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STANDARDS AND BEST PRACTICES COMMITTEE Virtual Meeting

Tuesday, October 6, 2020

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

Agenda + Meeting Packet will be available on the Commission's website at:
http://hiv.lacounty.gov/Standards-and-Best-Practices-Committee

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:
https://tinyurl.com/ya5fp4dx
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PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. You may also provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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AGENDA FOR THE **VIRTUAL** MEETING OF THE

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, OCTOBER 6, 2020, 10:00 AM – 12:00 PM

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

https://tinyurl.com/ya5fp4dx

or Dial

1-415-655-0001

Access code: 145 571 8784

(213) 738-2816 / Fax (213) 637-4748
HIVComm@lachiv.org http://hiv.lacounty.gov

Standards and Best Practices (SBP) Committee Members			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Miguel Alvarez, *alternate*	Wendy Garland, MPH
Felipe Gonzalez	Grissel Granados, MSW	Thomas Green	David Lee, MSW, LCSW, MPH
Paul Nash, CPsychol AFBPsS FHEA	Katja Nelson, MPP	Joshua Ray (Eduardo Martinez, *alternate*)	Harold Glenn San Agustin, MD
Justin Valero, MA	Amiya Wilson		
QUORUM: 8			

AGENDA POSTED: October 1, 2020

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

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

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.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

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

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

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

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

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

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

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

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

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

IV. REPORTS

5. Executive Director/Staff Report 10:15 AM – 10:2545 AM

6. Co-Chair Report 10:25 AM – 10:35 AM

7. Division of HIV & STD Programs (DHSP) Report 10:35 AM – 10:45 AM

V. DISCUSSION ITEMS

8. Childcare Services Standards Review/Updates 10:45 AM – 11:15 AM

9. Universal Standards of Care Review 11:15 AM – 11:45 AM

VI. NEXT STEPS 11:45 AM – 11:55 AM

10. Task/Assignments Recap

11. Agenda development for the next meeting

VI. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

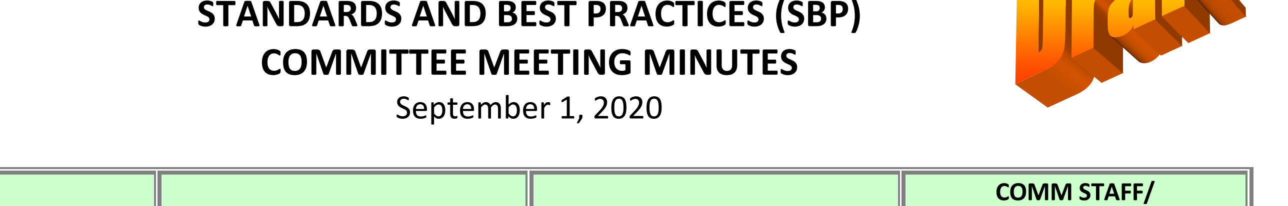
VII. ADJOURNMENT 12:00 PM

13. Adjournment for the virtual meeting of October 6, 2020

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

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

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



STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

September 1, 2020

VMEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	COMM STAFF/ CONSULTANTS
Kevin Stalter, *Co-Chair*	Harold Glenn San Agustin, MD	Kevin Donnelly	Cheryl Barrit, MPIA
Miguel Alvarez *(Alt.)*	Justin Valero, MA	Rhonda Layton-Jones	Carolyn Echols-Watson, MPA
Wendy Garland, MPH		Paul Nash, PhD, CPsychol	Dawn McClendon
Felipe Gonzalez	**MEMBERS ABSENT**	Herberth Osario, MPH	Jane Nachazel
Grissel Granados, MSW	Erika Davies, *Co-Chair*	LCDR Jose Antonio Ortiz, MPH	
Thomas Green *(Alt.)*	Joshua Ray, RN/ Eduardo Martinez	Quentin Zavala	**DHSP STAFF**
David Lee, MSW, LCSW, MPH			None
Katja Nelson, MPP	Amiya Wilson		

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

CONTENTS OF COMMITTEE PACKET

1) **Cover Page**: Standards and Best Practices (SBP) Committee Virtual Meeting, *9/1/2020*
2) **Agenda**: Standards and Best Practices (SBP) Committee Meeting Agenda, *9/1/2020*
3) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *8/4/2020*
4) **Table**: 2020 Work Plan - Standards and Best Practices, *Updated 8/25/2020*
5) **Standards**: Childcare Services Standards of Care, *DRAFT FOR SUBJECT MATTER EXPERT REVIEW, Updated 8/11/2020*
6) **Table**: Los Angeles County Commission on HIV, Standards and Best Practices, Childcare Standards of Care Comments and Question Logs, *As of 8/30/2020*
7) **Policy**: Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, Report of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup, *Adopted as policy by the Federation of State Medical Board, April 2014*
8) **Standards**: Ryan White Program Universal Standards of Care, *Commission Approved 9/12/2019*
9) **Standards Updates**: Universal Standards Updates, *As of PPC Meeting, 12/3/2019*
10) **PowerPoint**: Mission Possible HIV Quality Improvement Learning Collaborative for MCC Team, MCC Promising Practices in Telehealth Integration, *7/22/2020*
11) **List**: MCC Virtual Visit: Technical Tips for Success
12) **Guidelines**: Telehealth Clinical Guidelines, Version 9, *Updated September 2014*

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Mr. Stalter called the meeting to order at 10:08 am.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**
MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**
MOTION #2: Approve the 8/4/2020 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented ***(Passed by Consensus)***.

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**
   - Ms. Barrit acknowledged that virtual meetings without the benefit of being together is hard. Staff were available to help Commissioners with more preparation or technical assistance.
   - The Consumer Caucus has requested a summary of each Committee's work for a better understanding of what each does and how each Committee's work is integrated into the whole. The day's summaries were:
     - Standards and Best Practices (SBP): Psychosocial Support Services Standards of Care (SOC) were approved at the 8/27/2020 Executive Committee and will go to the full Commission 9/10/2020. The next SOC likely to be completed will be Childcare followed by Universal. After that, other SOCs will be reviewed for updates.
     - Operations: Most of this year's membership slate has been approved by the Board of Supervisors (Board) so the Committee will be launching its Mentorship Program. Commissioners would receive an email shortly from staff requesting volunteers to implement this long-requested Program. The Executive Committee also approved two new members to go to the full Commission: Stephanie Cipres, MPH, for the Part D Representative seat; and Paul Nash, PhD, CPsychol, for an HIV Stakeholder seat. LaShonda Spencer, MD, previously on the Part D seat, has a new position at Drew CARES, Charles R. Drew University of Medicine and Science. She will move to the Provider Representative #4 seat.
     - Planning, Priorities and Allocations (PP&A): Priority Setting and Resource Allocation (PSRA) recommendations for Program Years 30, 31, and 32 were forwarded to the Executive Committee, approved, and will move to the 9/10/2020 full Commission meeting for final approval and submission to the Board for appointment. Materials were available for review on the Commission's website and staff were available to assist in their review, if desired.
     - Public Policy: The Committee was tracking legislation moved to Governor Gavin Newsom's desk for signature and will update their Legislative Docket, including review of ballot propositions, at their next meeting on 9/14/2020.

6. **CO-CHAIR REPORT**
   - Mr. Stalter extended condolences to Ms. Davies who was absent due to a death in the family.
   - His own schedule has become less complicated so he is available for one-on-one meetings on weekday afternoons.
   - In the tradition of the Committee's "Getting to Know You" series, new Committee Member Dr. San Agustin introduced himself as an infectious disease physician by training with his truest passion helping our HIV population. That passion was first kindled as an undergraduate volunteering to do STD testing for the Berkeley Free Clinic Gay Men's Health Collective.
   - He now works at the JWCH Institute Inc, Wesley Health Centers, East Hollywood and where he has built his HIV patients from an initial 10 to about 80. He saw most current patients for PrEP/PEP, STIs, and Hepatitis C. He also was retained at the University of Southern California (USC) for infectious disease training with some inpatient infectious disease consulting.
   - He hopes to help end the HIV epidemic in his lifetime while improving PLWH lives, especially the growing aging population.
   - He also has a special interest in transgender medicine and was working with a dermatologist on a transgender dermatology paper. His practice includes some hormonal replacement therapy.

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT**
   - Ms. Garland reported DHSP was hosting webinars in collaboration with Medical Care Coordination (MCC) teams on how to shift service delivery to increase telehealth capacity, e.g., how to shift activities to better accommodate telehealth. The second of the monthly webinars was in mid-August. They were expected to continue until October.

- DHSP has also launched a home test kit program In collaboration with a consultant group. The group is responsible for managing the website, distributing tests, and providing DHSP with the database of tests from Los Angeles County (LAC).
- The first data was expected sometime in September 2020. The program initially targeted a limited group of zip codes based on LAC data reflecting the highest proportions of residences for Men who have Sex with Men (MSM). Numbers were not as high as anticipated so the program has been expanded to all of LAC. That data will inform targeting in future.
- Meanwhile, DHSP continued to carry forward its work as well as possible while still meeting its COVID-19 assignments.
- Mr. Stalter asked whether Lisa Klein was still working on Clinical Quality Management (CQM) or was diverted to COVID-19. Ms. Garland replied that CQM efforts were led by Becca Cohen, MD, MPH. MCC webinars noted earlier were part of those efforts. Internal quarterly quality improvement reports were also continuing to review volumes of services provided and track client outcomes of some highly utilized services like MCC, Oral Health, and Ambulatory Outpatient Medical (AOM).
- DHSP's goal was to continue serving clients at the previous capacity. CQM work was not as robust as before the pandemic, but continues. In particular, DHSP was comparing current utilization with last year to better understand how people were accessing and utilizing services. A key concern was whether all populations served by DHSP have similar access and can maintain service continuity, e.g., through telehealth, or if some need services bolstered or in-person services prioritized.

➲ Ms. Garland will remind DHSP about SBP's prior recommendation to include SBP Members and consumers on DHSP's CQM committee to help inform the work, e.g., via virtual meeting.

V. DISCUSSION ITEMS

8. CHILD CARE SERVICES STANDARDS OF CARE (SOC) REVIEW

- This SOC was reviewed at the 8/17/2020 Women's Caucus Meeting; by the University of California, Los Angles (UCLA) Los Angeles Family AIDS Network (LAFAN) Consumer Advisory Board (CAB); and by the East Los Angeles Women's Center (ELAWC). Ms. Barrit reviewed the table of comments in the packet, as follows:
- *Consumer Caucus*
  1) Health Resources and Services Administration (HRSA) guidelines may allow childcare to facilitate telehealth appointments, but was unlikely to approve it to facilitate attendance at school as that is not directly related to care.
  2) Some recommended trainings were already included in SOC.
  3) A suggested virtual listening session on the SOC could be a good learning opportunity.
  4) First 5 LA and the Office for the Advancement of Early Care and Education will receive the SOC under public comment.
  5) Reimbursement matters pertain to DHSP.
  6) Suggested series of firewalls to protect HIV status, but this is an agency responsibility.
- *UCLA LAFAN CAB*
  7) Retroactive pay matters pertain to DHSP.
  8) Pay matters pertain to DHSP.
  9) A question was raised on whether services would have a funding cap. None was in the SOC and no need identified.
  10) Language can be clarified to ensure agencies are aware the SOC applies to non-agency clients and referrals.
  11) Services can be offered at clinic sites.
  12) Language can be further clarified.
  13) Childcare for disabled adults has been broached with the HRSA Project Officer, but a new Project Officer was expected in a few weeks so the topic will need to be raised again. Proposed language could be added in the meanwhile.
  14) Regarding paragraph 4, sentence 2, correct to "intermittent care ***or*** informal childcare... ." Concern about service promotion was also noted and can be addressed in collaboration with DHSP and contracted providers, e.g., HIV Connect. It also implies a question on access to the service for clients of providers not receiving DHSP funding.
  15) This question on the age range relates to Item 13 on adult childcare to be raised with the Project Officer.
  16) Negotiation of fees was a contractual issue pertaining to DHSP.
  17) This reflects a misperception of gift card use. They were included since some web-based platforms offer them and providers might purchase them for client use. There was also discussion of possible consideration for a family member.
  18) A question was raised on if services would have a cap of hours per month. None was in the SOC and no need identified.
  19) The SOC leaves to agencies to determine how far in advance plans need to be made.
  20) Language can clarify that agencies would determine policy on visiting facilities prior to signing up for the service.
  21) Language can be clarified that evening or weekend hours would depend on the agency providing those Part A services.

22) Language can be added on transportation or to reference the Transportation SOC. Ask CAB for more clarity.
23) Budget matters pertain to DHSP.
24) Childcare does need to be related to HIV medical care. There is a Respite Care SOC, but it would need to be updated.
25) This recommendation would make some trainings mandatory. SBP had preferred recommendations to foster access.
26) A Spanish-language question asked if there were limits on multiple children in a family. Language can be clarified to assure that all children needed to be served are served and providers are queried in advance to assure suitability.
27) Budget matters pertain to DHSP.
28) The service implementation timeline pertains to DHSP's Request For Proposals (RFP) process.
29) Language can clarify that agencies would determine policy on visiting facilities prior to signing up for the service.
30) Language can clarify that services are for support of Part A, e.g., a Part A service CAB.
31) This question on age range relates to Items 13 on adult childcare and 15 to be raised with the Project Officer.
31a) This is a Ryan White Part A service.

- *ELAWC*
  32) Clarify language on groups, e.g., Ryan White support groups and/or CABSs. Project Officer referred staff to guidance.
  33) Language can clarify that agencies would be responsible for walking clients through any apps covered.
  34) Addition to list of resources listed.
- Ms. Granados noted several questions highlight that, though SBP tries to make SOCs consumer friendly, they are basically for providers. Adding language to refer to agency policy may be helpful as might a separate document for consumers.
- ➲ Agreed to continue to distinguish mandatory training for licensed facilities versus recommended for other services that consumers might wish to access in order to maintain consumer choice.
- ➲ Agreed to focus on childcare while seeking approval for most inclusive SOC framework possible, including adult dependent care, from Project Officer.
- ➲ Regarding Respite Care SOC: Define as separate issue from Childcare for future consideration, e.g., review of old SOC, referral to Aging Task Force for input, and referral to PP&A for consideration of PSRA.
- ➲ Suggest CAB clarify their question 22 because it would not be feasible for children to take transportation alone.
- ➲ Regarding question 30: Seek to include any services for coverage that are part of someone's overall HIV care with input from Project Officer on guidelines and DHSP on contractual matters.
- ➲ Strive to have a Commissioner or staff at, e.g., CABs when requesting input on a SOC to present on the SOC process and answer questions about the particular SOC open for public comment. Group members can also be invited to SBP.
- ➲ Ms. Barrit will incorporate comments for release of Childcare Services SOC for public comment 9/11-23/2020. The timeline will then return the SOC to the SBP and then the Executive Committee in October 2020 in order to move it to the full Commission Meeting for final approval in November or December 2020.
- ➲ Mr. Donnelly suggested taking this to the Women's Caucus, UCLA LAFAN CAB, and ELAWC to show the difference they made. Ms. Barrit will also invite more context for comments and invite to next SBP meeting.

9. UNIVERSAL STANDARDS OF CARE REVIEW

- Mr. Stalter noted the Universal SOC provides basic requirements for all SOCs to reduce repetition in individual SOCs.
- This SOC was last approved by the Commission on 9/12/2019. Ms. Barrit presented a parking lot of items for review.
- ➲ Considerations for review: standards for in-person visit, e.g., length of waiting room time like guidelines used by JWCH Institute; telehealth standards including when it may not be appropriate; staff qualifications regarding more attention to case management services; LGBTQ training and navigation of services; and cultural competency training.
- ➲ Ms. Barrit will resend PowerPoint slides from the Improvement Learning Collaborative for MCC Team on MCC Promising Practices in Telehealth Integration on telehealth and stigma.
- ➲ Dr. San Agustin will forward the JWCH Institute guidelines to Ms. Barrit for distribution.
- ➲ Forward suggestions for revisions to Ms. Barrit for incorporation.

<u>VI. NEXT STEPS</u>

10. TASK/ASSIGNMENTS RECAP:

- ➲ Ms. Barrit will coordinate with Ms. Echols-Watson to ensure all funded service categories have been reviewed and revised

11. AGENDA DEVELOPMENT FOR NEXT MEETING: There was no additional discussion.

VII. ANNOUNCEMENTS

12. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**: There were no announcements.

VIII. ADJOURNMENT

13. **ADJOURNMENT**: The meeting adjourned at 11:48 am.

Standards & Best Practices Committee
Standards of Care

- ❖ **Service standards are written for service providers to follow**
- ❖ **Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer**
- ❖ **Service standards are essential in defining and ensuring consistent quality care is offered to all clients**
- ❖ **Service standards serve as a benchmark by which services are monitored and contracts are developed**
- ❖ **Service standards define the main components/activities of a service category**
- ❖ **Service standards do not include guidance on clinical or agency operations**

Retrieved from https://targethiv.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies.
December 2015.

Comprehensive HIV Continuum Framework

The HIV Continuum is a framework for people to stay healthy, have improved quality of life, and live longer. The Commission on HIV adapted the Continuum to demonstrate HIV, sexual health, and overall health are influenced by individual, social, and structural determinants of health. Individuals can enter and exit at any point in the Continuum. The Continuum guides the Commission on community planning and standards of care development.

SOCIAL DETERMINANTS OF HEALTH

can affect individuals at **any point** in the continuum

CARE & TREATMENT

+

- Diagnose with HIV
- Prescribe HIV Treatment & Prevention
- Link to Care & Supportive Services
- Engage & Retain in Care
- Achieve & Sustain Viral Suppression

People with sustained viral load suppression do not transmit HIV*

Health & Health Care | Social & Community Context | Education | Economic Stability | Neighborhood & Built Environment

SUSTAINED HEALTH & WELLNESS

-

- Link to Primary Care
- Address Risk Factors & Barriers (routine testing, condom use)
- Retain in Care & Supportive Services
- Continue Risk Reduction, PrEP, PEP, Counseling
- Remain HIV Negative

People taking PrEP do not acquire HIV*

PREVENTION

Revised 9/10/19
Commission approved 9/12/19

*For more information visit https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html

CHILDCARE

STANDARDS OF CARE

DRAFT—UPDATED 9/25/20

POST PUBLIC COMMENT PERIOD

PUBLIC COMMENT PERIOD:

SEPTEMBER 11-23, 2020

Email comments to HIVComm@lachiv.org

DRAFT – UPDATED 9/25/20 POST PUBLIC COMMENT PERIOD

CHILDCARE SERVICES
STANDARDS OF CARE

IMPORTANT: The proposed service standards for childcare adheres to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

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

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

Service Standards: Ryan White HIV/AIDS Programs

INTRODUCTION

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

The Los Angeles County Commission on HIV developed the Childcare Services Standards of Care to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) are able to receive quality childcare services when attending core medical and/or support services appointments and meetings. The development of the Standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women's Caucus, and the public-at-large.

CHILDCARE SERVICES OVERVIEW: ALLOWABLE USE OF FUNDS

HRSA allows the use of Ryan White Part A funding for childcare services for the children of clients living with HIV, provided intermittently, **only while** the client attends in person, telehealth, or other appointments and/or Ryan White HIV/AIDS Program- related meetings, groups, or training sessions. Part A funded childcare services cannot be used while the patient is at school or work. Only Ryan White Part A community advisory board meetings and Part A funded support groups are covered in these standards. The goal of childcare services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and

related support services. Childcare services are to be made available for all clients using Ryan White Part A medical and support services.

Commented [BC1]: Added to clarify that childcare should not be limited to medical appointments only.

May include use of funds to support:

- A licensed childcare provider to deliver intermittent care

License-exempt or informal childcare provided by a neighbor, family member, or other person (~~with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services~~ Federal restrictions prohibit direct cash payments to clients and informal child care providers.

Commented [BC2]: Revised per PO/DHSP recommendation.

License-exempt or informal childcare should be limited and carefully monitored to assure:

- Compliance with the prohibition on direct payments to eligible individuals. Direct cash payments to clients are not permitted.
- Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program

Childcare services may include recreational and social activities for the child/children, if provided in a licensed childcare setting including drop-in centers in primary care or satellite facilities. However, funds may not be used for off-premise social/recreational activities or gym membership.

SERVICE REQUIREMENTS

Depending on contractual requirements from the Division of HIV and STD Programs, provider capacity, and individual client needs, childcare providers may be licensed or license-exempt.

Licensed – means childcare providers who are licensed by the State of California and are required to maintain minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios.

License-Exempt – means 1) individuals who care for the children of a relative, or who care for the children of one other family in addition to their own children; 2) agencies that offer limited onsite childcare or child watch to their clients. These programs usually require that the parent or guardian remain on the premises and that they remove their children within a specified amount of time; and 3) online childcare booking service. Online or mobile app based childcare services that offer gift certificates may be considered as an option for agencies and clients. Agencies that opt to provide childcare through online or mobile app based childcare services are responsible for reading, understanding, explaining to the clients, and accepting the terms of service specified in the company website.

Child watch is a non-licensed service provided onsite at a service provider's site for the duration of the client's appointment only. Parents are responsible for their children during child watch hours.

All service providers receiving funds to provide childcare services are required to adhere to the following standards. To minimize barriers to accessing childcare, some of the training requirements and recommendations vary by childcare setting.

Table 1. CHILDCARE SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Eligibility and Need	Eligibility for Ryan White and need for childcare service are identified at intake and assessments by agencies providing licensed and/or license-exempt childcare.	Documentation of eligibility and in the client's primary record must reflect the appointment and/or meeting/group/training session attended.
Licensed Child Care Centers and Family Child Care Homes	Licensed childcare facilities must carry a valid active license as a childcare provider in the State of California. Services must be delivered according to California State and local childcare licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website.[1]	a. Appropriate liability release forms are obtained that protect the client, provider and the Ryan White program b. Documentation that no cash payments are being made to clients or primary care givers c. Providers must develop policies, procedures and signed agreements with clients for childcare services.
License-exempt Childcare	Compliance with the prohibition on direct payments to eligible individuals. Direct cash payments to clients are not permitted. Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed	Where license-exempt childcare arrangements are obtained, contracted agency(ies) must ensure: a. Documentation of compliance with DHSP-required mechanism for handling payments for licensed-exempt

[1] https://cdss.ca.gov/inforesources/child-care-licensing

	to protect the client, provider, and the Ryan White Program.	childcare arrangements b. Appropriate liability release forms are obtained that protect the client, provider and the Ryan White program c. Documentation that no cash payments are being made to clients or primary care givers d. Documentation that payment is for actual costs of service. e. Providers must develop policies, procedures and signed agreements with clients for child watch services.
Training: **All are required** for licensed childcare facilities *** denotes highly recommended** for license-exempt childcare	Agencies providing childcare are responsible for ensuring childcare providers are trained appropriately for their responsibilities. Childcare staff must complete the following training: • First aid/CPR* • Fire and electrical safety* • Child development* • Waste disposal procedures • Child abuse* • Domestic violence* • HIPAA and confidentiality* • HIV 101* • Infection Control* • American Disabilities Act (ADA) • Cultural Diversity Training* • HIV stigma reduction* • LGBT 101 training* • Ryan White training*	Record of trainings on file at provider agency.

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	• Seeing signs of sexual abuse*	
Language	Whenever possible, childcare should be delivered in the language most familiar to the child or language preferred by the patient. If this is not possible, interpretation services must be available in cases of emergency.	Appropriate language noted in client or program file.
Confidentiality	Agencies coordinating and providing childcare services must ensure client confidentiality will be maintained at all times. HIV status shall never be disclosed to anyone.	Record of HIPAA and confidentiality before the start of service provision.
Service Promotion	Agencies coordinating childcare services with licensed and license-exempt providers are expected to promote the availability of childcare to potential clients, external partners, and other DHSP funded Ryan White service providers. Agencies should attempt to disseminate information about the availability of childcare throughout all components of the continuum of HIV care, including meetings with internal agency staff and relaying information to external HIV medical and social services partners. Agencies should inform clients of the details of the childcare services, including: • How far in advance the service must be scheduled • Whether the childcare is in-home or at the service site	Program flyers and emails documenting that childcare services was promoted to clients and HIV service providers. Offer of childcare services and/or promotional attempt are noted in client case file. Description of information shared with potential clients and partners and method of communication on file.

Commented [BC3]: Public comment received

Commented [BC4]: Public comment received.

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Referrals	Programs coordinating childcare services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional childcare options and resources.[2] Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services. Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met. Follow up with client in 30 days to track referrals related to care coordination.	Documentation of referral efforts will be maintained on file by coordinating agency. Description of staff efforts of coordinating across systems in client file (e.g. referrals to housing case management services, etc.). Documentation of follow up in client file.
Transportation	Clients who demonstrate a need for transportation to and from the childcare site, must be provided transportation support. Agencies must follow transportation programmatic guidance and requirements from DHSP. Childcare must be provided in a manner that is more accessible and convenient for the client.	

[2] Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: https://childcare.lacounty.gov/resources-for-families-and-communities/

Appendix A: Examples of Childcare Resources
Inclusion of commercial business is for illustration purposes only and should not be interpreted as a form of endorsement.

Commented [BC5]: Added by CBarrit 9/25/20.

Childcareaware.org – works with more than 400 state and local childcare resource and referral agencies nationwide.

Child Care Alliance Los Angeles offers voucher-based services for low income families. https://www.ccala.net/

Connections For Children https://www.connectionsforchildren.org/

Crystal Stairs https://www.crystalstairs.org/

Commented [BC6]: Public comment received.

Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: https://childcare.lacounty.gov/resources-for-families-and-communities/

https://www.maof.org/resources-for-parents/

Trustline.org - TrustLine is a database of nannies and baby-sitters that have cleared criminal background checks in California. It's the only authorized screening program of in-home caregivers in the state with access to fingerprint records at the California Department of Justice and the FBI.

YMCA of Greater Williamson County Members Responsibilities and Guidelines for Child Watch Page 11

Online or mobile app based childcare booking sites that offer gift certificates or corporate accounts:
Urbansitters.com
Nanno.com
Bambino.com
Care.com

Commented [BC7]: Public comment received.

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RYAN WHITE PROGRAM
UNIVERSAL STANDARDS OF CARE

2020 Revisions Draft
(9/24/20)

Commission Approved
September 12, 2019

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INTRODUCTION

Standards of Care outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. Standards of Care are available for each service category to set the minimum level of care Ryan White funded agencies should offer to clients.[1] The Standards are intended to help Ryan White Part A funded agencies meet the needs of their clients. Providers are encouraged to exceed these standards.

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

UNIVERSAL STANDARDS OVERVIEW

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible and non-discriminatory to all people living with HIV in Los Angeles County with a focus on highly impacted populations
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how people who are completely, durably suppressed will not sexually transmit HIV.
- Protect client rights and ensure quality of care
- Provide client-centered, age appropriate, culturally and linguistically competent care
- Provide high quality services through experienced and trained staff
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of addressing grievances
- Inform clients of services, establish eligibility, and collect information through an intake process
- Effectively assess client needs and encourage informed and active participation
- Address client needs through coordination of care and referrals to needed services
- Ensure that the quality of service and materials given to patients during telehealth encounter is on par with in-person visits.

1. GENERAL AGENCY POLICIES

All agencies offering Ryan White services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility. Agency policies and procedures facilitates service delivery as well as ensures safety and well-being of clients and staff.

[1] Appendix A: List of Ryan White Part A Service Categories

1.0 GENERAL AGENCY POLICIES	
Standard	**Documentation**
1.1 Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services.	1.1 Written client confidentiality policy on file with specific safeguards for confidentiality if using telehealth service modality.
1.2 Client determines what information of theirs can be released and with whom it can be shared. Services using telehealth modality are subject to consent by the patient.[1]	*1.2* Completed *Release of Information Form* on file including: • Name of agency/individual with whom information will be shared • Information to be shared • Duration of the release consent • Client signature For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant. The form must also be compliant with the CA Medi-Cal telehealth policy.[2]

[1] https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx
[2] https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf

1.3 Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services.	1.3 Written grievance procedure on file that includes, at minimum: • Client process to file a grievance • Information on the Los Angeles County Department of Public Health, Division of HIV & STD Programs (DHSP) Grievance Line 1-800-260-8787. [2] Additional ways to file grievances can be found at http://publichealth.lacounty.gov/dhsp/QuestionServices.htm DHSP Grievance Line is posted in a visible location on site or provided to the patient at the beginning of a telehealth encounter.

[2] http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

Standard	Documentation
1.4 Agency provides eligibility requirements for services available upon request. Eligibility requirements must follow guidance from Division of HIV & STD Programs (DHSP) and HRSA under Policy Clarification Notice #16-02.[3]	1.4 Written eligibility requirements on file.
1.5 All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use. Protection of client files and information must cover use of electronic medical records, phones, text messages, email, and telehealth modalities.	1.5 Client files must be locked and/or password protected with access provided only to appropriate personnel. Agencies must establish written procedures and IT policies for message encryption and restrictions on staff access to protect client information.
1.6 Agency maintains progress notes of all communication between provider and client.	1.6 Legible progress notes maintained in individual client files that include, at minimum: • Date of communication or service • Service(s) provided • Recommended referrals linking clients to needed services (See Section 7: Referrals and Case Closure)
1.7 Agency develops or utilizes an existing crisis management policy.	1.7 Written crisis management policy on file that includes, at minimum: • Mental health crises • Dangerous behavior by clients or staff
1.8 Agency develops a policy on utilization of Universal Precaution Procedures.[4] a. Staff members are trained in universal precautions.	1.8 Written policy or procedure on file. a. Documentation of staff training in personnel file.
1.9 Agency ensures compliance with Americans with Disabilities Act (ADA) criteria for programmatic accessibility (e.g. building and design accessibility, parking, etc.). For agencies with multiple sites, all sites must be in compliance.	1.9 ADA criteria on file at all sites.

[3] https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

[4] https://www.cdc.gov/niosh/topics/bbp/universal.html

Standard	Documentation
1.10 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	1.10 Signed confirmation of compliance with applicable regulations on file.

2. CLIENT RIGHTS AND RESPONSIBILITIES

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

2.0 CLIENT RIGHTS AND RESPONSIBILITIES	
Standard	**Documentation**
2.1 Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category.	2.1 Written eligibility requirements on file. Client utilization data made available to funder.
2.2 Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client-centered.	2.2 Written documentation of how input was received to inform service planning and evaluation in regular reports. Lists may include: • Consumer Advisory Board meetings • Participation of people living with HIV in HIV program committees or other planning bodies • Needs assessments • Satisfaction surveys • Focus groups

Standard	Documentation
2.3 Agency provides each client a copy of the *Patient & Client Bill of Rights*[5] document that informs them of the following: • Confidentiality policy • Expectations and responsibilities of the client when seeking services • Client right to file a grievance • Client right to receive no-cost interpreter services • Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days) • Reasons for which a client may be discharged from services and the process that occurs during involuntary discharge The Patient and Client Bill of Rights applies to telehealth. It is the provider's responsibility to ensure that the patient understands their rights in all service settings, including telehealth.	2.3 *Patient & Client Bill of Rights* document is signed by client and kept on file.

Commented [BC1]: Added to include telehealth while still staying within the key areas that must be covered under universal standards of care.

3. STAFF REQUIREMENTS AND QUALIFICATIONS

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

3.0 STAFF REQUIREMENTS AND QUALIFICATIONS	
Standard	Documentation

3.1 Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served.	3.1 Staff resumes on file.

[5] Appendix B: Patient & Client Bill of Rights

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

Commented [BC2]: Added from list of recommendations from SBP.

Commented [BC3]: Added from list of recommendations from SBP.

4. CULTURAL AND LINGUISTIC COMPETENCE

Ryan White funded agencies must provide services that are culturally and linguistically competent based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. As noted in the CLAS Standards, ensuring culturally and linguistically appropriate services advances health equity, improves quality, and helps eliminate health care disparities by establishing a blueprint for health and health care organizations. For the purpose of these standards, culture is defined as the integrated pattern

of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.[6] The standards below are adapted directly from the National CLAS Standards.

[6] National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Office of Minority Health, US Department of Health and Human Services. April 2013. https://www.thinkculturalhealth.hhs.gov/clas/standards

Agencies should also strive towards acknowledging implicit bias, how it plays a role in service delivery, and how it can be addressed and countered. Agencies must provide services that align with strategies to reduce implicit bias by the Institute for Healthcare Improvement.[7] For the purpose of the standards, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.[8]

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

Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services.[9] Interpretation refers to verbal communication where speech is translated from a speaker to a receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

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

[7] http://www.ihi.org/communities/blogs/how-to-reduce-implicit-bias
[8] http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

[9] Title VI of the Civil Rights Act of 1964 and California's 1973 Dymally-Alatorre Bilingual Services Act

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

5. INTAKE AND ELIGIBILITY

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

<table>
<tr><th colspan="2">5.0 INTAKE AND ELIGIBILITY</th></tr>
<tr><th>Standard</th><th>Documentation</th></tr>
<tr><td>5.1 Intake process begins within 5 days of initial contact and is completed within 30 days of initial contact with client.</td><td>5.1 Completed intake on file that includes, at minimum:
Client's legal name, name if different than legal name, and pronouns
Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address.
Preferred method of communication (e.g., phone, email, or mail)
Emergency contact information
Preferred language of communication
Enrollment in other HIV/AIDS services;
Primary reason and need for seeking services at agency
If client chooses not to complete the intake within 30 days of initial contact, document attempts to contact client and mode of communication in client file.</td></tr>
<tr><td>5.2 Agency determines client eligibility</td><td>5.2 Documentation includes:
Los Angeles County resident
Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV & STD Programs
Verification of HIV positive status</td></tr>
</table>

6. REFERRALS AND CASE CLOSURE

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

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

Standard	Documentation
6.4 Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition for clients who no longer want or need services.	6.4 Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for discharge; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.
6.5 Agency develops or utilizes existing due process policy for involuntary discharge of clients from services; policy includes a series of verbal and written warnings before final notice and discharge.	6.5 Due process policy on file as part of transition, discharge, and case closure policy described in the *Patient & Client Bill of Rights* document. (Refer to Section 2).

7.0 PROVIDER QUALITY MANAGEMENT PLANS

Commented [BC4]: Added new section to address suggestion to address patience care experience.

The Patient Bill of Rights note that patients have the right to "receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias." Direct patient feedback and documented implementation of their suggestions for improvement are critical for increasing patient satisfaction.

7.0 PROVIDER QUALITY MANAGEMENT PLAN	
STANDARD	DOCUMENTATION
7.1 All providers must have written Quality Management Plans and quality improvement activities, aimed at optimal patient experience and care. Continuous quality improvement activities must address at least the following areas of patient care: • Health outcomes beyond just viral suppression and encompass overall health and wellbeing. • Timeliness and responsiveness of patient care. Providers should strive to reduce door to provider time and assess patient satisfaction of services and interactions with clinical and support staff.	7.1.a. Agency Quality Improvement Plan is reviewed and approved by DHSP. 7.1.b. Agency patient satisfaction survey results and implementation of feedback.

ACKNOWLEDGEMENTS

The Los Angeles County Commission on HIV would like to thank the following people for their contributions to the development of the Universal Standards of Care.

Standards & Best Practices Committee Members

Kevin Stalter *Co-Chair*
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8. APPENDICES APPENDIX A

RYAN WHITE PART A SERVICE CATEGORIES

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

Core medical services include the following categories:

a. AIDS Drug Assistance Program
b. AIDS pharmaceutical assistance
c. Early intervention services
d. Health insurance premium and cost sharing assistance for low-income individuals
e. Home and community-based health services
f. Home health care
g. Hospice services
h. Medical case management, including treatment-adherence services
i. Medical nutrition therapy
j. Mental health services
k. Oral health
l. Outpatient and ambulatory medical care
m. Substance abuse outpatient care

Support services include the following categories:

n. Case Management (Non-Medical)
o. Childcare Services
p. Emergency Financial Assistance
q. Food Bank/Home Delivered Meals
r. Health Education/Risk Reduction
s. Housing Services
t. Legal Services
u. Linguistic Services
v. Medical Transportation
w. Outreach Services
x. Psychosocial Support Services
y. Referral
z. Rehabilitation
aa. Respite Care
bb. Substance Abuse Residential
cc. Treatment Adherence Counseling

APPENDIX B

PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES

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

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and State laws.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

C. Make Treatment Decisions

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.

2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to a complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

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

E. Billing Information and Assistance

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

F. Patient/Client Responsibilities

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

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. Refrain from the use of profanity or abusive or hostile language; threats, violence or intimidations; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already known to you if you see them elsewhere.

For More Help or Information

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

For patient complaints/grievances call (800) 260-8787
8:00 am – 5:00 pm
Monday – Friday