Alliance for Housing and Healing provided an overview of their Emergency Financial Assistance (EFA) program and shared client testimonials highlighting positive experiences with the program. The Committee held a robust discussion of the program components and will continue their review of the EFA service standards review in September. The Committee is requesting participation from consumers at upcoming SBP Committee meetings to help inform the revising of the EFA service standards.

The next SBP Committee meeting will be held September 3, 2024 from 10 am-12 pm at the Vermont Corridor.

C. Planning, Priorities & Allocations Committee

Co-chair, Felipe Gonzalez reported that the Committee last met on July 16th and the link to the meeting packet can be found HERE.

DHSP staff provided a summary of Program Year 33 (PY33) expenditures and a presentation on PY34 allocation scenarios. The total expenditures for PY33 exceeded the total award amount by approximately $3 million, however, DHSP was able to cover the overage via HIV/STI Net County Cost and other grants but noted these funds are not unlimited and may be needed to support other services in the future. Due to projection estimates being higher than available grant funds, the Committee had to redistribute its initial projected allocation percentages. The total Part A and Minority AIDS Initiative (MAI) grant funds for PY34 is approximately $41.3 million. Previously, projected RWP Part A and MAI grant fund expenditures totaled approximately $45 million. DHSP staff met with PP&A and Commission Co-chairs before the meeting to discuss potential reallocations and the proposed reallocations were presented to the Committee. A robust discussion was held before approving PY34 allocations. The PY34 allocations can be found in the meeting packet. To help maximize funds, some services were moved to other funding sources, and it was noted that although the services were removed from RWP funding does not indicate those services have stopped. The Committee voted for RWP Service Category priorities via dot vote and the votes will be tallied and reviewed at the August 27th PP&A Committee meeting.

The Committee is reminding Commissioners who have not completed the 2024 Priority Setting and Resource Allocation training to complete the training by August 26th to be eligible to vote for final priorities and allocations to be presented at the September Commission meeting. The recording can be found on the Commission website under 2024 Trainings. Commissioners must notify staff, Lizette Martinez, to be marked as complete. The Committee is asking for participation from consumers and commissioners at the August 27th PP&A Committee meeting to help inform the PY35 allocations.

The next PP&A Committee meeting will be held on August 27th from 1 pm to 4 pm at the Vermont Corridor.

Prior to the roll call vote for Motion #4, the following clarifications were made: the vote is for PY34 which is the program year we are currently sitting in, and it is reflective of the changes outlined in the Committee report above (i.e., $45 million budget to $ 41.3 million budget and some services moved to other funding sources but does not mean the services have stopped, Part A and MAI is the same – there was no reduction, and there is only $41.3 million available for direct services).

MOTION 4: Approve Ryan White Program Year 34 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.

(Motion Passed).

D. Public Policy Committee

Co-chair, Katja Nelson, reported that the Public Policy Committee did not meet in July and in August; the following is a link to Notice of Meeting Cancellation.

In reference to PPC's legislative docket, the legislature came back in session earlier in the week and the deadline for all bills to get House approval is August 31st, next the Governor has until September 30th to sign or veto the bill. There was a meeting with Supervisor Lindsey P. Horvath and Health Deputy Aaron Fox approximately two weeks ago discussing the Board of Supervisors' advocacy on the STD crisis and housing. Supervisor Horvath took action items to staff, fellow Supervisors, and the City of LA. K. Nelson will provide updates once received. K. Nelson also appealed to committee members to read the information provided on Project 2025 as PPC will discuss the appropriations mentioned and possible budget cuts to Ryan White, EHE, and other HIV-related funding sources. PPC will identify policy strategies for advocacy

The next Public Policy Committee meeting will be on September 16, 2024 from 1 pm to 3 pm at the Vermont Corridor. PPC is requesting for all to review NMAC'S Get Out The Vote (GOTV) campaign which aims to educate the HIV community, encourage voter turnout among marginalized communities, and collaborate with other movement-related organizations.

E. Caucus, Task Force and Work Group Reports

(1) Aging Caucus

Co-chair, Paul Nash, reported that the Aging Caucus met on August 6th and the link to the meeting packet can be found HERE. The Caucus reviewed the initial ideas and general outline of a special educational event co-hosted by the Aging and Women's Caucuses scheduled for September 23rd. The educational event will focus on overcoming social isolation and building community for BIPOC women ages 50 and over. The event will take place at the Vermont Corridor from 9 am – 2 pm and commemorate the September 18th National HIV/AIDS and Aging Awareness Day. Event planning and speaker invitations will continue, and a flyer will be forthcoming. The Caucus also revisited its priorities and directives to shift focus on 1 achievable activity and assess and identify appropriate partners for collaboration. Some of the Aging Caucus' recommendations have been and will continue to be integrated into the service standards. Also, the formation of the Housing Task Force (HTF) offers an additional opportunity

to merge housing-related activities into their work plan (i.e., examine housing inventory to ensure that it provides safe and welcoming environments for seniors). The Caucus also discussed conversing with SAPC and DMH to learn what they are doing to address social isolation and loneliness in older adults.

The Caucus requests all to look out for the upcoming flyer for the September 23rd educational event, spread the word with clients and staff, and share model practices and resources for prevention and care for older adults living with HIV with the Aging Caucus.

(2) Black/African American Caucus

Co-chair, Leon Maultsby, reported that the Caucus last met on July 18th and the link to the meeting packet can be found HERE.

DHSP reported plans to reach out to Black-led/servicing organizations that did not participate in the organization needs assessment to gauge interest in a DHSP-led focus group, updates will be provided. Caucus co-chairs have been working with Dr. Tadios Belay and his team at the U.S. Africa Institute to coordinate a second round of the Black Immigrant Community Listening Session and the information flyer is forthcoming. The Caucus confirmed the schedule for upcoming listening sessions: Same Gender Loving Men in September, Women in October, and Non-Traditional HIV Providers in November. Staff will coordinate planning meetings for each group. L. Maultsby noted that BAAC events are all-inclusive, and everyone is invited to participate. The Caucus will participate in the October 19th Taste of Soul event and recommended partnering with other organizations. Staff indicated they will request that the Caucus's tent be placed near Dr. William King's for a warm hand-off for HIV testing; additional details to follow. The Caucus decided to host its World AIDS Day event on December 6, 2024 at Charles Drew University; additional details are forthcoming. The Caucus is requesting encouragement for participation and promotion of events, incorporating the BAAC recommendations, and ensuring equitable representation in Commission planning discussions and decision-making.

The next Caucus meeting will be on August 15, 2024.

(3) Consumer Caucus (CC)

Caucus Co-chair, Lilieth Conolly, reported that the Caucus last met on July 11th and the link to the meeting packet can be found HERE.

The Caucus concluded its 2-part Mental Health presentation by the Department of Mental Health. The Caucus is invited to the upcoming Operations Committee meeting to participate in a discussion on the Commission's stipend policy for unaffiliated consumer members. Members were reminded of the Priority Setting & Resource Allocation (PSRA) process and strongly encouraged to participate. Caucus co-chairs will continue planning for the remaining 2024 meetings, including presentations on Hepatitis C and end-of-life estate planning. An all-Caucus co-chairs planning luncheon is being coordinated for October 14th, in lieu of the full Commission meeting, to plan for a consumer resource fair in February 2025. The Consumer Caucus requests continued promotion of and participation in Caucus meetings and activities.

(4) Transgender Caucus

Staff member, Jose Rangel-Garibay, reported that the Caucus last met on July 23rd and the meeting packet can be found HERE.

The Caucus revisited their meeting schedule for the remainder of 2024 and will meet on the following dates: August 27th, September 24th, October 22nd, and November 26th. All of the meetings are virtual except for the October meeting which will take place at the Wellness Center. The Caucus approved their revised recommendations to the PP&A Committee for the PSRA process. The Caucus shared reflections from PRIDE events members attended and expressed the need for PRIDE events that are less about spectacle and more about community-building and celebrating local talent.

The next Caucus meeting will be on August 27 from 10 am-12 pm via WebEx.

(5) Women's Caucus (WC)

Caucus Co-chair, Dr. Mikhaela Cielo, reported that the July Women's Caucus meeting was canceled. The cancellation notice can be accessed by clicking the hyperlink Notice of Cancellation. Instead of the meeting, the Caucus co-hosted a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15th from 12:30 pm – 2:00 pm at the Vermont Corridor. The presentation provided an update on women's HIV health issues. Presentation slides can be accessed by clicking the hyperlink "HIV Matters for Her".

The Caucus is collaborating with the Aging Caucus for a special event focusing on social isolation and building community for BIPOC Women ages 50 and over. The event will be held on September 23rd at the Vermont Corridor, more details to follow.

The Caucus requests continued promotion within networks and encouraging clients and peers to attend WC meetings and events.

The Caucus meets quarterly and will reconvene on October 21st from 2 pm-4 pm virtually on Webex.

(6) Housing Task Force (HTF)

Co-chair, Katja Nelson, reported that the HTF met on July 26th and the link to the meeting packet can be found HERE.

The HTF reviewed a list of ideas for their work plan and discussed selecting 1 to 2 activities. There was a consensus on conducting a needs assessment focused on housing needs, barriers, and understanding the range of services and entry points for housing services available for PWLH, not just those provided under HOPWA and Ryan White programs. The HTF discussed engaging front-line staff in the needs assessments to get a clear picture of "boots on the ground", and challenges and opportunities for accessing and expanding housing for PWLHA. A meeting participant shared their personal story about the confusing and frustrating process of duplicative paperwork, unrealistic deadlines for paperwork submission, and being led to believe that funding is available for services. The HTF is requesting the submission of data sources or studies around housing that you may be aware of to help the HTF shape its housing needs assessment.

The next virtual HTF meeting will be held on August 23 from 9 am to 10 am. The meeting will focus on approving the work plan, developing a timeline for housing-focused needs assessment, and developing the needs assessment questions. Check the Commission website for the meeting agenda and packet.

5. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/ Staff Report

Executive Director, Cheryl Barrit, provided the following report:

(1) Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit Updates

The HRSA Technical Assistance (TA) site visit occurred on May 21-23, 2024. HRSA has 45 days from the close of the site visit to provide a report on their recommendations. Staff is anticipating receipt of the report this month. Staff included a timeline of key areas of improvement and suggestions in the meeting packet. Formal feedback from the CDC and HRSA regarding the CHP is also included in the meeting packet.

(2) 2024 COH Meeting Schedule Review and Updates

C. Barrit highlighted the updated 2024 meeting schedule in the packet. The September 12th Commission meeting will be held at the Vermont Corridor. Time will be allotted on the agenda to have the Aging Caucus and Women's Caucus co-chairs provide an overview of their September 23rd social isolation and loneliness event and what we can do as a community to support BIPOC women over 50. Also, the Assessment of the Administrative Mechanism (AAM) will be presented to the full body. The Executive Committee approved the cancellation of the October Commission meeting; formal notices will be sent out. The Executive Committee will revisit cancellation of December's Commission meeting at an upcoming meeting at a later time.

(3) Annual Conference Workgroup Updates

The Annual Conference Workgroup has been diligently working on putting the Annual Conference together. Commissioner Alisdair Burton presented a draft of the proposed program to the Executive Committee on July 25th. The Annual Conference will be held at the MLK Behavioral Health Center on November 14th. The next workgroup meeting will be held virtually on August 26th from 3 pm – 4 pm and the group is anticipating finalizing the plans and rolling out the call of abstracts for the afternoon sessions. The workgroup has been helpful in providing keynote speakers for staff to contact and potentially line up.

C. Barrit ended the report by highlighting the update to the Bylaws. The current draft version of the updates is in the meeting packet to provide an overview of the Operations Committee discussions and how the Committee is addressing the results of the HRSA TA Site Visit. The updates are still at the Committee-level and commissioners have the opportunity to review and submit reactions and feedback.

B. Co-Chairs' Report. D. Cambell led the report as follows:

(1) Welcome New Members and Leaving Members

Welcoming of new member, Dee Saunders, City of West Hollywood, and thanked Derek Murray, former City of West Hollywood representative for his service on the Commission.

(2) 2025-2027 COH Co-Chair Open Nominations | Elections 9/12/24

Parliamentarian J. Stewart opened the nominations, stated the requirements to serve as Commission Co-chair, and noted the Duty Statement provided in the meeting packet. Nominees for Co-chair are Kevin Stalter and Joe Green. J. Green has accepted the nomination and response from K. Stalter is pending. Nominations will remain open until the vote is taken at the next Commission meeting.

(3) July 11, 2024 COH Meeting | FOLLOW-UP & FEEDBACK

No follow-up or feedback was provided.

(4) Conferences, Meetings & Trainings

Dr. L. Spencer attended the National Medical Association conference this past week in New York and gave an update on HIV. Dr. Spencer wanted to reiterate the point that many of the providers from southern states expressed how they are struggling and how

blessed Californians are to have the types of services currently in place. It is important for providers to inform their patients that the cost of living in the South is cheaper, but the lack of services can hinder effective HIV prevention and care. Dr. Spencer mentioned Bloomberg gave $600 million to Historically Black Colleges and Universities (HBCUs) and Charles Drew University would receive $75 million from that donation.

The National Ryan White Conference on HIV Care & Treatment will be held in Washington, D.C. on August 20-23, 2024.

The United States Conference on HIV/AIDS will be held in New Orleans, September 12-15, 2024. The application period for Unaffiliated Consumers to apply for financial assistance to attend the conference closes this Friday.

(6) Member Vacancies & Recruitment.

Please continue to support the Operations Committee and staff in their recruitment efforts. Unaffiliated consumers are needed for:

- Service Planning Area 1 (Antelope Valley)
- Service Planning Area 4 (Metro)
- Supervisorial District 4 (Supervisor Janice Hahn's District)
- 1 Executive At-Large
- 2 Provider representative seats

To qualify for an Unaffiliated consumer seat, the following criteria set forth by our federal funders must be met: 1) a person living with HIV; 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White program.

(7) National HIV Awareness Days. J. Green called attention to the Acknowledgement of National HIV Awareness Days and noted the agenda includes a live link to the list of national HIV/AIDS Awareness Days. Upcoming awareness days are the Southern HIV/AIDS Awareness Day (SHAAD) on August 20th and the National Faith HIV & AIDS Awareness Day (NFHAAD) on August 25th.

C. LA County Department of Public Health Report (Part A Representative)

(1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)

Mario J. Peréz, MPH, Director of DHSP, provided the following updates:

a. Programmatic and Fiscal Updates.

M. Perez reported that DHSP will release a Request for Proposal (RFP) for Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), and patient support services and received much-needed feedback from providers regarding the MCC model. DHSP has incorporated its recommendations to further refine and evolve the MCC program. DHSP aims to

fine-tune the system to have the greatest impact on consumers and implementing it in a way that is least burdensome to the provider.

M. Perez relayed that DHSP continues to maximize their state and federal resources due to higher cost expenditures from service provider invoices being more than what was projected, as a result, there is a strain on grant funds forcing adjustments. The spending pattern DHSP is witnessing in some service categories also deserves more attention. California is a Medicaid expansion state which empowers California to mount an effective HIV response, as such Medicaid revenue should be maximized to decrease the strain on the Ryan White Program. M. Perez stated that DHSP should not be spending so much of its Ryan White portfolio on AOM when Medicaid is a payer. M. Perez noted migration out of Ryan White into Medicaid has been very slow, thus requiring policy interventions that mandate anyone who is Medicaid eligible should migrate to Medicaid including those who are reluctant. The migration will save substantial dollars per year. M. Perez mentioned CalAIM and supplemental funding of FQHC expansion as good examples. The number of PLWH is not decreasing, at the current pace we will reach over 60,000 people with HIV using wrap-around services. To ensure the best possible health outcomes, if another source can pay for the service DHSP can leverage the Ryan White portfolio in a manner that has the greatest impact. M. Perez provided housing as an additional example of high-cost expenditures from the Ryan White portfolio. LAC has billions of dollars for funding housing however we are relying on the Ryan White program to spend $8 million for housing when there are billions in other resource areas. M. Perez suggested the HTF should rethink the whole system by reviewing Transitional Residential Care Facilities (TRCF) and Residential Care Facility for the Chronically Ill (RCFCI). M. Perez stressed there is a wealth of healthcare system resources and LAC has one the best FQHC networks in America and there are many nonprofit organizations with revenue at their disposal; the continued reliance on DHSP dollars is not sustainable. Effective August 1st there was a 1.8 million dollar cut requiring shrinkage of the HIV- prevention portfolio.

In response to a question regarding how the Commission can encourage migration to Medicare, M. Perez suggested informing consumers about the benefits and benefits specialists of this public health plan. Thirteen agencies provide benefits specialty and if organizations are providing HIV medicine as an HIV specialty clinic there is a duty to ensure people are screened for Medicaid eligibility and are enrolled.

M. Perez addressed concerns regarding losing wraparound services once the transition to Medi-Cal takes place, by reminding commissioners that Medicaid will pay for all medications that are needed. There is a robust formulary in California and paying for medications will not be an issue. Additionally, there is CalAIM and although it is not designed specifically for PLWH, it was designed to address co-occurring conditions, which happens to intersect with communities most impacted by HIV. There is also expanded case management.

M. Perez underscored the need to tap into other resources to offset the Ryan White portfolio expenditures and summed up the discussion by reminding the group that Ryan White funds can cover expenditure costs when there is no other payor, or resources are unavailable.

b. Mpox Briefing. M. Perez stated there were 7 Mpox cases reported last week and approximately 60 reported over the last 6 months. Vaccination rates remain at 25%. The Department of Public Health relayed the CDC update regarding the Democratic Republic of Congo (DRC) Mpox spread. DPH is working with their medical director to ensure their network of partners are aware of the transmission routes. M. Perez noted the commercialization of the Mpox vaccine has begun and DPH is getting out the remaining doses of the vaccines received from the national strategic stockpile. Replenishments of the vaccine will go back into the stockpile; however, the Federal government will no longer issue the vaccine. From a healthcare delivery standpoint, patients should continue to be vaccinated, however, the cost must be reconciled through the patient's health plan, whether it is a commercial or public plan. All plans should cover Mpox vaccinations. There is the potential for DPH to purchase additional doses of the Jynneos vaccine for unique situations, but overall, DPH is recommending that vaccines are sought through primary care providers.

M. Perez will have a DHSP clinician present at the next Commission meeting to provide an answer to whether the Jynneos vaccine is effective against the DRC Mpox strain.

c. Ending the HIV Epidemic (EHE) | UPDATES

M. Perez reiterated endorsing a spending plan that is slightly different than last year's priority setting and mentioned HRSA EHE as a source of funding used by DHSP. M. Perez noted that HRSA EHE funds can only be used for services that benefit PLWH, therefore DHSP cannot shift expenditure costs here.

M. Perez relayed that there are challenges due to a 3.5 million dollar spending pattern, however, there is approximately $1 million that can be shifted from other areas. The House budget has proposed the elimination of the entire EHE portfolio in America, approximately $665,000,000 million, and has zeroed out HRSA's special project line item, which will have a significant impact on 2025 funding decisions.

D. California Office of AIDS (OA) Report (Part B Representative)

a. OAVoice Newsletter Highlights. No report was provided; the hyperlink can be used to obtain current OA information and updates.

b. California Planning Group (CPG). No report was provided.

Open Nomination & Elections for COH Representative Seat **MOTION #5**

Nominations were opened last month for the COH representative on the CPG. Former CPG representative, Kevin Stalter, resigned and the Commission is seeking a new representative to finish the remaining two years of K. Stalter's term. C. Barrit provided a brief background on the CPG and directed everyone to the CPG document in the meeting packet that explains the functions, structure, and work product of the CPG.

The nominees are Katja Nelson and Lilieth Conolly. A roll call vote was conducted and L. Conolly was elected as the new CPG representative to fill the current vacancy.

E. Ryan White Program (RWP) Parts C, D, and F Report

Part C: L. Maultsby reported Charles Drew University's (CDU) lead Community Advisory Board (CAB) member recently shared her story with students on campus to provide HIV education and the backstory of when she was newly diagnosed to where HIV is now. CDU is making efforts to be active in the community and on campus with the students to increase HIV awareness and education. The CAB is currently working on a World AIDS Day project and a Quality Improvement (QI) project to increase enrollment in the patient portal system. The QI project will help to determine the impact of the system's ability to support patients within their educational levels regarding their medications and visits. L. Maultsby relayed that Watts Healthcare is experiencing challenges with no-shows and is looking for ways to mitigate no-shows by offering Uber rides. CDU is having a two-day financial Technical Assistance with HRSA next week.

Part D: Dr. M. Cielo announced that LAC/USC will host a trauma-informed care presentation next week, presented by pharmacist Carla Blighton, as part of the grant funding received. The link will be provided for those interested in joining. Dr. Cielo issued a reminder for the Presidential Advisory Council on HIV/AIDS (PACHA) on August 28-29. UCLA LAFAN has partnered with Christy's Place in San Diego to have a retreat for cis and transgender women 18 years and older on September 20th -22nd in Julian, California. Lodging, food, and activities are included, and participants must secure their own transportation.

Part F: C. Barrit provided the report on behalf of Sandra Cuevas. The Part F team at UCLA and Charles Drew are still drafting their work plan to align with HRSA requirements and expectations.

F. Cities, Health Districts, Service Planning Area (SPA) Reports.

Housing Opportunities for Persons With AIDS (HOPWA):

HOPWA representative, Matthew Muhonen, provided the report as follows:

The HOPWA award amounts have been distributed to all of their agencies to provide housing support and resources to clients. The US Department of Housing and Urban Development (HUD)has slightly reduced the amount compared to last year's award amount. The Central Coordinating Agency, which is provided by APLA Alliance, has received additional funding of $2.4 million ensuring a full year of services. This program ran out of funding approximately halfway through the past program year and HOPWA wanted to avoid this from happening again. There are 18 contracts with service providers that are in the process of being executed; a few have already gone out for signature. For the past few years, HOPWA has experienced short

staffing resulting in contract execution delays, however, their contract team is currently fully staffed.

HOPWA is working on their annual report for submission to HUD, called the CAPER. They will begin collecting data for the report which is due on September 30th. The report is for the 2023-2024 program year. Additionally, HOPWA has a new database that will provide reports that closely adhere to HUD making it easier to gather the data needed to submit to HUD. The system was implemented at the beginning of this program year.

M. Muhonen answered a question from the audience and clarified that to ensure the short-term rent, mortgage, and utility grants do not run out of money again HOPWA has allocated an additional $2.4 million to the contract, as a result of the increased funding HOPWA does not anticipate running out of funds.

City of West Hollywood: D. Saunders reported W. Hollywood will be hosting their quarterly HIV- substance use prevention providers meeting at the end of the month. They will receive harm reduction updates from Being Alive in observance of National Overdose Awareness. West Hollywood will also have mental health resources for suicide prevention month in September.

City of Los Angeles: D. Ale-Ferlito reported that the City of L.A. collaborated with Council District Office 1(CD 1) on a proclamation to honor International Overdose Awareness Day. The city will conduct a presentation along with CD 1 on August 27th at the City Council. The City of L.A. is continuing its efforts in collaboration with CD 1 and the County regarding opening a harm reduction center in the MacArthur Park area. Staff from Council Member Mark Hernandez's office has been diligent in prioritizing flooding MacArthur Park with harm reduction services because of the excessive need for overdose prevention. The city maintains the hope of establishing a safe consumption site but for now, a respite center with harm reduction services and syringe exchange will suffice.

City of Pasadena: C. Barrit provided the report on behalf of Erika Davies. The City of Pasadena is currently accepting vendor applications for their 9th Annual Coming Out Day celebration to be held on October 11th from 6:00 pm – 8:00 pm at Jefferson Library. There is no charge for tabling but they are asking agencies to incorporate interactive elements such as games, quizzes, or arts and crafts for participants. This year's event is being held in conjunction with Pasadena Art Night which will feature LGBTQ artists on the panel of events. The City of Pasadena has a few employment opportunities for mental health promoters for their homeless services and community outreach services. They are encouraging people with lived experience to apply if interested and information is available on the City of Pasadena's website.

6. MISCELLANEOUS

A. Public Comment. ***(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE, or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)***

- A member of the public inquired if non-adherence to HIV medication could cause mental health issues. Dr. M. Sattah provided a brief explanation that if an individual is HIV-positive and not on antiretrovirals there can be different consequences including issues with the virus, nervous system problems, opportunistic infections, and malignancies. Dr. Sattah offered to address additional questions during the break.

- J. Green read a public comment from Franki Jacobs & Colleagues of Yoga Empowered Solutions (Y.E.S) stating, "The Commission on HIV is invaluable today, for remote community events with licensed professional guest speakers. Many of us are disregarded and ignored for years by LA County, yet we are licensed professionals under various Alternative Therapy/Wellness and Advanced Nutritional Certified groups of respected professionals that have donated for over 25 or more years to educate and support wellness. For example, APLA 501(c)3 is well-known and Los Angeles County should include Seane Corn and our licensed PhD and Nutritional Advanced groups who have donated to support educational workshops to empower and strengthen the immune and lymphatic system and organ strength daily work that can also support restoring physical and emotional wellness. We are stronger together, but the LA County Commission on HIV must stop ignoring the professionals who have been called to go into hospitals and should bring in top global herbalists for HIV patients. We have access and alliances with top global Qigong, herbalists, and others who have been able to return many infected with HIV back to their optimum strengths. We would like to be one of many to support periodic L.A. County Commission on HIV wellness remote and hybrid education events. It would be appreciated if this public comment is not ignored. Let us see more growth of this Commission to reflect on the professionals uplifting wellness for thousands".

B. Commission New Business Items ***(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, or where the need to act arose after the posting of the agenda.)***

No Commission New Business Items.

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

- The East Los Angeles Women's Center is hosting a free Seeking Safety Skill-Building course for Women Living with HIV to support learning how to cope with strong emotions and improving self-care and well-being. You may contact thelma@elawc.org and Gorozco@elawc.org with questions. Staff will share the flyer.

- L. Maultsby announced a community back-to-school block party happening August 10th from 11:00 am – 3:00 pm, providing free backpacks, school supplies, new clothes, and groceries on a first come first serve basis.

- A. Franklin announced the Translatin@ Coalition recently relocated to 2975 Wilshire Blvd, Suite 350, and is open for business.

- Reverend Gerald Green, one of the Co-Executive Directors of the Minority AIDS Project, commented he enjoyed today's meeting and announced they have a new program called, The Glamour Project, which involves getting linked and managing one's care. They will be advertising workshops for transgender women and men, Black and Latinx MSM in the future.

- M. Alvarez announced Downey will host their PRIDE event on August 10th and Downtown Los Angeles will have a PRIDE event on August 24th – 25th.

- J. Green announced the City of West Hollywood has its disabilities awards nomination process open until tomorrow. Details are listed on their website HERE.

D. Adjournment and Roll Call: Adjournment for the meeting of August 8, 2024.
The meeting adjourned at 12:07 PM. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, A. Burton, M. Cielo, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, K. Ferguson, A. Franklin, F. Gonzalez, K. Halfman, I. Herrera, W. King, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, A. Molette, K. Nelson, M. Perez, D. Richardson, E. Robinson, D. Russell, H.G. San Agustin, M. Sattah, J. Weedman, R. Ybarra, and J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 2: Approve the April 11, 2024, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 3: Approve new member application for Terrance Jones, Unaffiliated At-Large #2 Representative (Seat #33), as presented, or revised, and forward to the Board of Supervisors for appointment.	Passed by Consensus.	**MOTION PASSED**
MOTION 4: Approve Ryan White Program Year 34 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.	**Yes:** D. Ale-Ferlito, M. Alvarez, A. Ballesteros, A. Burton, D. Campbell, L. Conolly, E. Davies, K. Donnelly, K. Ferguson, J. Green, F. Gonzalez, D. Hardy, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, A. Molette, P. Nash, K. Nelson, B. Patel, D. Richardson, D. Russell, H. San Agustin, M. Sattah, L. Spencer, L. Talley, and R. Ybarra **No:** None **Abstain:** A. Frames, M. Perez, D. Saunders, and J. Arrington. Yes= 27, No= 0, Abstain: 3	**MOTION PASSED**

MOTION AND VOTING SUMMARY		
MOTION 5: Approve COH representative for the California Planning Group, as elected.	**K. Nelson:** A. Ballesteros, M. Cielo, E. Davies, K. Donnelly, K. Ferguson, L. Kochems, L. Martinez-Real, P. Nash, K. Nelson, and H. San Agustin, **L. Conolly:** D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Burton, D. Campbell, L. Conolly, F. Gonzalez, L. Maultsby, V. Mendoza, A. Molette, B. Patel, D. Richardson, D. Russell, L. Spencer. L. Talley, and R. Ybarra. **Abstain:** A. Frames, M. Perez, D. Saunders, and J. Green. K. Nelson= 10, L. Conolly= 16, Abstain: 3	**LILIETH CONOLLY ELECTED BY ROLL CALL VOTE**

Addendum to Agenda Item #3 Presentation & Community Feedback Session
August 8, 2024

Area of Focus	Accomplished	Recommendations
Diagnose	• Testing and Tacos • Cash Incentives for testing • List of testing sites available online • Expanded Routine Screening (53% of all diagnoses) • At home testing (Take Me Home) • Mobile Testing at non-traditional sites (sex venues) • Expanded testing to FQHC and street medicine teams • Smaller percent of undiagnosed persons as a fraction of (<10% are undiagnosed) • Increase in status awareness	• Testing at DMV • Tailored messaging in social media and TV • Normalize routine HIV testing • Expanding testing in older adults and youth • More routine OB/Gyn testing • Reduce cost for labs etc. • Advertise STI testing • More home testing – outreach and education at markets and pharmacies • More education catered to monogamous relationships • Incentivize providers to test • Integrate testing in primary care & ER and urgent care • Testing and education in schools and churches • Strengthen newly diagnosed follow-up/linkage • First date testing gift cards • Help people understand they need to ask about their status frequently • Integrate HIV/STI testing with Dementia testing • Fact sheets about knowing your status • Testing at residential/retirement homes
Treat	• Framework for supportive services • Street medicine • Harm reduction supplies • Rapid start • iCare program – incentives for medical visits • Medical Care Coordination • Support groups • Safe consumption sites • Benefits specialists	• Linkage to care rates • Patient-centered care, tailored treatment plans • Youth-targeted outreach – social media based • Reduce need for constant re-identification of status • Increase viral suppression rates • Decrease disparities across groups • More peer navigator programs and support groups • Increase language support services • Buddy program • Assistance for people experiencing homelessness to adhere to medications

		• Mobile treatment • Increase job opportunities • Work with LAPD/Sheriff Department to education about the importance of medication adherence • Better follow up for those leaving incarceration • Coordinated care with street outreach/mobile teams • Re-engage those who have fallen out of care • More clinical pharmacists who can outreach to patients • Make substance abuse treatment affordable • Mental health • Training programs • Housing • Violence prevention services • Normalize U=U
Prevent	• Linkage to PrEP services • Routine PrEP as part of sexual health services • Increase awareness of harm reduction • Normalize sexual health conversations • PrEP Centers of Excellence • Innovation of PrEP Access • Teleprep awareness • Pharmacy expansion of PrEP • Low barrier • DoxyPEP • PrEP and PEP services • Outreach • Condoms • Needle exchange • Rapid substance abuse treatment • Positive conversations • Abstaining from sex	• Vaccine for HIV • Increase HIV testing sites in underserved communities • More culturally competent training • More outreach for older adults • Increase outreach with female condoms • Use updated data to reach populations in need – need more real-time data • Outreach to underserved and higher risk populations • Better sex education • Increase PrEP/PEP prescriptions with general practitioners • Increase funding for prevention and education, especially in schools • Safe consumption sites • Peer interventions • EHE funding

	• U=U • Partner notification • Injectables for PrEP	
Respond	• Fact sheets for public • Cluster detection and response • Geomapping for groups living with HIV • Mpox vaccination incentives • SB 1333 – HIV Communicable Diseases – data sharing • Promotion of DoxyPEP	• Need data in real time • Outreach for justice involved/formerly incarcerated (work with agencies in jails) • Injectables • Increase partner services efforts – community embedded • Need a resource guide that is constantly updated • Increase promotion and awareness of outreachs • Street medicine • Continue testing with follow up testing (subtyping) • Eliminate bureaucracy • Zero cost medications and healthcare • Need to target sex trafficked victims • Deploy interdisciplinary teams to intervene with demographics in outbreak clusters • Need free and available medication for all
Cross-Cutting Goals	• Social media campaigns • Increased online presence • 2 HIV workforce summits – increase workforce capacity • Diversity, Equity and Inclusion (DEI) initiatives • Enlist non-traditional partners • More complete service package • More outreach to the TGI community • Hire/include people who are part of the local community	• Training and build capacity for trainers and providers • Provide outreach training and outreach material and information • Increase visibility • Toolkit for individual navigators • More outreach to diverse populations • Reduced stigma – more tools to fight stigma such as training for public speakers • Housing, keeping people housed, house people experiencing homelessness

	• EFA • Staff retention and livable wages • Incentives for status neutral	• More money • Family values • Consumer participation and support with stipends/contingency management • Set livable wages • Hire more HIV+ people to do the work- priority for those with lived experience • Increase knowledge about resources • Job training • More EFA • Dress for Success • Education – increase actual understanding • Street medicine • Internships and peer navigators • Admin caps/living wage

POLICY/PROCEDURE #08.2107	Consent Calendar	Page 1 of 3

NO PROPOSED CHANGES, 4/10/2008

ADOPTED, 1/10/2008

SUBJECT: **"Consent Calendar" procedures at Commission and other meetings.**

PURPOSE: **To provide instructions for the "Consent Calendar" procedures at the Los Angeles County Commission on HIV and other, related Commission meetings.**

BACKGROUND:

- The Commission regularly takes action on multiple items at its monthly meetings. As a result, the Commission is pressured to give complex actions adequate consideration and due diligence, but must rush through motions in order to conclude the meetings on time.

- At the November 2, 2007 Commission meeting, members suggested using a Consent Calendar to expedite the motions that have unanimous support and do not necessitate discussion or debate. The Executive Committee formally endorsed the Consent Calendar practice at its December 3, 2007 meeting.

POLICY:

1) The "Consent Calendar" is a procedural mechanism to expedite Commission business by allowing the body to approve all motions on the consent calendar collectively without debate or dialogue.

2) Commission members or members of the public may set aside (or "pull") an item from the Consent Calendar for any reason in order for the body to discuss and/or vote on it at its appointed time on the agenda. Reasons for setting aside an item include an accompanying presentation, a desire to discuss, address and/or review the item, to register a contrary or opposing vote, and/or to propose an amendment to the motion.

3) Any item that would generate an opposing vote must be removed from the Consent Calendar and returned to its normal place on the agenda.

4) Those items that remain on the Consent Calendar (that have not been "pulled") will be approved collectively in the single Consent Calendar motion. The Consent Calendar motion must be approved unanimously by quorum of the voting membership that is present.

5) The motions that have been set aside will be addressed according to their order on the agenda. Removing an item from the Consent Calendar does not preclude a later vote on that item, nor its approval at a later point on the agenda.

6) Voting members are allowed to register their abstentions from individual items on the Consent Calendar during the Consent Calendar vote.

PROCEDURE(S):

1. **Consent Calendar**: All "action" motions on the Commission's (or other meetings') agendas are automatically placed on the Consent Calendar. "Procedural" motions (e.g., approval of the agenda, approval of the minutes) are not part of the Consent Calendar.

2. **Setting Aside Consent Calendar Items**: An item may be "pulled" from the Consent Calendar by any Commission member, member of the public, or staff member for any reason. The most common reasons for setting aside a Consent Calendar item are:
   a) There is a presentation that accompanies the item.
   b) The member has a question or would like information about the item.
   c) The member would like to see to discuss the item or see it discussed.
   d) The member would like to amend/substitute the motion.
   e) There is an opposing vote.

3. **Items Removed from the Consent Calendar**: "Pulling" an item from the Consent Calendar does not preclude that motion from being considered at a later point on the agenda:
   a) Setting aside a Consent Calendar item returns that item to its regular place on the agenda, where it is addressed at its appointed time.
   b) That motion will be voted on, in agendized order, unless the body chooses to postpone, amend or substitute it when it is considered.

4. **Approving the Consent Calendar**: The Consent Calendar approval vote must be unanimous.
   a) There is no discussion about the Consent Calendar approval, except to pull specific items.
   b) As with all Commission motions, a quorum must be present to vote on it.
   c) As a vote without objections, the Consent Calendar motion does not necessitate a roll call.
   d) Items that generate an opposing vote for the Consent Calendar approval must be removed from the Consent Calendar for later consideration on the agenda.
   e) Voting members may register "abstentions" for individual items on the Consent Calendar.

DEFINITIONS:

- **Abstain/Abstention**: when a voting member acknowledges his/her presence, but declines to vote "aye" or "no" on a motion.
- **"Action" Item/Motion**: a motion that leads to action by the Commission. In the context of this policy, "action" motions are placed on the Consent Calendar.
- **Consent Calendar**: a procedural vehicle for a public voting body to collectively approve all of its "action" motions that do not require discussion or debate.
- **Motion**: the proposed decision or action that the Commission formally moves and votes on.
- **"Procedural" Item/Motion**: a motion necessary for meeting procedural requirements (approving the agenda or minutes). In the context of this policy, "procedural" motions are not placed on the Consent Calendar.
- **"Pull" (an Item/Motion)**: removing or setting aside an item/motion from the Consent Calendar and returning it to its original place on the agenda for discussion/consideration.

NOTED AND APPROVED:  **EFFECTIVE DATE:** January 10, 2008

Original Approval: 1/10/2008 *Revision(s):*

STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKEAWAYS | SEPTEMBER 12, 2024

1. Operations

Link to the August 22, 2024 meeting packet can be found HERE.
Key outcomes/results from the meeting:

- The Operations Committee received and discussed the Assessment of the Efficiency of the Administrative Mechanism (AEAM) report from project consultants, Collaborative Research (Jeff Daniel, Melissa Rodrigo, and Dr. Andrew McCracken). The presentation entailed an overview of the AAM, results from the key informant interviews and recommendations for improvement. The AEAM report will be presented to the full Commission on September 12.
- The Committee voted to move Dr. David Hardy from an alternate seat to a provider seat.
- The Committee reviewed the Practice Script Guide (aka "elevator speech") to help Commissioners talk about the Commission at events and related recruitment activities. The Committee will practice using the script at their September 26 meeting.

Action needed from full body:

- Attend the Policy Priorities and Legislative Docket Development Process training on October 2 via WebEx.
- Contact Commission staff if you are interested in being a part of the Commission community outreach to promote the work of the Commission.

2. Executive

The August 22, 2024 Executive Committee meeting was cancelled; cancelation notice HERE. The next meeting will be held on September 26 from 1p to 3pm.

3. Planning, Priorities and Allocations (PP&A)

Link to the August 27, 2024 meeting packet: HERE
Key outcomes/results from the meeting:

- DHSP staff provided a report on Program Year (PY) 33 Expenditures. Total expenditures for PY33 exceeded the total allocated amounts by over $10.6 million. Overspending occurred in most funded service categories with the largest overages in Housing Services, Medical Case Management, Oral Health Services and Ambulatory/Outpatient Medical (AOM) services. There was also underspending in a handful of services including Mental Health Services and Language Services. There were no expenditures under Child Care Services because there were applications received by DHSP when RFP was released. Other

funding sources were used to cover over expenditures including $5 million of HRSA Part B, HRSA Ending the Epidemic (EHE) funds, Substance Abuse Prevention and Control (SAPC) Non-Drug Medi-Cal funds, and County HIV Funds (Net County Costs).

- The Committee reviewed their paradigms and operating values - a document used during the service ranking and allocation process to guide decision making. After a brief discussion, the committee added one new paradigm, Retributive Justice (making up for past inequities), and one new operating value, Access (assuring access to the process for all stakeholders and/or constituencies) to the guiding document. See meeting packet for details.
- Commission staff provided a brief recap of PY32 Utilization Reports, findings of Needs Assessments included in the Comprehensive HIV Plan (aka Integrated HIV Plan) and highlighted medical and support services covered by Medi-Cal prior to the committee deliberating for allocations.
- Finally, the Committee completed its service ranking and allocation for Program Year (PY) 35 in preparation for the Ryan White HIV/AIDS Program Part A grant application which is due on October 1. See meeting packet for service rankings and allocation details. Allocations are distributed in percentage amounts as total funding is unknown until awards are announced. Utilization reports, needs assessments, expenditure reports and alternative funding sources were taken into consideration when allocating funds.
- Allocation amounts were increased from PY 34 allocations in the following services due to high utilization rates in PY32 and increased expenditures in PY33:
    - Medical Case Management (aka Medical Care Coordination)
    - Oral Health Services
    - Emergency Financial Assistance
    - Nutrition Support (Home-Delivered Meals, Food Bank Services were moved to another funding stream)
    - Legal Services
- Allocation amounts were decreased from PY 34 allocations in the following services due to low utilization rates in PY32, under spending in PY33, or funding from other sources:
    - Early Intervention Services (aka Testing Services)
    - Mental Health Services
- Allocation amounts remained the same from PY34 to PY35 in the following services:
    - Outpatient/Ambulatory Medical Health Services (aka Ambulatory Outpatient Medical)
    - Home and Community-Based Health Services
    - Non-Medical Case Management including
        - Benefits Specialty Services, and
        - Transitional Case Management Jails
    - Medical Transportation

- Housing including
  - Housing Services RCFCI/TRCF (Home-Based Case Management)
  - Housing for Health (100% of Minority AIDS Initiative Award)

Action needed from the full body:

- Commissioners need to work within their Committees and Caucuses and/or attend upcoming PP&A Committee meetings to bring forth suggested directives to the PP&A Committee. Directives should be specific and tangible. Directives are specific instructions to the recipient on how to best meet service priorities.
- The next PP&A Committee meeting will be on Sept. 17th from 1pm-3pm at the Vermont Corridor.

4. Standards and Best Practices (SBP)

Link to the September 3 meeting packet HERE

Key outcomes/results from the meeting:

- The Committee reviewed the Transportation Services service standards and posted the document for public comment. The public comment period ends on September 30, 2024.
- Staff from the Division on HIV and STD Programs (DHSP) provided an overview of the Emergency Financial Services (EFA) utilization among Ryan White clients from 2021-2023. The Committee continued their discussion of the EFA service standards and will finalize their review of the EFA service standards review in October.

Action needed from the full body:

- Participation from consumers in the public comment period for the Transportation Services service standards.
- Participation from consumers at upcoming SBP Committee meetings to help inform the revising of the EFA service standards.
- The next SBP Committee will be on October 1, 2024 from 10am-12pm at the Vermont Corridor.

5. Public Policy

Link to the August 5 meeting packet HERE

Key outcomes/results from the meeting:

- The Public Policy Committee did not meet in July or August. The next Public Policy Committee meeting will be on September 16, 2024 from 1pm to 3pm at the Vermont Corridor.

Action needed from the full body:

- Review NMAC's Get Out The Vote (GOTV) campaign which aims to educate the HIV community, encourage voter turnout among marginalized communities, and collaborate with other movement-related organizations

6. Aging Caucus

Link to the August 6, 2024 meeting packet HERE

Key outcomes/results from the meeting:

- Reviewed initial ideas and general outline of a special educational event co-hosted by the Aging and Women's Caucuses scheduled for September 23. The educational event will focus on overcoming social isolation and building community for BIPOC women ages 50 and over. This event will commemorate National HIV/AIDS and Aging Awareness Day (Sept. 18). The event will take place at the Vermont Corridor from 9am to 2pm. The event flyer has been sent to Commissioners and posted on the website.
- Each year on September 18, researchers, health care providers, and other communities and organizations around the country observe National HIV/AIDS and Aging Awareness Day (NHAAD). Loneliness and social isolation are associated with poor disease self-management (e.g., medication non-adherence and care disengagement) in younger people with HIV and negative health outcomes in the general older adult populations. Studies show that older adults with HIV, however, are challenged by unique psychosocial circumstances that place them at greater risk for loneliness and social isolation and associated negative health outcomes.
- The Aging Caucus also revisited its priorities and directives to shift focus on 1 achievable activity and assess and identify more appropriate partners for collaboration. Some of the Aging Caucus' recommendations have been integrated (and will continue to be) in service standards. Additionally, the formation of the Housing Task Force offers an additional opportunity to merge the housing-related activity into their workplan (Examine housing inventory to ensure that it provides safe and welcoming environments for seniors). The Caucus also discussed having a conversation with SAPC and DMH to learn what they are doing to address social isolation and loneliness in older adults.

Action needed from the full body:

- Promote the September 23 educational event and spread the word with your clients and staff.
- The next Aging Caucus meeting will be held on October 1 from 1pm to 2:30pm via WebEx.

7. Black Caucus

Link to the August 15, 2024 meeting packet: HERE

Key outcomes/results from the meeting:

- DHSP reported that Mario J. Peréz, MPH, Director, has initiated outreach to Black-led and servicing organizations that were not part of the initial needs assessment. The aim is to gauge interest in participating in a DHSP-led focus group. Further updates will be provided as they become available.

- The Black Immigrant listening session was a tremendous success, attracting significant participation from the African diaspora. The discussions highlighted both similarities and unique challenges faced by African and US-born Black communities. The chosen venue – Airport Royal Cuisine – provided a safe and conducive environment for open conversations. An Executive Summary of the session will be drafted and shared.
- The Same Gender Loving Men (SGLM) listening session is scheduled for September 26 at 7-9PM. Registration is required; details can be found HERE.
- The planning for the Women's listening session is underway. The session is tentatively set for October 22, 2024, from 6-8PM. The session will offer child watch, a $50 gift card, food, and resources. Additional details will be provided as they are finalized.
- The Non-Traditional HIV Provider session is scheduled for November, with specific details forthcoming. The Caucus will incorporate findings from a recent PrEP provider survey into the facilitation questions to enrich the discussion. Additionally, it's suggested that the Caucus collaborate with Dr. Ronald Jefferson and Dr. William King's HIV provider coalition to enhance the session's impact and reach. Additional details will be provided as they are finalized.
- The Caucus is excited to announce its participation in the Taste of Soul event on October 19, partnering with Dr. William King and AMAAD. Volunteers are needed; if interested, please reach out to COH Staff, Dawn Mc Clendon to be added to the planning workgroup.
- The Caucus confirmed its World AIDS Day event on December 6, 2024, at Charles Drew University. A planning workgroup will be formed in the upcoming months to continue planning; more details to follow.
- The next Caucus virtual meeting will be on September 19, 2024 @ 4-5PM.

Action needed from the full body:

- Promote the BC's activities and encourage participation.
- Incorporate the BAAC recommendations and ensure equitable representation in COH planning discussions and decision-making.

8. Consumer Caucus

Link to the August 8, 2024 meeting packet: HERE

Key outcomes/results from the meeting:

- The Caucus engaged in a robust discussion and agreed with a consensus on increasing the stipend for unaffiliated consumer members to $500 monthly.
- As part of the PSRA discussion, concerns were raised about the current dental services and the integration process into MediCal. To better understand community needs and address these issues, the Caucus agreed to host a listening session in early 2025 focusing on dental experiences. Additionally, there were recommendations to explore how to streamline services between the Ryan White Program (RWP) and MediCal without service

duplication. Issues were noted such as providers discouraging migration into MediCal and concerns from consumers about losing their specialized or preferred providers.

- Discussions highlighted inconsistencies in messaging from providers regarding EFA, a lack of transparency, and recent changes affecting accessibility. The Caucus expressed a need for clearer communication and improved processes.
- A request was made for an update on the status and effectiveness of the Customer Support Program, indicating a need for continuous review of this service.
- Caucus co-chairs will continue to plan for the remaining 2024 meetings. Topics scheduled for the September meeting include presentations on Hepatitis C and end-of-life estate planning.
- An all-Caucus co-chair planning luncheon is being coordinated for October 14, in lieu of the Commission meeting, to plan for a consumer resource fair in February 2025.

Action needed from the full body:

- Promote the Caucus and encourage participation.
- Ensure equitable representation in COH planning discussions and decision-making.

9. Transgender Caucus

Link to the July 23 meeting packet HERE

Key outcomes/results from the meeting:

- At their July meeting the Caucus revisited their meeting schedule for the remainder of 2024 and will meet on the following dates: 10/22, and 11/26.

Action needed from the full body:

- The next Caucus meeting will be on October 22 from 10am-12pm via WebEx.

10. Women's Caucus

Link to notice of cancellation: HERE

Key outcomes/results from the meeting:

- The July Women's Caucus meeting was cancelled. Instead, the caucus co-hosted a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15th from 12:30pm – 2:00pm at the Vermont Corridor. The presentation provided an update on women's HIV health issues. Presentation slides can be found on the Commission website under Events.
- The Caucus is working collaboratively with the Aging Caucus for a special event focusing on social isolation and building community for BIPOC Women ages 50 and over. The event will be held on Sept. 23rd at the Vermont Corridor; See flyer on the Commission's website for details. The event will be held from 9:30am to 2pm.

Action needed from the full body:

- The caucus meets quarterly and will reconvene on Oct. 21st from 2pm-4pm virtually via Webex.

- Continue to promote the WC within your networks and encourage your clients and/or peers to attend WC meetings and events.

11. Housing Task Force

Link to the August 23 meeting packet HERE.

Key outcomes/results from the meeting:

- The HTF reviewed their workplan and pivoted to holding a panel of DHSP-funded housing and legal services agencies to join the October Housing Task Force (HTF) meeting to understand the types of needs they see among their clients and formulate programmatic ideas to use housing and legal services as a pathway to preventing PLWH from becoming homeless.

Action needed from the full body:

- Attend the HTF meeting on October 25 from 9am to 11am via WebEx. Check the Commission website for the agenda and details.

12. Annual Conference Planning Workgroup

- The workgroup has secured speakers for the morning keynotes and panels. The conference format will include breakout sessions in the afternoon.
- A Call for Abstracts for the afternoon breakout sessions was released on September 6; the flyer is also posted on the Commission's website. The flyer contains the themes for the breakout sessions and Commissioners and the community at large are encouraged to submit an abstract.
- The workgroup will meet again on September 30 WebEx to review abstracts submitted and finalize the program.
- The annual conference will be held on November 14 at the MLK Behavioral Health Center conference facility from 9am to 4pm.

for the breakout sessions and Commissioners and the community at large are encouraged to submit an abstract.

- The workgroup will meet again on September 30 WebEx to review abstracts submitted and finalize the program.
- The annual conference will be held on November 14 at the MLK Behavioral Health Center conference facility from 9am to 4pm.

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATING VALUES
(Revised - PP&A 8/27/2024)

PARADIGMS (Decision-Making)

- **Equity**[1]**:** Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically.
- **Compassion**[2]**:** Response to suffering of others that motivates a desire to help.
- **Retributive Justice:** Making up for past inequities.

OPERATING VALUES

- **Efficiency**: Accomplishing the desired operational outcomes with the least use of resources.
- **Quality**: The highest level of competence in the decision-making process.
- **Advocacy**: Addressing the asymmetrical power relationships of stakeholders in the process.
- **Representation**: Ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process.
- **Humility**[3]: Acknowledging that we do not know everything and willingness to listen carefully to others.
- **Access**: Assuring access to the process for all stakeholders and/or constituencies.

[1] Based on the World Health Organization's (WHO) definition of equity.
2 Compassion moved to second position per April 20, 2021 committee meeting decision.
3 Wording change per April 20, 2021 committee meeting decision.

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A and MAI EXPENDITURES BY SERVICE CATEGORIES
GRANT PERIOD: MARCH 01, 2023 - FEBRUARY 29, 2024
YEAR 33 - SUMMARY REPORT

Priority #	Service Category	YR 33 PC Part A/MAI Allocation Percentages	Year 33 Part A/MAI Allocation in Dollars	Year 33 Part A/MAI Expenditures in Dollars	Variance between Expenditures and Allocations [5-4]	Year 33 Part A/MAI Expenditures Covered by Other Sources Dollars	YR 33 TOTAL EXPENDITURES	NOTES
	CORE SERVICES							
3	OUTPATIENT/AMBULATORY MEDICAL CARE (AOM)	17.10%	7,033,345	6,564,100	(469,245)	1,694,000	8,258,100	Not seeing a reduction even with MediCal expansion
13	ORAL HEALTH CARE	16.19%	6,658,823	7,188,786	529,963	616,496	7,805,282	
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	6.24%	2,565,974	2,614,732	48,758	252,176	2,866,908	
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	22.27%	9,162,604	9,064,884	(97,720)	1,622,930	10,687,814	
7	MENTAL HEALTH SERVICES	3.14%	1,290,874	109,422	(1,181,452)	0	109,422	Challenge recruiting and retaining service providers
10	EARLY INTERVENTION SERVICES (EIS)	7.68%	3,160,652	3,014,301	(146,351)	251,465	3,265,766	
9	SUBSTANCE ABUSE OUTPATIENT	0.00%	-	0	-	0	0	
19	HOME HEALTH CARE	0.00%	-	0	-	0	0	
21	HEALTH INSURANCE PREMIUM/COST SHARING	0.00%	-	0	-	0	0	
23	MEDICAL NUTRITIONAL THERAPY	0.00%	-	0	-	0	0	
26	LOCAL PHARMACY ASSISTANCE	0.00%	-	0	-	0	0	
27	HOSPICE	0.00%	-	0	-	0	0	
	CORE SERVICES TOTAL	**72.62%**	**$29,872,272**	**$ 28,556,225**	**$ (1,316,047)**	**$ 4,437,067**	**$ 32,993,292**	

SUPPORTIVE SERVICES

14	CHILD CARE SERVICES	0.88%	360,299	0	(360,299)	0	0	Released RFP twice, no proposals received, no service providers
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS/TCM)	3.26%	1,341,072	1,787,095	446,023	26,031	1,813,126	TCM expenditures were for contracted services.
22	LINGUISTIC SERVICES	0.60%	246,819	3,300	(243,519)	0	3,300	Very low utilization of service (written translation)
11	MEDICAL TRANSPORTATION SERVICES	1.75%	721,770	603,552	(118,218)	33,599	637,151	
12	FOOD BANK/HOME-DELIVERED MEALS (NSS)	8.23%	3,386,812	3,381,611	(5,201)	500,853	3,882,464	
1	HOUSING SERVICES (TRCF/RCFCI) (THAS)	7.92%	3,256,752	4,007,396	750,644	4,433,206	8,440,602	
15	OTHER PROFESSIONAL SERVICES (LEGAL)	0.92%	379,213	537,627	158,414	0	537,627	
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	3.82%	1,569,808	2,614,115	1,044,307	0	2,614,115	
8	OUTREACH (LRP)	0.00%	-	473,413	473,413	449,631	923,044	
5	PSYCHOSOCIAL SUPPORT SERVICES	0.00%	-	0	-	0	0	
16	SUBSTANCE ABUSE RESIDENTIAL	0.00%	-	0	-	725,000	725,000	
17	HEALTH EDUCATION/RISK REDUCTION	0.00%	-	0	-	0	0	
20	REFERRAL	0.00%	-	0	-	0	0	
24	REHABILITATION	0.00%	-	0	-	0	0	
25	RESPITE CARE	0.00%	-	0	-	0	0	
	SUPPORTIVE SERVICES TOTAL	**27.38%**	**$ 11,262,545**	**$ 13,408,109**	**$ 2,145,564**	**$6,168,320**	**$19,576,429**	
	PART A AND MAI DIRECT SERVICES TOTAL	**100.00%**	**41,134,817**	**41,964,334**	**829,517**	**10,605,387**	**52,569,721**	

Other Funding Sources:
HRSA Part B
HRSA EHE
SAPC Non-Drug MediCal
County HIV Funds (NCC)

$5m was covered by Part B

LOS ANGELES COUNTY
COMMISSION ON HIV

Planning, Priorities and Allocations Committee
Service Category Rankings

PY[1] 35	PY 36	PY 37	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1			Housing • Permanent Support Housing • Transitional Housing • Emergency Shelters • Transitional Residential Care Facilities (TRCF) • Residential Care Facilities for the Chronically Ill (RCFCI)	S	Housing
2			Emergency Financial Assistance	S	Emergency Financial Assistance
3			Mental Health • Mental Health Psychiatry • Mental Health Psychotherapy	C	Mental Health Services
4			Psychosocial Support	S	Psychosocial Support
5			Non-Medical Case Management • Linkage Case Management • Benefit Specialty • Benefits Navigation • Transitional Case Management • Housing Case Management	S	Non-Medical Case Management
6			Medical Care Coordination	C	Medical Case Management
7			Nutrition Support	S	Food Bank/Home Delivered Meals
8			Oral Health Services	C	Oral Health Care
9			AIDS Drug Assistance Program (ADAP) Treatments	C	AIDS Drug Assistance Program (ADAP) Treatments
10			Medical Transportation	S	Medical Transportation
11			Early Intervention Services	C	Early Intervention Services
12			Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
13			Health Education/Risk Reduction	S	Health Education/Risk Reduction

PY[1] 35	PY 36	PY 37	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
14			Outreach Services (Linkage and Re-engagement Program) • Engaged/Retained in Care	S	Outreach Services
15			Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
16			Home Health Care	C	Home Health Care
17			Home-Based Case Management	C	Home and Community-Based Health Services
18			Child Care Services	S	Child Care Services
19			Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
20			Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
21			Respite	S	Respite Care Respite Care
22			Local Pharmacy Assistance	C	Local AIDS Pharmaceutical Assistance Program (LPAP)
23			Legal Services and Permanency Planning	S	Other Professional Services (including Legal Services and Permanency Planning)
24			Referral	S	Referral for Health Care and Support Services
25			Rehabilitation	S	Rehabilitation
26			Medical Nutrition Therapy	C	Medical Nutrition Therapy
27			Language	S	Linguistic Services
28			Hospice Services	C	Hospice Services

Footnote:
1 – Service rankings approved by PP&A Committee on 7/16/2024

Proposed Ryan White Program Year (PY) 35 Allocations Table

MOTION #4: Approve Ryan White Program Year 35 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.

			FY 2024 (PY 34) [1]		FY 2025 (PY 35) [2]	
Service Type	**Service Ranking**	**Service Category**	**Part A %**	**MAI %**	**Part A %**	**MAI %**
Core	**6**	Medical Case Management (Medical Care Coordination)	27.15%	0.00%	**29.00%**	**0.00%**
Core	**8**	Oral Health	20.79%	0.00%	**21.30%**	**0.00%**
Core	**20**	Outpatient/Ambulatory Medical Health Services (Ambulatory Outpatient Medical)	17.11%	0.00%	**17.11%**	**0.00%**
Core	**11**	Early Intervention Services (Testing Services)	6.58%	0.00%	**0.00%**	**0.00%**
Core	**17**	Home and Community-Based Health Services	6.50%	0.00%	**6.50%**	**0.00%**
Support	**2**	Emergency Financial Assistance	6.32%	0.00%	**8.00%**	**0.00%**
Support	**7**	Nutrition Support (Food Bank/Home-delivered Meals)	5.79%	0.00%	**7.79%**	**0.00%**
Support	**5**	Non-Medical Case Management				
		Benefits Specialty Services	3.95%	0.00%	**3.95%**	**0.00%**
		Transitional Case Management - Jails	1.58%	0.00%	**1.58%**	**0.00%**
Support	**10**	Medical Transportation	1.84%	0.00%	**1.84%**	**0.00%**
Support	**23**	Legal Services	1.42%	0.00%	**2.00%**	**0.00%**
Support	**1**	Housing				
		Housing Services RCFCI/TRCF (Home-Based Case Management)	0.91%	0.00%	**0.91%**	**0.00%**
		Housing for Health	0.00%	100.00%	**0.00%**	**100.00%**
Core	**3**	Mental Health Services	0.29%	0.00%	**0.02%**	**0.00%**
Core	**9**	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%
Core	**22**	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%	0.00%	0.00%
Core	**15**	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%
Core	**16**	Home Health Care	0.00%	0.00%	0.00%	0.00%
Core	**28**	Hospice Services	0.00%	0.00%	0.00%	0.00%
Core	**26**	Medical Nutritional Therapy	0.00%	0.00%	0.00%	0.00%
Core	**12**	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%
Support	**18**	Child Care Services	0.00%	0.00%	0.00%	0.00%
Support	**13**	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%
Support	**27**	Linguistic Services (Language Services)	0.00%	0.00%	0.00%	0.00%
Support	**14**	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%
Support	**4**	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%
Support	**24**	Referral	0.00%	0.00%	0.00%	0.00%
Support	**25**	Rehabilitation	0.00%	0.00%	0.00%	0.00%
Support	**21**	Respite Care	0.00%	0.00%	0.00%	0.00%
Support	**19**	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%
		Overall Total	**100%**	**100.00%**	**100.00%**	**100.00%**

Footnotes:

(1) Approved by COH on 8/8/24

(2) Agreed by PP&A on 8/28/24

Green font indicates allocation increase from PY34

Red font indicates allocation decrease from PY34

Targeted Assessment of the Efficiency of the Administrative Mechanism (AEAM)

Program Year 32-Ryan White Grant

Year 2022/23 Report

COLLABORATIVE RESEARCH

LOS ANGELES COUNTY COMMISSION ON HIV

AEAM PURPOSE

Legislative Requirement: The Ryan White HIV/AIDS Treatment Extension Act requires each Ryan White HIV/AIDS Program (RWHAP) Part A program's planning council or body (PC/B) to "assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."[Section 2602(b)(4)(E)]

What is an "assessment of the efficiency of the administrative mechanism"? HRSA/HAB Expectations: This assessment is a review of how quickly and well the RWHAP Part A recipient (and administrative agency, if one exists) carries out the processes to contract with and pay providers for delivering HIV-related services, so that that the needs of people living with HIV/AIDS (PLWH) throughout the RWHAP Part A service area are met – with emphasis on PLWH and communities with the greatest need for Ryan White services.

COLLABORATIVE RESEARCH

SCOPE OF WORK

1

Coordinate with the Operations Committee of the Commission on HIV (COH).

2

Review background materials developed by the Operations Committee.

3

Develop surveys, interview key informants, and provide updates to the Operations Committee.

4

Develop AEAM report with recommendations.

COLLABORATIVE RESEARCH

METHODOLOGY

Informative Research

Key informant interviews

- Focused on discussing the current processes for Request for Applications (RFA)
- Budget allocations and Contracting Process
- Payment procedures and identifying challenges and bottlenecks in the existing administrative mechanism

Survey with follow-up with agencies who responded

- All Ryan White contracted providers were invited and requested to respond to the survey
- Experiences and perceptions of the administrative mechanisms
- Contract execution timelines, service delivery, and fiscal support processes

Review of best practices

Recommendations

COLLABORATIVE RESEARCH

INFORMATIVE RESEARCH

Review of Part A Landscape

Challenges with how Ryan White Funds are Administered from the Federal to Local Grantees

Distribution and Budget Approval Processes

Local Level Grants Administration and Process

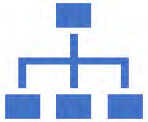
Los Angeles County Procurement Landscape

Los Angeles County Procurement Study - Gartner Report: Released May 15, 2024

Goal: To modernize the procurement system by analyzing current practices and recommending technical and business process improvements for greater efficiency, effectiveness, and equity.

Included input from 46 County executives and experts, and review of over 100 documents, covering procurement practices for 26 County departments.

The report identified inefficiencies and labeled the County's current procurement systems and practices as "untenable.“



Recommendations:

Centralized Authority: Create a central department under the Board of Supervisors for procurement oversight.

Modernized Policies: Update policies and push for reforms at state/federal levels.

Tech Integration: Implement new technologies in phases for more streamlined processes.

Action Steps Proposed:

Modernization Initiative: Approve a rapid, County-wide modernization plan.

Departmental Alignment: Ensure support from key departments (ISD, Auditor-Controller, County Counsel).

Centralized Management: Assign leadership to oversee and coordinate the modernization effort.

COLLABORATIVE RESEARCH

Highlights of Key Informant Interviews

Key Informant Interviews

- HIV Commission
- DHSP staff

The Request for Applications (RFA) process takes 9 months to a year.

5 procurement staff currently support the RFA and contracting process.

DHSP conducted operations during the COVID-19 response a seamless manner despite all the environmental factors.

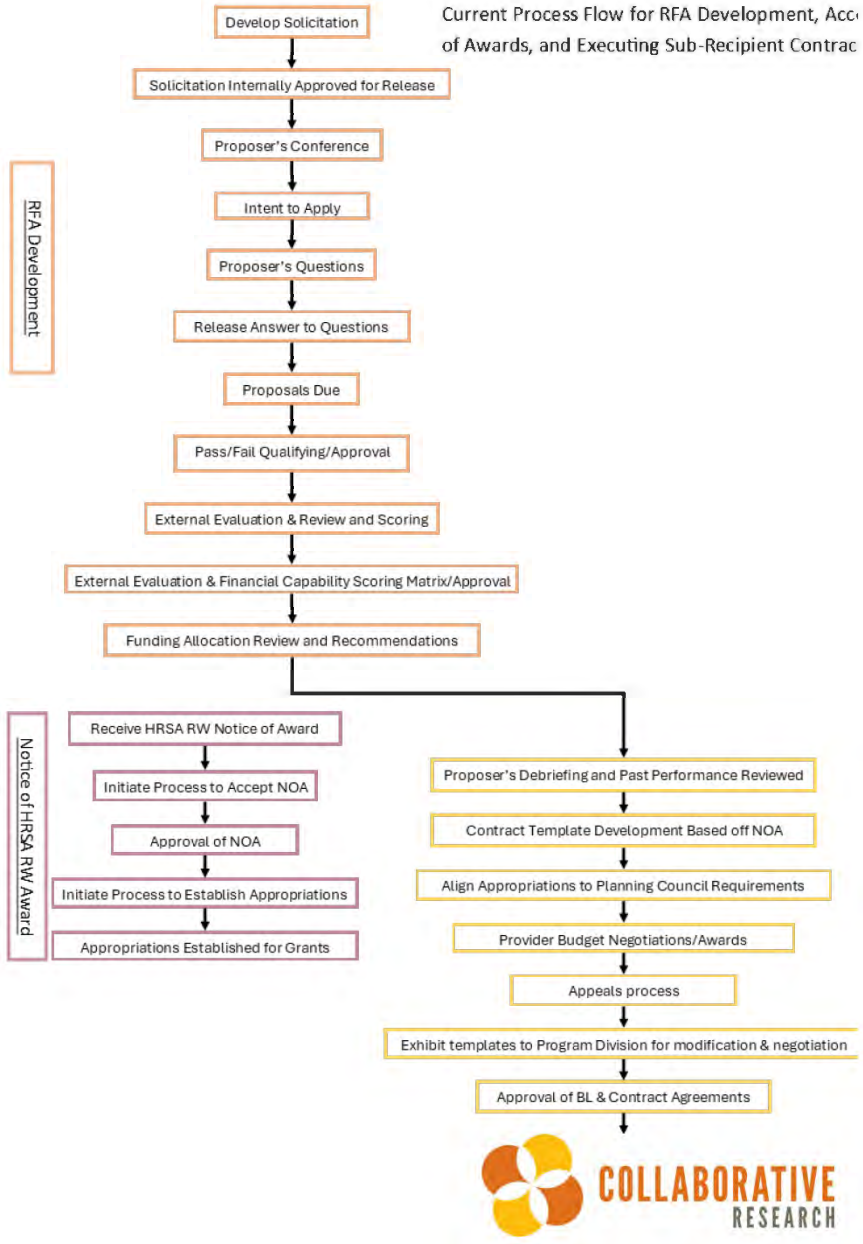
All service categories are individually contracted, and RFAs operate in three-year cycles with two optional one-year extensions.

Success: DHSP uses a third-party grant administrator to manage larger contracts for Ending the HIV Epidemic (EHE) funding

COLLABORATIVE RESEARCH

Highlights of Key Informant Interviews

- Recipient process
- A visualization of the process of executing sub-recipient contracts as three distinct parts:
  - RFA Development
  - Notice of HRSA's RW Award
  - Contracting



Highlights of Survey Responses

- Survey results reveal significant variability in contract processing times among RWPA subrecipients, ranging from 0 to 405 days.
- Zero-day wait times observed in the survey may be linked to automatic renewals rather than quick contract execution.
- There is a general knowledge gap at the subrecipient level regarding RW Part A processes, making results difficult to interpret.
- Follow-up interviews revealed that some agencies have not responded to RFAs for years, relying on contract renewals instead.- Operations during COVID were acknowledged as a success by providers.
- 6 out of 10 respondents reported delays in reimbursements, exceeding the stipulated 30-day window, with some taking up to 45-60 days, impacting financial stability.
- DHSP's practice of releasing RFAs for individual service categories adds administrative burdens, particularly for smaller agencies.

Respondent	"Notice of Intent to Award" letter date based on the RFA your agency responded to.	Date your agency received a fully executed contract from DHSP.	Time from NOA to Executed Contract	Renewal?
1	6/28/2024	6/28/2024	0	Not specified
2	2/1/2022	2/1/2022	0	Y
3	2/8/2019	11/25/2019	290	Y
4	2/17/2021	10/12/2021	237	Y
5	8/27/2020	10/6/2021	405	Y
6	3/1/2024	3/1/2024	0	Y
7	6/19/2024	6/28/2024	9	Not specified
8	6/26/2024	6/26/2024	0	Not specified
9	3/14/2022	3/14/2022	0	Y
10	3/1/2022	4/4/2022	34	Y

COLLABORATIVE RESEARCH

Recommendations

Priority Recommendation

- TPA – Third Party Administrator - Replicate similar to the EHE success

Secondary Recommendation

- Lengthy process
- Uncertainty for providers and Negative impact on programs
- Inconsistency of RFA's due to COVID or other factors
- Reorganization of the RFA process- resulting in Capacity Building time
- Single Point of Contact (SPOC)

Areas of improvement

- Incorporate language for AEAM participation
- Streamline RFA processes
- Increase Capacity building support to subrecipients
- DHSP can create a tracking process to include RFA release dates, contract execution dates, and invoices paid dates.
- SPOC

COLLABORATIVE RESEARCH

Q&A and Discussion

- Thank you for the opportunity to support the Los Angeles Commission on HIV.

- Jeff Daniel
- Dr. Andrew McCracken
- Melissa Rodrigo

COLLABORATIVE RESEARCH

Targeted Assessment of the Efficiency of the Administrative Mechanism (AEAM) for Program Year 32-Ryan White Grant Year 2022/23 Report

Submitted to:

LOS ANGELES COUNTY COMMISSION ON HIV

Submitted by:

COLLABORATIVE RESEARCH

August 2024

FINAL

Table of Contents

Acknowledgements

Collaborative Research would like to extend our heartfelt thanks to everyone who participated in the survey and informant interviews. As well as a special thank you to the Los Angeles County Division of HIV and STD Programs (DHSP) and the Commission on HIV (Commission) for being very supportive of the process. Your insights and contributions are invaluable to our work, and we truly appreciate the time and effort you invested in sharing your experiences and perspectives with us. Your involvement is not just appreciated—it is essential to the success of our evaluation. Thank you for all the assistance.

Acronyms Referenced Throughout Report

- **HRSA**-Health Resources and Services Administration (Washington D.C.)
- **CDC**-Centers for Disease Control and Prevention
- **LAEMA**-Los Angeles Eligible Metropolitan Area
- **RWPA**-Ryan White Part A
- **EHE-**Ending the HIV Epidemic
- **BOS**-Los Angeles County Board of Supervisors
- **DHSP**-Los Angeles County Division of HIV and STD Programs
- **Commission**-Los Angeles County Commission on HIV
- **AEAM**-Assessment of the Efficiency of the Administrative Mechanism
- **TPA**-Third-Party Administrator
- **RFA** – Request for Applications
- **CR**-Collaborative Research

Executive Summary

Introduction

The Assessment of the Efficiency of the Administrative Mechanism (AEAM) was commissioned by the Los Angeles County Commission on HIV to evaluate the administrative processes of Los Angeles County Division of HIV and STD Programs (DHSP) related to the Ryan White Grant Program Year 32 (2022/23). This assessment aims to identify strengths and areas for improvement within the current administrative mechanisms to ensure the timely and efficient delivery of services to people living with HIV (PLWH) and those at risk.

Methodology

The assessment utilized a comprehensive methodology that included:

- Informative Research: A review of best practices from other jurisdictions, academic literature, and policy documents to benchmark against successful administrative processes in other regions.
- Key Informant Interviews: Interviews with DHSP staff, HIV Commission members, and other stakeholders to gain in-depth insights into the current processes, challenges, and potential areas for improvement. These interviews were conducted between March 2024 and July 2024.
- Survey Distribution and Data Collection: A survey designed collaboratively by CR, DHSP, and Commission staff to gather quantitative data from Ryan White Part A (RWPA) Service Providers. The survey focused on contract execution timelines, service delivery, and fiscal support processes. Distributed via Survey Monkey in early June 2024, the survey achieved a high response rate through diligent follow-up.

Findings

- Contract Execution Timelines: The survey revealed significant variability in contract execution times, ranging from immediate execution to delays of up to 405 days. Key factors contributing to these delays included complex approval processes, partial awards requiring multiple rounds of approvals, and staffing shortages within procurement teams.
- Service Delivery Challenges: Providers reported that delayed contract execution and the administrative burden of complex processes hindered timely service delivery. Smaller agencies particularly struggled with these challenges, which were exacerbated by technical difficulties with the CaseWatch system.
- Fiscal Support Processes: Many providers experienced delays in reimbursement processing, often exceeding the required 30-day timeframe and extending to 45 or 60 days. These delays impacted providers' cash flow and financial stability. Although DHSP provided training and technical assistance, the effectiveness of this support varied, with some providers finding it insufficient or poorly tailored to their needs.
- Positive Feedback and Resilience During COVID-19: Despite the challenges, DHSP's adaptability and resilience during the COVID-19 pandemic were highlighted as positive aspects. The department managed to maintain service delivery and administrative functions smoothly during a critical period, ensuring that essential services were not interrupted. This adaptability was appreciated by many stakeholders and demonstrated DHSP's commitment to public health.

Recommendations

Primary Recommendation

- Explore the feasibility of using a Third-Party Administrator (TPA) for grant implementation to streamline administrative processes. A TPA could handle complex administrative tasks, reduce the

burden on DHSP and local service providers, and potentially lead to cost savings. The TPA model has shown promise in other regions for process simplification and efficiency.

Secondary Recommendations

- Streamline Procurement Processes: Reduce the number of Requests for Applications (RFAs) issued and consolidate them into fewer, larger RFAs. This approach would lessen the administrative burden on both DHSP staff and service providers, allowing for more efficient resource allocation.
- Enhance Provider Support: The reduced number of RFAs would result in being able to implement ongoing technical assistance and capacity-building programs for service providers, focusing on fiscal management and compliance. Tailored support would help providers navigate administrative requirements more effectively.
- Revise Contract Language: Include specific provisions in contracts to facilitate data requests for AEAM compliance. This change would streamline the data collection process and ensure adherence to federal grant requirements. Develop or share tracking files to ensure compliance of the AEAM about RFA release, contract execution dates and payment processing within 30-days.
- Simultaneous Administrative Processes: Ensure the completion of multiple administrative tasks concurrently to reduce overall processing time associated with the initial steps after the receipt of the Notice of Award. This approach would expedite contract execution and payment processing, ensuring timely delivery of services and reducing the financial burden for some subrecipients. Ensure each subrecipient identifies a single point of contact familiar with grant operations.

Conclusion

The recommendations provided aim to address the identified challenges and leverage existing strengths within DHSP's administrative mechanisms. Implementing these changes can enhance the efficiency and effectiveness of the Ryan White Part A program, ensuring a more streamlined and responsive framework for contracting and service delivery. By improving administrative processes, DHSP can better support service providers, reduce burdens, and enhance the overall delivery of services to PLWH and those at risk.

Scope of Work

CR's Scope of Work included the following responsibilities and deliverables:

1. Review the Operations Committee's PY 32 AEAM approach document and matrix of past AEAM themes and outcomes to tailor survey instruments to achieve desired outcomes of the AEAM. The Operations Committee has recommended the following areas for the 2022/23 AEAM:
    a. Focus on identifying challenges to and identifying strategies to shorten and fast-track the contracting process.
    b. Consider a very specific service category assessment.
    c. Tailor questions on how the County is responding to homelessness among PLWH and those at risk.
    d. The County demonstrated during the COVID response that a fast-track contracting process is possible, however the willingness by DPH and the CEO to allow expedited contracting for HIV and STD services remains very elusive for DHSP. This continues to be a problem with new grants.

2. Interview a defined number of key informants designated by the Operations Committee in consultation with CR staff.

3. Develop surveys to supplement and enhance the key informant interview process.

4. Attend and participate virtually in Operations Committee meetings, to be determined and as needed, prior to presentation of the final report to the Commission.

5. Prepare a final draft report with specific recommendations to expedite the contracting process for HIV and STD services.

6. Present a draft report to the Operations Committee and the final report to the full Commission, after incorporating the input and feedback of both bodies.

7. Complete AEAM report by July 2024.

Methodology

Introduction

The Assessment of the Efficiency of the Administrative Mechanism (AEAM) was commissioned by the Los Angeles County Department of HIV and STD Programs (DHSP) to evaluate the administrative processes related to the Ryan White Grant Program Year 32 (2022/23). The purpose of this assessment is to identify strengths and areas for improvement in the current administrative mechanisms to ensure timely and efficient delivery of services.

Informative Research

To contextualize the findings, a review of best practices from other jurisdictions and literature was conducted. This review included academic literature, policy documents, and reports from other local and national HIV programs. Best practices identified from this review include streamlined requests for applications, contracting processes, effective AEAM process management, and procurement modernization strategies.

Key Informant Interviews

To gain a comprehensive understanding of the administrative processes, key informant interviews were conducted with DHSP staff, HIV Commission and other stakeholders. These interviews were conducted via virtual meetings and in-person sessions from March 2024 to July 2024, with each session lasting between 60 to 90 minutes. The interviews focused on discussing the current processes for Request for Applications (RFA), contracting, budget allocation, and payment procedures, as well as identifying challenges and bottlenecks in the existing administrative mechanism.

Summary of Survey Responses

A survey was designed to gather quantitative data from Ryan White Part A Service Providers on their experiences and perceptions of the administrative mechanisms. The survey was developed by CR in collaboration with DHSP and HIV Commission staff, and included questions on contract execution timelines, service delivery, and fiscal support processes. The survey was distributed via Survey Monkey to all local Ryan White Part A Service Providers in early June 2024. Responses were collected and followed up with providers to ensure a high response rate, and a status update meeting was held with HIV Commission staff to review preliminary findings. Project status updates were provided at monthly Operations Committee meetings. Data from the interviews, surveys, and research were analyzed using qualitative and quantitative methods. Thematic analysis was applied to interview data, while survey data was analyzed using descriptive statistics. Primary data from interviews and surveys, and secondary data from case studies were utilized in this analysis. However, it is important to note that the analysis is limited by the response rate of the survey and the availability of comparable data from other jurisdictions.

Recommendations

The recommendations presented in this report were carefully formulated through a comprehensive analysis of the data collected from key informant interviews, surveys, and a thorough review of best practices. Our team systematically researched and evaluated best practices from other jurisdictions and relevant literature to develop targeted recommendations that address the identified challenges and leverage existing strengths within the current administrative mechanisms. These recommendations are designed to enhance the efficiency and effectiveness of DHSP's processes, ensuring a more streamlined and responsive administrative framework for contracting by the Los Angeles Ryan White Part A Grant Program.

Informative Research

CR started informative research regarding AEAM review components. CR conducted reviews of Ryan White Part A grantee's administrative policies and procedures from various grantees nationally. In addition, CR conducted interviews with other Part A areas about local processes in place to ensure local services were in place quickly upon receipt of the grant award.

Challenges with How Ryan White Funds are Administered from the Federal to Local Grantees:

The research identified some common themes throughout the review. The HRSA grant award is almost always awarded as a partial award. The grant award must be approved through the local County board approval process. The partial award makes it extremely difficult for local grant recipients to fund local services fully, thereby increasing the amount of administrative work at the local grant administrative agency. In addition, the budget establishment must also be approved through the local board process. These two board actions might not be able to be completed during the same meetings and these might take separate actions through formal board processes.

Distribution and Budget Approval Processes:

Local grant recipients must distribute specific allocated amounts of funding determined by the Planning Council based on service categories. This process must be conducted upon receipt of the notice of award (NOA) which results in this process needing to be completed for every partial award received from HRSA. DHSP conducts budget negotiations with the local service providers to ensure continuity of local services. Then, each funded amount must be put into a budget reviewed for allowable expenditures and approved in a contract at the County.

Local Level Grants Administration and Process:

The research and interviews identified best practices being conducted throughout the country. Grantees complete all formal bid processes at minimum one month before the new grant starts, which is March 1st annually. This encompasses the entire process to include issuance, bidders conference, responses received, verified and reviewed and scored by a neutral committee be completed by February 1st during years of competitive grant cycles. Grantees usually receive notice of a partial award by the end of January or beginning of February. It is important to note this process is contingent upon having an approved federal budget. Completing the process by the above timeline allows for the grantee's office to immediately commence the internal funding distributions process upon receipt of the NOA.

In addition, grantees often complete many parts of the local administrative process simultaneously to reduce the overall time it takes for local service providers to receive executed contracts. The Grantees make it an urgent priority to get the service allocations completed, simultaneously while budget negotiation meetings are scheduled. In addition, the grant acceptance and budget establishment processes are being completed. Contract templates are prepared and approved ahead of time when allowed by legal departments. Grantees often conduct budget and invoice training in advance of the NOA receipt for sub-recipients to reduce the time it takes to ensure local service provider's budgets are compliant with grant requirements. In addition, to understand the process of submitting timely accurate invoices so invoices can be paid timely. Grantees do not start tracking the required 30-day payment until they receive an accurate invoice to be processed.

It is best practice for grantees to prepare tracking summaries for payments since the 30-day payment is a grant requirement. The internal fiscal staff completed tracking files to include dates received, dates

reviewed, and dates processed through payment to ensure grant requirements are adhered to. This file is provided to the Planning Council committee responsible for reviewing the AEAM. In addition, grantee staff provided a tracking file with components related to the contracting process dates for each subrecipient including service categories for the AEAM review process. These two files are spot-checked with actual documents including invoices or contracts during the actual AEAM review for ease of checks and balances. The information can demonstrate if delays exist at the subrecipient level.

Once the additional grant award is received, the allocation, approved budget, and contracting processes are often completed again. The volume of work varies by how many service providers are in the local continuum of care, the number of service categories being funded, and the amount of funding impacts budget complexities or lengths depending on reimbursement methods. However, the grant award accounts account for administrative funding of 10% of award or a maximum of $3,000,000 to support staff to perform administrative functions for grant requirements. Whereas the grant has a vast number of checks and balances associated with the award, there are appropriations allocated to complete these required functions. The Ryan White Part A grant is labor intensive requiring adequate staff to support the administrative requirements for compliance. Appropriate staffing is critical to ensuring funds are quickly distributed to local service providers for continuity of services, reducing the financial burden on service providers and grant compliance.

Los Angeles County Procurement Landscape:

On May 15, 2024, a report was released regarding the County of Los Angeles Procurement Modernization and Transformation project. Gartner Inc. group was selected by Los Angeles County on October 5th of 2023 to complete a review of the current modernization process that started in June of 2022. The review described below of the current modernization process was derived from a status update report of the current project to the Board of Supervisors and provides an illustration of the County's procurement process and challenges.

Gartner Inc group was identified as subject matter experts authorized to complete this review. The goal was to conduct a complete review of the progress being made of the county system and analyze the current state of the County's procurement systems, process and practices with the goal of modernizing and transforming the purchasing and contracting system. In addition, the analysis was to include recommendations using emerging technical and business process improvements and innovations to make the County's procurement of goods and services more efficient, effective and equitable across all departments.

This expansive review consisted of three Business Capability Model discovery sessions which included input from 46 County executives and procurement and contracting experts. In addition, there were over 100 documents reviewed. Overall, the systematic review covered procurement and contracting practices for 26 County departments. The Gartner Group met regularly with key stakeholders to provide regular status updates of the ongoing review.

Directly from the report, "the recommendation was summarized into the inefficiencies of the current procurement systems, processes and practices within the County are untenable." The Commission on Quality and Productivity proposed the following multi-pronged approach:

1. Centralized Authority: Establish a central, accountable department under the Board of Supervisors for efficient procurement.
2. Modernized Policies: Update County policies and advocate for broader state/federal reforms for a more efficient system.

3. Technology Integration: Implement emerging technologies in a phased approach for a streamlined procurement process.

In addition, the Commission on Quality and Productivity, recommends action steps for the Board to include:

- Modernization Initiative: Approve a comprehensive and rapid County-wide "source-to-settle" modernization plan.
- Departmental Alignment: Ensure all relevant departments (Internal Services Department (ISD), Auditor-Controller, County Counsel) actively support and contribute to the initiative.
- Centralized Management: Assign leadership, oversight, and coordination for the modernization initiative to the newly established central authority.

The Gartner report in **Appendix E** directly aligns with findings discussed throughout the key informant interviews as well as DHSP's Process Chart located in **Appendix D** that demonstrates the current process in place at the Department of Public Health.

Key Informant Interviews

The initial steps of CR were to complete key informant interviews of the HIV Commission and DHSP staff. The goal was to collect data on the current processes in place regarding the federally required Assessment of the Efficiency of the Administrative Mechanism (AEAM) for the Ryan White Part A grant. The Los Angeles County HIV Commission has the required responsibility to complete the review on the DHSP administrative processes. In addition, CR presented the approach of the AEAM review to the Operations Committee of the Commission.

The AEAM review consisted of the system review of requests for applications (RFAs), notice of awards (NOAs), approved budgets that align with the contracts, the timeliness of executed contracts and, lastly, payments processed and received by service providers within 30 days as required by the Notice of Award. This information needs to be collected and reported back to the Health Resources and Services Administration during the grant application or Program Submission report submissions. The HIV Commission as the neutral party must review the DSHP's processes and ensure the federal requirements of the grant implementation are being met as outlined in Notice of Award and the federal Office of Management and Budget (OMB) circulars.

The key informant interviews with HIV Commission staff consisted of general questions due to the Commission not participating in the procurement or contractual obligations of the grant administration. This meeting set the stage for the understanding of the roles and responsibilities of the local grant administration. There was a discussion about past AEAM's reviews. CR discussed conducting interviews with DSHP as well as surveys with the local service providers.

CR conducted two key informant interviews with DHSP. During the initial interview, general introductions were made as well as general process questions were discussed. CR was provided with a process map of the grant process developed by DHSP which is included in **Appendix D.**

During the second key informant interview, CR shared the interview questions and sought approval to move forward with the local service provider survey. The questions pertained to procurement and contracting processes and timeframes. These questions are detailed in **Appendix C.**

CR asked clarifying questions as it pertained to the detailed process map provided to outline the DHSP's procurement and contracting process from receipt of NOA timeframe. Highlights from the discussion include:

- There are various Board actions that take place throughout the procurement and contracting processes.
- Request for Applications (i.e., solicitations process) to seek service providers is a lengthy process taking 9 months to a year.
- DHSP starts the solicitations process in advance to accommodate the lengthy process, so this does not delay the process once the awards are received.
- Some local service providers take months to return contracts before they go to the County Board of Supervisors for approval.
- There are 5 procurement staff that support the Request for Applications (RFA) and contracting process that support the Part A grant award.
- There are vacancies among these procurement support positions, and they have not been fully staffed in years.
- All services categories are individually contracted by each service category.
- The periods for RFAs are three-year cycles with options to extend two one-year options.
- DHSP has been able to administer larger contracts for Ending the HIV Epidemic (EHE) funding through a third-party grant administrator.

- The RWPA procurement and contracting process in **Figure 1** illustrates a multifaceted process.

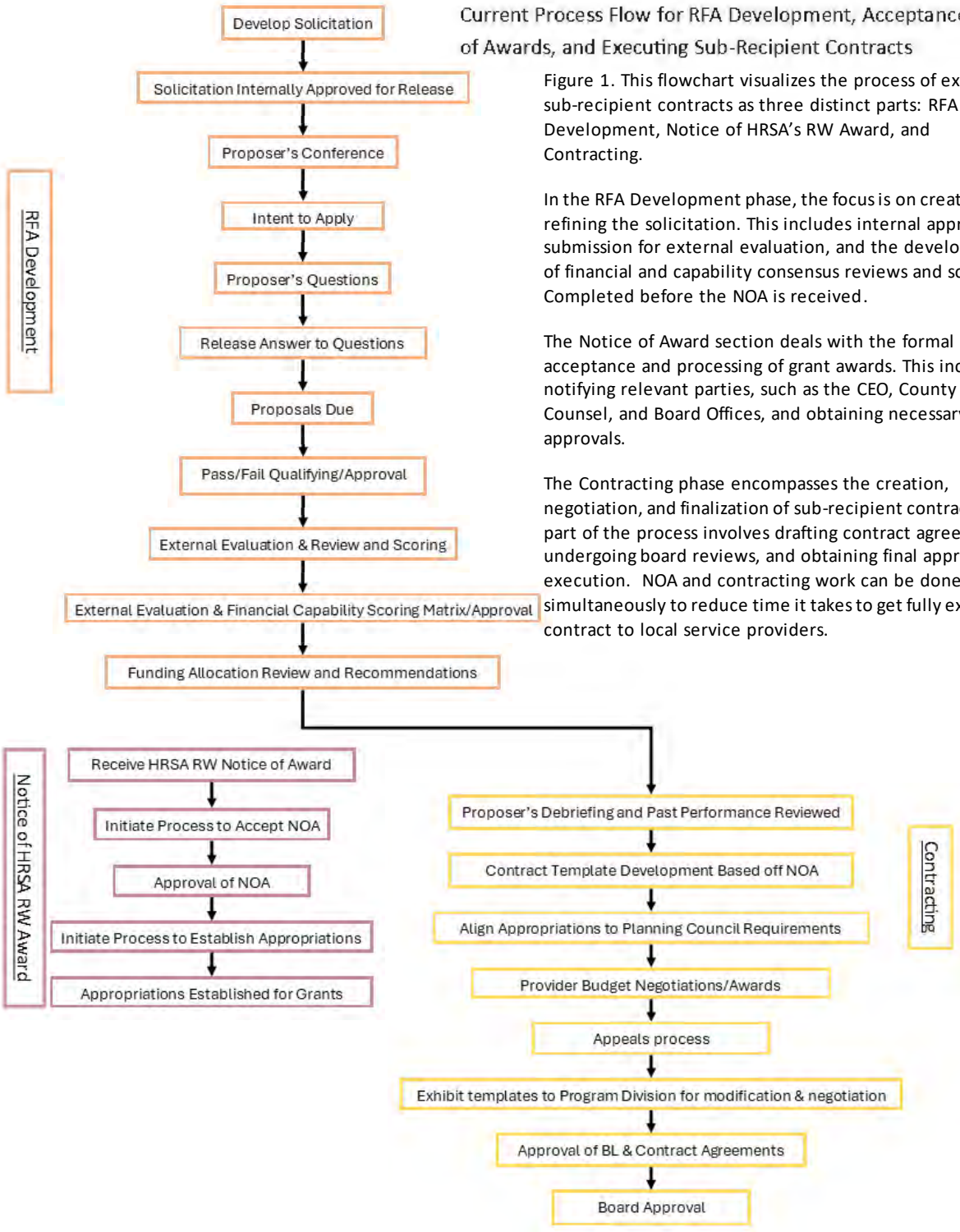


Figure 1. This flowchart visualizes the process of executing sub-recipient contracts as three distinct parts: RFA Development, Notice of HRSA's RW Award, and Contracting.

In the RFA Development phase, the focus is on creating and refining the solicitation. This includes internal approvals, submission for external evaluation, and the development of financial and capability consensus reviews and scoring. Completed before the NOA is received.

The Notice of Award section deals with the formal acceptance and processing of grant awards. This includes notifying relevant parties, such as the CEO, County Counsel, and Board Offices, and obtaining necessary approvals.

The Contracting phase encompasses the creation, negotiation, and finalization of sub-recipient contracts. This part of the process involves drafting contract agreements, undergoing board reviews, and obtaining final approval for execution. NOA and contracting work can be done simultaneously to reduce time it takes to get fully executed contract to local service providers.

Summary of Survey Responses

The survey was designed to gather quantitative data from RWPA subrecipients on their experiences and perceptions of the administrative mechanisms. Developed by CR in collaboration with DHSP and Commission staff, the survey included questions on contract execution timelines, service delivery, and fiscal support processes. Distributed via Survey Monkey to all local RWPA subrecipients in early June 2024, responses were collected and followed up with providers to ensure a high response rate. A status update meeting was held with Commission staff to review preliminary findings. A list of the Survey Questions can be found in the appendix. This survey aimed to identify bottlenecks and areas for improvement within the administrative mechanisms to enhance the efficiency and effectiveness of service delivery. It should be noted the length of time it took the agency to return the required contractual documents to DHSP once the award letter was received was not asked by the survey.

Respondent	"Notice of Intent to Award" letter date based on the RFA your agency responded to.	Date your agency received a fully executed contract from DHSP.	Time from NOA to Executed Contract	Renewal?
1	6/28/2024	6/28/2024	0	Not specified
2	2/1/2022	2/1/2022	0	Y
3	2/8/2019	11/25/2019	290	Y
4	2/17/2021	10/12/2021	237	Y
5	8/27/2020	10/6/2021	405	Y
6	3/1/2024	3/1/2024	0	Y
7	6/19/2024	6/28/2024	9	Not specified
8	6/26/2024	6/26/2024	0	Not specified
9	3/14/2022	3/14/2022	0	Y
10	3/1/2022	4/4/2022	34	Y

Table 1 This table provides summary of responses to the survey regarding the timeline and renewal status of contracts awarded to various agencies by the Department of HIV and STD Programs (DHSP).

Table 1 above summarizes the responses to the survey administered to sub-recipient agencies. It lists the "Notice of Intent to Award" letter dates, the dates when each agency received a fully executed contract from DHSP, the time in days between the notice of award and the executed contract, and whether the contract was a renewal. The table indicates that the time from the notice of award to the executed contract can vary significantly, from 0 days to as many as 405 days. Additionally, while most entries specify whether the contract was a renewal, some agencies did not provide a date and are noted on the table as "Not specified." Survey responses indicating zero-day wait times observed in 2019 are not necessarily indicative of short times to contract, as they could have been due to automatic renewals or specific circumstances such as contracts taken over from another agency. This data highlights the variability in contract processing times and the frequent renewal of contracts among agencies that responded to the survey. In addition, this chart highlights a need for capacity building at the subrecipient staff level. There is often a delay between receiving a NOA and executing the contract due to the County Board approval process. The staff completing the survey were asked general questions about the Ryan White Part A administrative processes, which should be understood at the subrecipient level. The zero-day responses highlight a general knowledge gap. This lack of understanding of basic Ryan White Part A concepts made the survey results challenging to interpret due to inconsistencies in how the questions were understood.

Since the survey specified it was interested in new contracts, the limited sample size suggests that no Requests for Applications (RFAs) have been released since the onset of COVID-19. The responses do not correspond with the programmatic operations because, in 2021, medical specialty and linguistics services had an RFA release. Three survey participants who responded to RFAs released in 2019, 2020, and 2021

showed prolonged periods to execute contracts, with wait times extending to 237, 290, and 405 days, the reasons for which were not indicated by the survey respondents. Although emergency measures were embraced during the COVID pandemic, resulting in faster contract renewals and reduced administrative wait times, these emergency measures are no longer in use, leaving LA County without a sustainable approach to expedient contracting.

Content of follow up subrecipient interviews

Additional follow-up was conducted to gather more information on topics that emerged during the survey administration. One agency reported that they have not responded to an RFA for nearly a decade and their contracts have been continually renewed throughout that time. Concerns were also noted regarding the high number of RFAs to be required due to DHSP's practice of releasing RFAs for individual service categories, which creates substantial administrative burdens, particularly for smaller agencies now that the COVID-19 emergency declarations have concluded.

One of the critical questions in the survey addressed the timeliness of reimbursements, specifically about reimbursements being processed within 30 days as stipulated. The survey results show 6 out of 10 respondents indicated this requirement was not consistently met, with at least 2 respondents commenting that delays have extended beyond 30 days. For instance, one respondent noted reimbursements at times took 45-60 days to arrive, significantly impacting their cash flow and financial stability.

The process described by DHSP raised concerns about the high number of RFAs required when releasing RFAs for each individual service category, which would create substantial administrative burdens, particularly for smaller agencies now that the COVID-19 emergency declarations have concluded.

Additionally, feedback highlighted issues with CaseWatch, a software system used by DHSP. Many respondents found it difficult to use and felt it added to their administrative burden. Despite these challenges, some respondents acknowledged that DHSP attempted to provide training and technical assistance. However, the effectiveness of this support was mixed. While a few agencies reported that their needs were met, others felt the assistance was insufficient or poorly tailored to their specific challenges.

COVID-19 Impact and Positive Feedback

LA County declared emergency and began mass response to the COVID-19 pandemic on March 4, 2020. During COVID-19, staff reassignments within DHSP, as documented in past reports, significantly affected the ability to process contracts efficiently. The COVID-19 pandemic was a Public Health emergency which resulted in the Department of Public Health assuming the lead role for the County's overall emergency response. The local efforts were prioritized to managing the emergency to serve and protect the health and well-being of the County of Los Angeles citizens. This impact was felt across county, city, and agency levels. COVID-19 created an emergency in governmental contracting in LA County and administrative processes were expedited by the Board of Supervisors orders to secure the necessary services to respond to the emergency. The COVID-19 emergency led to several challenges, but it also highlighted some positive aspects of the DHSP and County processes. Despite these challenges, the Ryan White funded programs run by the LA County Department of HIV and STD Programs (DHSP) maintained functionality and responsiveness. These programs continued to get contracts approved, facilitated administrative needs, and provided services to clients with HIV throughout the pandemic. Positive feedback from interviews indicates that the DHSP's ability to adapt and maintain services during such a critical time was commendable. They managed to ensure that essential services were not interrupted, and administrative functions continued smoothly, even under unprecedented circumstances. This resilience and adaptability of the DHSP during the pandemic have been appreciated by many stakeholders, demonstrating the department's commitment to public health and the wellbeing of its clients. The processes and efforts undertaken during this period can serve as a foundation for improving future responses to similar crises and refining current procedures to ensure more efficient contract execution and service delivery.

Overall, the survey responses indicate that while DHSP has made efforts to support service providers,

significant improvements are needed in contract execution, reimbursement timeliness, and administrative support systems to reduce the burden on agencies and enhance program effectiveness.

Recommendations

Priority Recommendation:
An exploration of the feasibility of using a Third-Party Administrator (TPA) for grant implementation was conducted to identify potential benefits and challenges. The research aimed to understand how a TPA could streamline administrative processes and improve efficiency. A case study approach was used, including a detailed review of the United Way of Long Island's TPA model. This research highlighted key aspects of the TPA model, including process simplification, reduced administrative burden, and potential cost savings. A selected TPA would be required to be able to administer the financial volume and scale of an EMA's RWPA program.

A TPA might offer an alternative process to mitigate the ongoing and prolonged procurement issues described by AEAM survey participants and findings articulated in the Gartner report. This would also address the long-standing staffing issues with staffing vacancies in County positions that support DHSP with procurement and contracting administrative functions of the grant administration. The TPA selected would need to ensure efficient and effective hiring processes and demonstrate staff that have longevity and proven experience in managing complex projects.

Secondary Recommendation:
A more efficient and timely procurement process is crucial to ensure uninterrupted access to vital HIV services in Los Angeles County. The recommendations are based on the key informant interview, national reviews, service provider surveys, and the report on the County procurement systems.

Based on the information provided, the assessment of the efficiency of the administrative mechanism for procuring HIV services in Los Angeles County revealed key areas of improvement:

- Lengthy process: The current system involving multiple RFAs, contract awards, and processing of payments is considered overly bureaucratic and time-consuming outlined in **Appendix D**. This suggests room for improvement in streamlining steps to reduce the time before a payment can be paid for services rendered. The two areas of concern mentioned during the key informant interviews were having an executed contract and payments processed within 30 calendar days. The DSHP system operates within the structural deficiencies outlined in the County procurement report. In addition to, the long-standing procurement DHSP staffing deficiencies. The result is an understaffed DHSP procurement team implementing a complex procurement process.
- Uncertainty for providers and negative impact on programs: Delays in awarding contracts create uncertainty for some providers who rely on timely funding to deliver critical services. The contract delays result in delays in processing payments for services provided to the community. This suggests the inefficiency of the process is potentially impacting the overall goal of providing vital HIV services and creating an undue burden on some service providers awaiting executed contracts or payments.
- Inconsistency of RFAs due to COVID or other factors: There was mention that at least one provider has not responded to an RFA in roughly 10 years, this should be reviewed to understand the circumstance.
- Reorganization of the RFA process: Given the wide range of services offered and the need to issue an RFA approximately every three years, about four service categories require an RFA each year, depending on the current schedule. This entire process is complex and places a significant burden

on both the procurement system and local service providers. A recommendation is to combine the service category RFA processes to reduce the number of RFA's released and responded to by local subrecipients. This results in reduced internal and external burden. The combined RFA process maximizes common sections included in the RFA while acknowledging service category systems of service delivery and budgets need to be defined individually within a combined RFA. The time saved on reducing the number of RFA's can be utilized to improve the contract process and to provide technical assistance to subrecipients on Ryan White Part A administrative requirements, budget construction and invoice submissions. These two processes are complex due to the federal allowable cost requirements and verifying allowable expenses for reimbursement in comparison to the approved budget. Technical assistance can result in improving accuracy in completing an initial budget and submitting invoices correctly to reduce processing time. Payments can only be rendered for allowable costs included in invoices.

- Single Point of Contact (SPOC): Ensure each subrecipient has a single point of contact for grant-related administrative correspondence. This should be someone who is responsive to questions and knows the daily operations of the program and administrative functions. This contact information should be updated annually and a change of staff should be required to be reported to the recipient. Ensuring program continuity and responsiveness to programmatic needs like the AEAM review for program compliance.

Takeaways

Overall, the current administrative mechanism is challenged with lengthy processes, which negatively impact providers, and hinder program effectiveness. These ongoing challenges were identified in the Gartner Inc review of the County of Los Angeles Procurement Modernization and Transformation project included as **Appendix E**. It is highly recommended to reduce the volume of RFAs. DHSP should implement a combined RFA for all services or at a minimum a core and a support RFA. This process improvement aims to reduce the burden on procurement and contracting staff, who are already understaffed, as well as reduce the burden on local service providers. This would reprioritize staff time to focus on contracting implementation and processing payments in accordance with federal requirements, as well as providing technical assistance to providers on fiscal topics.

In addition, releasing only one or two RFAs every three to five years reduces the frequency burden on evaluators needed for the RFAs. This will allow for RFA tracking to be simplified. The combined RFAs would require DHSP to consolidate the current format into a combined RFA, other Part A grantees have consolidated their RFA processes with initial concerns from subrecipients, but have resulted in more efficient use of staff time over the long term. This would reduce the interaction with certain fiscal components identified as deficient in the Garner Inc. report.

RFA development should be started at least one year prior to the expiration of services in the current RFA. This is to ensure that eligible Part A clients have access to a robust service delivery system of care. The timely preparation of an RFA impacts contract execution and the timely processing of payments. This is a critical component since the emergency declaration for COVID has ended impacting procurement requirements.

The overall recommendation is to reduce the frequency of RFAs, lessen the burden on internal staff and shift their focus on sub-recipient technical assistance needs, and reduce the burden on local service providers by only requiring them to submit a proposal every three to five years. These efforts can free up staff time for internal and local service providers to focus on reducing contracting implementation times and improving budget development and approval processes. Additionally, provide an ongoing structure and capacity building/technical assistance program for new service providers to become Ryan White Part A service providers. In addition, to support sub-recipients with new staff having to learn the Ryan White

Part A requirements. The need for capacity building was highlighted with the subrecipient answers regarding the zero-day differential with the NOA and having an executed contract. The time saved can be reprioritized to sub-recipient capacity building on grant compliance.

While the Commission of HIV cannot be involved with procurement responsibilities to include RFAs, contracts and processing of payments, they must be able to ensure timely processes of RFAs and contracts. In addition, to ensure payments are processed within 30 calendar days per the CFR requirements. In order to ease the AEAM review, DHSP can create a tracking process with the required information for the AEAM submission to include RFA release dates, contract execution dates and invoices paid dates. These three documents can be submitted to the Commission upon completion of the grant year. In addition, these documents can be available for the Health Resources and Services Administration (HRSA) site visits to demonstrate compliance.

Recommendation Contract Language Inclusion:

Recommendation for DHSP to include language in the local service provider contracts to ease data requests pertaining to AEAM surveys and key informant interviews from the HIV Commission. The HIV Commission cannot adequately collect the federally requested information to report in the AEAM if the information gathering of procurement and contract information is unsuccessful. The language can be referred to in future requests tied directly to contractual obligations for ease of the HIV Commission.

Appendices

A. 45-day contract requirement from Code of Federal Regulations (CRF)

This content is from the eCFR and is authoritative but unofficial.

Title 45 —Public Welfare
Subtitle A —Department of Health and Human Services
Subchapter A —General Administration
Part 75 —Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
Subpart D —Post Federal Award Requirements
Standards for Financial and Program Management

Authority: 5 U.S.C. 301; 2 CFR part 200.
Source: 79 FR 75889, Dec. 19, 2014, unless otherwise noted.

§ 75.305 Payment.

(a)

(1) For States, payments are governed by Treasury-State CMIA agreements and default procedures codified at 31 CFR part 205 and TFM 4A-2000 Overall Disbursing Rules for All Federal Agencies.

(2) To the extent that Treasury-State CMIA agreements and default procedures do not address expenditure of program income, rebates, refunds, contract settlements, audit recoveries and interest earned on such funds, such funds must be expended before requesting additional cash payments.

(b) For non-Federal entities other than states, payments methods must minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by the non-Federal entity whether the payment is made by electronic funds transfer, or issuance or redemption of checks, warrants, or payment by other means. See also § 75.302(b)(6). Except as noted elsewhere in this part, HHS awarding agencies must require recipients to use only OMB-approved standard governmentwide information collection requests to request payment.

(1) The non-Federal entity must be paid in advance, provided it maintains or demonstrates the willingness to maintain both written procedures that minimize the time elapsing between the transfer of funds and disbursement by the non-Federal entity, and financial management systems that meet the standards for fund control and accountability as established in this part. Advance payments to a non-Federal entity must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. The timing and amount of advance payments must be as close as is administratively feasible to the actual disbursements by the non-Federal entity for direct program or project costs and the proportionate share of any allowable indirect costs. The non-Federal entity must make timely payment to contractors in accordance with the contract provisions.

(2) Whenever possible, advance payments must be consolidated to cover anticipated cash needs for all Federal awards made by the HHS awarding agency to the recipient.

(i) Advance payment mechanisms include, but are not limited to, Treasury check and electronic funds transfer and must comply with applicable guidance in 31 CFR part 208.

(ii) Non-Federal entities must be authorized to submit requests for advance payments and reimbursements at least monthly when electronic fund transfers are not used, and as often as they like when electronic transfers are used, in accordance with the provisions of the Electronic Fund Transfer Act (15 U.S.C. 1693-1693r).

(3) Reimbursement is the preferred method when the requirements in paragraph (b) cannot be met, when the HHS awarding agency sets a specific condition per § 75.207, or when the non-Federal entity requests payment by reimbursement. This method may be used on any Federal award for construction, or if the major portion of the construction project is accomplished through private market financing or Federal loans, and the Federal award constitutes a minor portion of the project. When the reimbursement method is used, the HHS awarding agency or pass-through entity must make payment within 30 calendar days after receipt of the billing, unless the HHS awarding agency or pass-through entity reasonably believes the request to be improper.

(4) If the non-Federal entity cannot meet the criteria for advance payments and the HHS awarding agency or pass-through entity has determined that reimbursement is not feasible because the non-Federal entity lacks sufficient working capital, the HHS awarding agency or pass-through entity may provide cash on a working capital advance basis. Under this procedure, the HHS awarding agency or pass-through entity must advance cash payments to the non-Federal entity to cover its estimated disbursement needs for an initial period generally geared to the non-Federal entity's disbursing cycle. Thereafter, the HHS awarding agency or pass-through entity must reimburse the non-Federal entity for its actual cash disbursements. Use of the working capital advance method of payment requires that the pass-through entity provide timely advance payments to any subrecipients in order to meet the subrecipient's actual cash disbursements. The working capital advance method of payment must not be used by the pass-through entity if the reason for using this method is the unwillingness or inability of the pass-through entity to provide timely advance payments to the subrecipient to meet the subrecipient's actual cash disbursements.

(5) Use of resources before requesting cash advance payments. To the extent available, the non-Federal entity must disburse funds available from program income (including repayments to a revolving fund), rebates, refunds, contract settlements, audit recoveries, and interest earned on such funds before requesting additional cash payments.

(6) Unless otherwise required by Federal statutes, payments for allowable costs by non-Federal entities must not be withheld at any time during the period of performance unless the conditions of §§ 75.207, subpart D of this part, 75.371, or one or more of the following applies:

(i) The non-Federal entity has failed to comply with the project objectives, Federal statutes, regulations, or the terms and conditions of the Federal award.

(ii) The non-Federal entity is delinquent in a debt to the United States as defined in OMB Guidance A-129 "Policies for Federal Credit Programs and Non-Tax Receivables."

(iii) A payment withheld for failure to comply with Federal award conditions, but without suspension of the Federal award, must be released to the non-Federal entity upon subsequent compliance. When a Federal award is suspended, payment adjustments will be made in accordance with § 75.375.

(iv) A payment must not be made to a non-Federal entity for amounts that are withheld by the non-Federal entity from payment to contractors to assure satisfactory completion of work. A payment must be made when the non-Federal entity actually disburses the withheld funds to the contractors or to escrow accounts established to assure satisfactory completion of work.

(7) Standards governing the use of banks and other institutions as depositories of advance payments under Federal awards are as follows:

(i) The HHS awarding agency and pass-through entity must not require separate depository accounts for funds provided to a non-Federal entity or establish any eligibility requirements for depositories for funds provided to the non-Federal entity. However, the non-Federal entity must be able to account for the receipt, obligation and expenditure of funds.

(ii) Advance payments of Federal funds must be deposited and maintained in insured accounts whenever possible.

(8) The non-Federal entity must maintain advance payments of Federal awards in interest-bearing accounts, unless the following apply:

(i) The non-Federal entity receives less than $120,000 in Federal awards per year.

(ii) The best reasonably available interest-bearing account would not be expected to earn interest in excess of $500 per year on Federal cash balances.

(iii) The depository would require an average or minimum balance so high that it would not be feasible within the expected Federal and non-Federal cash resources.

(iv) A foreign government or banking system prohibits or precludes interest bearing accounts.

(9) Interest earned amounts up to $500 per year may be retained by the non-Federal entity for administrative expense. Any additional interest earned on Federal advance payments deposited in interest-bearing accounts must be remitted annually to the Department of Health and Human Services Payment Management System (PMS) through an electronic medium using either Automated Clearing House (ACH) network or a Fedwire Funds Service payment. Remittances must include pertinent information of the payee and nature of the payment in the memo area (often referred to as "addenda records" by Financial Institutions) as that will assist in the timely posting of interest earned on federal funds. Pertinent details include the Payee Account Number (PAN) if the payment originated from PMS, or Agency information, if the payment originated from ASAP, NSF or another federal agency payment system. The remittance must be submitted as follows:

For ACH Returns:

Routing Number: 051036706

Account number: 303000

Bank Name and Location: Credit Gateway—ACH Receiver St. Paul, MN

For Fedwire Returns*:

Routing Number: 021030004

Account number: 75010501

Bank Name and Location: Federal Reserve Bank Treas NYC/Funds Transfer Division New York, NY

(* Please note organization initiating payment is likely to incur a charge from your Financial Institution for this type of payment)

For International ACH Returns:

Beneficiary Account: Federal Reserve Bank of New York/ITS (FRBNY/ITS)

Bank: Citibank N.A. (New York)

Swift Code: CITIUS33

Account Number: 36838868

Bank Address: 388 Greenwich Street, New York, NY 10013 USA

Payment Details (Line 70): Agency Name (abbreviated when possible) and ALC Agency POC: Michelle Haney, (301) 492-5065

For recipients that do not have electronic remittance capability, please make check** payable to:

"The Department of Health and Human Services"

Mail Check to Treasury approved lockbox:

HHS Program Support Center

P.O. Box 530231

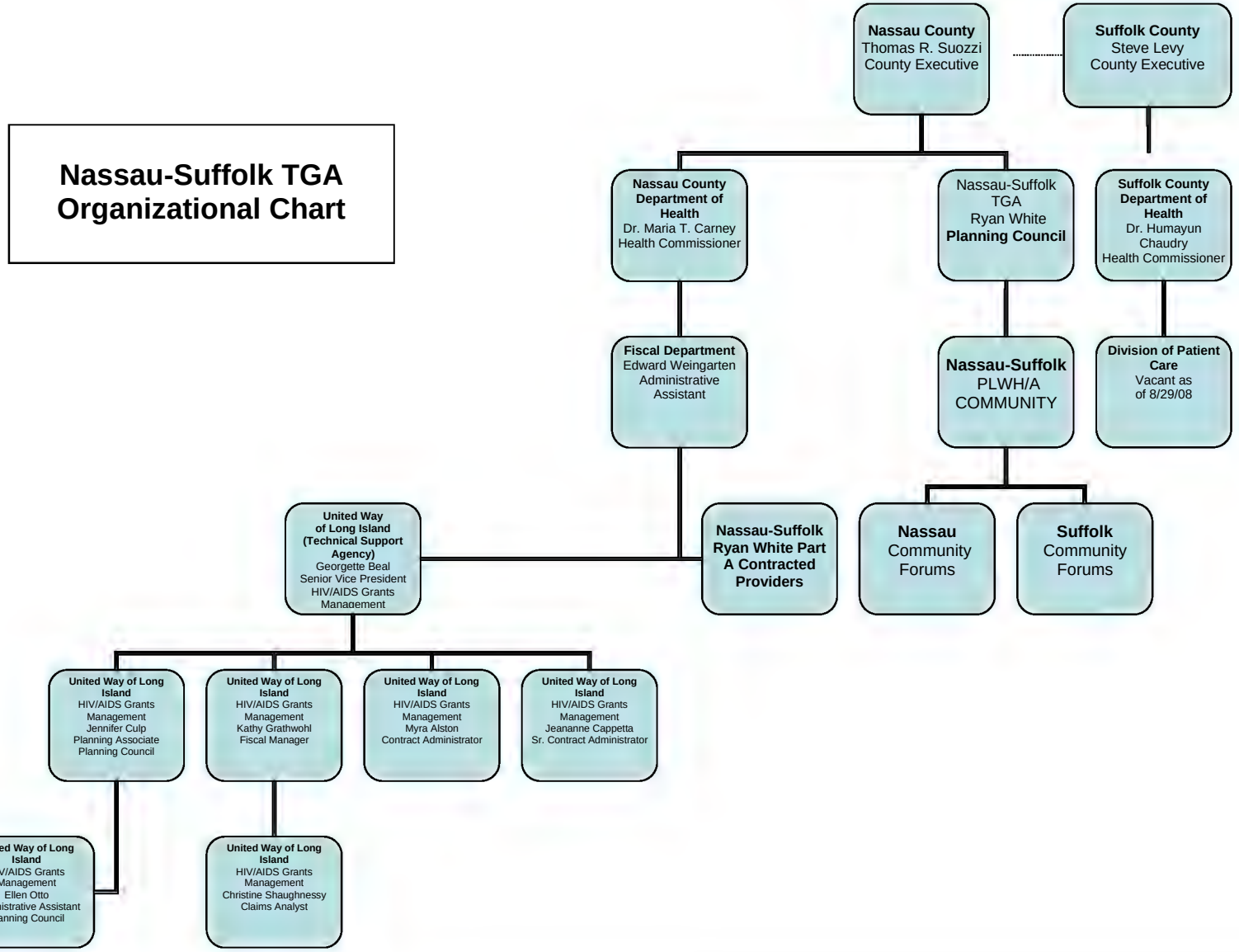
Atlanta, GA 30353-0231

(** Please allow 4-6 weeks for processing of a payment by check to be applied to the appropriate PMS account)

Any additional information/instructions may be found on the PMS Web site at *http://www.dpm.psc.gov/*.

[79 FR 75889, Dec. 19, 2014, as amended at 81 FR 3016, Jan. 20, 2016; 86 FR 2278, Jan. 12, 2021]

B. Nassau/Suffolk EMA Organizational Chart/3rd Party Administrator Sample Model



C. Subrecipient Survey

1. Name of Person Completing Survey and Title
2. Email address
3. Phone Number
4. Agency Name
5. What Ryan White Part A services were listed in the most recent DHSP RFA your agency applied for? (Not renewals)
    - Medical Care Coordination (Medical Case Management, including Treatment Adherence Services)
    - Nutrition Support (Medical Nutrition Therapy)
    - Mental Health Services
    - Oral Health Care
    - Outpatient/Ambulatory Health Services
    - Substance Abuse Services--Outpatient Care
    - Residential care facility for the chronically ill and transitional residential care facility (Housing Services)
    - Linguistic Services
    - Medical Transportation
    - Benefits Specialty Service (Non-Medical Case Management Services)
    - Outreach Services
    - Referral for Health Care and Support Services
    - Substance Abuse Services--Inpatient/Residential Care
    - Home Based Case Management (Home and Community Based Services)
    - Nutrition Support (Food Bank/Home Delivered Meals)
    - Other (please specify)
6. What was the DHSP RFA Number? (For Example: RFA 2019-009)
7. Please enter the DHSP RFA Release date. (Please enter: MM / DD / YYYY)
8. Please enter the DHSP RFA proposal/submission due date. (Please enter: MM / DD / YYYY)
9. Please enter the "Notice of Intent to Award" letter date based on the RFA your agency responded to. (Please enter: MM / DD / YYYY)
10. Please enter the date your agency received a fully executed contract from DHSP. (Please enter: MM / DD / YYYY)
11. For the grant period 2022 (3/1/22-2/28/23), did your agency receive reimbursements from DHSP within 30 days of submitting correct reimbursement requests?
    - Yes
    - No
    - Most of the time
    - Some of the time
    - If not, most of the time, some of the time, please explain.
12. For the grant period 2022 (3/1/22-2/28/23), were you notified by DHSP staff that your agency had to submit a reimbursement correction?
    - Yes
    - No
    - Most of the time
    - Some of the time
    - Other (If no, most of the time, some of the time, please explain)
13. Did your agency request training/technical assistance from DHSP during the 2022 grant period

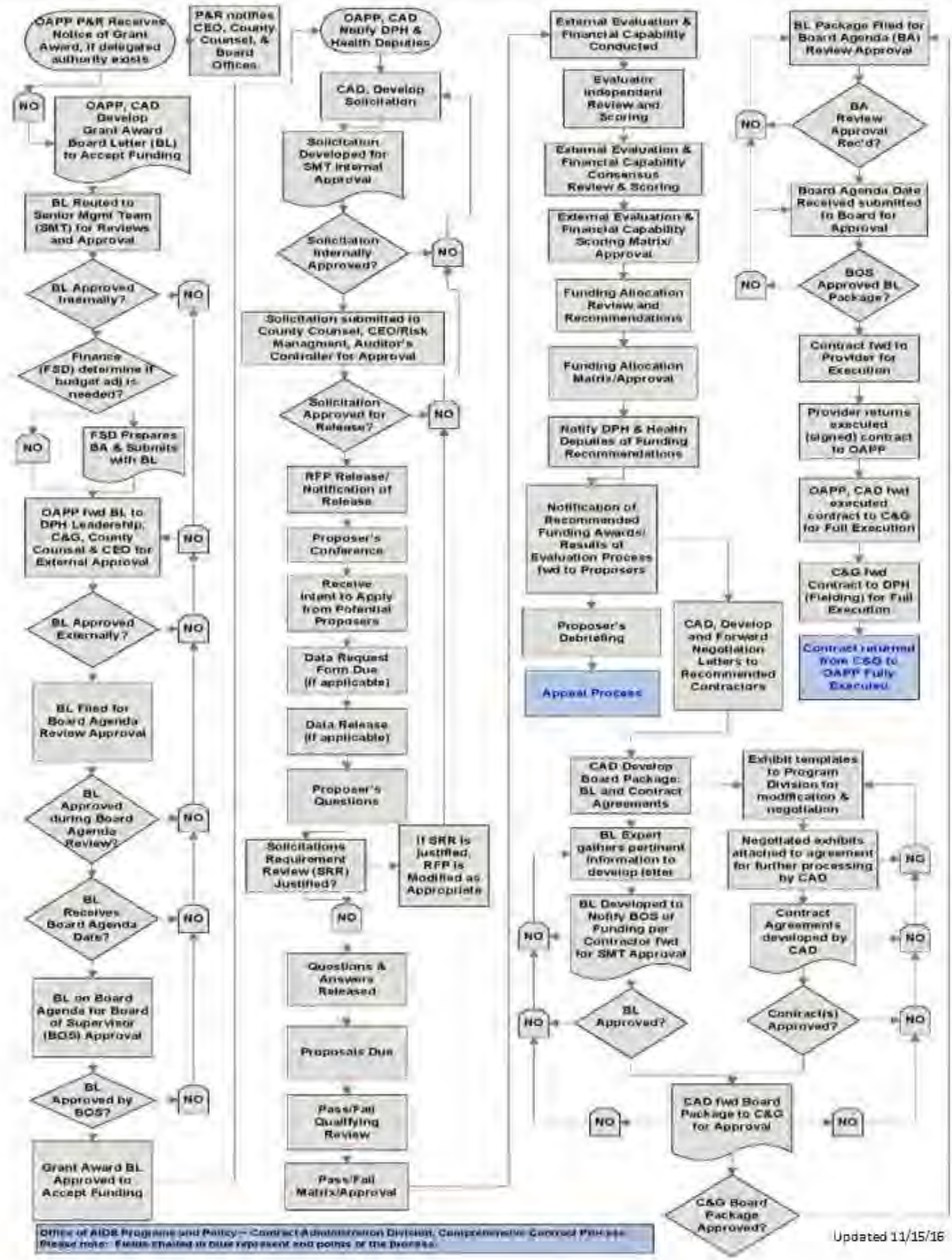
(3/1/22-2/28/23)?

- Yes
- No
- What type of training/technical assistance did you request?

14. Did DHSP respond to your agency's request for training/technical assistance during the 2022 grant period (3/1/22-2/28/23)?
    - Yes
    - No
    - What type of training/technical assistance did you receive?
15. Did the training/technical assistance meet your agency's needs?
    - Yes
    - No
    - If no, please explain:
16. Please select all Ryan White Part A services your agency currently provides in your contract with DHSP?
    - Medical Care Coordination (Medical Case Management, including Treatment Adherence Services)
    - Nutrition Support (Medical Nutrition Therapy)
    - Mental Health Services
    - Oral Health Care
    - Outpatient/Ambulatory Health Services
    - Substance Abuse Services--Outpatient Care
    - Residential care facility for the chronically ill and transitional residential care facility (Housing Services)
    - Linguistic Services
    - Medical Transportation
    - Benefits Specialty Service (Non-Medical Case Management Services)
    - Outreach Services
    - Referral for Health Care and Support Services
    - Substance Abuse Services--Inpatient/Residential Care
    - Home Based Case Management (Home and Community Based Services)
    - Nutrition Support (Food Bank/Home Delivered Meals)
    - Other (please specify)

D. Original flow as noted in 2016 AEAM Report

Diagram of steps in procurement process as generated by Chief of Planning at DHSP *(note: references to OAPP are now DHSP)*



Office of AIDS Programme and Policy – Contract Administration Division, Comprehensive Contract Process
Please note: Fields shading in blue represent end points of the process.

E. County of Los Angeles Procurement Modernization and Transformation Board Motion (Final Report as of May 15, 2024) Executive Summary from Gartner Inc.

County of Los Angeles Quality and Productivity Commission

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Los Angeles County
Quality and Productivity Commission

May 15, 2024

TO: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: William B. Parent, Chair
Quality and Productivity Commission

SUBJECT: COUNTY OF LOS ANGELES PROCUREMENT MODERNIZATION AND TRANSFORMATION BOARD MOTION (FINAL REPORT AS OF MAY 15, 2024)

On June 14, 2022, the Board of Supervisors (Board) approved a Motion (Item 18) regarding the County of Los Angeles Procurement Modernization and Transformation. As part of the motion, the Board directed the Quality and Productivity Commission (QPC or Commission), in consultation with the Internal Services Department (ISD), Chief Executive Office (CEO), Department of Auditor-Controller, and related County departments, to take the following actions and report back to the Board of Supervisors:

1. Complete a review and analysis of the current state of the County's procurement systems, process, and practices with the goal to modernize and transform the County's purchasing and contracting system.
2. Delegate authority to the Executive Officer of the Board of Supervisors to execute consultant service agreement(s) with subject matter experts to assist in this endeavor.
3. Based on the completed analysis, provide recommendations using emerging technical and business process improvements and innovations to make the County's procurement of all goods and services more efficient, effective, and equitable across all departments. The recommendations should include a standardized process that ensures transparency and accountability for all County procurement efforts.

The Commission submitted a status report to the Board of Supervisors on July 24, 2023, on our progress at that time. On October 5, 2023, the Commission contracted with Gartner Inc. (Gartner) as a subject matter expert as authorized by the Board in the motion.

Since then, Gartner engaged in three Business Capability Model (BCM) discovery sessions with County stakeholders, received input from 46 County executives and procurement and contracting experts, and reviewed over 100 documents, including related Board Motions on digital and streamlined contracting and auditing activities as well as equity in contracting. Gartner also met regularly with members of the QPC Procurement Ad Hoc Committee, as well as senior administrators from the CEO, ISD, Auditor-Controller, County Counsel, and other relevant County departments to provide an update on their findings and seek stakeholder input. In total, the engagement covered the procurement and contracting practices for 26 County departments.

By April 2024, Gartner completed its independent review and analysis of the current state of the County's procurement and contracting practices and issued the "Los Angeles County Assessment of Source-to-Settle Practices" report (see Attachment A for a copy of the full report). The report provides an analytical critique of current processes. It outlines and prioritizes a roadmap encompassing policy management, staff development, process optimizations and technology solutions necessary to achieve thorough, standardized, transparent, and efficient procurement processes across County government.

Summary of Recommendations

The inefficiencies of the current procurement systems, processes, and practices within the County are untenable. Accordingly, the Commission recommends the following:

I. Create a clear central authority accountable to the Board of Supervisors.
II. Modernize County policies and advocate for state and federal reform.
III. Phase-in emerging technology.

To do so, the Commission recommends that the Board:

1. Authorize an accelerated, thorough, and transformational County-wide source-to-settle modernization initiative;

2. Ensure alignment with and support of the initiative by all impacted County departments including ISD, Auditor-Controller, and County Counsel; and

3. Assign accountability, oversight, management, and coordination of the initiative to a central authority to:

   a. Establish a County-wide Procurement Transformation Program Office (PTPO);

   b. Recruit and/or assign a Procurement Transformation Officer to lead the PTPO who is empowered to drive the initiative and manage project resources;

   c. Appoint a County-wide working group to support effective and efficient PTPO decision-making that includes ISD and relevant departments broadly representative of the County's diverse purchasing and contracting needs;

d. Secure appropriate strategic and technical assistance with experience and expertise in public sector procurement, sourcing and contracting, including eProcurement and eCAPs, to assist in the planning, design, implementation, and benchmarking of the initiative; and

e. Report regularly to the Board of Supervisors on both progress and any obstacles related to County-wide source-to-settle modernization.

Further, the Commission recommends the following as drivers and key indicators of success for the procurement transformation initiative:

- Accelerated purchasing and contracting;
- Equity and access;
- Cost savings and return on investment;
- Improved quality and productivity; and
- Proven cutting-edge technologies and practices.

Key Findings

Based on the Gartner analysis and subsequent presentations and discussions, the QPC affirms that the current County procurement system continues to be untenable and that the County Procurement Modernization and Transformation initiative is not proceeding at a pace and scope needed to meet current needs and demands. Existing processes are negatively affecting equity and access, cost savings, quality of services, and productivity. Senior administrators share the dissatisfaction that has been heard at all levels, both inside County government and among current and potential outside contractors, including:

1. County vendors, contractors, and administrative staff are deeply frustrated with the current system and the pace of change. They are strongly supportive of a transformative modernization of the County's procurement source-to-settle practices.

2. The Board has prioritized procurement transformation and equity in County contracting initiatives and has identified ISD as the department to lead these efforts. However, progress has been slow due to ongoing challenges of managing existing legacy systems, inefficient and outdated procedures, and excessive compliance requirements. Siloed departmental systems, management cultures, and workforce capacities have also hindered procurement transformation and equity initiatives.

3. Other jurisdictions comparable to Los Angeles County, most notably New York City, have undertaken successful transformative procurement initiatives. Others have succeeded in achieving streamlined processes, increased end-user satisfaction,

increased access and inclusion for smaller firms and community nonprofits, and significant current and probable cost savings.

4. Systemic reform is needed. Continued reliance on outdated practices and technology and the lengthy timelines of converting to new systems are symptomatic of greater challenges. The attached report has identified a series of themes that demand urgent attention and action:

   a. Approved purchases face extensive delays due to procedural and technology inefficiencies, slowing down the County's ability to respond to emergent needs;

   b. Personnel have limited access, visibility/transparency into past or ongoing projects;

   c. Too much work is manual and paper-based; many policies and procedures are overly complex and sometimes unnecessary;

   d. Personnel lack knowledge or awareness of workstreams outside of their siloed specialties;

   e. Authority, tracking capacity, and compliance requirements are too dispersed across departmental silos;

   f. Inadequate training and high turnover/retirement/hiring challenges hinder continuity and innovation. The County simply has a shortage of creative, cutting edge-talent in technology and systems management.

A comprehensive and thorough transformative process needs visionary and accountable leadership connecting the Board of Supervisors, CEO, ISD, and other key departments and senior departmental and business procurement experts. As the County's 2024-2030 Strategic Plan calls for "streamlined and equitable contracting and procurement," procurement reform should be a highly visible, innovative, and ambitious initiative with clear goals, and well-articulated benchmarks and desired outcomes.

Discussion of Recommendations

1. **Create a clear central authority accountable to the Board of Supervisors.** Consistent with the Gartner report's call for a high-level Transformation Program Office, the Commission recommends that the Board establish a central authority with oversight over all departments, divisions, and offices that engage across the source-to-settle (from sourcing, requisition, payment, and analysis/audit) process, including but not limited to ISD. This leadership would ensure momentum for the transformation, provide appropriate change management, and ensure increased transparency and accountability. It would establish and monitor goals, objectives, desired outcomes, costs, and timeframes. This leadership also would ensure that appropriate experience and expertise in procurement and contracting streamlining, effective deployment of new technology, and education and training of County employees are integrated into the

County's source-to-settle process, whether through the use of third-party consultants, appropriate new hires, or assignment of existing County staff. The Commission's recommendations for implementation are listed in the Summary of Recommendations section.

2. **Modernize County policies and advocate for state and federal reform**. Institute a top-down review of County policies, procedures, and fiscal controls to ensure that they reflect 21st-century economic realities. For example, consider the substantial and debilitating cross-departmental inequities in purchasing agent delegated authority thresholds by setting a uniform County-wide threshold of at least $50,000 per office or department and index it annually to inflation. We support ISD's current development of a comprehensive procurement "rule book" incorporating and updating fragmented policies and ordinances. Where constraints are imposed by the State of California or the U.S. Government, the County's State and Federal Agendas and Legislative Priorities should also be updated to reflect best practices in procurement and the source-to-settle process.

3. **Phase-in emerging technology**. As directed by the Board, Appendix A of Gartner's report identifies emerging technologies and market trends for consideration. However, the Commission supports Gartner's recommendation to first review the current business and technical methodologies in place and determine what systemic and systemwide changes are needed before investing in emerging technologies.

Drivers and Goals

We have also grouped goals identified in the Gartner report to reflect the Board's and the Commission's priority drivers and goals of procurement transformation:

1. **Quality and Productivity.** Goals: Reduce lead times for sourcing; improve workflow management; eliminate unnecessary processes; enhance reporting capabilities; provide transparent interdepartmental and vendor access to ongoing sourcing activities.

2. **Equity and Access.** Goals: Increase the diversity of vendor pools through streamlining and simplification; enhance outreach and mentoring programs; prioritize vendors representing and serving disadvantaged and underrepresented communities; remove hurdles for participation and reduce payment delays.

3. **Cost Savings and Return on Investment.** Goals: Reduce effort spent on duplicative activities; automate low value activities; make bidding processes more competitive; enhance ease and simplicity; increase automation; improve workflow management; support working groups across departments and functions; invest in opportunities for personnel to learn and explore new and emerging cost-saving technologies that are being applied to procurement nationally.

It should be noted that ISD is in the final stages of its solicitation process for an e-Procurement system that would allow vendors to create self-service business accounts, including business

profiles, and to submit bids and proposals electronically. If implemented collaboratively and consistently across County departments, this e-Procurement system initiative should represent a major step in making the process more efficient and saving taxpayer dollars. The e-Procurement system will also provide greater transparency and accountability by making procurement data more accessible to the public. However, it is not a substitute for the systemwide transformation process that the Gartner report has identified as the first priority.

Conclusion

Attached is the final report deliverable from Gartner (Attachment A). The Commission looks forward to working with County departments and various stakeholders to further the goals and outcomes of the report and to improve the overall productivity and quality of programs and services in the County. The Commission, which formally has been pursuing procurement reform since 2019, will continue to promote and encourage procurement transformation through the Productivity Investment Fund and the Productivity and Quality Awards to support and amplify worthy innovations that emerge from the transformation initiative. The Commission also stands ready, as always, to provide technical assistance with the formulation of quality and productivity-related goals, objectives, desired outcomes, costs, and timeframes.

The Commission is grateful to the Board of Supervisors for the opportunity to work on the County's procurement modernization and transformation efforts. We appreciate the partnership with and contribution by members of the procurement workgroup (Auditor-Controller, CEO, County Counsel, ISD) and subject matter experts from participating County departments (Assessor, Economic Opportunity, Health Services, Mental Health, Public Works, Registrar-Recorder/County Clerk and Sheriff). Their feedback and insight ensure that the findings and recommendations bring the necessary change for a more efficient, effective, equitable and transformative County procurement process. If you have any questions, please let me know or your staff may contact Jackie Guevarra at jguevarra@bos.lacounty.gov.

WBP:JTG

Attachment

c: Fesia A. Davenport, Chief Executive Officer
Jeff Levinson, Interim Executive Officer, Board of Supervisors
Jeffrey Prang, Assessor
Oscar Valdez, Auditor-Controller
Dawyn R. Harrison, County Counsel
Kelly LoBianco, Director, Department of Economic Opportunity
Christina Ghaly, Director, Department of Health Services
Lisa Wong, Director, Department of Mental Health
Mark Pestrella, Director, Department of Public Works
Michael Owh, Interim Director, Internal Services Department
Dean Logan, Registrar-Recorder/County Clerk
Robert G. Luna, Sheriff
Board Liaisons

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICE STANDARDS

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

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

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The purpose of the standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category. Additionally, the standards set the minimum level of care Ryan White-funded service providers may offer clients, however, service providers are encouraged to exceed these standards.

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

AMBULATORY OUTPATIENT MEDICAL (AOM) OVERVIEW

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

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

- Medical evaluation and clinical care including sexual history taking
- AIDS Drug Assistance Program (ADAP) enrollment services

- Laboratory testing including disease monitoring, STI testing, viral hepatitis testing, and other clinically indicated tests
- Linkage and referrals to medical subspecialty care, oral health, Medical Care Coordination, mental health care, substance use disorder services, and other service providers
- Secondary HIV prevention in the ambulatory outpatient setting
- Retention of clients in medical care.

The goals of AOM services include:

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

SERVICE COMPONENTS

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

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

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

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

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

- Initial assessment and reassessment
- Follow-up treatment visits
- Additional assessments
- Laboratory assessment and diagnostic screening (including drug resistance testing)
- Medication service

- Antiretroviral (ART) therapy
- Treatment adherence counseling
- Health maintenance
- Clinical trials
- Primary HIV nursing care
- Medical specialty services
- Nutrition screening and referral
- Referrals to other Ryan White Program services and other publicly funded healthcare and social services programs.

MEDICAL EVALUATION AND CLINICAL CARE

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

The following core services must be provided onsite or through referral to another facility offering the required service(s). Qualified health care professionals for these services include physicians, Nurse Practitioners (NPs) and/or Physician Assistants (PAs). Except where indicated, licensed nurses may provide primary HIV nursing care services and linkage to other Ryan White Services as needed.

STANDARD	DOCUMENTATION
AOM medical visits/evaluation and treatment should be scheduled based on acuity and viral suppression goals. Once a patient has demonstrated long-term durability of viral suppression, the patient should have at minimum 1 medical visit per year and have labs done 2 times per year. The patient's other comorbidities may require additional medical visits and should consult with provider for treatment plan adjustments.	Medical record review to confirm.
AOM core services will be provided by physicians, NPs, and/or PAs. Licensed nurses will provide primary HIV nursing care services and linkage to other Ryan White services as needed.	Policies and procedures manual and medical chart review to confirm.

INITIAL ASSESSMENT AND REASSESSMENT

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

The initial assessment of HIV-infected individuals must be comprehensive in its scope, including physical, sociocultural, and emotional assessments and may require two to three outpatient visits to complete. Unless indicated more frequently by a patient's changing health condition, a comprehensive reassessment should be completed on an annual basis. The AOM practitioners (physician, NP, PA, or licensed nurse) responsible for completing the initial assessment and reassessments will use assessment tools based on established HIV practice guidelines. While taking steps to ensure a patient's confidentiality, the results of these assessments will be shared with Medical Care Coordination staff to help identify and intervene on patient needs. An initial assessment and annual reassessment for HIV-infected patient should include a general medical history; a comprehensive HIV-related history, including a psychosocial history; sexual health history, mental health, and substance abuse histories; and a comprehensive physical examination. When obtaining the patient's history, the practitioner should use vocabulary that the patient can understand, regardless of education level. AOM providers must follow and use the most current clinical guidelines and assessment tools for general medical and comprehensive HIV medical histories.

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

FOLLOW-UP TREATMENT VISITS

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

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

OTHER ASSESSMENTS – OLDER ADULTS WITH HIV

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

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

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

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

LABORATORY ASSESSMENT AND DIAGNOSTIC SCREENING (INCLUDING DRUG RESISTANCE SCREENING)

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

DRUG RESISTANCE TESTING

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

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

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

MEDICATION SERVICES

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

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

ANTIRETROVIRAL THERAPY (ART)

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

STANDARD	DOCUMENTATION
ART will be prescribed in accordance with DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents.	Program monitoring to confirm.

Patients will be part of treatment decision-making process.	Documentation of communication in patient medical chart.

MEDICATION ADHERENCE ASSESSMENT

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

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

PATIENT EDUCATION AND SUPPORT

Medical providers and treatment adherence counselors will provide patient education and support to make information about HIV disease and its treatments available, as necessary.

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

STANDARD HEALTH MAINTENANCE

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

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

COMPLEMENTARY, ALTERNATIVE AND EXPERIMENTAL THERAPIES

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

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

PRIMARY HIV NURSING CARE

AOM programs will provide primary HIV nursing care performed by a licensed nurse and/or appropriate licensed health care provider. If available, services will be coordinated with Medical Care Coordination programs to ensure the seamless, non-duplicative, and most appropriate delivery of service.

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

MEDICAL SPECIALTY SERVICES HIV/AIDS AND REFERRALS

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

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

- Cardiology
- Dermatology
- Ear, nose, and throat (ENT)
- Gastroenterology
- Gender affirming care
- General surgery
- Gerontology
- Gynecology
- Infusion therapy
- Mental Health
- Nephrology
- Neurology
- Nutrition Therapy
- Obstetrics
- Oncology
- Ophthalmology
- Oral health
- Orthopedics
- Podiatry
- Proctology
- Pulmonary medicine
- Substance Use Disorder Treatment
- Urology

Referrals to medical specialists are made as complications occur that are beyond the scope of practice of primary HIV medical and nursing care. Such complications require referral to specialty and subspecialty physicians for consultation, diagnosis, and therapeutic services. In some cases, the AOM practitioner may need only to consult verbally with a medical specialist for clarification and confirmation on an approach to HIV clinical management. In other cases, the physician may need to refer a patient to a medical specialist for diagnostic and therapeutic services. Medical specialty services are considered consultative; patients will be referred back to the original AOM clinic for ongoing primary HIV medical care.

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

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

COORDINATION OF SPECIALTY CARE

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

STANDARD	DOCUMENTATION
Specialists within the County-contracted system must provide written reports within two weeks of seeing a referred patient.	Specialty report on file at provider agency
Specialists within the County-contracted system must contact AOM programs within one business day: • When urgent matters arise • To follow up on unusual findings • To plan required hospitalization	Documentation of communication in patient file at provider agency.

NUTRITION SCREENING AND REFERRAL

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

AOM programs may provide medical nutrition therapy onsite or may refer patients in need of these services to specialized providers offsite. All programs providing nutrition therapy (including AOM services sites) must adhere to the American Academy of Nutrition and Dietetics guidance Evidence-Based Nutrition Practice Guidelines (eatrightpro.org)

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

• Written prescription, diagnosis, and desired nutrition outcome • Signed copy of patient's consent to release medical information • Results from nutrition-related lab assessments	

MEDICAL CARE COORDINATION (MCC) SERVICES

To best address the complex needs of their patients, AOM providers are expected to either partner with Medical Care Coordination (MCC) team located at their clinics or refer to an MCC team at another agency. For additional details, please see the Medical Care Coordination Standard of Care, Los Angeles Commission on HIV, 2024.

HIV PREVENTION IN AMBULATORY/OUTPATIENT MEDICAL SETTINGS

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

LOS ANGELES COUNTY COMMISSION ON HIV

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

Public Comment Period for Draft Transportation Service Standards

Posted: September 12, 2024

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft Transportation service standards revised by the Standards and Best Practices Committee. Comments from consumers, providers, HIV prevention and care stakeholders, and the general public are welcome. A draft of the revised Transportation Services service standards is posted to the COH website and can be found at: https://hiv.lacounty.gov/service-standards

Consider responding to the following questions when providing public comment:

1. Are the standards presented up-to-date and consistent with National standards of high-quality HIV prevention and care services?

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

3. Do the services meet consumer needs? Why or why not?

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

5. Do you have any additional comments related to the Transportation service standards and/or Transportation services?

Email comments to HIVCOMM@LACHIV.ORG by September 30, 2024.

TRANSPORTATION SERVICE STANDARDS

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

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

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program (RWP) outline the elements and expectations a service provider should follow when implementing a specific service category. The purpose of the standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category. The standards set the minimum level of care Ryan White-funded service providers may offer clients; service providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV (COH) developed the Transportation service standards to establish the minimum service necessary to provide transportation services to assist people living with HIV adhere to their Ryan White medical and support services appointments and sessions. The development of the standards included review of current guidelines, as well as feedback from service providers, people living with HIV, members of the COH's Standards and Best Practices (SBP) Committee, COH caucuses, and the public-at-large. All service standards approved by the COH align with the Universal Service Standards and Client Bill of Rights and Responsibilities (Universal Standards) approved by the COH on January 11, 2024. Transportation Services providers must also follow the Universal Standards in addition to the standards described in this document.

TRANSPORTATION SERVICES OVERVIEW

Transportation services is the provision of non-emergency transportation that enables an eligible Ryan White Program (RWP) client and their caregiver(s) to access or be retained in core medical and support services on an as-needed basis. The goal of transportation services is to reduce barriers by assisting clients with accessing, maintaining, and adhering to primary health care, prevention, social services, and other HIV-related support services. Transportation can include:

- Taxi Services and rideshare services
- Public Transportation Services: Transit Access Pass (TAP) Cards, Commuter and Light rail services
- Van Transportation Services

SERVICE COMPONENTS

GENERAL CONSIDERATIONS

Transportation service provider staff must ensure clients are connected to the most appropriate transportation services that are timely, cost-efficient, safe, and respectful. Transportation services are strictly limited to non-emergency medical and support services and shall not be utilized for medical emergency, recreational and/or entertainment purposes. All transportation services will be provided in

accordance with Commission on HIV service standards, applicable local laws and regulations, and in compliance with the Americans with Disabilities Act.

Each eligible client receiving transportation services must have on file appropriate eligibility documentation and a written assessment stating the criteria used to determine the different type(s) of transportation best suited for that individual. Agencies are expected to provide the most economical means of transportation when possible. To be eligible for taxi or van transportation services, a client must be unable to use public transit services due to at least one of the following:

- Documented health reasons
- Health/safety reasons due to time of day
- Necessary location is not accessible by public transportation
- Pregnant and/or traveling with children

	STANDARD	DOCUMENTATION
1	Clients receiving transportation will be eligible and assessed for the most appropriate means of service.	Client record to include eligibility documentation and transportation assessment.
2	Transportation services will be provided in compliance with ADA.	Program review and monitoring to confirm.
3	Transportation services will be provided in accordance with policies and procedures formulated by the Division on HIV and STD Programs (DHSP) and consistent with local laws and regulations.	Program review and monitoring to confirm.

TAXI SERVICES

Taxi services include providing vehicles able to accommodate passenger's wheelchair, taxi staff and drivers who are bilingual in Spanish (when requested in advance), and on-demand car services or rideshare services. Agencies coordinate taxi services for eligible clients which includes scheduling on-demand car services or rideshare services such as Access, Lyft, and Uber. All drivers will hold and maintain a valid Class "C" or higher California driver's license with passenger endorsement and valid Los Angeles Department of Transportation (LADOT) driver permit. For more information on the requirements visit the LADOT website. Additionally, all taxi and rideshare service providers will abide by their respective agency Community Guidelines[i] to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) Customer Support Program at (800) 260-8787.

	STANDARD	DOCUMENTATION
1	Taxi services will include providing: • Vehicles able to accommodate passenger's wheelchair • Taxi staff and drivers who are bilingual in Spanish when requested in advance • On-demand car services or rideshare services	Program review and monitoring to confirm.

2	All drivers have valid Class "C" or higher California driver's license with passenger endorsement and Los Angeles Department of Transportation driver permit.	Copies of driver's licenses and permits on file at contractor agency.
3	All taxi and rideshare service providers will abide by their respective agency Community Guidelines to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) Customer Support Program.	Contractors will provide clients receiving transportation services with the contact information for the Division on HIV and STD Programs (DHSP) Customer Support Program.

PUBLIC TRANSPORTATION SERVICES

Public transportation services are provided through the Metropolitan, Antelope Valley, Foothill and Long Beach Transit Authorities in the form of Transit Access Pass (TAP) cards, reduced fare passes, and MetroLink train passes. Agencies are required to identify the most economical means of public transportation appropriate to eligible clients. Agencies who serve clients in areas covered by other local transit authorities should be aware of and refer their clients to local transportation services.

	STANDARD	DOCUMENTATION
1	Public transportation will be encouraged for general use when appropriate.	Record of disbursement of public transportation and transportation assessments on file at provider agency.
2	Agencies will record distribution of public transportation services, including: • Date • Client name • Type of assistance given and number • Purpose of the trip • Name of person disbursing services	Public transportation services log on file at provider agency.

VAN TRANSPORTATION SERVICES

Van transportation services include providing rides to eligible clients and their caregivers in agency owned and operated vans. Agency staff or volunteers providing van transportation services must hold and maintain a valid Class "C' or higher California driver's license. Vehicles used for transportation services must have a current license and registration, insurance, and be mechanically well-maintained. All vehicles must contain a first aid kit and a fire extinguisher that are regularly maintained. Vehicles used for transportation services must be able to accommodate wheelchairs that may be folded and placed in the van by the driver. If such vehicles are not available, agencies must provide other transportation options able to accommodate clients in wheelchairs. Additionally, agencies will provide and ensure use of child restraint devices, as needed, that meet federal safety standards for all children under six years of age regardless of weight and under sixty pounds regardless of age. At no time will an agency, staff, drivers, or volunteer solicit or accept surcharges, tips, or gratuities for their services. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) Customer Support Program. All drivers will complete First Aid and CPR training provided by an approved institution and maintain current certifications; and complete driver safety training on an annual basis. All drivers, volunteer drivers and

contract staff are encouraged to attend the DHSP HIV Basics for Taxicab Drivers training prior to providing transportation services.

Agencies providing van transportation services are responsible for:

- Promoting the availability to van transportation services through contacts with service providers
- Developing and implementing client eligibility criteria
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client's need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client's need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client's need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client's need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.
- Maintaining documentation of all training of the transportation staff and volunteers.

	STANDARD	DOCUMENTATION
1	All drivers and volunteer drivers will have California Class "C" or higher license.	Copies of driver's licenses on file at provider agency.
2	Agencies will promote the availability of van transportation services to their clients.	Outreach/promotion plan on file at provider agency.
3	Van transportation programs will develop eligibility criteria.	Written eligibility materials on file at provider agency.
4	Van transportation programs will: • Provide services in licensed, registered, insured and well-maintained vehicles • Provide a first aid kit and fire extinguisher in each vehicle • Provide child restraint devices, as needed • Provide vehicles able to accommodate wheelchairs or other transportation options able to accommodate clients in wheelchairs	Program review and monitoring to confirm.
5	Van transportation programs will develop cost effectiveness protocols.	Cost effectiveness protocols on file at provider agency.
6	Van transportation programs will provide training and/or a policy manual for assessing client's need for transportation.	Transportation assessment manual or record of assessment training on file at provider agency.
7	Van transportation programs will maintain vehicle and insurance records.	Documentation insurances for all vehicles and drivers and record of regular and preventive

		maintenance of vehicles on file at provider agency.
8	Van transportation programs will maintain trip records, including: • Date • Time and place of departure • Destination • Time of arrival • Odometer readings • Number of clients per trip • Client names	Trip logs on file at provider agency.
9	Van transportation programs will maintain records of trainings and medical examinations.	Documentation of trainings and medical examinations of drivers on file at provider agencies.
10	Drivers and volunteer drivers will be trained on (at minimum): • First Aid/CPR and maintain certifications • Driver safety training (annually) • Transportation options available • Priority protocol • Emergency procedures	Record of trainings on file at provider agency.

[i] https://www.lyft.com/safety/community-guidelines
https://www.uber.com/legal/en/document/?name=general-community-guidelines&country=united-states&lang=en&uclick_id=03fd12b2-a9b9-4284-8839-d1b183b98dad

****UPDATED****

LOS ANGELES COUNTY COMMISSION ON HIV BLACK CAUCUS INVITES

BLACK & LATINX SAME-GENDER LOVING MEN

Empower, Engage, Evolve: Sexual Health & HIV Dialogue for Black & Latinx SGL Men

Join us for a transformative dialogue where Black & Latinx same gender loving (SGL) men can address stigma, explore sexual health, and discuss HIV.

Your experiences and insights will help shape culturally responsive HIV prevention and care systems in LA County.

Don't miss this opportunity to make a lasting impact on our community's health and well-being!

Join Us

WHEN & WHERE

Thursday, September 26, 2024
7:00 pm - 9:00 pm
South Los Angeles
**Venue info will be provided upon confirmed registration*

RSVP REQUIRED

Space is Limited
https://tinyurl.com/c6appxma

****Participants Will Recieve a $50 Visa Giftcard , Food & Resources****

These sessions are supported by the Los Angeles County Commission on HIV Black Caucus with generous funding support by UCLA-CDU Center for AIDS Research [Grant AI15250; PI Campbell]

APLAHealth

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY
COMMISSION ON HIV

LONELINESS & SOCIAL ISOLATION

COMMEMORATING NATIONAL HIV/AIDS AND AGING AWARENESS DAY

ADDRESSING THE UNIQUE NEEDS OF WOMEN OVER 50

- Understand social isolation and how it impacts health
- Identify risk factors of social isolation and loneliness
- Learn practices and interventions that can be used to combat social isolation

Raffles | Networking | Resources

REGISTER HERE OR SCAN THE QR CODE

WHEN: MONDAY, SEPT. 23, 2024
9:30AM - 2PM

LOCATION: 510 S. VERMONT AVE.
LOS ANGELES, CA 90020
TERRACE LEVEL

PARKING: 523 SHATTO PLACE
LOS ANGELES, CA 90020

2024 Commission on HIV Annual Conference Program
Bold Transformation to Confront and End HIV

DRAFT

November 14, 2024 | 9am to 4pm

MLK Behavioral Health Center Conference Center | 12021 S. Wilmington Ave, Los Angeles, CA 90059

CONFERENCE SCHEDULE	
8:30am - 9:00am	Breakfast / Registration @ the Courtyard
9:00am - 9:15am [Conference Room #1511]	**Welcome and Opening Remarks by Co-Chairs**
9:15am – 10:00am [Conference Room #1511]	**Keynote: Los Angeles County State of HIV/STIs | Mario Perez, Director (or designee), Division of HIV and STD Programs, Los Angeles County Department of Public Health** **Objective:** Learn new and existing strategies designed for a unified local response to the HIV/STD epidemics. Provide information about the new FLEX Card program and long-term vision for sustainability.

10:00am - 11:00am [Conference Room #1511]	**Panel Discussion: Guaranteed Income | Reimagining Prevention and Prescriptions for Health** • Bo-Kyung Elizabeth Kim, PhD, Associate Professor University of California Los Angeles, Fielding School of Public Health, BIG: LEAP Pilot Program • Aaron Strauss, Senior Program Manager, Office of Community Wealth, City of Los Angeles Community Investment for Families Department, BIG: LEAP Program • Kristina Meza, Executive Director, Poverty Alleviation Initiative, Chief Executive Office, Los Angeles County • Nika Soon-Shiong, Founder and Executive Director, The Fund for Guaranteed Income Moderator: Leon Maultsby **Objectives:** 1. Understand the impact and importance of community level and structural interventions that address equity and social justice. What can we learn from F4GI (and similar programs) in the context of using upstream prevention to end HIV and other syndemics? 2. Identify the factors influencing social determinants of health and the ways these factors impact different communities
11:00am - 11:15am	**BREAK**
11:15am – 12 noon [Conference Room #1511] ***Speakers joining via WebEx***	**Keynote: The Promise of a Cure for All | Research Innovations and Ensuring Equity** • Luis J. Montaner, D.V.M., M.Sc., D.Phil., Executive Vice President, The Wistar Institute, Director, HIV Cure and Viral Diseases Center • Paul Edmond, City of Hope Patient **Moderator:** Danielle Campbell **Objectives:** 1. Describe and explain the latest science on the cure for HIV and ensuring equity in access and utilization. 2. Address cure support and social determinants especially focusing on long term survivors who if cured may then lose all financial and housing support.
12:00- 1:00pm	**LUNCH AND NETWORKING**

[Courtyard]		
BREAKOUT SESSIONS 1:15-1:45 and 2:00-2:45pm		
TRACK	**1:15PM - 1:45PM**	**2:00PM-2:45PM**
Innovations in Prevention		
Building Community and Fostering Relationships		
Best Practices and Creative Approaches to Integrated HIV Care		
Meaningful and Impactful Planning Council and Community Engagement		
3:00pm - 3:45pm [Conference Room 1511]	**Artistry and Activism for the HIV Movement | A Performance by Pickle Drag Queen, City of West Hollywood Drag Laureate**	
3:45pm - 4:00pm [Conference Room 1511]	**Closing, Evaluations and Recognitions**	

LOS ANGELES COUNTY
COMMISSION ON HIV

CALL FOR ABSTRACTS 2024 ANNUAL CONFERENCE

Breakout session tracks:

- Innovations in Prevention
- Building Community & Fostering Relationships
- Best Practices & Creative Approaches to Integrated HIV Care
- Meaningful and Impactful Planning Council and Community Engagement

November 14, 2024
9am to 4pm

Deadline: September 27

Scan QR Code to submit an abstract

Deadline: September 27, 2024

MLK Behavioral 12021 S. Wilmington Ave, Los Angeles, CA 90059
9am to 4pm | November 14, 2024

Breakout sessions will occur in the afternoon.

The Commission on HIV is accepting breakout session abstracts that support the Annual Conference theme of ***Bold Transformation to Confront and End HIV***. Click **HERE** to submit your breakout session abstract. Breakout sessions will occur in the afternoon after lunch.

Topic ideas

Innovations in Prevention

- PrEP navigation in the context of social determinants of health and broadly in areas of social deprivation.
- Doxy PEP and DoxyPrEP
- PrEP and other advances in HIV prevention science
- Digital and remote/telehealth and how technology plays a role in HIV/STD service navigation.
- Strategic outreach for priority populations

Building Community and Fostering Relationships

- Medical mistrust and distrust within the context of the experiences of various priority populations such as communities of color and older adults living with HIV.
- Effective and culturally/age-appropriate prevention and care services for priority populations
- STI prevention and the intersection with medical mistrust and distrust.
- Intersectionality and reducing stigma
- HIV workforce and consumer partnerships – Power sharing and opening lines of communication

Best Practices and Creative Approaches to Integrated HIV Care

- Treatment advances and clinical trials
- Effective models of comprehensive care
- Intersectionality and innovative approaches in integrated HIV care
- HIV as primary care
- Culturally tailored wellness approaches for priority populations
- Non-traditional approaches to engaging and retaining individuals in prevention and care

Meaningful and Impactful Planning Council and Community Engagement

- Using intersectionality to inform the work of the Commission
- Harnessing the power of community advisory boards
- Fostering positive client and provider relationships
- High-impact community planning models and strategies

LOS ANGELES COUNTY COMMISSION ON HIV
3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
http://hiv.lacounty.gov

DUTY STATEMENT

COMMISSION CO-CHAIR

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

ORGANIZATIONAL LEADERSHIP:

① Serve as Co-Chair of the **Executive Committee**, and leads those monthly meetings.

② Serve as ex-officio member of all standing Committees:
- attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence

③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
- assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.

④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.

⑤ Act as final Commission-level arbiter of grievances and complaints

MEETING MANAGEMENT:

① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.

② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
- conducting meeting business in accordance with Commission actions/interests;
- maintaining an ongoing speakers list;
- recognizing speakers, stakeholders and the public for comment at the appropriate times;
- controlling decorum during discussion and debate and at all times in the meeting;
- imposing meeting rules, requirements and limitations;
- calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
- determining consensus, objections, votes, and announcing roll call vote results;
- ensuring fluid and smooth meeting logistics and progress;
- finding resolution when other alternatives are not apparent;
- apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;
- ruling on issues requiring settlement and/or conclusion.

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
④ Assign and delegate work to Committees and other bodies.

REPRESENTATION:
In consultation with the Executive Director, the Commission Co-Chairs:
① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
② Take action on behalf of the Commission, when necessary
③ Generates, signs and submits official documentation and communication on behalf of the Commission
④ Participate in monthly conference calls with HRSA's RWP Project Officer
⑤ Represent the Commission to other County departments, entities and organizations.
⑥ Serve in protocol capacity for Commission
⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:
① CDC HIV Prevention, RWP, and HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and STI, and other service delivery systems
④ County policies, practices and stakeholders
⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ Topical and subject area of Committee's purview
⑦ **Minimum of one year active Commission membership prior to Co-Chair role**

SKILLS/ATTITUDES:
① Sensitivity to the diversity of audiences and able to address varying needs at their levels.
② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues.
③ Ability to demonstrate parity, inclusion and representation.
④ Multi-tasker, action-oriented and ability to delegate for others' involvement.
⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible.
⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side.
⑦ Strong focus on mentoring, leadership development and guidance.
⑧ Firm, decisive and fair decision-making practices.
⑨ Attuned to and understanding personal and others' potential conflicts of interest.

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

① Put personal agenda aside and advocate for what's in the best interest of the Commission
② Devote adequate time and availability to the Commission and its business
③ Assure that members' and stakeholders' rights are not abridged
④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
⑤ Always consider the views of others with an open mind
⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

the OA Voice

Issue: September 2024

INSIDE:

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the Office of AIDS (OA) website.

STAFF HIGHLIGHT

Please join OA in welcoming **Brett AugsJoost** to the Surveillance and Prevention Evaluation and Reporting (SuPER) Branch as the new Prevention Evaluation and Monitoring Section Chief!

Many of us have worked with Brett for a number of years, first in his role with STD Control Branch working on Partner Services training and STD/HIV service integration and evaluation (starting in 2015), and more recently (starting in 2020), as the OA Outbreak and Field Investigation Unit Chief. That unit is responsible for technical assistance related to HIV partner services, data to care, perinatal HIV prevention, and cluster detection and response. Besides taking on the role of PEM chief, Brett will maintain his involvement with cluster investigation/other data to services by operating as the Interim Chief with the Outbreak Unit.

Prior to joining CDPH Brett was an evaluator for San Francisco Community Health, working on the evaluation of two federally funded special projects of national significance (SPNS). He has over 20 years of experience in sexual health, serving in roles from health educator, trainer, program coordinator, and evaluator. Brett received his master's in public health from UC Berkeley in 2012 and his undergraduate degree in sexuality and politics from Ithaca College. When he's not working, he enjoys spending


Brett

time with his lovely spouse Cindi, and their two children Oliver (8) and Azalea (5). Brett is an avid reader, cook, sourdough bread baker, and has been practicing and teaching Indonesian martial arts for over 20 years. Congratulations on your promotion, Brett!

HIV AWARENESS

September 18 is National HIV/AIDS and Aging Awareness Day (NHAAD). It is observed to focus on the increasing number of people who are living long and full lives due to numerous

advancements in HIV treatment. NHAAD is also meant to acknowledge the unique needs and challenges related to aging with HIV such as co-morbidities that can complicate treatment.

As people age, they are less aware of their HIV risk factors and are less likely to get tested. NHAAD promotes HIV awareness, education, and testing. Find a list of resources for more information on NHAAD and testing options.

September 27 is National Gay Men's HIV/AIDS Awareness Day (NGMHAAD). This day aims to address HIV stigma, and encourage HIV testing, prevention and education among gay, bisexual, and other men who have sex with men. Despite the number of advancements in HIV treatment and prevention -- racism, stigma and homophobia are barriers that still discourage individuals from getting the care and prevention they deserve especially men of color.

GENERAL UPDATES

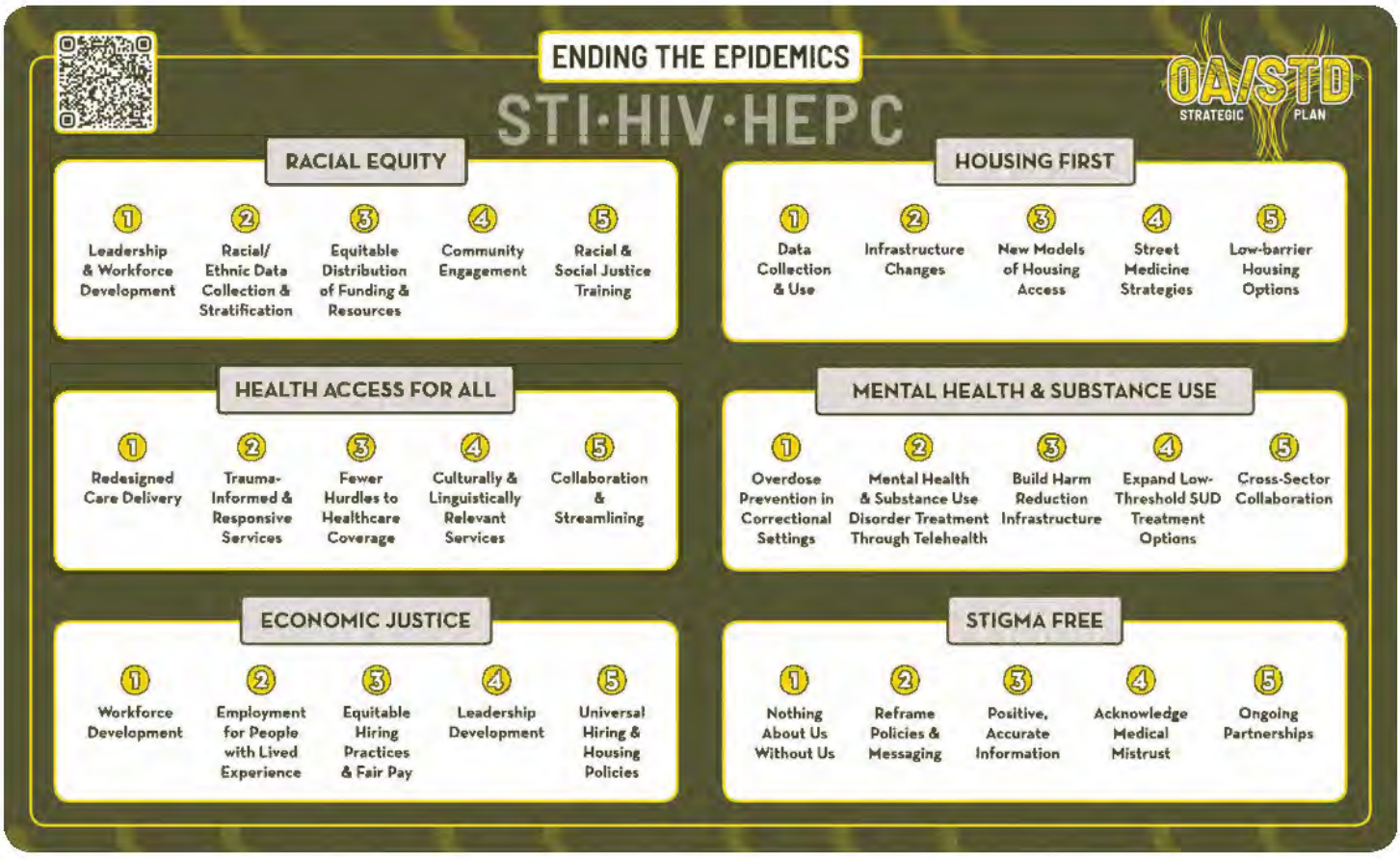
Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the DCDC website to stay informed.

Mpox digital assets are available for LHJs and CBOs on DCDC's Campaign Toolkit website.

HIV/STD/HCV Integration

We are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!



The **visual on the previous page** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

OA and STD Control Branch would like you to continue to use and share the *Strategic Plan* and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can vist Facente Consulting's webpage.

HEALTH ACCESS FOR ALL

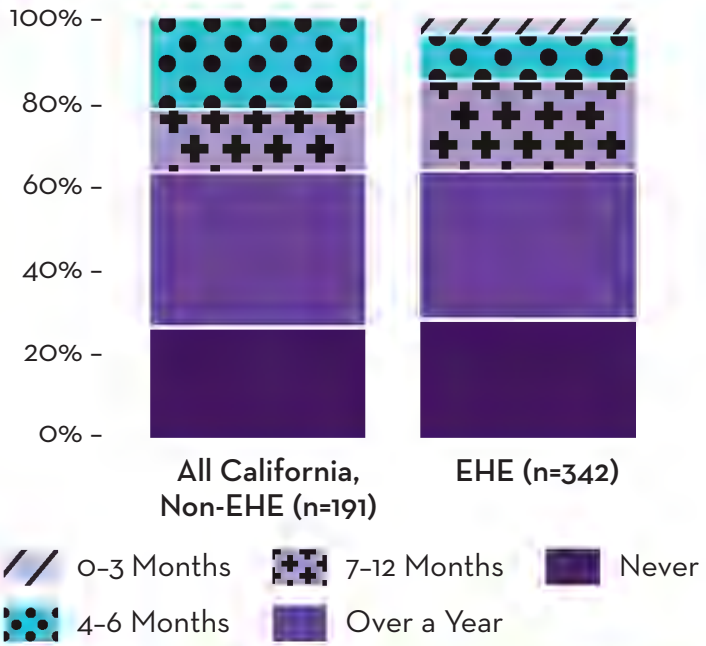
Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**®, (https://takemehome.org/) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

TAKEMEHOME

In July, 191 individuals in 34 counties ordered self-test kits, with 137 (71.7%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 47 months, between September 1, 2020, and July 31, 2024, 12,642 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 154 (45.0%) of the 342 total tests distributed in EHE counties. Of those ordering rapid tests, 134 (71.3%) ordered 2 tests.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, July 2024



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	59.7%	56.8%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	39.2%	43.5%
Were 17-29 years old	45.6%	36.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	53.2%	37.3%

Since September 2020, 1,456 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 518 responses from the California expansion since January 2023.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.2%	94.2%
Identify as a man who has sex with other men	51.4%	54.3%
Reported having been diagnosed with an STI in the past year	8.6%	10.2%

Since April 1, 2024, the **Mpox vaccine, JYNNEOS**, became available on the commercial market. While CDPH will work to ensure access to vaccine through LGBTQ+ Pride season, access to vaccine for people who are uninsured/underinsured in a local jurisdiction may be impacted once the state supply is phased out. Please consider using the state's turnkey resource (Optum Serve) to bolster vaccination efforts at large community or PRIDE events, particularly those that would serve a large under/uninsured population.

The **Mpox Turnkey Program** can deploy teams to indoor and outdoor sites and are equipped with all the necessary materials and supplies (except the vaccines themselves, which would be provided by the local health jurisdiction).

If you know a local jurisdiction is interested in using the **Mpox Turnkey Program** and/or for more information, please contact Brenda Meza, (brenda.meza@cdph.ca.gov) and Justin Garcia (justin.garcia@cdph.ca.gov).

Strategy 3: Fewer Hurdles to Healthcare Coverage

As of September 2, 2024, there are 221 PrEP-AP enrollment sites and 245 clinical provider sites that currently make up the PrEP-AP Provider network.

Data on active PrEP-AP clients can be found in the three tables displayed on page five of this newsletter.

As of September 2, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page 6.

RACIAL EQUITY

Strategy 2: Racial/Ethnic Data Collection and Stratification

HIV/AIDS Epidemiology and Health Disparities in California 2022 has been released and is now available on the CDPH/OA website on the Surveillance Reports page.

This report describes the state of the HIV epidemic in California, including trends in new diagnoses and progress towards viral suppression. The report also examines health disparities and the impact of social determinants of health on new diagnoses and health outcomes.

Strategy 4: Community Engagement

The Fall 2024 In-Person Meeting for the **California Planning Group (CPG)** will be November 20–22 in Riverside, CA at the Marriott Riverside at the Convention Center.

For more information about CPG, please visit our website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx.

CALIFORNIA planning group

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	421	11%	---	---	---	---	22	1%	443	12%
25 - 34	1,240	34%	---	---	---	---	175	5%	1,415	39%
35 - 44	855	23%	---	---	3	0%	149	4%	1,007	27%
45 - 64	421	11%	---	---	13	0%	108	3%	542	15%
65+	30	1%	---	---	222	6%	6	0%	258	7%
TOTAL	**2,967**	**81%**	**0**	**0%**	**238**	**6%**	**460**	**13%**	**3,665**	**100%**

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	236	6%	4	0%	53	1%	17	0%	2	0%	81	2%	1	0%	49	1%	443	12%
25 - 34	796	22%	5	0%	142	4%	90	2%	9	0%	278	8%	10	0%	85	2%	1,415	39%
35 - 44	560	15%	3	0%	95	3%	53	1%	5	0%	228	6%	4	0%	59	2%	1,007	27%
45 - 64	291	8%	---	---	52	1%	21	1%	1	0%	141	4%	1	0%	35	1%	542	15%
65+	21	1%	---	---	4	0%	5	0%	---	---	216	6%	---	---	12	0%	258	7%
TOTAL	**1,904**	**52%**	**12**	**0%**	**346**	**9%**	**186**	**5%**	**17**	**0%**	**944**	**26%**	**16**	**0%**	**240**	**7%**	**3,665**	**100%**

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	68	2%	---	---	7	0%	12	0%	1	0%	15	0%	---	---	6	0%	109	3%
Male	1,704	46%	10	0%	315	9%	168	5%	16	0%	893	24%	16	0%	211	6%	3,333	91%
Trans	109	3%	1	0%	16	0%	5	0%	---	---	13	0%	---	---	4	0%	148	4%
Unknown	23	1%	1	0%	8	0%	1	0%	---	---	23	1%	---	---	19	1%	75	2%
TOTAL	**1,904**	**52%**	**12**	**0%**	**346**	**9%**	**186**	**5%**	**17**	**0%**	**944**	**26%**	**16**	**0%**	**240**	**7%**	**3,665**	**100%**

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 08/31/2024 at 12:01:24 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	548	+ 1.90%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,461	- 1.80%
Medicare Premium Payment Program (MPPP)	2,070	- 0.05%
Total	**8,079**	**+ 1.11%**

Source: ADAP Enrollment System

the ENDING THE SYNDEMIC Symposium

Dear Ending the Syndemics Partners,

The Ending the Syndemic Symposium is coming soon! The *Symposium* will focus on how we can accelerate the end of the "syndemic" of HIV, HCV, and STIs in California.

Each day of the *Symposium* will have a different Social Determinants of Health theme (derived from the *Ending the Epidemics Integrated Statewide Strategic Plan*) that speakers and panelists will address. The theme of day one is **Racial Equity**, day two will focus on **Mental Health and Substance Use**, and day three will address **Health Access for All**.

How do you address these social determinants of health in your work? Please feel free to join the dialogue!

For more details on the *Symposium* and how to register, please see our flyer on page eight of this newsletter.

MENTAL HEALTH & SUBSTANCE USE

Strategy 3: Build Harm Reduction Infrastructure

WEBINAR: Navigating the Fourth Wave Webinar

As the drug supply in the United States continues to evolve, so does the makeup of the overdose crisis. The epidemic has been categorized into different waves; beginning with a crisis due to overprescribing, transitioning to increased overdoses from heroin to the increase in synthetic opioids on the market. The current climate surrounding the overdose epidemic is brought on by a mix of multiple substances. This is what is being referred as the fourth wave.

To explain the current trends of the fourth wave and approaches to combatting its impact, the National Association of County and City Health Officials (NACCHO) held a webinar last month to support local health departments and their harm reduction efforts. Presenters from NACCHO, Florida Harm Reduction Collective, and Remedy Alliance explained how harm reduction programs have pivoted to face the new challenges of the fourth wave, enhancing approaches with drug checking, secondary distribution, and reaching

people who have transitioned to different routes of drug administration.

To view a recording of the webinar, go to: Navigating the Fourth Wave of the Overdose Crisis: Understanding National Overdose Trends and Supporting Local Health Departments and their Harm Reduction Partners Meet New Challenges - Zoom.

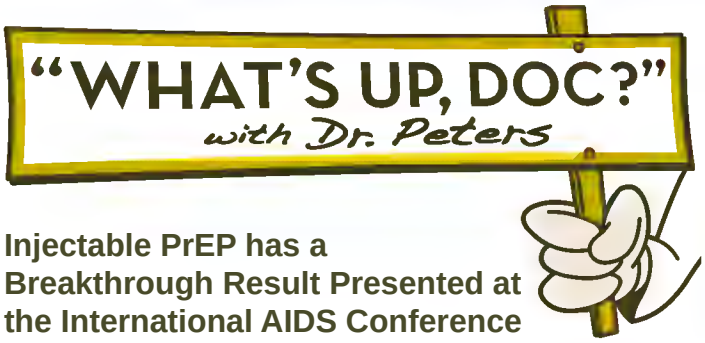
RESOURCES: Overdose in Black, Latinx, and Native American Communities

As overdoses continue to kill more than 100,000 Americans each year, the racial disparities of the epidemic are coming more into focus. Black, Latinx, and Native American communities are affected at a higher rate than white Americans due to lack of access to treatment and services, targeted drug enforcement, stigma, and other factors.

Drug Policy Alliance developed three new fact sheets the describe overdose death trends among these communities, that also provide policy recommendations and strategies on how to reduce these disparities and save lives in these communities.

Fact sheets can be found at:

- Black Community and the Overdose Crisis
- Latinx Community and the Overdose Crisis
- Native American Community and the Overdose Crisis



Injectable PrEP has a Breakthrough Result Presented at the International AIDS Conference

The PURPOSE-1 study team presented results from an HIV prevention trial that enrolled 5,338 cisgender women in South Africa and Uganda. Remarkably, there were **ZERO** HIV infections among the 2,136 participants who received twice-yearly injections of lenacapavir. This level of protection was superior to the background incidence of HIV infection in this population (2.41 infections per 100 person years) and the incidence of HIV infection among a control group who were taking Truvada (1.69 infections per 100 person years) or Descovy (2.02 infections per 100 person years). Lenacapavir is an HIV-1 capsid inhibitor with a very long half-life that allows for subcutaneous injection twice yearly. It has been approved for HIV treatment but is not approved for PrEP use yet. Another lenacapavir study in a different population (men who have sex with men and transgender women) called PURPOSE-2 is ongoing and the study sponsors have indicated that those results are expected in the next 6 months. Long-acting injectable PrEP has the potential to significantly improve HIV prevention as we all work to improve PrEP access in California.

The study results have now been published in the New England Journal of Medicine (Note: You will need to create an account to view the entire article).

OFFICE OF AIDS
California Department of Public Health

For questions regarding *The OA Voice*, please send an e-mail to angelique.skinner@cdph.ca.gov.

the ENDING THE SYNDEMIC Symposium

The **Ending the Syndemic Symposium** is sponsored by the California Department of Public Health, Office of AIDS and will offer an opportunity for California Local Health Jurisdictions, their funded Community Partners, and others to share best practices and innovations in serving the communities most impacted by **HIV**, **HCV**, and **STIs**.

OBJECTIVES:

1. Communicate the ***Statewide Strategic Plan*** in ending the "syndemic" of HIV, HCV, and STIs, including success stories and lessons learned from partners.
2. Review insights gained during implementation of State-sponsored initiatives and projects.
3. Identify opportunities for inclusion, integration, and collaboration across domains of public health and funding sources.
4. Discuss the next "best steps" to ending the syndemic of HIV, HCV, and STIs.

DATES:

Monday, September 30th: 1 – 4 PM

Tuesday, October 1st: 9 AM – 12 PM

Wednesday, October 2nd: 1 – 4 PM

REGISTER HERE

Spanish language interpretation will be available for all panels and presentations.

OFFICE OF AIDS California Department of Public Health

California Department of PublicHealth

SACRAMENTO STATE COLLEGE OF CONTINUING EDUCATION

FACENTE CONSULTING UNDERSTAND • IMPLEMENT • TELL YOUR STORY

APAIT
Access to Prevention Advocacy Intervention & Treatment
A Division of Special Service for Groups

ssg Special Service for Groups, Inc.

Celebration of Life

Dean Goishi

APAIT Founding Director

SUNDAY, SEPTEMBER 15, 2024 | 11AM

Japanese American National Museum
Aratani Central Hall
100 N Central Ave, Los Angeles, CA 90012

RSVP

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

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

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

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

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

myMedi-Cal

How to Get the Health Care You Need

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Table of Contents

DHCS On Social Media

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California Department of Health Care Services

DHCS_CA

Health Coverage in California

"My Medi-Cal: How to Get the Health Care You Need" tells Californians how to apply for Medi-Cal for no-cost or low-cost health insurance. You will learn what you must do to qualify. This guide also tells you how to use your Medi-Cal benefits. It tells you when to report changes. You should keep this guide and use it when you have questions about Medi-Cal.

California offers two ways to get health coverage. They are "Medi-Cal" and "Covered California." Both programs use the same application.

What Is Medi-Cal?

Medi-Cal is California's version of the Federal Medicaid program. Medi-Cal offers no-cost and low-cost health coverage to eligible people who live in California.

The Department of Health Care Services (DHCS) oversees the Medi-Cal program.

Your local county office manages most Medi-Cal cases for DHCS. You can reach your local county office online at ***www.benefitscal.com***. You can also call your local county office.

To get the phone number for your local county office, go to:
http://dhcs.ca.gov/mymedi-cal

or call 1-800-541-5555
(TTY 1-800-430-7077)

The local county offices use many facts to determine what type of help you can get from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children on your application
- Whether you are pregnant, blind or disabled
- Whether you receive Medicare

Did you know?

It is possible for members of the same family to qualify for both Medi-Cal and Covered California. This is because the Medi-Cal eligibility rules are different for children and adults.

For example, coverage for a household of two parents and a child could look like this:

Parents—eligible for a Covered California health plan and receive tax credits and cost sharing to reduce their costs

Child—eligible for no-cost or low-cost Medi-Cal

Most people who apply for Medi-Cal can find out if they qualify based on their income. For some types of Medi-Cal, people may also need to give information about their assets and property. To learn more, see the Medi-Cal Program Comparison on page 5.

What Is Covered California?

Covered California is the State's health insurance marketplace. You can compare health plans from brand-name insurance companies or shop for a plan. If your income is too high for Medi-Cal, you may qualify to purchase health insurance through Covered California.

Covered California offers "premium assistance." It helps lower the cost of health care for individuals and families who enroll in a Covered California health plan and meet income rules. To qualify for premium assistance, your income must be under the Covered California program income limits.

Did you know?

If you qualify for Supplemental Security Income (SSI), you automatically qualify for SSI-linked Medi-Cal.

Your local county office can help with some SSI Medi-Cal related problems. They will tell you if you need to contact a Social Security office to solve the problem.

Covered California has four levels of coverage to choose from: Bronze, Silver, Gold, and Platinum. The benefits within each level are the same no matter which insurance company you choose. Your income and other facts will decide what program you qualify for.

To learn more about Covered California, go to ***www.coveredca.com*** or call **1-800-300-1506 (TTY 1-888-889-4500)**.

What Are the Requirements to Get Medi-Cal?

To qualify for Medi-Cal, you must live in the state of California and meet certain rules. You must give income and tax filing status information for everyone who is in your family and is on your tax return. You also may need to give information about your property.

You do not have to file taxes to qualify for Medi-Cal. For questions about tax filing, talk to the Internal Revenue Service (IRS) or a tax professional.

All individuals who apply for Medi-Cal must give their Social Security Number (SSN) if they have one. Every person who asks for Medi-Cal must give information about his or her immigration status. Immigration status given as part of the Medi-Cal application is confidential. The United States Citizenship and Immigration Services cannot use it for immigration enforcement unless you are committing fraud.

Adults age 19 or older may qualify for limited Medi-Cal benefits even if they do not have a Social Security Number (SSN) or cannot prove their immigration status. These benefits cover emergency, pregnancy-related and long-term care services.

You can apply for Medi-Cal for your child even if you do not qualify for full coverage.

In California, immigration status does not affect Medi-Cal benefits for children under age 19. Children may qualify for full Medi-Cal benefits, regardless of immigration status.

To learn more about Medi-Cal program rules, read the Medi-Cal Program Comparison on the next page.

Medi-Cal Program Comparison

MAGI vs. Non-MAGI

The Modified Adjusted Gross Income (MAGI) Medi-Cal method uses Federal tax rules to decide if you qualify based on how you file your taxes and your countable income.

Non-MAGI Medi-Cal includes many special programs. Persons who do not qualify for MAGI Medi-Cal may qualify for Non-MAGI Medi-Cal.

Who is eligible:

- Children under 19 years old
- Parents and caretakers of minor children
- Adults 19 through 64 years old
- Pregnant individuals

- Adult aged 65 years or older
- Child under 21
- Pregnant individual
- Parent/Caretaker Relative of an age-eligible child
- Adult or child in a long-term care facility
- Person who gets Medicare
- Blind or have a disability

Property rules:

No property limits.

- Must report and give proof of property such as vehicles, bank accounts, or rental homes
- Limits to the amount of property in the household

For both MAGI and Non-MAGI:

- The local county office will check your application information. You may need to give more proof.
- You must live in California.
- U.S. citizens or lawfully-present applicants must provide their SSN.
- You must apply for any income that you might qualify for such as unemployment benefits and State Disability Insurance.
- You must comply with medical support enforcement* which will:
  - Establish paternity for a child or children born outside of marriage.
  - Get medical support for a child or children with an absent parent.

  If you think you have a good reason not to follow this rule, call your local county office.

How Do I Apply?

You can apply for Medi-Cal at any time of the year by mail, phone, fax, or email. You can also apply online or in person.

You can only apply for Covered California coverage on certain dates. To learn when you can apply, go to ***www.coveredca.com*** or call **1-800-300-1506 (TTY 1-888-889-4500)**.

Apply by mail:

You can apply for Medi-Cal and Covered California with the Single Streamlined Application. You can get the application in English and other languages at: ***http://dhcs.ca.gov/mymedi-cal***. Send completed applications to your local county office.

Find your local county office address at:
http://dhcs.ca.gov/mymedi-cal

You can also send applications to:
Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

Apply by phone, fax, or email:

Call your local county office. You can find the phone number on the web at ***http://dhcs.ca.gov/mymedi-cal*** or call Covered California at **1-800-300-1506**.

Apply online at:

www.benefitscal.com

OR

www.coveredca.com

In person:

Find your local county office at ***http://dhcs.ca.gov/mymedi-cal***. You can get help applying.

You can also find a Covered California Certified Enrollment Counselor or Insurance Agent at ***www.CoveredCA.com/get-help/local/***.

How Long Will it Take for My Application to Be Processed?

It may take up to 45 days to process your Medi-Cal application. If you apply for Medi-Cal based on disability, it may take up to 90 days. Your local county office or Covered California will send you an eligibility decision letter. The letter is called a "Notice of Action." If you do not get a letter within the 45 or 90 days, you may ask for a "State Fair Hearing." You may also ask for a hearing if you disagree with the decision. To learn more, read "Appeal and hearing rights" on page 19.

How Do I Use My Medi-Cal Benefits?

Medi-Cal covers most medically necessary care. This includes doctor and dentist appointments, prescription drugs, vision care, family planning, mental health care, and drug or alcohol treatment. Medi-Cal also covers transportation to these services. Read more in "Covered Benefits" on page 12.

Once you are approved, you can use your Medi-Cal benefits right away. New beneficiaries approved for Medi-Cal get a Medi-Cal Benefits Identification Card (BIC). Your health care and dental providers need your BIC to provide services and to bill Medi-Cal. New beneficiaries and those asking for replacement cards get the new BIC design showing the California poppy. Both BIC designs shown here are valid:

Please contact your local county office if:

- You did not get your BIC
- Your BIC is lost
- Your BIC has wrong information
- Your BIC is stolen

Once you are sent a new BIC, you cannot use your old BIC.

You can get the phone number for your local county office at:

http://dhcs.ca.gov/mymedi-cal

or call:

1-800-541-5555 (TTY 1-800-430-7077)

How Do I See a Doctor?

Most people who are in Medi-Cal see a doctor through a Medi-Cal managed care plan. The plans are like the health plans people have with private insurance. Read more about managed care plans starting on the next page.

It may take a few weeks to assign your Medi-Cal managed care plan. When you first sign up for Medi-Cal, or if you have special situations, you may need to see the doctor through "Fee-for-Service Medi-Cal."

What Is Fee-for-Service Medi-Cal?

Fee-for-Service is a way Medi-Cal pays doctors and other care providers. When you first sign up for Medi-Cal, you will get your benefits through Fee-for-Service Medi-Cal until you are enrolled in a managed care health plan.

Before you get medical or dental services, ask if the provider accepts Medi-Cal Fee-for-Service payments. The provider has a right to refuse to take Medi-Cal patients. If you do not tell the provider you have Medi-Cal, you may have to pay for the medical or dental service yourself.

How Are Medical or Dental Expenses Paid on Fee-for-Service Coverage?

Your provider uses your BIC to make sure you have Medi-Cal. Your provider will know if Medi-Cal will pay for a medical or dental treatment. Sometimes you may have to pay a "co-payment" for a treatment. You may have to pay $1 each time you get a medical or dental service or prescribed medicine. You may have to pay $5 if you go to a hospital emergency room when you do not need an emergency service. Those beneficiaries enrolled in a managed care plan do not have to pay co-payments.

There are some services Medi-Cal must approve before you may get them. See page 9 for more information.

How Do I Get Medical or Dental Services When I Have to Pay a Share of Cost (SOC)?

Some Non-MAGI Medi-Cal programs require you to pay a SOC. The Notice of Action you get after your Medi-Cal approval will tell you if you have a SOC. It will also tell the amount of the SOC. Your SOC is the amount you must pay or promise to pay to the provider for health or dental care before Medi-Cal starts to pay.

The SOC amount resets each month. You only need to pay your SOC in months when you get health and/or dental care services. The SOC amount is owed to the health or dental care provider. It is not owed to Medi-Cal or the State. Providers may allow you to pay for the services later instead of all at once. In some counties, if you have a SOC you cannot enroll in a managed care plan.

If you pay for health care services from someone who does not accept Medi-Cal, you may count those payments toward your SOC. You must take the receipts from those health care expenses to your local county office. They will credit that amount to your SOC.

You may be able to lower a future month's SOC if you have unpaid medical bills. Ask your local county office to see if your bills qualify.

What Is Medi-Cal Managed Care?

Medi-Cal Managed Care is an organized system to help you get high-quality care and stay healthy.

> **"Medi-Cal Managed Care health plans help you find doctors, pharmacies and health education programs."**

Most people must enroll in a managed care plan, unless you meet certain criteria or qualify for an exemption. Your health plan options depend on the county you live in. If your county has multiple health plans, you will need to choose the one that fits your and your family's needs.

Every Medi-Cal managed care plan within each county has the same services. You can get the directory of managed care plans at ***http://dhcs.ca.gov/mymedi-cal***. You can choose a doctor who works with your plan to be your primary care physician. Or your plan can pick a primary care doctor on your behalf. You may choose any Medi-Cal

family planning provider of your choice, including one outside of your plan. Contact your managed care plan to learn more.

Managed care health plans also offer:

- Care coordination
- Referrals to specialists
- 24-hour nurse advice telephone services
- Customer service centers

Medi-Cal must approve some services before you may get them. The provider will know when you need prior approval. Most doctors' services and most clinic visits are not limited. They do not need approval. Talk with your doctor about your treatment plan and appointments.

How Do I Enroll in a Medi-Cal Managed Care Plan?

If you are in a county with more than one plan option, you must choose a health plan within 30 days of Medi-Cal approval. You will get an information packet in the mail. It will tell you the health plan(s) available in your county. The packet will also tell you how to enroll in the managed care plan you choose. If you do not choose a plan within 30 days of getting your Medi-Cal approval, the State will choose a plan for you.

Please wait for your health plan information packet in the mail.

> **"If your county only has one health plan, the county chooses the plan for you."**

If you live in **San Benito County**, there is only one health plan. You may enroll in this health plan. Or you may choose to stay in Fee-for-Service Medi-Cal.

If your county has more than one health plan, you will need to choose the one that fits your and your family's needs.

To see what plans are in your county, go to *https://www.healthcareoptions.dhcs.ca.gov/*

How Do I Disenroll, Ask for an Exemption from Mandatory Enrollment, or Change My Medi-Cal Managed Care Plan?

Most Medi-Cal beneficiaries must enroll in a Medi-Cal managed care plan. If you enrolled in a health care plan **by choice**, you may disenroll at any time. To disenroll, call Health Care Options at **1-800-430-4263.**

When your county has more than one plan, you can call Health Care Options if you want to change your managed care health plan.

If you are getting treatment now from a Fee-for-Service Medi-Cal provider, you may qualify for a temporary exemption from mandatory enrollment in a Medi-Cal managed care plan. The Fee-for-Service provider cannot be part of a Medi-Cal managed care plan in your county. The provider must be treating you for a complex condition that could get worse if you have to change providers.

Ask your provider if he or she is part of a Medi-Cal managed care plan in your county. If your provider is not part of a Medi-Cal managed care plan in your county, have your provider fill out a form with you to ask for an exemption from enrolling in a Medi-Cal managed care plan.

Your provider will need to sign the form, attach required proof, and mail or fax the form to Health Care Options. They will review it and decide whether you qualify for a temporary exemption from enrollment in a Medi-Cal managed care plan. You can find the form and instructions at ***http://dhcs.ca.gov/mymedi-cal***.

If you have questions, call **1-800-430-4263.**

What if I Have Other Health Insurance?

Even if you have other health coverage such as health insurance from your work, you may still qualify for Medi-Cal. If you qualify, Medi-Cal will cover allowable costs not paid by your primary insurance. Under federal

law, Medi-Cal beneficiaries' private health insurance must be billed first before billing Medi-Cal.

Medi-Cal beneficiaries are required by federal and state law to report private health insurance. To report or change private health insurance, go to ***http://dhcs.ca.gov/mymedi-cal*** or call **1-800-541-5555 (TTY 1-800-430-7077)**. Outside of California, call **1-916-636-1980.**

You also must report it to your local county office and your health care provider. If you fail to report any private health insurance coverage that you have, you are committing a misdemeanor crime.

Can I Get Medi-Cal Services When I Am Not in California?

When you travel outside California, take your BIC or proof that you are enrolled in a Medi-Cal health care plan. Medi-Cal can help in some cases, such as an emergency due to accident, injury or severe illness. Except for emergencies, your managed care plan must approve any out-of-state medical services before you get the service. If the provider will not accept Medicaid, you will have to pay medical costs for services you get outside of California. Remember: there may be many providers involved in emergency care. For example, the doctor you see may accept Medicaid but the x-ray department may not. Work with your managed care plan to limit what you have to pay. The provider should first make sure you qualify by calling **1-916-636-1960.**

If you live near the California state line and get medical service in the other state, some of these rules do not apply. To learn more, contact your Medi-Cal managed care plan.

> **"You will not get Medi-Cal if you move out of California. You may apply for Medicaid in the state you move to."**

If you are moving to a new county in California, you also need to tell the county you live in or the county you are moving to. This is to make sure you keep getting Medi-Cal benefits. You should tell your local county office within 10 days of moving to a new county.

What Should I Do if I Can't Get an Appointment or Other Care I Need?

The Medi-Cal Managed Care Office of the Ombudsman helps solve problems from a neutral standpoint. They make sure you get all necessary required covered services.

The Office of the Ombudsman:

- Helps solve problems between Medi-Cal managed care members and managed care plans without taking sides
- Helps solve problems between Medi-Cal beneficiaries and county mental health plans without taking sides
- Investigates member complaints about managed care plans and county mental health plans
- Helps members with urgent enrollment and disenrollment problems
- Helps Medi-Cal beneficiaries access Medi-Cal specialty mental health services
- Offers information and referrals
- Identifies ways to make the Medi-Cal managed care program more effective
- Educates members on how to navigate the Medi-Cal managed care and specialty mental health system

To learn more about the Office of the Ombudsman, you can call:

1-888-452-8609

or go to:

http://dhcs.ca.gov/mymedi-cal

How Does Medi-Cal Work if I also Have Medicare?

Many people who are 65 or older or who have disabilities qualify for both Medi-Cal and Medicare. If you qualify for both programs, you will get most of your medical services and prescription drugs through Medicare. Medi-Cal provides long-term services and supports such as nursing home care and home and community-based services.

> **“Medi-Cal covers some benefits that Medicare does not cover.”**

Medi-Cal may also pay your Medicare premiums.

What Is the Medicare Premium Payment Buy-In Program?

The Medicare Premium Payment Program, also called Medicare Buy-In, allows Medi-Cal to pay Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) premiums for Medi-Cal members and others who qualify for certain Medi-Cal programs.

What Is the Medicare Savings Program (MSP)?

Medicare Savings Programs may pay Medicare Part A and Medicare Part B deductibles, co-insurance and co-payments if you meet certain conditions. When you apply for Medi-Cal, your county will evaluate you for this program. Some people who do not qualify for full-scope Medi-Cal benefits may still qualify for MSP.

If I Use a Medicare Provider, Will I Have to Pay Medicare Co-Insurance?

No. If eligible to MSP you will not have to pay any co-insurance or deductibles. If you get a bill from your Medicare provider, contact your Medi-Cal managed care plan or call **1-800-MEDICARE.**

If I Have Medicare, Do I Have to Use Doctors and Other Providers Who Take Medi-Cal?

No. You can use any Medicare provider, even if that provider doesn't take Medi-Cal or isn't part of your Medi-Cal managed care plan. Some Medicare providers may not accept you as a patient.

Did you know?

Medi-Cal provides breastfeeding education as part of Maternity and Newborn Care.

You are eligible for routine eye exams once every 24 months.

To learn more about what's offered, visit: *http://dhcs.ca.gov/mymedi-cal*

Medi-Cal Covered Benefits

Medi-Cal offers a full set of benefits called Essential Health Benefits. To find out if a service is covered, ask your doctor or health plan. Essential Health Benefits include:

- Outpatient services, such as a checkup at a doctor's office
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health services
- Substance use disorder services, such as treatment for drug or alcohol addiction
- Prescription drugs
- Laboratory services, such as blood tests
- Programs such as physical therapy (called rehabilitative and habilitative services) and medical supplies and devices such as wheelchairs and oxygen tanks
- Preventive and wellness services
- Chronic disease management
- Children's (pediatric) services, including oral and vision care
- In-home care and other long-term services and supports

Substance Use Disorder Program

Medi-Cal offers inpatient and outpatient settings for drug or alcohol abuse treatment. This is also called substance use disorder treatment. The setting depends on the types of treatment you need. Services include:

- Outpatient Drug Free Treatment (group and/or individual counseling)
- Intensive Outpatient Treatment (group counseling services provided at least three hours per day, three days per week)
- Residential Treatment (rehabilitation services provided while living on the premises)
- Narcotic Replacement Therapy (such as methadone)

Some counties offer more treatment and recovery services. Tell your doctors about your condition so they can refer you to the right treatment. You may also refer yourself to your nearest local treatment agency. Or call the Substance Use Disorder non-emergency treatment referral line at **1-800-879-2772.**

Medi-Cal Dental Program

Dental health is an important part of overall health. The Medi-Cal Dental Program covers many services to keep your teeth healthy. You can get dental benefits as soon as you are approved for Medi-Cal.

You can see the dental benefits and other resources at ***http://dhcs.ca.gov/mymedi-cal***. Or, you can call **1-800-322-6384 (TTY 1-800-735-2922)** Monday through Friday between 8:00 a.m. and 5:00 p.m.

How Do I Get Medi-Cal Dental Services?

The Medi-Cal Dental Program gives service in two ways. One is Fee-for-Service Dental and you can get it throughout California. Fee-for-Service Dental is the same as Fee-for-Service Medi-Cal. Before you get dental services, you must show your BIC to the dental provider and make sure the provider takes Fee-for-Service Dental.

The other way Medi-Cal gives dental services is through Dental Managed Care (DMC). DMC is only offered in Los Angeles County and Sacramento County. DMC plans cover the same dental services as Fee-for-Service Dental. DHCS uses three managed care plans in Sacramento County. DHCS also contracts with three prepaid health plans in Los Angeles County. These plans provide dental services to Medi-Cal beneficiaries.

If you live in Sacramento County, you must enroll in DMC. In some cases, you may qualify for an exemption from enrolling in DMC.

To learn more, go to Health Care Options at ***http://dhcs.ca.gov/mymedi-cal***.

In Los Angeles County, you can stay in Fee-for-Service Dental or you can choose the DMC program. To choose or change your dental plan, call Health Care Options.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

If you or your child are under 21 years old, Medi-Cal covers preventive services, such as regular health check-ups and screenings. Regular checkups and screenings look for any problems with your medical, dental, vision, hearing, and mental health, and any substance use disorders. You can also get vaccinations to keep you healthy. Medi-Cal covers screening services any time there is a need for them, even if it is not during your regular check-up. All of these services are at no cost to you.

Checkups and screenings are important to help your health care provider identify problems early. When a problem is found during a check-up or screening, Medi-Cal covers the services needed to fix or improve any physical or mental health condition or illness. You can get the diagnostic and treatment services your doctor, other health care provider, dentist, county Child Health and Disability Prevention program (CHDP), or county mental or behavioral health provider says you need to get better. EPSDT covers these services at no cost to you.

Your provider will also tell you when to come back for the next health check-up, screening, or medical appointment. If you have questions about scheduling a medical visit or how to get help with transportation to the medical visit, Medi-Cal can help. Call your Medi-Cal Managed Care Health Plan (MCP). If you are not in a MCP, you can call your doctor or other provider or visit ***http://dhcs.ca.gov/mymedi-cal*** for transportation assistance.

For more information about EPSDT you may call **1-800-541-5555**, go to ***http://dhcs.ca.gov/mymedi-cal***, contact your county CHDP Program, or your MCP. To learn more about EPSDT Specialty Mental Health or Substance Use Disorder services, contact your county mental or behavioral health department.

Transportation Services

Medi-Cal can help with rides to medical, mental health, substance use, or dental appointments when those appointments are covered by Medi-Cal. The rides can be either nonmedical transportation (NMT) or non-emergency medical transportation (NEMT). You can also use NMT if you need to pick up prescriptions or medical supplies or equipment.

If you can travel by car, bus, train, or taxi, but do not have a ride to your appointment, NMT can be arranged.

If you are enrolled in a health plan, call your Member Services for information on how to get NMT services.

If you have Fee-for-Service, you can do the following:

- Call your county Medi-Cal office to see if they can help you get an NMT ride.
- To set up a ride, you should first call your Fee-for-Service medical provider and ask about a transportation provider in your area. Or, you can call one of the approved NMT providers in your area listed at ***http://dhcs.ca.gov/mymedi-cal***.

If you need a special, medical vehicle to get to your appointment, let your health care provider know. If you are in a health plan, you can also contact your plan to set up your transportation. If you are in Fee-for-Service, call your health care provider. The plan or provider can order NEMT such as a wheelchair van, a litter van, an ambulance, or air transport.

Be sure to ask for a ride as soon as you can before an appointment. If you have frequent appointments, your health care provider or health plan can request transportation to cover future appointments.

Go to ***http://dhcs.ca.gov/mymedi-cal*** for more information about rides arranged by approved NMT providers.

Specialty Mental Health Services

If you have mental illness or emotional needs that your regular doctor cannot treat, specialty mental health services are available. A Mental Health Plan (MHP) provides specialty mental health services. Each county has an MHP.

Specialty mental health services may include, but are not limited to, individual and group therapy, medication services, crisis services, case management, residential and hospital services, and specialized services to help children and youth.

To find out more about specialty mental health services, or to get these services, call your county MHP. Your MHP will determine if you qualify for specialty mental health services. You can get the MHP's telephone number from the Office of the Ombudsman at **1-888-452-8609** or go to ***http://dhcs.ca.gov/mymedi-cal***.

Other Health Programs & Services

California offers other programs for your medical needs. You can apply for some through the same local county office that handles Medi-Cal.

From Your Local County Office

You can ask for the programs below from the same local county office where you apply for Medi-Cal. You can get the phone number for your county at ***http://dhcs.ca.gov/mymedi-cal*** or call **1-800-541-5555 (TTY 1-800-430-7077)**.

Former Foster Youth

If you were in foster care on your 18th birthday or later, you may qualify for free Medi-Cal. Coverage may last until your 26th birthday. Income does not matter. You do not need to fill out a full Medi-Cal application or give income or tax information when you apply. For coverage right away, contact your local county office.

Confidential Medical Services

You can apply for confidential services if you are under age 21. To qualify, you must be:

- Unmarried and living with your parents, or
- Your parent must be financially responsible for you, such as college students

You do not need parental consent to apply for or get coverage. Services include family planning and pregnancy care, and treatment for drug or alcohol abuse, sexually transmitted diseases, sexual assault, and mental health.

250% Working Disabled Program

The Working Disabled Program gives Medi-Cal to adults with disabilities who have higher income than most Medi-Cal recipients. If you have earned disability income through Social Security or your former job, you may qualify. The program requires a low monthly premium, ranging from $20 to $250 depending on your income. To qualify, you must:

- Meet the Social Security definition of disability, have gotten disability income, and now be earning some money through work
- Meet program income rules for earned and unearned income
- Meet other program rules

Medi-Cal Access Program (MCAP)

MCAP gives low-cost comprehensive health insurance coverage to pregnant individuals. MCAP has no copayments or deductibles for its covered services. The total cost for MCAP is 1.5% of your Modified Adjusted Gross Income. For example, if your income is $50,000 per year, your cost would be $750 for coverage. You can pay all at once or in monthly installments over 12 months. If you are pregnant and in Covered California coverage, you may be able to switch to MCAP. Babies born to individuals enrolled in MCAP qualify for the Medi-Cal Access Infant Program or for Medi-Cal. To qualify for MCAP, you must be:

- A California resident
- Not enrolled in no-cost Medi-Cal or Medicare Part A and Part B at time of application

- Not covered by any other health insurance plan
- Within the program income guidelines

To learn more about MCAP, go to ***http://dhcs.ca.gov/mymedi-cal*** or call **1-800-433-2611**.

In-Home Supportive Services (IHSS) Program

IHSS helps pay for services so you can remain safely in your own home. If you qualify for Medi-Cal, you may also qualify for IHSS. If you do not qualify for Medi-Cal, you may still qualify for IHSS if you meet other eligibility criteria. If you have Medi-Cal with no SOC, it will pay for all your IHSS services. If you have Medi-Cal with a SOC, you must meet your Medi-Cal SOC before any IHSS services are paid. To qualify, you must be at least **one** of the following:

- Age 65 and older
- Blind
- Disabled (including disabled children)
- Have a chronic, disabling condition that causes functional impairment expected to last at least 12 consecutive months or expected to result in death within 12 months

IHSS can authorize services such as:

- Domestic services such as washing kitchen counters or cleaning the bathroom
- Preparation of meals
- Laundry
- Shopping for food
- Personal care services
- Accompaniment to medical appointments
- Protective supervision for people who are mentally ill or mentally impaired and cannot remain safely in their home without supervision
- Paramedical services

To learn more, go to ***http://www.cdss.ca.gov/In-Home-Supportive-Services***.

Other State Health Services

The programs below have a different application process from Medi-Cal's. You can apply or learn more about the program using the contact information listed.

Breast and Cervical Cancer Treatment Program

The Breast and Cervical Cancer Treatment Program gives cancer treatment and related services to low-income California residents who qualify. They must be screened and/or enrolled by the Cancer Detection Program, Every Woman Counts, or by the Family Planning, Access, Care and Treatment programs. To qualify, you must have income under the limit and need treatment for breast or cervical cancer. To learn more, call **1-800-824-0088** or email ***BCCTP@dhcs.ca.gov***.

Home and Community-Based Services

Medi-Cal allows certain eligible seniors and persons with disabilities to get treatment at home or in a community setting instead of in a nursing home or other institution. Home and Community-Based Services include but are not limited to case management (supports and service coordination), adult day health services, habilitation (day and residential), homemaker, home health aide, nutritional services, nursing services, personal care, and respite care. You must qualify for full-scope Medi-Cal and meet all program rules. To learn more, call DHCS, Integrated Systems of Care Division at **1-916-552-9105**.

California Children's Services (CCS) Program

The CCS program gives diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 who have CCS-eligible medical conditions. CCS-eligible medical conditions are those that are physically disabling or require medical, surgical or

rehabilitative services. Services authorized by the CCS program to treat a Medi-Cal enrolled child's CCS-eligible medical condition are not services that most health plan's cover. The Medi-Cal health plan still provides primary care and preventive health services not related to the CCS-eligible medical condition.

To apply for CCS, contact your local county CCS office. To learn more, go to ***http://dhcs.ca.gov/mymedi-cal*** or call **1-916-552-9105**.

Genetically Handicapped Person's Program (GHPP)

GHPP gives medical and administrative case management and pays for medically-necessary services for persons who live in California, are over age 21, and have GHPP-eligible medical conditions. GHPP-eligible conditions are inherited conditions like hemophilia, cystic fibrosis, Phenylketonuria, and sickle cell disease that have major health effects. GHPP uses a system of Special Care Centers (SCCs). SCCs give comprehensive, coordinated health care to clients with specific eligible conditions. If the service is not in the health plan's covered benefits, GHPP authorizes yearly SCC evaluations for Medi-Cal enrolled adults with a GHPP-eligible medical condition.

To apply for GHPP, complete an application. Fax it to **1-800-440-5318**. To learn more, call **1-916-552-9105** or go to ***http://dhcs.ca.gov/mymedi-cal***.

Retroactive Medi-Cal

If you have unpaid medical or dental bills when you apply for Medi-Cal, you can ask for retroactive Medi-Cal. Retroactive Medi-Cal may help pay medical or dental bills in any of the three months before the application date.

For example, if you applied for Medi-Cal in April, you may be able to get help with bills for medical or dental services you got in January, February and March.

To get retroactive Medi-Cal you must:

- **Qualify for Medi-Cal in the month you got the medical services**
- **Have received medical or dental services that Medi-Cal covers**
- **Ask for it within one year of the month in which you received the covered services**
- **You must contact your local county office to request retroactive Medi-Cal**

For example, if you were treated for a broken arm in January 2017 and applied for Medi-Cal in April 2017, you would have to request retroactive Medi-Cal by no later than January 2018 to pay the medical bills.

If you already paid for medical or dental service you got during the three months of the retroactive period, Medi-Cal may also help you get paid back. You must submit your claim within one year of the date of service, or within 90 days after approval of your Medi-Cal eligibility, whichever is longer.

To file a claim, you must call or write to:

Department of Health Care Services
Beneficiary Services
P.O. Box 138008
Sacramento, CA 95813-8008
1-916-403-2007 (TTY 1-916-635-6491)

For Medical, Mental Health, Substance Use Disorder, and In-Home Support Services Claims

Medi-Cal Dental Beneficiary Services
P.O. Box 526026
Sacramento, CA 95852-6026
1-916-403-2007 (TTY 1-916-635-6491)

For Dental Claims.

Updating & Renewing My Medi-Cal

You must report any household changes within 10 days to your local county office. You can report changes in person, online, by phone, email or fax. Changes can affect your Medi-Cal eligibility.

You must report if you:

- Get married or divorced
- Have a child, adopt or place a child for adoption
- Have a change in income or property (if applicable)
- Get any other health coverage including through a job or a program such as Medicare
- Move, or have a change in who is living in your home
- Have a change in disability status
- Have a change in tax filing status, including change in tax dependents
- Have a change in citizenship or immigration status
- Are incarcerated (jail, prison, etc.) or released from incarceration
- Have a change in American Indian or Alaska Native status or change your tribal status
- Change your name, date of birth or SSN
- Have any other changes that may affect your income or household size

What if I Move to Another County in California?

If you move to another California county, you can have your Medi-Cal case moved to the new county. This is called an Inter-County Transfer (ICT). You must report your change of address to either county within 10 days from the change. You can report your change of address online, in person, by phone, email, or fax. Your managed care plan coverage in your old county will end on the last day of the month. You will need to enroll in a managed care plan in your new county.

When you leave the county temporarily, your Medi-Cal will not transfer. This includes a child going to college or when you take care of a sick relative. Contact your local county office to report the household member's temporary address change to a new county. The local county office will update the address so the household member can enroll in a health plan in the new county.

How Do I Renew My Medi-Cal Coverage?

To keep your Medi-Cal benefits, you must renew at least once a year. If your local county office cannot renew your Medi-Cal coverage using electronic sources, they will send you a renewal form. You will need to give information that is new or has changed. You will also need to give your most current information. You can return your information online, in person, or by phone or other electronic means if available in your county. If you mail or return your renewal form in person, it must be signed.

If you do not give the needed information by the due date, your Medi-Cal benefits will end. Your local county office will send you a Notice of Action in the mail. You have 90 days to give your local county office all the missing information without having to re-apply. If you give the missing information within 90 days and still qualify for Medi-Cal, your local county office will reinstate your Medi-Cal with no gaps in coverage.

Rights & Responsibilities

When you apply for Medi-Cal, you will get a list of your rights and responsibilities. This includes the requirement to report changes in address or income, or if someone is pregnant or gave birth. You can call your local county office or find the most up-to-date list of your rights and responsibilities online at:

http://dhcs.ca.gov/mymedi-cal

Appeal and Hearing Rights

Health Care Services and Benefits

You have the right to ask for an appeal if you disagree with the denial of a health care service or benefit.

If you are in a Medi-Cal managed care plan and you get a Notice of Action letter telling you that a health care service or benefit is denied, you have the right to ask for an appeal.

You must file an appeal with your plan within 60 days of the date on the Notice of Action. After you file your appeal, the plan will send you a decision within 30 days. If you do not get a decision within 30 days or are not happy with the plan's decision, you can then ask for a State Fair Hearing. A judge will review your case. **You must first file an appeal with your plan before you can ask for a State Fair Hearing.** You must ask for a State Fair Hearing within 120 days of the date of the plan's written appeal decision.

If you are in Fee-for-Service Medi-Cal and you get a Notice of Action letter telling you that a health service or benefit has been denied, you have the right to ask for a State Fair Hearing right away. You must ask for a State Fair Hearing within 90 days of the date on the Notice of Action.

You also have the right to ask for a State Fair Hearing if you disagree with what is happening with your Medi-Cal application or eligibility. This can be when:

- You do not agree with a county or State action on your Medi-Cal application
- The county does not give you a decision about your Medi-Cal application within 45 or 90 days
- Your Medi-Cal eligibility or Share of Cost changes

Eligibility Decisions

If you get a Notice of Action letter telling you about an eligibility decision that you disagree with, you can talk to your county eligibility worker and/or ask for a State Fair Hearing. If you cannot solve your disagreement through the county, you must request a State Fair Hearing within 90 days of the date on the Notice of Action. You can ask for a State Fair Hearing by contacting your local county office. You can also call or write to:

California Department of Social Services
Public Inquiry and Response
PO Box 944243, M.S. 9-17-37
Sacramento, CA 94244-2430
1-800-743-8525, (TTY 1-800-952-8349)

You can also file a hearing request online at:

http://www.cdss.ca.gov/

If you believe you have been unlawfully discriminated against on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can make a complaint to the DHCS Office of Civil Rights.

You can learn how to make a discrimination complaint in "Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements" on page 21.

About State Fair Hearings

The State will tell you it got your hearing request. You will get a notice of the time, date and place of your hearing. A hearing representative will review your case and try to resolve your issue. If the county/State offers you an agreement to solve your issue, you will get it in writing.

You can give permission in writing for a friend, family member or advocate to help you at the hearing. If you cannot fully solve your issue with the county or State, you or your representative must attend the State Fair Hearing. Your hearing can be in person or by phone. A judge who does not work for the county or Medi-Cal program will hear your case.

You have the right to free language help. List your language on your hearing request. Or tell the hearing representative you would like a free interpreter. You cannot use family or friends to interpret for you at the hearing.

If you have a disability and need reasonable accommodations to fully take part in the Fair Hearing process, you may call 1-800-743-8525 (TTY 1-800-952-8349). You can also send an email to *SHDCSU@DSS.ca.gov*.

To get help with your hearing, you can ask for a legal aid referral. You may get free legal help at your local legal aid or welfare rights office.

Third Party Liability

If you suffer an injury, you may use your Medi-Cal to get medical services. If you file an insurance claim or sue someone for damages because of your injury, you must notify the Medi-Cal Personal Injury (PI) program within 30 days of filing your claim or action. You must tell both your local county office and the PI program.

To notify the Medi-Cal PI program, please complete the "Personal Injury Notification (New Case)" form. You can find it on the website below. If you do not have internet access, please ask your attorney or insurance company representative to notify the Medi-Cal PI program on your behalf. You can find notification and update forms at: ***http://dhcs.ca.gov/mymedi-cal***.

If you hire a lawyer to represent you for your claim or lawsuit, your lawyer is responsible for notifying the Medi-Cal PI program and giving a letter of authorization. This authorization allows Medi-Cal staff to contact your lawyer and discuss your personal injury case. Medi-Cal does not provide representation or attorney referrals. Staff can offer information that can help the lawyer through the process.

Estate Recovery

The Medi-Cal program must seek repayment from the estates of certain Medi-Cal members who have died. Repayment is limited to payments made, including managed care premiums, for nursing facility services, home and community based services, and related hospital and prescription drug services when the beneficiary:

- Was an inpatient in a nursing facility, or
- Received home and community based services on or after his or her 55th birthday

If a deceased member does not leave an estate subject to probate or owns nothing when they die, nothing will be owed.

To learn more, go to *http://dhcs.ca.gov/er* or call 1-916-650-0590

Medi-Cal Fraud

Beneficiary responsibilities

A beneficiary must always present proof of Medi-Cal coverage to providers before getting services. If you are getting treatment from more than one doctor or dentist, you should tell each doctor or dentist about the other doctor or dentist providing your care.

It is your responsibility not to abuse or improperly use your Medi-Cal benefits. It is a **crime** to:

- Let other people use your Medi-Cal benefits
- Get drugs through false statements to a provider
- Sell or lend your BIC to any person or give your BIC to anyone other than your service providers as required under Medi-Cal guidelines

Misuse of BIC/Medi-Cal benefits is a crime. It could result in negative actions to your case or criminal prosecution. If you suspect Medi-Cal fraud, waste or abuse, make a confidential report by calling **1-800-822-6222**.

Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

DHCS complies with applicable federal and state civil rights laws. DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. DHCS does not unlawfully exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. DHCS:

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
  - Qualified sign language interpreters
  - Written information in other formats such as large print, audio, accessible electronic formats and other formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Office of Civil Rights, at **1-916-440-7370, (Ext. 711, California State Relay)** or email ***CivilRights@dhcs.ca.gov***.

If you believe DHCS has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance at:

Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370, (Ext. 711, CA State Relay)
Email: *CivilRights@dhcs.ca.gov*

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx

Important Resources

ONLINE

Main Medi-Cal Site:
http://dhcs.ca.gov/mymedi-cal

Get the myMedi-Cal smartphone app to help you learn more about coverage, find local help, and more!

PHONE NUMBERS

Medi-Cal Members & Providers:
1-800-541-5555

Medi-Cal Managed Care:
1-800-430-4263
(TTY 1-800-430-7077)

Office of the Ombudsman:
1-888-452-8609

State Fair Hearing:
1-800-743-8525
(TTY 1-800-952-8349)

Covered California:
1-800-300-1506

Medi-Cal Dental Program:
1-800-322-6384

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at ***https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*** or you can file by mail or phone at:

U.S. Department of Health
and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, TTY 1-800-537-7697

You can get a complaint form at:

http://www.hhs.gov/ocr/office/file/index.html

This document meets Section 508 accessibility standards. This publication can also be made available in Braille, large print, and other electronic formats in response to a reasonable accommodation request made by a qualified individual with a disability. To ask for a copy of this publication in another format, call the Medi-Cal Eligibility Division at **1-916-552-9200 (TTY 1-800-735-2929)** or email ***MCED@dhcs.ca.gov***.

Language Assistance

Attention: If you speak English, you can call 1-800-541-5555 (TDD 1-800-430-7077) for free help in your language. Call your local county office for eligibility issues or questions. (English)

تنبيه: إذا كنت تتحدث العربية، فيمكنك الاتصال برقم 1-800-541-5555 (TDD 1-800-430-7077) للمساعدة المجانية بلغتك. اتصل بمكتب المقاطعة المحلي للمشكلات أو الأسئلة المتعلقة بالتأهل. (Arabic)

Ուշադրություն: Եթե Դուք հայերեն եք խոսում, կարող եք զանգահարել 1-800-541-5555 (TDD 1-800-430-7077) և անվճար օգնություն ստանալ Ձեր լեզվով: Իրավասության հետ կապված խնդիրների կամ հարցերի դեպքում զանգահարեք Ձեր շրջանային գրասենյակ: (Armenian)

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចទូរសព្ទទៅលេខ 1-800-541-5555 (TDD 1-800-430-7077) សម្រាប់ជំនួយដោយឥតគិតថ្លៃ ជាភាសារបស់អ្នក។ ទូរសព្ទទៅកាន់ការិយាល័យខោនធីក្នុងមូលដ្ឋានរបស់អ្នកសម្រាប់បញ្ហាទាក់ទងនឹងសិទ្ធិទទួលបានសេវា ឬក្នុងករណីមានសំណួរណាមួយ។ (Cambodian)

注意： 如果您使用中文，請撥打1-800-541-5555 (TDD 1-800-430-7077) 免費獲得以您所用語言提供的協助。關於資格的爭議或問題請致電您所在縣的辦事處。 (Chinese)

توجه: اگر به زبان فارسی صحبت می کنید، می توانید برای دریافت کمک رایگان به زبان خود با شماره 1-800-541-5555 (TDD 1-800-430-7077) تماس بگیرید. برای مسائل مربوط به صلاحیت یا سؤالات، با دفتر محلی شهرستان خود تماس بگیرید. (Farsi)

ध्यान दें: यदि आप हिंदी भाषी हैं, तो आप अपनी भाषा में निःशुल्क सहायता के लिए 1-800-541-5555 (TDD 1-800-430-7077) पर कॉल कर सकते हैं। योग्यता संबंधी समस्याओं या प्रश्नों के लिए अपने स्थानीय काउंटी कार्यालय को कॉल करें। (Hindi)

Lus Ceeb Toom: Yog tias koj hais lus Hmoob, koj tuaj yeem hu rau tus xov tooj 1-800-541-5555 (TDD 1-800-430-7077) kom tau kev pab koj dawb ua koj hom lus. Hu rau lub chaw lis dej num hauv koj lub nroog txog cov teeb meem kev tsim nyog tau txais kev pab los yog cov lus nug. (Hmong)

注意：ご希望により、1-800-541-5555 (TDD 1-800-430-7077) へお電話いただければ日本語で対応いたします。有資格問題または質問などは、地域の代理店までお電話ください。 (Japanese)

주의: 한국어를 말하면, 1-800-541-5555 (TDD 1-800-430-7077) 번으로 무료로 도움을 받으실 수 있습니다. 적격 문제 또는 질문은 해당 지역 카운티 사무소에 문의하십시오. (Korean)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໂທຫາເບີ 1-800-541-5555 (TDD 1-800-430-7077) ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອຟຣີໃນພາສາຂອງທ່ານ. ໂທຫາຫ້ອງການເຂດໃນທ້ອງຖິ່ນຂອງທ່ານເພື່ອສອບຖາມກ່ຽວກັບເງື່ອນໄຂໃນການມີສິດໄດ້ຮັບ ຫຼື ມີຄຳຖາມອື່ນໆ. (Laotian)

Waac-mbungh: Se gorngv meih gongv mien waac nor, maaiv zuqc cuotv nyaanh gunv korh waac mingh taux 1-800-541-5555 (TDD 1-800-430-7077) yiem wuov maaih mienh tengx faan waac bun meih hiuv duv. Gunv korh waac taux meih nyei kaau dih nyei mienh, Se gorngv meih oix hiuv taux, meih maaih fai maaiv maaih ndaam-dorng leiz puix duqv ziqv nyei buanc. (Mien)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫ਼ਤ ਸਹਾਇਤਾ ਪਾਉਣ ਲਈ 1-800-541-5555 (TDD 1-800-430-7077) 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਪਾਤਰਤਾ ਸੰਬੰਧੀ ਵਿਵਾਦਾਂ ਜਾਂ ਸਵਾਲਾਂ ਦੇ ਲਈ ਆਪਣੇ ਸਥਾਨਕ ਕਾਉਂਟੀ ਦਫਤਰ ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Внимание: Если Вы говорите по-русски, Вы можете позвонить по номеру 1-800-541-5555 (TDD 1-800-430-7077), чтобы получить бесплатную помощь на Вашем языке. Позвоните в Ваш местный окружной офис по вопросам или проблемам, связанным с соответствием требованиям. (Russian)

Atención: Si usted habla español puede llamar al 1-800-541-5555 (TDD 1-800-430-7077) para obtener ayuda gratuita en su idioma. Llame a la oficina local de su condado si tiene algún problema o alguna pregunta sobre elegibilidad. (Spanish)

Atensiyon: Kung nagsasalita ka ng Tagalog, maaari kang tumawag sa 1-800-541-5555 (TDD 1-800-430-7077) para sa libreng tulong sa wika mo. Tawagan ang lokal mong tanggapan sa county para sa mga isyu sa pagiging nararapat o mga tanong. (Tagalog)

โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถโทรศัพท์ไปที่เบอร์ 1-800-541-5555 (TDD 1-800-430-7077) เพื่อรับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย กรุณาโทรศัพท์หาสำนักงานประจำท้องถิ่นของท่านเพื่อสอบถามเกี่ยวกับสิทธิ์ของท่าน (Thai)

Увага: Якщо ви розмовляєте українською, ви можете зателефонувати за номером 1-800-541-5555 (TDD 1-800-430-7077), щоб отримати безкоштовну допомогу Вашою мовою. З питань стосовно права на пільги та іншої інформації, телефонуйте до вашого місцевого окружного офісу. (Ukrainian)

Lưu ý: Nếu quý vị nói tiếng Việt, quý vị có thể gọi 1-800-541-5555 (TDD 1-800-430-7077) để được trợ giúp miễn phí bằng ngôn ngữ của mình. Hãy gọi văn phòng quận địa phương của quý vị nếu có các vấn đề hoặc thắc mắc về tính đủ điều kiện. (Vietnamese)

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