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STANDARDS AND BEST PRACTICES COMMITTEE

Virtual Meeting

Tuesday, July 5, 2022

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

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

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

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

https://tinyurl.com/ybvstsy6

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001

Event #/Meeting Info/Access Code: 2597 272 4688

*Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already received.

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
LOS ANGELES COUNTY COMMISSION ON HIV (COH)

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, JULY 5, 2022, 10:00 AM – 12:00 PM

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

https://tinyurl.com/ybvstsy6

or Dial

1-415-655-0001
Event Number/Access code: 2597 272 4688

(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*	Michael Cao, MD	Mikhaela Cielo, MD
Wendy Garland, MPH	Thomas Green	Mark Mintline, DDS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA
Mallery Robinson	Harold Glenn San Agustin, MD	Reba Stevens	Ernest Walker, MPH (LOA)
QUORUM: 6			

AGENDA POSTED: June 27, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, visit https://hiv.lacounty.gov/meetings

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 a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are at 510 S. Vermont Ave. 14th Floor, one block North of

Wilshire Blvd on the eastside of Vermont just past 6th Street. Free parking is available.

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

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of 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 – 10:30 AM

a. Operational
b. Comprehensive HIV Plan 2022-2026
c. New Haven/Fairfield Planning Council Service Standards Template
d. Special Populations Best Practices Project

6. Co-Chair Report 10:30 AM – 10:40 AM

a. 2022 SBP Committee Workplan

7. Division of HIV & STD Programs (DHSP) Report 10:40 AM – 10:50 AM

V. DISCUSSION ITEMS

8. Service Standards Development 10:50 AM – 11:45 AM

a. Approve the Benefits Specialty Services (BSS) service standards as presented or revised and forward to the Executive Committee. **MOTION #3**

b. Approve the Home-based Case Management service standards as presented or revised and forward to the Executive Committee. **MOTION #4**

c. Oral Healthcare Service Standards Addendum Draft Updates

VI. NEXT STEPS 11:45 AM – 11:55 AM

9. Tasks/Assignments Recap

10. Agenda development for the next meeting

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

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

VIII. ADJOURNMENT 12:00 PM

12. Adjournment for the virtual meeting of July 5, 2022.

PROPOSED MOTIONS	
MOTION #1	**Approve the Agenda Order, as presented or revised.**
MOTION #2	**Approve the Standards and Best Practices Committee minutes, as presented or revised.**
MOTION #3	**Approve the Benefits Specialty Services service standards as presented or revised and forward to the Executive Committee.**
MOTION #4	**Approve the Home-based Case Management service standards as presented or revised and forward to the Executive Committee.**

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Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

June 7, 2022

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	EA	Thomas Green	A	Harold Glenn San Agustin, MD	P
Kevin Stalter, *Co-Chair*	P	Mark Mintline, DDS	A	Reba Stevens *(Alternate)*	P
Mikhaela Cielo, MD	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	EA	Ernest Walker, MPH	LoA
Wendy Garland, MPH	P	Mallery Robinson	A		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay					
DHSP STAFF					
Sona Oksuzyan					

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**Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.*
**Meeting minutes may be corrected up to one year from the date of Commission approval.*
***LOA: Leave of absence*

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

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:05 am. Kevin Stalter led introductions.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA
MOTION #1: Approve the agenda order, as presented ***(Postponed, no quorum)***.

2. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the 4/5/2022 and 5/3/2022 Standards and Best Practices (SBP) Committee meeting minutes, as presented ***(Postponed, no quorum).***

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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**:

Harold Glenn San Agustin requested a staff update on the best practices for people living with HIV and Aging. Commission staff noted an update on the special populations best practices project is part of the agenda.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

- Cheryl Barrit, Executive Director, reported that the County Board of Supervisors (BOS) approved another motion to continue virtual meetings for the Board and all commissions under its authority for another 30 days. Committee meetings will remain virtual until COH leadership receive further direction from the BOS.
- C. Barrit also reported that the COH is currently interviewing candidates to fill vacancies.

b. Comprehensive HIV Plan (CHP) 2022-2026

- C. Barrit reported that AJ King, consultant, has released the HIV workforce capacity survey for providers to assess HIV workforce capacity issues. AJ King will also meet with Planning, Priorities & Allocations (PP&A) committee to develop a plan for hosting in-person/virtual community listening sessions during the summer months to gather community feedback for the CHP.

c. Special Populations Best Practices Project

- J. Rangel-Garibay reported that the Aging Caucus, Transgender Caucus, and the Consumer Caucus have provided their feedback on the document. He will incorporate elements form the existing recommendations from the Women's Caucus and the Black Caucus and draft a compilation document by the July SBP Committee meeting.

6. CO-CHAIR REPORT

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

- J. Rangel-Garibay noted an update to the project completion timeline for the draft addendum regarding dental implants for the oral healthcare service standards. The new completion timeframe is July 2022.

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

- Wendy Garland reported that DHSP is in the process of developing the service utilization report which they will share and present to the PP&A committee. The SBP committee will also receive a copy of the summary report.

V. DISCUSSION ITEMS

8. SERVICE STANDARDS DEVELOPMENT

a. Benefits Specialty Services (BSS) services standards

MOTION #3: Approve the BSS service standards as presented or revised and forward to the Executive Committee ***(Postponed, no quorum).***

b. Oral Healthcare Service Standards Addendum Draft

COH staff led a discussion on the summary document for the oral healthcare service standards expert panel review. Community member attendees provided their feedback to the committee and shared recommendations to include in the proposed draft addendum regarding dental implants. There were some of the highlights from the discussion:

-Revise the proposed standard under the "Evaluation" service component to say: Obtain a thorough medical, dental, and psychosocial evaluation […]"

-Recommend that providers complete training modules available on the Pacific AIDS Education and Training

Center website
-Recommend developing a standard referral form for dental providers to utilize when referring patients for specialty dental services. Additionally, agencies will be trained on completing the form
-Recommend to avoid utilizing prescriptive language in the addendum to allow providers more flexibility and have options to adhering to the service standards
-State that subrecipients funded by DHSP must adhere to all service category definitions and service standards for which they are funded

c. **Home-Based Case Management (HBCM) Review**
COH staff led a discussion on the public comments received for the HBCM service standards. There were two comments submitted. The first comment noted that changing the minimum qualifications for the Social Work Case Manager to "Master's preferred; Bachelor's with 2-3 years case management experience" should be recognized as a change that will eventually result in this position being filled mostly by Bachelor-level case managers; formal education should not be dismissed as superfluous. The second comment noted a consideration for potential ramifications of changes in scope for RN Case Managers (i.e., providing any interventions beyond taking vitals and current case management role) including changes to contractual agreements and added expenses to provider organizations to cover increased malpractice insurance cost.

Mikhaela Cielo noted that expanding community-based testing should be considered for HBCM and shared the concern of malpractice insurance cost is one of the biggest hindrance to expanding scope services. She added that the medical model is shifting towards meeting people where they are at and will follow-up with COH staff with sample models to consider.

C. Barrit suggest reviewing guidelines from the Nurses Association and lean on DHSP to see what type of malpractice insurance coverage is paid for. She noted that people utilizing HBCM services are typically non-ambulatory or not able to access medical services in-person so it would make sense to make RN case manager home visits as comprehensive as possible to mirror the service that would happen in a clinic.

The SBP committee will continue review at their July meeting and vote to approve the HBCM standards as presented or revised and move them to the Executive Committee.

VI. NEXT STEPS

9. **TASK/ASSIGNMENTS RECAP**:
   - COH staff will send the draft special populations best practices document to committee members for review
   - COH staff will prepare a draft addendum for the Oral health care standards regarding dental implants.

10. **AGENDA DEVELOPMENT FOR NEXT MEETING**:
    - Report back updates on the Special Population Best Practices project
    - Review the draft addendum for the Oral health care standards regarding dental implants
    - Vote to approve the BSS and HBCM service standards as presented or revised and forward to the Executive Committee

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

12. **ADJOURNMENT**: The meeting adjourned at 11:28am.

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Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

May 3, 2022

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	P	Thomas Green	P	Harold Glenn San Agustin, MD	EA
Kevin Stalter, *Co-Chair*	P	Mark Mintline, DDS	EA	Reba Stevens *(Alternate)*	P
Mikhaela Cielo, MD	EA	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	A	Ernest Walker, MPH	A
Wendy Garland, MPH	P	Mallery Robinson	A		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay					
DHSP STAFF					
Sona Oksuzyan					

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

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

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:05 am. Kevin Stalter led introductions.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA
MOTION #1: Approve the agenda order, as presented ***(Postponed, no quorum)***.

2. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the 4/5/2022 Standards and Best Practices (SBP) Committee meeting minutes, as presented ***(Postponed, no quorum).***

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**
   a. **Operational Updates**
      - Cheryl Barrit, Executive Director, reported that the County Board of Supervisors (BOS) approved another motion to continue virtual meetings for the Board and all commissions under its authority for another 30 days. She reminded the committee to review the meetings packet for the April 2022 Commission meeting for updates on the Vermont Corridor.

   b. **Comprehensive HIV Plan (CHP) 2022-2026**
      - C. Barrit reported that AJ King, consultant, is busy writing the first section of the CHP and continues to meet with various stakeholders. He most recently met with a small group of COH and DHSP stakeholders to finalize the HIV workforce capacity survey. She added that the one survey will focus on front line staff and the other survey will elicit feedback from consumers and users of HIV prevention and care services. She is working with AJ to review calendars to conduct more community listening sessions.

   c. **Oral Healthcare Subject Matter Expert Panel**
      - Jose Rangel-Garibay reported that COH staff have completed a comprehensive summary of the feedback received during the Subject Matter Expert Panel held in February 2022. He will work with the discussion facilitator to develop a draft addendum and present the document at the June 6th SBP committee meeting.

   d. **Special Populations Best Practices Project**
      - J. Rangel-Garibay met with the Transgender Caucus on 4//26/22 and presented his findings and solicited feedback from the caucus. He also reported he will share his findings with the Consumer Caucus at their 5/12/22 meeting.

6. **CO-CHAIR REPORT**
   a. **2021 Workplan Review & Opportunities to Support Task Forces and Caucuses**
      - Erika Davies noted that the committee did not have quorum and would postpone voting on Motion #3 to approve the Benefits Specialty Service standards.

7. **DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT**
   - Wendy Garland introduced Sona Oksuzyan who presented a summary document for the Transitional Care Management (TMCP) in Los Angeles County Jails which included service utilization for Ryan White years 29-30. The intent of the document is to describe how DHSP operationalized the TMCP service standard in the past and provide data for determining any edits to the service. A copy of the document is included in the meeting packet.

V. DISCUSSION ITEMS

8. **SERVICE STANDARDS DEVELOPMENT**
   a. **Benefits Specialty Services (BSS) services standards**
      MOTION #3: Approve the BSS service standards as presented or revised and forward to the Executive Committee ***(Postponed, no quorum).***
   b. **Home-based Case Management (HBCM) Review**

The Committee announced a 30-day public comment period starting on May 6th and ending on June 6th for the HBCM service standards. COH will include guiding questions for reviewers to consider when providing comments. The document is included in the meeting packet and is available on the COH website.

c. **Transitional Case Management- Incarcerated/Post-Release (TCR-IPR) Review**
E. Davies led the committee in an overview of the TCM-IPR service standards. Highlights from the discussion include determining if the comprehensive assessment is unique to Youth TCM; identify appropriate terminology to replace “inmate” phrasing; and a recommendation for COH staff to research TCM standards at other jurisdictions.

VI. NEXT STEPS

9. **TASK/ASSIGNMENTS RECAP**:
   - The Committee will vote on Motion #3: Approve the BSS service standards as presented or revised and forward to Executive Committee.
   - COH staff will draft an addendum for the Oral health care standards regarding dental implants.
   - COH staff will send a notice regarding the 30-day public comments period for HBCM service standards via GovDelivery
   - COH staff will research and reach out to agencies that have TCM contracts to form mini review panel

10. **AGENDA DEVELOPMENT FOR NEXT MEETING**:
    - Report back updates on the Special Population Best Practices project
    - Review the draft addendum for the Oral health care standards regarding dental implants
    - Review comments received for HBCM service standards
    - Continue review of the TCMI-PR service standards

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

12. **ADJOURNMENT**: The meeting adjourned at 11:44am.

DRAFT

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

April 5, 2022

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

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***LOA: Leave of absence*

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https://hiv.lacounty.gov/standards-and-best-practices-committee/

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:03 am. Kevin Stalter led introductions and prompted attendees to share about where they grew up.

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 2/01/2021 Standards and Best Practices (SBP) Committee meeting minutes, as presented ***(Passed by Consensus).*** Approve the 3/01/22 SBP Committee meeting minutes, as presented ***(Passed by Consensus).***

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**
   a. **Operational Updates**
      - Cheryl Barrit, Executive Director, announced the retirement of Carolyn-Echols Watson, Commission staff; she noted that COH staffing capacity is limited and she is working with the County Human Resources department to hire more staff. She added that staff are now working a hybrid schedule to offer in-office support.

   b. **AB 361 and Virtual and In-Person Meeting**
      - C. Barrit reported the County Board of Supervisors (BOS) approved another motion to continue virtual meetings for the Board and all commission under its authority for another 30 days. C. Barrit will provide an overview of the logistics of in-person/virtual hybrid meetings at the April 28th Executive Committee meeting.

   c. **Comprehensive HIV Plan (CHP) 2022-2026**
      - C. Barrit reported that AJ King, consultant, is in the process of writing the data section of the CHP; he will continue to attend stakeholder meetings and will provide an update at the May Commission on HIV (COH) full body meeting. AJ is also working on developing a Workforce capacity survey to assess retention, recruitment, and overall training needs for the local HIV workforce.

   d. **Oral Healthcare Subject Matter Expert Panel**
      - Jose Rangel-Garibay reported that COH staff are in the process developing a comprehensive summary of the feedback received during the Subject Matter Expert Panel held in February 2022 and will meet with the discussion facilitator to begin drafting the addendum.

   e. **Special Populations Best Practices Project**
      - J. Rangel-Garibay reported he will present a list of best practices identified at the next Transgender Caucus meeting and the next Consumer Caucus meeting are request feedback.

   f. **Mini Training Series: Training Topics of Interest**
      - J. Rangel-Garibay requested ideas for future mini trainings. Mallery Robinson suggested an empathy training; COH staff will follow-up to coordinate the training.

6. **CO-CHAIR REPORT**
   a. **2021 Workplan Review & Opportunities to Support Task Forces and Caucuses**
      - Erika Davies reported that the SBP Committee will continue its review of the Home-Based Case Management (HBCM) service standards today and announce a public comment period for the HBCM service standards. Additionally, the Committee will continue review of the Transitional Case Management-Incarcerated/Post-Release (TCM-IPR) service standards at their May meeting and will lift the temporary hold on the Benefits Specialty Services (BSS) service standards and move to approve the BSS service standards at their May meeting.

7. **DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT**
   - Paulina Zamudio reported there were no updates from DHSP and noted she is available to answer any questions for the service standards currently under review.

V. DISCUSSION ITEMS

8. SERVICE STANDARDS DEVELOPMENT

a. Home-based Case Management (HBCM) Review

E. Davies provided an overview of the HBCM service standard and led a discussion on the HBCM service standards found in the meeting packet. The SBP Committee made the following recommendations:

- Amend the social worker staffing requirements from requiring a Master of Social Work (MSW) to "MSW preferred, Bachelor of Arts (BA) in a related field with 1-2 years of experience."
- Update the timeframe for re-assessments from "60 days" to "90 days or more frequently as needed" and the waiver timeframe to 180 days.
- Consider expanding the clinical scope of RN Case Managers to include home-based testing for communicable infections such as Sexually Transmitted Diseases (STDs), Hepatitis C, COVID-19, blood pressure and blood glucose urinalysis to list a few. P. Zamudio reminded the SBP Committee that HBCM services are not tied to an Ambulatory Outpatient Medical (AOM) provider the same way as Medical Care Coordination (MCC) services indicating that RN Case Managers may have difficulty with care coordination when the client has a different medical home than the HBCM provider. P. Zamudio noted that DHSP staff will review changes in service utilization compared to when HBCM services were first established.
- Consider adding information on viral suppression to the client service plan discussion as well as including a housing stability assessment and providing referrals for housing assistance.
- Consider adding a "training and referrals" section to the end of the document to support HBCM staff
- The SBP Committee also suggested various grammar and spelling corrections.

b. Transitional Case Management- Incarcerated/Post-Release Review

The Committee will resume the review for the TCM-IPR service standards at the May 2 meeting.

VI. NEXT STEPS

9. TASK/ASSIGNMENTS RECAP:

- ➲ COH staff will edits HBCM service standards to reflect items discussed during today's meeting
- ➲ COH staff will send the HBCM and BSS service standards to committee members for review
- ➲ W. Garland will provide an TCM-IPR service utilization report
- ➲ COH staff will draft addendum for Oral Health targeted review project

10. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Report back updates regarding AB361 and in-person/virtual hybrid meeting logistics
- Report back updates regarding the Comprehensive HIV Plan 2022-2026
- Report back updates on the Special Population Best Practices project
- Report back updates on the Oral Health service standard Targeted Review project
- Continue review of the TCMIPR service standards

VII. ANNOUNCEMENTS

11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: COH staff noted the meeting packet includes thee slides for the "2022 Statewide Overview- Policies, Programs, and Benefits for Older People with HIV," presentation discussed at the March 1st meeting. Mallery Robinson noted that National Transgender HIV Testing Day is on Monday April 18th.

VIII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 12:01pm.

From: Amy Croft <Amy.Croft@ahf.org>
Sent: Friday, June 17, 2022 6:39 PM
To: HIV Comm <HIVComm@lachiv.org>
Subject: Medical Care Coordination Standards update

Good Evening

I would like to request a review of Standards for the Medical Care Coordination Program. The current standards are becoming outdated with a need to reflect changing times and responsibilities for the teams. As EMRs are changing and we are able to do so much more digitally it's time for an update to the requirements and monitoring. Also the qualifications and how the team works needs to be reviewed. Additionally many times clients come in and they don't' want to be enrolled and are not ready to sit down for an assessmen. They have a single need and want it taken care of. As an example I was reviewing one of our charts. The client called the team every time he needed something and would say he wanted an assessment. Each time the assessment rolled around he didn't show up or answer his phone. Yet he still called the team for assistance and they continued helped him, this went on for months. The Commission of HIV program directives are many, there is so much opportunity to meet patients where they are. I believe we need to think out of the box and incorporate new standards to the program.

Thank you for your consideration
Amy Croft RN BSN CCM
Associate Director of Medical Care Coordination
COVID19 Response Team
AIDS Healthcare Foundation
Redondo Beach HCC
520 N. Prospect Ave suite 209
Redondo Beach, CA 90277
Mobile: 323.793.5275, Internal 56405
she/her

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Service Category Definition (approved by SPA June 2021)

Support for Oral Health Services including diagnostic, preventive, and therapeutic dental care that is in compliance with state dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified services, and is provided by licensed and certified dental professionals.

Intake and Eligibility (HIV/AIDS BUREAU PCN #21-02)

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

REQUIRED ELIGIBILITY DOCUMENTATION TABLE

Eligibility Requirement	Initial Eligibility Determination	Recertification Once a Year/12 Month Period
HIV Status	Documentation required for Initial Eligibility Determination: • Confirmatory lab results • Lab results (including VL/CD4) • Lab request form signed by provider	No documentation required
Income	Documentation required for Initial Eligibility Determination: • Paystubs • SSI, SSDI and DSS income determination forms • Zero income affidavit • Bank Statement • Self-Employment Letter	• Recipient may choose to require a full applicationand associated documentation **OR** • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status
Residency	Documentation required for Initial Eligibility Determination: • Driver's License/ID • Utility Bill • Medical Bill • Bank Statement • Landlord Letter-Notarized • Copy of Lease/Mortgage • Letter from Shelter • Official Correspondence	• Recipient may choose to require a full applicationand associated documentation **OR** • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status

All agencies are required to have a client intake and eligibility policy on file that adheres to the EMA's eligibility policy. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients in the New Haven & Fairfield Counties EMA must:

- Live in New Haven or Fairfield Counties in Connecticut.
- Have a documented diagnosis of HIV/AIDS.
- Have a household income that is at or below 300% of the federal poverty level.

Services will be provided to all clients without discrimination based on: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, prior medical history, or any other basis prohibited by law.

Guidance on Complying with the Payor of Last Resort Requirement:

- RWHAP Recipients and Subrecipients must ensure that reasonable efforts are made to use non RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP funds.
- RWHAP Recipients and Subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.
- RWHAP Recipients and Subrecipients can continue providing services funded through RWHAP to a client who remains unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued.
- RWHAP Recipients and Subrecipients should conduct periodic checks to identify any potential changes to clients' healthcare coverage that may affect whether the RWHAP remains the payor of last resort and require clients to report any such changes.

Payor of Last Resort:

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made under:

1. Any State compensation program
2. An insurance policy, or under any Federal or State health benefits program
3. An entity that provides health services on a pre-paid basis

Personnel Qualifications (including licensure)

Provide written assurances and maintain documentation showing the Oral Health services are provided by general dental practitioners, dental specialists, dental hygienists, and auxiliaries and meet current dental care guidelines and professionals providing the services have appropriate and valid licensure and certification based on Connecticut state laws.

Care and Quality Improvement Outcome Goals

- The overall treatment goal of Oral Health Services is to provide diagnostic, preventative and therapeutic dental care to all eligible individuals living the New Haven & Fairfield Counties EMA.
- 90% of clients are virally suppressed as evidenced by the last viral load test within the measurement year (<200 copies/mL) as documented in the reporting system.

Service Standards and Goals

STANDARD/MEASURE	AGENCY RESPONSIBILITY	GOAL
HRSA/HAB Performance Measure: Viral Suppression (NQF#: 2082)		
Clients are virally suppressed.	Documentation that the client is virally suppressed as evidenced by the last viral load test within the measurement year (<200 copies/mL) as documented in the reporting system.	**90%**
HRSA/HAB Performance Measure: Dental and Medical History		
Clients had a dental and medical health history (initial or updated) at least once in the measurement year.	Documentation of health history evident in client chart.	100%
HRSA/HAB Performance Measure: Dental Treatment Plan		
Clients had a dental treatment plan developed and/or updated at least once in the measurement year.	Documentation of dental treatment plan evident in client chart.	100%
HRSA/HAB Performance Measure: Oral Health Education		
Client received oral health education at least once in the measurement year.	Documentation of client receiving oral education evident in client chart	100%
HRSA/HAB Performance Measure: Periodontal Screening or Examination		
Client had a periodontal screen or examination at least once in the measurement year.	Documentation of periodontal screen or examination evident in client chart	100%
HRSA/HAB Performance Measure: Phase 1 Treatment Plan Completion		
Clients have a Phase 1 treatment plan that is completed within 12 months.	Documentation of Phase 1 treatment plan that is completed is evident in client chart	75%

HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section C: Support Services		GOAL
STANDARD/MEASURE	**AGENCY RESPONSIBILITY**	
Oral health services are provided by general dental practitioners, dental specialists, dental hygienists, and auxiliaries and meet current dental care guidelines and have appropriate and valid licensure and certification, based on State and local laws.	Maintain, and provide to Recipient on request, copies of professional licensure and certification.	100%
Clinical decisions are supported by the American Dental Association Dental Practice Parameters.	Maintain a dental record for each client that is signed by the licensed provider and includes a treatment plan, services provided, and any referrals made.	100%
An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services.		
Services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the Planning Council or Recipient under Part A.		

Clients Rights and Responsibilities

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer fully understands their rights and responsibilities.

Client Charts, Privacy, and Confidentiality

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

Cultural and Linguistic Competency

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (Please see https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53 for more information)

Client Grievance Process

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

Case Closure Protocol

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.

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

Co-Chairs: Erika Davies, Kevin Stalter				
Approval Date: 2/1/22				
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	**TASK/ACTIVITY**	**DESCRIPTION**	**TARGET COMPLETION DATE**	**STATUS/NOTES/OTHER COMMITTEES INVOLVED**
1	Review and refine 2022 workplan	COH staff to review and update 2021 workplan monthly	Ongoing	Workplan revised/updated on: 12/22/21, 1/6/2022, 1/19/22, 1/26/22; 2/1/22; 2/24/22; 3/30/22; 4/27/22, 6/24/22
2	Update Substance Use Outpatient and Residential Treatment service standards	Continuation of SUD service standards review from 2021.	Jan 2022 COMPLETED	During the November meeting, the committee placed a temporary hold on approving the SUD service standards pending further review of the implications of CalAIM. COH staff will provide CalAIM updates and allow the committee to determine to approve or extend the hold on approving the SUD service standards. At the December 7th meeting, the committee approved the SUD service standards and moved them to the Executive Committee for approval. Approved by the Executive Committee on 12/9/21 and on the Commission agenda for approval on 1/13/22 Approved by Commission on 1/13/22. COH staff sent transmittal letter to DHSP on 1/26/22.
3	Update Benefits Specialty service standards	Continuation of BSS service standards review from 2021.	Early 2022	Committee extended the public comment period and now ends on January 21, 2022. The Committee reviewed public comments received at the February 2022 meeting. Committee placed a temporary hold on

				additional review of the BSS standards pending further instruction from DHSP. Committee will vote to approve the BSS standards and move them to the Executive Committee for approval.
4	Update Home-based Case Management service standards	SBP prioritized HBCM for 2022 based on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+	July 2022	DHSP presented a HBCM service utilization summary document at the January 2022 SBP Committee meeting Committee will announced a 30-day Public Comment period starting on 5/4/22 and ending on 6/3/22. Committee will vote to approve the HBCM standards and move them to the Executive Committee for approval.
5	Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.	Mario Perez (DHSP) recommended that the SBP committee conduct this specific addendum to the oral health standards for 2022	July 2022	COH staff scheduled a planning meeting to elaborate details for an expert panel. The meeting is scheduled January 11, 2022. COH staff to identified Jeff Daniels as facilitator for Subject Matter Expert (SME) panel. COH staff requested service utilization summary document for Oral Health service standards from Wendy Garland [DHSP]. Dr. Younai provided literature review materials and COH staff will prepare an annotated bibliography. Paulina Zamudio provided list of dental providers contracted with DHSP. COH staff will draft SME panel invite letter. SME panel to convene in late February 2022. The COH convened an oral healthcare subject matter expert panel to support Commission staff in drafting a dental implant addendum to

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

Medi-Cal Expansion: Preliminary Analysis on the Impact to Los Angeles County's Ryan White Program

June 21, 2022 PP&A Meeting

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

Medi-Cal Eligibility

Prior to May 1, 2022

- Persons 65 years or older *
- Child/ Youth (under age 26)
- Pregnant woman
- Other (in a skilled nursing or intermediate care home*, blind, disabled, etc.)

*** Must have legal residence status & Earn less than or equal to 138% FPL**

Beginning May 1, 2022

- **Persons 50 years or older***
- Child/Youth
- Pregnant woman
- Other (in a skilled nursing or intermediate care home, blind, disabled, etc.)

*Earn less than or equal to 138% FPL

County of Los Angeles
Public Health

Methodology/Approach

Methodology/Approach

Data Source: RW utilization data for March 1, 2020 to February 28, 2021 as reported in HIV Casewatch and paid for by the Division of HIV and STD Programs (DHSP)

1. Describe utilization and expenditures for the three RW service categories that will be most impacted by the 2022 Medi-Cal expansion; Ambulatory Outpatient Medical (AOM), Oral Health (general), and Mental Health services.
2. Estimate average cost per client for each RW service.
3. Estimate the number of RW clients aged 50 and older with income at or below 138% FPL.
4. Estimate savings by multiplying the number of clients that may transfer out of the RWP to Medi-Cal by the average per client cost for each RW service.

Review of 2020 RW Utilization Data

- 16,960 persons living with HIV (PLWH) accessed one or more RW service
  - 27% (n=4,639) were 50 to 59 years of age
  - 15% (n=2,491) aged 60 and older
  - 43% (n=7,272) were not born in the US
  - 60% (n=10,211) had an income at or below the FPL.

Step 1: Review of 2020 RW Utilization Data

Table 1. Overview of Service Utilization and Expenditures for Ryan White Program AOM, Oral Health, and Mental Health Services, Los Angeles County, March 1, 2020 to February 28, 2021.

RW Service Category	Number of Clients	Number of Service Units	Part A/ MAI	Part B	HIV NCC	Total FY 2020 Expenditures
AOM	5,653	16,973 visits	$8,252,137	$0	$0	$8,252,137
Mental Health	312	3,168 sessions	$408,834	$0	$1,072	$409,906
Oral Health General	3,119	18,752 procedures	$5,005,012	$0	$0	$5,005,012
Specialty	2,698	10,672 procedures	$1,582,509	$0	$0	$1,582,509

Step 2: Estimation of Average Cost per Client

Table 2. Average Cost per Client for Ryan White Program AOM, Oral Health, and Mental Health Services, Los Angeles County, March 1, 2020 to February 28, 2021.

RW Service Category	Number of Clients	Total FY 2020 Expenditures	Average Cost per Client
AOM	5,653	$8,252,137	$1,460
Mental Health	312	$409,906	$1,314
Oral Health General	3,119	$5,005,012	$1,605
Specialty	2,698	$1,582,509	$587

Step 3: Estimation of Number of Clients 50 years or older and <= 138% FPL

Table 3. Number of Clients aged 50 to 64 Years and Percent FPL for AOM, Oral Health, and Mental Health Services March 1, 2020 to February 28, 2021.

RW Service Category	Number of Clients Age 50-64	Less than or equal to 138% FPL	Greater than 138% FPL
AOM	1,734	1,174 (67.7%)	559 (32.2%)
Mental Health	111	87 (78.4%)	24 (21.6%)
Oral Health General	1,389	936 (67.4%)	453 (32.6%)
Specialty	1,243	837 (67.4%)	405 (32.6%)

Clients may receive one or more service so the total of clients now eligible for Medi-Cal may be less than 2,197. More assessment is needed to determine the impact of Medi-Cal or Denti-Cal expansion on RW specialty oral health services. Some specialty services such as implants are not covered by Denti-Cal

Step 4: Estimation of Potential RWP Cost Savings

Table 4. Estimated Savings from Medi-Cal Expansion among Clients Aged 50 and older (estimated using 2020 data and expenditures)

RW Service Category	Number of Clients age 50-64, <=138% FPL	Number of non-legal immigrants age 65 and older, <=138% FPL	Number of Clients Transitioning to Medi-Cal	Average Cost per Client	Total EstimatedSavings per RW Service
AOM	1,174	91	1,265	$1,460	$1,846,900
Mental Health	87	7	94	$1,314	$123,516
Oral Health General	936	215	1,251	$1,605	$2,007,855

Total Estimated Savings= $3,978,271

Limitations of Forecasting Analysis

Limitations and Next Steps

- More information is needed on Medi-Cal covered behavioral health services and specialty oral health
- RW will need to cover some costs for Medi-Cal expansion eligible clients while Medi-Cal eligibility is being verified in FY 2022
- Legal immigration status is not collected in Casewatch
- Analysis used FY 2020 RW Casewatch data and expenditures. RW utilization patterns in FY 2020 may be different compared to FY 2021 or 2022 due to the impact of COVID-19.
- Changes in the cost of services will affect total estimated savings
- Re-run analysis using FY 2021 RW Care Utilization Data and Expenditures in July 2022
- How can WE (OA, DHSP, COH, PP&A, service providers, etc.) help or support clients through this transition?
- Need to assess how CalAIM changes will impact RWP utilization and expenditures. Continued collaboration and open communication with OA is critical.

Questions and Discussion

Service Standards for

BENEFITS SPECIALTY SERVICES

Last updated 01/07/22

For SBP Committee approval 07/05/22

BENEFITS SPECIALTY SERVICES
service standards

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

Ryan White HIV/AIDS Services: Determining Client Eligibility and Payor of Last Resort Program Clarification Notice (PCN) #21-02

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 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 Benefits Specialty Services standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality Benefits Specialty 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, and the public-at-large.

BENEFITS SPECIALTY SERVICES (BSS): OVERVIEW

Benefits Specialty Services are client-centered activities that facilitate a client's access to public/private maintenance of health, social services, and disability benefits and programs. Benefits Specialty Services work to maximize public funding by helping clients identify all available health, social services, and disability benefits supported by funding streams in addition to Ryan White Part A funds. These services are designed to assist a client navigate care and social services systems outside of the service delivery network funded by the Ryan White Program, educate people living with HIV about public and private benefit programs, and aid in accessing and securing these benefits.

Benefits Specialty Services are unlicensed. All HIV Benefits Specialty Services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations and will respect the inherent dignity of each person living with HIV they serve. In addition, BSS contractors must adhere to contractual requirements stipulated by DHSP.

Benefits Specialists will assist clients directly or through referral in obtaining the following (at minimum):

Table 1. BENEFIT SPECIALTY SERVICES LIST

Health Care	• AIDS Drug Assistance Program (ADAP)* • Patient Assistance Programs (Pharmaceutical Companies)
Insurance	• State Office of AIDS Health Insurance Premium Payment (OA-HIPP) • Covered California/Health Insurance Marketplace • Medicaid/Medi-Cal/MyHealthLA • Medicare • Medicare Buy-in Programs • Private Insurance
Food and Nutrition	• CalFresh • DHSP-funded nutrition programs (food banks or home delivery services)
Disability	• Social Security Disability Insurance (SSDI) • State Disability Insurance • In-Home Supportive Services (IHSS)
Unemployment/Financial Assistance	• Unemployment Insurance (UI) • Worker’s Compensation • Ability to Pay Program (ATP) • Supplemental Security Income (SSI) • State Supplementary Payments (SSP) • Cal-WORKS (TANF) • General Relief/General Relief Opportunities to Work (GROW)
Housing	• Section 8, Housing Opportunities for People with AIDS (HOPWA) and other housing programs • Rent and Mortgage Relief programs
Other	• Women, Infants and Children (WIC) • Childcare • Entitlement programs • Other public/private benefits programs • DHSP-funded services

All contractors must meet the Universal Standards of Care in addition to the following Benefits Specialty Services service standards. Universal Standards of Care can be access at: http://hiv.lacounty.gov/Projects

Table 2. BENEFITS SPECIALTY SERVICES REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Benefits specialty programs will outreach to potential clients/families and providers.	Outreach plan on file at provider agency.
	Benefits specialty programs will collaborate with primary health care and supportive services providers.	Memoranda of Understanding on file at the provider agency.
Intake	The intake process will begin during first contact with client.	Intake tool in client file to include (at minimum): • Documentation of HIV status • Proof of LA County residency or Affidavit of Homelessness • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
	Consent for services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
	When indicated, the client will provide Disclosure of Duty Statement.	Signed and date Disclosure of Duty Statement in client file.

	Client will be informed of limitations of benefits specialty services through Disclaimer form.	Signed and date Disclaimer in client file.
Benefits Assessment	Benefits assessments will be completed during first appointment.	Benefits assessment in client chart on file to include: • Date of assessment • Signature and title of staff person • Completed Assessment/Information form • Functional barriers • Notation of relevant benefits and entitlements and record of forms provided • Benefits service plans
Benefits Management	Benefits management services will be provided to clients who are enrolled in benefits programs and require advocacy to maintain their benefits.	Benefits assessment on file in client chart to include: • Date • Signature and title of staff person • Notation of relevant benefits and presenting issues(s) • Benefits service plan to address identifies benefits issue(s)
Benefits Service Plan (BSPs)	BSPs will be developed in conjunction with the client at the completion of the benefits assessment.	BSP on file in client chart that includes: • Name, date and signature of client and case manager • Benefits/entitlements for which to be applied • Functional barriers status and next steps • Disposition for each benefit/entitlement and/or referral
Appeals Counseling and Facilitation	As necessary, specialists will assist clients with appeals counseling and facilitation. Cases that require further	Signed, date progress notes on file that detail (at minimum): • Brief description of counseling provided

	legal assistance will be referred to Ryan White Program-funded or other legal service provider.	• Time spent with, or on behalf of, the client • Legal referrals (as indicated)
	Specialists will attempt to follow up missed appointments within one business day.	Progress notes on file in client chart detailing follow-up attempt.
Client Retention	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs will provider regular follow-up procedures to encourage and help maintain a client in benefits specialist services.	Documentation of attempts to contact tin signed, date progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
	Programs will develop and implement a client contact policy and procedure for homeless clients and those with no contact information.	Contact policy on file at provider agency. Program review and monitoring to conform.
Case Closure	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client chart.
	Benefits cases may be closed when the client: • Successfully completes benefits and entitlement applications • Seeks legal representation for benefits • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term	Case closure summary on file in client chart to include: • Date and signature of benefits specialist • Date of case closure • Status of the BSP • Reasons for case closure

	• Uses the service improperly of has not complied with the client services agreement • Has died	
Staffing Development and Enhancement Activities	Benefits specialty programs will hire staff that have the ability to provide linguistically and culturally appropriate care to clients living with HIV. Staff meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role. Employment is an essential part of leading an independent, self-directed life for all people, including those living with HIV/AIDS. Agencies should develop policies that strive to hire people living with HIV in all facets of service delivery, whenever appropriate.	Hiring policy and staff resumes on file.
	All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
	Benefits specialists will complete DHSP's certification training within three months of being hired and become ADAP and Ryan White/OA-HIPP certified in six months.	Documentation of Certification completion maintained in employee file.
	Staff will complete benefits specialty recertification training annually and will seek other training opportunities as available.	Documentation of training maintained in employee files to include: • Date, time, and location of training • Title of training • Staff members attending • Training provider • Training outline • Meeting agenda and/or minutes

	Benefits specialists will practice according to generally accepted ethical standards.	Program review and monitoring to confirm.
	Benefits specialists will receive a minimum of four hours of supervision per month.	Record of supervision on file at provider agency.

APPENDIX A: DEFINITIONS AND DESCRIPTIONS

Benefits Assessment is a cooperative and interactive face-to-face interview process during which the client's knowledge about and access to public and private benefits are identified and evaluated.

Benefits Management refers to benefits specialty services provided to individuals who are enrolled in various health and disability programs. The goal of benefits management is to provider advocacy that helps the individual maintain his or her benefits.

Case Closure is a systematic process of disenrolling clients form active benefits specialty services.

Client Intake is a process that determines a person's eligibility for benefits specialty services.

Entitlement Program are benefits that require financial contribution into the program prior to collecting from the program (e.g., State Disability Insurance (SDI) and Social Security Disability Insurance (SSDI)).

Legal Representation defines a process through which a consumer is represented by an attorney, paralegal and/or licensed/certified insurance adjustor. (Please see Legal Assistance Standard of Care.)

Outreach promotes the availability of and access to benefits specialty services to potential clients and services providers.

Public Benefits describe all financial and medical assistance programs funded by governmental sources.

From: Scott Blackburn <sblackburn@aplahealth.org>
Sent: Tuesday, June 7, 2022 10:02 AM
To: HIV Comm <HIVComm@lachiv.org>
Subject: CMHB public comment

Apologies,

I realize this is a day past the deadline. Submitting this following feedback if it's possible to accept them:

1. Changing the minimum qualifiactions for the Social Work Case Manager to "Master's preferred; Bachelor's with 2-3 years case management experience" should be recognized as a change that will eventually result in this position being filled mostly by Bachelor-level case managers, as HR and Finance Depts will see little reason to pay more for a Master's level clinician. The challenges that our Home Health clients are managing do require a solid background in Mental Health and/or Social Work. While there may be many case managers who have an inherent sense of rapport-building and crisis management, formal education should not be dismissed as superfluous.
2. Please consider the ramifications of any change in the scope of the RN Case Managers that would include any interventions beyond taking vitals and current case management role. Is this expansion something that is required? Suggested? Will it change any contractual agreements or add expense to provider organizations in the form of increased malpractice cost? I'm asking these questions because I'm not qualified to answer them.

Thanks for your consideration of these comments, if possible.

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HOME-BASED CASE MANAGEMENT SERVICES SERVICE STANDARDS

UPDATED 6/24/22

FOR SBP COMMITTEE APPROVAL 7/5/22

HOME-BASED CASE MANAGEMENT SERVICES
SERVICE STANDARDS

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

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

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

Service Standards: Ryan White HIV/AIDS Programs

INTRODUCTION

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

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

SERVICE INTRODUCTION

Home-based case management services are client-centered case management and social work activities that focus on care for people living with HIV who are functionally impaired and require intensive home and/or community-based care. Services are conducted by qualified Registered Nurse (RN) case managers and master's [1]degree-level social workers who facilitate optimal health outcomes for functionally impaired people living with HIV through advocacy, liaison, and collaboration.

Home-based case management services may include:

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

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

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

All service providers receiving funds to provide Home-based Case Management services are required to adhere to the standards outline in Table 2.

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[1] *Social workers providing home-based case management services will hold an MSW (or related degree) or BA in social work with 1-2 years of experience and practice according to State and Federal guidelines and the Social Work Code of ethics.*

Table 2. HOME-BASED CASE MANAGEMENT SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
OUTREACH	Home-based case management programs will outreach to potential patients and providers.	Outreach plan on file at provider agency.
INTAKE	Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and date by client on file and updated annually.
	Consent for Services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
ASSESSMENT	Assessments will be completed within 30 days following intake. Updates to the assessment will be done on a continuous basis, but no less than once every 90 days.	Assessment or update on file in client record to include: • Date • Signature and title of staff person • Client's educational needs related to treatment • Assessment of psychological adjustment and coping • Consultation (or documented attempts) with health care and

		related social service providers • Assessment of need for home-health care services • *Assessment of need for housing stability* A client's primary support person should also be assessed for ability to serve as client's primary caretaker.
SERVICE PLAN	Home-based case management service plans will be developed in conjunction with the patient.	Home-based case management service plan on file in client record to include: • Name of client, RN case manager and social worker • Date/signature of RN case manager and/or social worker • Documentation that plan has been discussed with client • Client goals, outcomes, and dates of goal establishment • Steps to be taken to accomplish goals • Timeframe for goals • Number and type of client contacts • Recommendations on how to implement plan • Contingencies for anticipated problems or complications
IMPLEMENTATION AND EVALUATION OF SERVICE PLAN	RN case managers and social workers will: • Provide referrals, advocacy and interventions based on the intake, assessment, and case management plan • *Provide referrals for housing assistance to clients that may need*	Signed, dated progress notes on file to detail (at minimum): • Description of client contacts and actions taken • Date and type of contact • Description of what occurred

	them based on housing stability assessment conducted on intake • Monitor changes in the client's condition • Update/revise the case management plan • Provide interventions and linked referrals • Ensure coordination of care • Conduct monitoring and follow-up • Advocate on behalf of clients • Empower clients to use independent living strategies • Help clients resolve barriers • Follow up on plan goals • Maintain ongoing contact based on need • Be involved during hospitalization or follow-up after discharge from the hospital • Follow up on missed appointments by the end of the next business day • Ensuring that State guidelines regarding ongoing eligibility are followed	• Changes in the client's condition or circumstances • Progress made toward plan goals • Barriers to plan and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent • RN case manager's or social worker's signature and title
ATTENDANT CARE	Attendant care will be provided under supervision of a licensed nurse, as necessary.	Record of attendant care on file in client chart.
	When possible, programs will subcontract with at least Home Care Organizations (HCO) or Home Health Agencies (HHA).	Contracts on file at provider agency.
HOMEMAKER SERVICES	Homemaker services will be provided under the supervision of a licensed nurse, as necessary.	Record of homemaker services on file in client record.

	Homemaker services will be monitored at least once every 6 months.	Record of monitoring on file in the client record.
	When possible, programs will subcontract with at least HCOs or HHAs.	Contracts on file at provider agency.
HIV PREVENTION, EDUCATION AND COUNSELING	RN case manager and social worker will provide prevention and risk management education and counseling to all clients, partners, and social affiliates.	Record of services on file in client medical record.
	RN case managers and social workers will: • Screen for risk behaviors • Communicate prevention messages • Discuss sexual practices and drug use • Reinforce safer behavior • Refer for substance abuse treatment • Facilitate partner notification, counseling, and testing • Identify and treat sexually transmitted *diseases including Hepatitis C* *Consider expanding the clinical scope of RN case managers to include home-based testing for communicable infections such as Sexually Transmitted Infections (STIs), Hepatitis C, COVID-19, blood pressure and blood glucose, and urinalysis.*	Record of prevention services on file in client record.
	When indicated, clients will be referred to appropriately credentialed/licensed professionals for prevention education and counseling.	Record of linked referral on file in client record.

REFERRAL AND COORDINATION OF CARE	Home-based case management programs will maintain a comprehensive list of providers for full spectrum HIV-related services referrals.	Referral list on file at provider agency.
	Home-based case management programs will collaborate with other agencies and providers to provide effective, appropriate referrals.	Memoranda of Understanding detailing collaborations on file at provider agency.
	Home-based case management programs will develop procedures and protocols for referrals.	Written procedures and protocols on file at provider agency that includes process for tracking and monitoring referrals.
CASE CONFERENCE	Case conferences held by RN case managers and social workers, at minimum, will review and revise services plans at least every 60 days. Client or representative feedback will be sought.	Documentation of case conferences on file in client record to include names and titles of those participating in the review and client or representative input.
PATIENT RETENTION	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs will provide regular follow-up procedures to encourage and help maintain a client in home-based case management.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
CASE CLOSURE	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record
	Home-based case management cases may be closed when the client: • Has achieved their home-based case management service plan goals • Relocates out of the service area	Case closure summary on file in client chart to include: • Date and signature of RN case manager and/or social worker • Date of case closure • Service plan status • Statue of primary health care and service utilization

	• Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died	• Referrals provided • Reason for closure • Criteria for re-entry into services
POLICIES, PROCEDURES AND PROTOCOLS	Home-based case management programs will have written policies procedures and protocols, including eligibility criteria.	Policies, procedures, and protocols on file at provider agency.
STAFFING REQUIREMENTS AND QUALIFICATIONS	RNs providing home-based case management services will: • Hold a license in good standing form the California State Board of Registered Nursing • Have graduated from an accredited nursing program with a BSN or two-year nursing associate degree • Have two year's post-degree experience and one year's community or public health nursing experience • Practice within the scope defined in the California Business & Professional Code, Section 2725	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
	Social workers providing home-based case management services will hold an MSW (or related degree) *or BA in social work with 1-2 years of experience and practice*	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.

	according to State and Federal guidelines and the Social Work Code of ethics	
	RN case managers and social workers will attend an annual training/briefing on public/private benefits.	Documentation of attendance in employee files.
	Staff will maintain licenses by completing continuing education requirements of their respective professional boards.	Record of continuing education in employee files at provider agency.

DEFINITIONS AND DESCRIPTIONS

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

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

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

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

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

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

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

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

Social Workers, as defined in this standard, are individuals who hold a master's degree in social work (or related field) *or BA in social work with 1-2 years of experience from an accredited program.*

ORAL HEALTH CARE SERVICE STANDARD ADDENDUM

DRAFT

I. INTRODUCTION

The purpose of the addendum is to provide specific service delivery guidance to Los Angeles County HIV (LACHIV) program's current Oral Healthcare Service Standard regarding the provision of dental implants. The service expectations are aimed at creating a standardized set of service components, specifically for dental implants. Subrecipients funded by the Los Angeles County Division of HIV and STD Programs (DHSP) must adhere to all service category definitions and service standards for which they are funded.

II. BACKGROUND

On February 24th, 2022, the Los Angeles County Commission on HIV convened an Oral Health Care subject matter expert panel to discuss an addendum to the Eligible Metropolitan Area (EMA')s Oral Health Care service standard specifically to address dental implants. The panel consisted of dental providers and dental program administrators from agencies contracted by the Division on HIV and STD Programs (DHSP) to provide dental and specialty dental services under the Ryan White Program Part A. Among the participating agencies, there were the UCLA School of Dentistry, USC School of Dentistry, Western University, AIDS Healthcare Foundation, and Watts Health.

III. SUBJECT MATTER EXPERT PANEL FINDINGS AND RECOMMENDATIONS

Recommendations for improving dental implant services for Ryan White Part A specialty dental providers:

a. Support and reinforce patient understanding, agreement, and education in the patient's treatment plan.
b. Ensure patient understanding that dental implants are for medical necessity (as determined by the dental provider through assessments and evaluation) and would lead to improved HIV health outcomes.
c. Reinforce that RW funds cannot be used to provide dental implants for cosmetic purposes.
d. The treatment plan should be signed by both patient and doctor.
e. Engage and collaborate with the Consumer Caucus to revisit and strengthen the "Consumer Bill of Rights" document and consider reviewing the client responsibilities section to ensure it addresses the client's service expectations and the service provider's capacity to meet them within the limits of the contractual obligations as prescribed by DHSP.
f. Review the referral form(s) providers use to refer patients to specialty dental services
g. Develop a standard form/process referring providers can complete when referring
h. Train referring dental providers on how to adequately complete referral forms to allow more flexibility in treatment planning for receiving specialty dental providers.
i. Recommend that dental providers complete training modules and access training resources available on the Pacific AIDS Education and Training (PAETC) website.

IV. HEALTH RESOURCES SERVICE ADMINISTRATION (HRSA) SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES[1]

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

V. PROGRAM SERVICE CATEGORY DEFINITION FOR ORAL HEALTH CARE SERVICES

Service Considerations (as listed on 2015 Oral Healthcare Service Standards) Oral health care services should be an integral part of primary medical care for all people living with HIV. Most HIV-infected patients can receive routine, comprehensive oral health care in the same manner as any other person. All treatment will be administered according to published research and available standards of care. (for additional information please see: [Oral Health Care Standards of Care.pdf (kc-usercontent.com)])

VI. PROPOSED ORAL HEALTHCARE SERVICE ADDENDUM REGARDING DENTAL IMPLANTS

General Consideration: There is no justification to deny or modify dental treatment based on the fact that a patient has tested positive for HIV. Further, the magnitude of the viral load is not an indicator to withhold dental treatment for the patient. If, however, a patient's medical condition is compromised, treatment adjustments, as with any medically compromised patient, may be necessary.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
EVALUATION/ASSESSMENT	Obtain a thorough medical, dental, and psychosocial history to assess the patient's oral hygiene habits and periodontal stability and determine the patient's capacity to achieve dental implant success.	Client Chart/Treatment Plan/Provider Progress Notes
	Clinicians, after patient assessment, will make necessary referrals to specialty programs including, but not limited to: smoking cessation programs; substance use treatment; medical nutritional therapy, thereby increasing patients' success rate for receiving dental implants.	
	The clinicians referring patients to specialty Oral Healthcare services will complete a referral form and include a proposed treatment plan and indicate treatment plan alternatives.	
TREATMENT PLANNING AND ORAL HEALTH EDUCATION	The receiving clinician will review the referral, consider the patient's medical, dental, and psychosocial history to determine treatment plan options that	Referral in Client Chart/Treatment Plan/Provider Progress Notes

[1] *HRSA Policy Clarification Notice (PCN) #16-02*

	offer the patient the most successful outcome based on published literature. The clinician will discuss with patient dental implant options with the goal of achieving optimal health outcomes	
	The clinician will consider the patient's perspective in deciding which treatment plan to use.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will discuss treatment plan alternatives with the patient and collaborate with the patient to determine their treatment plan.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician and the patient will revisit the treatment plan periodically to determine if any adjustments are necessary to achieve the treatment goal.	Client Chart/Treatment Plan/Provider Progress Notes
	The clinician will educate patients on how to maintain dental implants.	Client Chart/Treatment Plan/Provider Progress Notes

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DRAFT

Older Adult Full Scope Expansion

Full Scope Medi-Cal for Individuals 50 Years of Age or Older

April 14, 2022

Authority

- Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021), amen
  Welfare and Institutions Code section 14007.8 to expand elig
  for full scope Medi-Cal to individuals who are 50 years of age
  older, regardless of citizenship or immigration status, if other
  eligible.
- Implementation May 1, 2022
- Policy Guidance is posted in ACWDL 21-13 https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/21-13.pdf

Populations Impacted

- **New enrollee population** – Includes individuals 50 year age or older who are eligible for Medi-Cal, do not have satisfactory immigration status for full scope Medi-Cal, (unable to verify citizenship) and are not yet enrolled in M Cal.
- **Transition population** – Includes individuals 50 years of older who are currently enrolled in restricted scope Med

Age Policy

New Enrollee & Transition Populations

Individuals who turn 50 anytime in the month will be e for the entire month.

- For example, individuals who turn 50 years of age betwe 1, 2022 and May 31, 2022 are considered age 50 for the month of May 2022, and are eligible for full scope cover under the Older Adult Expansion. The same rule applies applicants and beneficiaries that turn 50 years old in subsequent months.

Scope of Benefits

- **Restricted Scope Medi-Cal**
  - Often called emergency Medi-Cal
  - Covers limited services: emergency, pregnancy related, and long term care
- **Full Scope Medi-Cal**
  - Provides the full range of benefits available to M
Cal beneficiaries

Full Scope Benefits

- Alcohol and drug use treatment
- Dental care
- Emergency care
- Family planning
- Foot care
- Hearing aids
- Medical care
- Medicine
- Medical supplies
- Mental health care
- Personal attendant care and c
services that help people stay
nursing homes
- Referrals to specialists, if neec
- Tests
- Transportation to doctor and
visits and to get medicine at t
pharmacy
- Vision care (eyeglasses)

Retroactive Medi-Cal Eligibility

New enrollees can request retroactive Medi-Cal benefit
up to three months prior to the month of application.

- Restricted scope retroactive Medi-Cal benefits will be ava
  for the months prior to the Older Adult Expansion implementation.
- Full scope retroactive Medi-Cal benefits will be available
  beginning the month of the Older Adult Expansion implementation, **May 1, 2022**.

First Notice

- General Information Notice and FAQ
- Was mailed to the restricted scope population expected
  transition to full scope on May 1, 2022
- Mailed March 7 through March 11, 2022
- Counties will provide the First Notice & FAQ to individua
  apply after February 23, 2022 and up until implementati
  May 1, 2022.

Second Notice
Notice of Action

Existing Beneficiaries:

- Triggered by the SAWS batches to transition restricted sc beneficiaries into full scope.
- Will be generated beginning April 9, 2022

New Applicants:

- Will be generated when an eligibility determination is ma

Third Notice
Managed Care Enrollment Notice

Managed Care Enrollment Notice and FAQ

- Will be mailed to the restricted scope population expect
  transition to full scope on May 1, 2022
- Expected to be mailed April 18 through April 29, 2022

Managed Care Plan Selection Cut-off Dates

- For May 1, 2022 Managed Care Plan effectuation, a plan selection must be made prior to April 25, 2022.
- For June 1, 2022 Managed Care Plan effectuation, a plan selection must be made prior to May 23, 2022.
- For July 1, 2022 Managed Care Plan effectuation, a plan selection must be made prior to June 23, 2022.
  - If no plan is selected prior to June 23, 2022, individuals will def
    a Managed Care Plan on July 1, 2022.

Outreach

- Medi-Cal Eligibility Division Information Letter MEDIL 22-02 https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I22-02.pdf provides global outrea messaging for the Older Adult Expansion and is posted on the DH website.
- DHCS highly recommends counties utilize the messaging and inte into their outreach and social media campaigns.
- DHCS has shared the global outreach language broadly for use by Cal Managed Care Plans, other State departments, Medi-Cal provi and other community partners for use in their outreach activities.

Questions about immigration and the Medi-Cal program

The Department of Health Care Services (DHCS) cannot answer questi about immigration or "public charge".

- The California Department of Social Services (CDSS) funds qualified non organizations to give services to immigrants who live in California. There of these organizations at https://bit.ly/immigration-service-contractors
- For immigration information and resources, go to California's Immigrant https://immigrantguide.ca.gov/
- To learn about public charge, go to the California Health and Human Se Agency Public Charge Guide at https://bit.ly/calhhs-public-charge-guide
- Guía de carga pública de la California Health and Human Services Agen español en https://bit.ly/calhhs-Public-Charge-Guide-Spanish

Older Adult Expansion Contact Information

OlderAdultExpansion@dhcs.ca.gov

For More Information

http://www.dhcs.ca.gov/services/medical/eligibility/Pages/OlderAdultEx