



EXECUTIVE COMMITTEE

Virtual Meeting

Thursday, October 28, 2021

1:00pm -3:30pm(PST) **extended time*

* Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Executive-Committee>

REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

**link is for non-Committee members and members of the public*

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=eb1e5279ce7859455468683940043182c>

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PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

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LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19)**



LOS ANGELES COUNTY
COMMISSION ON HIV



510 South Vermont Avenue, 14th Floor, Los Angeles CA 90020
EML: hivcomm@lachiv.org | MAIN: 213.738.2816
WEBSITE: www.hivlacounty.gov

**AGENDA FOR THE VIRTUAL MEETING OF THE
EXECUTIVE COMMITTEE**

Thursday, October 28, 2021 @ 1:00 P.M.– 3:30 P.M *extended meeting

To Join by Computer, please Register at:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=eb1e5279ce7859455468683940043182c>

**link is for non-Committee members + members of the public*

To Join by Phone: +1-415-655-0001

Access code: 2590 154 0836

Executive Committee Members:			
<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Erika Davies	Kevin Donnelly
Lee Kochems, MA	Carlos Moreno	Katja Nelson, MPP	Frankie Darling-Palacios
Mario J. Pérez, MPH	Juan Preciado	Kevin Stalter	Justin Valero, MPA (Exec, At large)
QUORUM:	7		

AGENDA POSTED: October 22, 2021

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click [here](#).

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS. All Public Comments will be made part of the official record.

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.

SUPPORTING DOCUMENTATION can be obtained via the Commission’s website at <http://hiv.lacounty.gov> or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020. Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.

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, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

- 1. Approval of Agenda **MOTION #1** 1:03 P.M. – 1:05 P.M.
- 2. Approval of Meeting Minutes **MOTION #2** 1:05 P.M. – 1:07 P.M.

II. PUBLIC COMMENT

- 3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. 1:07 P.M. – 1:10 P.M.

III. COMMITTEE NEW BUSINESS ITEMS

- 4. Opportunity for Committee 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. 1:10 P.M. – 1:13 P.M.

IV. REPORTS

- 5. **Executive Director’s/Staff Report** 1:13 P.M. – 1:30 P.M.
 - A. 2021-2023 & 2022-2024 COH Co-Chairs | WELCOME
 - B. Commission/County Operational Updates
 - C. November 18, 2021 Annual Meeting

6. **Co-Chair's Report** 1:30 P.M. – 1:50 P.M.
- A. "So You Want to Talk About Race?" Book Reading Activity
 - (1) **Two Minute "Excerpt"** from Chapters 15-16
 - (2) Brief 5 Minute Discussion
 - B. Holiday Meeting Schedule | REVIEW & REMINDER
 - C. October 14, 2021 COH Meeting | FOLLOW UP + FEEDBACK
 - D. Committee and Subordinate Working Group Co-Chair Open Nominations for 2022 | REMINDER
7. **Division of HIV and STD Programs (DHSP) Report** 1:50 P.M. – 2:05 P.M.
- A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program (RWP) Parts A & MAI | UPDATES
 - (2) Fiscal | UPDATES
8. **Standing Committee Reports** 2:05 P.M. – 2:30 P.M.
- A. Operations Committee
 - (1) New Member Application | Jesus Orozco, HOPWA representative **MOTION #3**
 - (2) Assessment of the Administrative Mechanism (AAM) | UPDATES
 - (3) New Applicant Interview Questions | REVIEW
 - B. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Ryan White Part A & Minority AIDS Initiative (MAI) Program Year PY 33 and PY 34 Service Category Rankings | **MOTION #4**
 - (2) Ryan White Part A & MAI Program Year PY 33 and PY 34 Service Category Funding Allocations | **MOTION #5**
 - (3) 2022 Comprehensive HIV Plan (CHP) Development
 - C. Standards and Best Practices (SBP) Committee
 - (1) Substance Use and Residential Treatment Standards | UPDATES
 - (2) Benefit Specialty Service Standards | REVIEW
 - (3) Special Populations Best Practices Template & Feedback
 - D. Public Policy Committee
 - (1) County, State and Federal Policy and Legislation
 - 2021 Legislative Docket | UPDATES
 - COH Response to the STD Crisis | UPDATES
 - (2) County, State and Federal Budget
- V. PRESENTATION**
9. A. Alliance for Health Integration (AHI) Priorities 2:30 P.M. – 3:00 P.M.
Jaclyn Baucum, Chief Operation Officer, AHI, County of Los Angeles

VI. REPORTS

- 10. Caucus, Task Force, and Work Group Reports:** 3:00 P.M. – 3:15 P.M.
- A. Aging Task Force | November 2 @ 1-3PM
 - Updated HIV Care Framework for Older Adults Living with HIV | **MOTION #6**
 - B. Black/African American Workgroup
 - C. Consumer Caucus | December 9, 2021 @ TBD
 - Legal Needs Focus Group for PLWH | November 15, 2021 @ 5-6:30PM
 - D. Prevention Planning Workgroup | TBD
 - E. Transgender Caucus | TBD
 - Legal Needs Focus Group for PLWH | November 15, 2021 @ 5-6:30PM
 - F. Women’s Caucus | TBD
 - Legal Needs Focus Group for PLWH | November 15, 2021 @ 5-6:30PM

VII. NEXT STEPS

- 11. A. Task/Assignments Recap** 3:15 P.M. – 3:20 P.M.
- B. Agenda development for the next meeting** 3:20 P.M. – 3:25 P.M.

VIII. ANNOUNCEMENTS

- 12. A. Opportunity for members of the public and the committee to make announcements** 3:25 P.M. – 3:30 P.M.

IX. ADJOURNMENT

- 13. A. Adjournment of the October 28, 2021 Executive Committee meeting** 3:30PM

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve New Member Applicant for Jesus Orozco to occupy HOPWA representative seat, as presented or revised, and elevate to full body for approval.
MOTION #4:	Approved proposed RWP & MAI PY 33 and 34 Service Category Rankings, as presented or revised.
MOTION #5:	Approve proposed RWP & MAI PY 33 and 34 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #6	Approve Updated HIV Care Framework for Older Adults Living with HIV, as presented or revised.



LOS ANGELES COUNTY
COMMISSION ON HIV



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

**EXECUTIVE COMMITTEE
MEETING MINUTES**

September 23, 2021

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Carlos Moreno	P
		Katja Nelson, MPP	P
Frankie Darling-Palacios	P	Mario J. Pérez, MPH	P
Erika Davies	A	Juan Preciado	A
Kevin Donnelly	P	Kevin Stalter	P
Lee Kochems, MA	P	Justin Valero, MA	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Carolyn Echols-Watson, MPA; Catherine Lapointe; Jose Rangel-Garibay, MPH; and Sonja D. Wright, BA, MSOM, LAc, Dipl, PES			
DHSP STAFF			
Julie Tolentino, MPH			

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

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

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

Meeting agenda and materials can be found on the Commission's website at

http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt_ExecComm_092321_final_1.pdf?ver=fhgCK4Bp2wWrQ-KqwcSGyQ%3d%3d

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Bridget Gordon called the meeting to order at 1:06 PM, led introductions, and reviewed housekeeping reminders and Code of Conduct.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: *Approve the Agenda Order, as presented (✓ Passed by Consensus)*

2. APPROVAL OF MEETING MINUTES

Executive Committee Meeting Minutes

September 23, 2021

Page 2 of 7

MOTION #2: *Approve the August 27, 2021 Executive Committee Meeting Minutes, as presented (✓ Passed by Consensus)*

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSIONON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION.** *There were no public 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 ACTION AROSE AFTER POSTING AGENDA:**

Mario Perez requested that the Executive Committee support a review of the Standards and Best Practices Committee's (SBP) to address provider practice of using inclusion and exclusion criteria for people living with HIV (PLWH) who access Ryan White oral health services and are in need of dental implants. He recommended that dental providers should be included in the review. He also recommended having Paulina Zamudio serve as the Division of HIV and STD Programs (DHSP) representative to discuss the review. B. Gordon suggested including a standard for timeliness regarding dental implants. Kevin Donnelly commented that the current standard allows for one dental implant per fiscal year.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

A. Commission/County Operational Updates

Cheryl Barrit announced to the Executive Committee that AB 361 (Rivas): Open meetings: state and local agencies: teleconferences, was signed into law by the Governor on September 16, 2021. AB 361 permits virtual meetings through 2024 as long as there is a state of emergency. Due to ongoing COVID-19 pandemic, the regulations presented in AB 361 are still in effect. All Commission and Committee meetings will continue to be held in a virtual format until further notice.

C. Barrit is awaiting further guidance from the Human Resources Department (HR) on how commissioners can upload their COVID-19 vaccination record and will disseminate that information once received.

B. November 18, 2021 Annual Meeting Planning

C. Barrit provided an overview of the November 18, 2021 annual Commission meeting revised agenda. Staff has reached out to the California State Office of AIDS to request the attendance

of a representative to discuss cluster detection and response. There has been no response to date.

C. HealthHIV Assessment of COH Effectiveness | Final Report & Analysis

C. Barrit went over a document in the meeting packet which outlined recommended action steps for addressing the findings from the planning council effectiveness assessment conducted by HealthHIV. A major finding from the assessment is the importance of filling unaffiliated consumer seats for the Commission. Commissioners are encouraged to recruit potential applicants to attend future committee meetings.

6. Co-Chair's Report

A. "So You Want to Talk About Race?" Book Reading Activity

B. Gordon led this activity by reading excerpts from Chapter 13 and facilitating a brief group discussion relating to the reading material.

B. COH Co-Chair Open Nominations | Elections: October 14, 2021

The current Commission on HIV (COH) co-chair candidates are Lee Kochems, Danielle Campbell, and Bridget Gordon.

C. Holiday Meeting Schedule (November-December 2021)

There will be no December full body Commission Meeting. All committees are asked to discuss their holiday meeting schedule plans during their October meetings.

D. September 9, 2021 COH Meeting | FOLLOW UP + FEEDBACK *No feedback/comments.*

E. October 14, 2021 (Draft) COH Meeting Agenda | REVIEW + FEEDBACK

The October 14, 2021 Draft Agenda Meeting has been sent out. Commissioners are asked to review and provide feedback.

F. Ending the HIV Epidemic (EHE) COH Leads Report | UPDATES *No new information reported.*

G. Black African American Community (BAAC) Task Force | UPDATES

A workgroup has been created to complete the necessary items for DHSP. A meeting has yet to be scheduled.

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

A. Fiscal, Programmatic, and Procurement Updates

(1) Ryan White Program (RWP) Parts A & B | UPDATES

The Ryan White Program Part A application is due on October 6 and staff are busy writing the grant application along with other reports and grant deliverables. ;

(2) 2020-2021 Fiscal | UPDATES

There were no new updates. The most recent fiscal update was provided at the Planning, Priorities and Allocations Committee meeting.

8. Standing Committee Reports

A. Operations Committee

(1) 2021 Renewing Member Applications

- Ernest Walker Seat #47 **MOTION #3** *Approve Membership Application for Ernest Walker (Seat #47), as presented or revised, and forward to the Executive Committee for approval. (✓ Passed by Majority, Roll Call: K. Stalter, M. Perez, F. Darling-Palacios, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, B. Gordon, J. Valero)*

(2) Greg Wilson **MOTION #4** *Approve New Membership Application for Greg Wilson, as presented or revised, and forward to the Executive Committee for approval. Carlos Moreno that motion #4 will not be taken up as the application was not approved by the Operations Committee. (Application did not pass in Operations Committee; no vote was made).*

M.Perez expressed concerns about the outcome of the Operations Committee vote and requested that the Executive Committee put a hold on making a decision. A discussion was held to further explain the reasoning behind this choice. J. Valero and C. Moreno, who participated in the interview panel and noted they followed the process and adhered to the standard questions for applicants. Operations Committee members discussed the application and members did not approve of the application.

(3) Quarterly Attendance Report | Updates

- Involuntary Leave of Absences
- Seat Vacate – Tony Spears **MOTION #5** *(✓ Passed by Majority, Roll Call: J. Valero, K. Stalter, M. Perez, F. Darling-Palacios, K. Nelson, C. Moreno, L. Kochems, K. Donnelly, B. Gordon)*

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

(1) Ryan White Part A Program Year PY 33 and PY 34 Service Category Rankings

Frankie Darling-Palacios and K. Donnelly indicated that during the September 21, 2021 meeting, PP&A discussed Minority AIDS Initiative (MAI) funding and how to better use this funding to serve its intended populations. PP&A discussed how MAI funding can aid with PLWH struggling to find housing. They also discussed their Comprehensive HIV 5-year Plan and how to better assure feedback from all workgroups, caucuses, and committees as well as developing a method for collection of this feedback. K. Donnelly stated that consumers expressed struggles to find and maintain Ryan White-provided housing.

M. Perez commented that consumers are encouraged to call the grievance line at 1-(800) 260-8787 to express concerns. DHSP will review the grievance and work with providers to assist with the issue.

(2) Ryan White Part A Program Year PY 33 and PY 34 Service Category Funding Allocations

PP&A will continue deliberations on PY 33 and 34 service rankings and funding allocations at their October meeting.

C. Standards and Best Practices (SBP) Committee

(1) Substance Use and Residential Treatment Standards | PUBLIC COMMENT

The Substance Use Disorder and Residential Treatment service standards were posted for a 30-day public comment period which ended on September 22, 2021. SBP will discuss the comments at their next meeting.

(2) Benefit Specialty Service Standards | REVIEW

SPB initiated the Benefit Specialty service standards review process and will continue this at their next meeting on October 5, 2021.

In their last meeting, SBP developed a timeline and guiding principles for creating best practices document for special populations. SPB will share this timeline with the caucuses and task forces to receive input.

D. Public Policy Committee (PPC)

(1) County, State and Federal Policy and Legislation

- 2021 Legislative Docket | UPDATE
 - Katja Nelson reported that approximately 10 to 12 bills included in the Legislative Docket have passed through the Assembly and Senate and are awaiting a signature from the Governor. The Governor has until October 10, 2021 to sign bills. A full update will be given after that date.
- COH Response to the STD Crisis | Updates
 - Supervisor Solis has created a motion to address the STD crisis on the September 28, 2021 Board of Supervisors (BOS) meeting agenda.
 - Commissioners are encouraged to send public comments to the BOS online in support of the STD letter.
 - K. Nelson noted that an article published in the LA Times regarding the STD crisis likely aided in action being taken by the BOS.
 - K. Stalter recommended reaching out to the writer of the LA Times article to request a follow up article.

- (2) County, State and Federal Budget
There were no updates.

V. PRESENTATION

9. A. Alliance for Health Integration (AHI) Priorities

Jaclyn Baucum, Chief Operating Officer, AHI, County of Los Angeles.

The presentation has been rescheduled to the October 28, 2021 Executive Committee meeting.

VI. REPORTS

10. Caucus, Task Force, and Work Group Reports:

A. Aging Task Force (ATF)

- The next ATF meeting will be held on October 5, 2021. During this meeting, the ATF will review the feedback that was received during the full Commission meeting where they were presented with the Golden Compass program and proposed HIV care framework for PLWH over 50.

B. Consumer Caucus

- The next Consumer Caucus meeting will be held on October 14, 2021.

C. Prevention Planning Workgroup

- K. Donnelly noted that the Prevention Planning Workgroup received a presentation on HIV/STDs regarding Black maternal, child, and infant health from the Health Promotion Bureau of the Los Angeles County Department of Public Health during their September 22, 2021 meeting.
- The Prevention Planning Workgroup is currently searching for a co-chair.
- The next Prevention Planning meeting is October 27, 2021.

D. Transgender Caucus

- The next Transgender Caucus meeting is September 28, 2021.
- C. Barrit stated that the Transgender Caucus will incorporate ongoing trainings during their meetings. They will also continue to examine policy issues in an effort to collaborate with the PPC.

E. Women's Caucus

- The Women's Caucus is currently searching for a co-chair.
- Their next meeting is October 18, 2021.

VII. NEXT STEPS

11. A. Tasks/Assignments Recap

- All Commission and Committee meetings will continue to be held virtually until further notice.
- It was recommended to reach out to the writer of the LA Times article about the STD crisis.
- Commissioners are encouraged to submit public comments online to the BOS in support of the STD crisis letter.

B. Agenda Development for Next Meeting

- All committees are to discuss their holiday meeting schedule in their October meetings.
- Alliance for Health Integration (AHI) presentation by Jaclyn Baucum, Chief Operating Officer, AHI

VIII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS

K. Donnelly announced that the Long Beach HIV Planning Council will be meeting on Wednesday, October 13, 2021 at noon.

Jayda Arrington announced that there is a need for immediate attention regarding APLA housing services issues.

IX. ADJOURNMENT

13. ADJOURNMENT. *The meeting adjourned at approximately 2:55.*



Unfinished Conversations: Continuing the Commitment to End HIV

Virtual Annual Meeting
Thursday, November 18, 2021
9AM- 3PM

Featured Session Topics

Listening without Judgement
Robert Sowell and April Johnson
Los Angeles County Human Relations Commission

Division of HIV and STD Programs Report and Ending the HIV Epidemic Steering Committee Special Presentations

Mario Perez, MPH, Director, Division of HIV and STD Programs (DHSP), Los Angeles County
Department of Public Health

Julie Tolentino, MPH, EHE Program Manager, DHSP

Zelene Cardenas, Senior Director, Social Model Recovery Systems

Tyreik Gaffney-Smith, Outreach Coordinator, APLA Health

Robbie Rodriguez, Managing Director of Operations, Equality California

Bridget Rogala, MPH, Faculty, California State University, Long Beach

Cluster Detection and Response

Philip Peters, MD, Medical Officer, California Department of Public Health, Office of AIDS

Kathleen Poortinga, MPH, Epidemiologist, HIV Surveillance, DHSP

Street Medicine

Brett J. Feldman, MSPAS, PA-C and Corinne T. Feldman, MMS, PA-C

University of Southern California, Keck School of Medicine

HIV, Aging, and Stigma

Dr. Paul Nash CPsychol AFBPsS FHEA

University of Southern California, Leonard Davis School of Gerontology

REGISTER NOW @ <https://tinyurl.com/7cmraps>
To join by phone, dial 1-415-655-0001
Access Code: 2596 251 7617



October 19, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is pleased to issue Policy Clarification Notice (PCN) 21-02, *Determining Client Eligibility and Ensuring Payor of Last Resort in the Ryan White HIV/AIDS Program*. Effective today, PCN 21-01 replaces PCN 13-02, *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements*.¹ The purpose of this new PCN is to respond to recipient requests to reduce administrative and client burden while enhancing continuity of care to ensure that clients have access to medical and support services in order to achieve viral suppression.

There are two major changes incorporated in PCN 21-02. It eliminates the six month recertification requirement, and replaces it with allowing RWHAP recipients and subrecipients the flexibility to conduct timely eligibility confirmation in accordance with their policies and procedures to assess if there are changes in a client's income and/or residency status. The PCN also states affirmatively that immigration status is irrelevant for the purposes of eligibility for RWHAP services.

HRSA HAB regularly assesses program policies and guidance to ensure compliance and identify ways to reduce recipient and client burden, and has received feedback on recipients' challenges with implementing PCN 13-02. Recipients and subrecipients sought more streamlined and flexible policies to ensure people with HIV obtain access to and are retained in care. PCN 21-02 achieves this by retaining many of the important aspects of PCN 13-02, but provides additional clarity, particularly around complying with the payor of last resort requirement.

HRSA HAB would like to thank the RWHAP stakeholder community for their ongoing feedback and input which helped to inform efforts to reassess the requirements for RWHAP eligibility determinations. HRSA HAB anticipates that the successful implementation of these critical changes with additional clarity will better position RWHAP recipients and subrecipients to update their policies and procedures to enable clients to obtain and maintain access to RWHAP care and treatment services and reduce unnecessary disenrollment, without compromising the integrity, scope, and implementation of the RWHAP.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau

¹ HRSA HAB Policy Clarification Notice 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf>

Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program

Number: Policy Clarification Notice 21-02

Replaces: HRSA HAB Policy Clarification Notice 13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements*

Issue Date: October 19, 2021

I. Purpose

This Policy Clarification Notice (PCN) outlines the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) guidance for Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services.¹

II. Scope and Applicability

This PCN applies to RWHAP Parts A, B, C, D, and Part F when funding supports direct care and treatment services. As of the effective date, this PCN applies to competing continuation, non-competing continuation, and new awards.

III. Effective Date

The effective date of this PCN is October 19, 2021.

IV. Eligibility Requirements for RWHAP Services

People are eligible to receive RWHAP services when they meet each of the following factors:

1. HIV Status

- A documented diagnosis of HIV.² (Note: People who do not have an HIV diagnosis are eligible to receive certain services as outlined in HRSA HAB PCN 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*,³ and as otherwise stipulated by HRSA HAB.)

2. Low-Income

- The RWHAP recipient defines low-income. Low-income may be determined based on percent of Federal Poverty Level (FPL),⁴ which can be measured in several ways (e.g., Modified Adjusted Gross Income,⁵ Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).

¹ RWHAP recipients (including AIDS Drug Assistance Programs) and subrecipients may collect additional information as necessary for program administration.

² HIV Clinical Guidelines: Adult and Adolescent ARV. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines>

³ HRSA HAB Policy Clarification Notice 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds* https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

⁴ U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs. <https://aspe.hhs.gov/poverty-guidelines>

⁵ HRSA HAB Policy Clarification Notice 13-03 *Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post Implementation of the Affordable Care Act*. <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1303eligibilityconsiderations.pdf>

3. Residency

- The RWHAP recipient defines its residency criteria, within its service area.

Note: Immigration status is irrelevant for the purposes of eligibility for RWHAP services.⁶ RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.

Guidance on Determining RWHAP Eligibility

Policies and Procedures for Establishing RWHAP Eligibility

HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined above, including documentation requirements. HRSA HAB does not require documentation to be provided in-person nor be notarized.

RWHAP recipients and subrecipients are expected to develop protocols to facilitate the rapid delivery of RWHAP services, including the provision of antiretrovirals for those newly diagnosed or re-engaged in care. If services are initiated prior to eligibility being established, RWHAP recipients and subrecipients must conduct a formal eligibility determination within a reasonable timeframe and reconcile (i.e., properly account for) any RWHAP funds to ensure that they are only used for allowable costs for eligible individuals.

Policies and Procedures for Confirming RWHAP Eligibility

RWHAP recipients and subrecipients must conduct timely eligibility confirmations, in accordance with their policies and procedures, to assess if the client's income and/or residency status has changed. RWHAP recipients and subrecipients are permitted to accept a client's self-attestation of "no change" when confirming eligibility, although HRSA HAB does not recommend that recipients and subrecipients rely solely on client self-attestation indefinitely. RWHAP recipients and subrecipients should not disenroll clients until a formal confirmation has been made that the client is no longer eligible.

Best Practices to Promote Continuity of Services and Care in the RWHAP

RWHAP recipients and subrecipients should consider adopting the following best practices when designing their eligibility policies and procedures.

RWHAP recipients and subrecipients should conduct periodic checks to identify any potential changes that may affect eligibility, and require clients to report any such changes. Recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income⁷ and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client. If the RWHAP client still meets the eligibility criteria based on recent, reliable, available data, recipients and subrecipients may renew that client's eligibility without requesting additional information from the individual.

⁶ See 8 U.S.C. § 1182(a)(4); Field Guidance on Deportability and Inadmissibility on Public Charge Grounds, 64 Fed. Reg. 28, 689 (Mar. 26, 1999). <https://www.govinfo.gov/content/pkg/FR-1999-05-26/pdf/99-13202.pdf>

⁷ Federal Low-Income Programs: Use of Data to Verify Eligibility Varies Among Selected Programs and Opportunities Exist to Promote Additional Use. <https://www.gao.gov/products/gao-21-183>

RWHAP recipients and subrecipients should identify opportunities to streamline eligibility determination policies and procedures across service categories and RWHAP parts within the service area. In addition, RWHAP recipients and subrecipients are encouraged to develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs.

V. 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. . . any State compensation program, under an insurance policy, or under any Federal or State health benefits program. . . , or by an entity that provides health services on a pre-paid basis.”⁸

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 public⁹ and private¹⁰ 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.

Coverage of Services by the Ryan White HIV/AIDS Program

RWHAP funds may be used to fill in coverage gaps for individuals who are either underinsured or uninsured in order to maintain access to care and treatment services as allowable and defined by the RWHAP. RWHAP funds may be used for core medical and support services if those services are not covered or are only partially covered by another payer, even when those services are provided at the same visit.

This guidance does not have the force and effect of law and is not meant to bind the public in any way, except as authorized by law or as incorporated into a contract. It is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

⁸ Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) of the Public Health Service (PHS) Act. See also 2671(i) of the PHS Act. The Indian Health Service is statutorily exempted from the payor of last resort provision.

⁹ HRSA HAB Policy Clarification Notice 13-01 *Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program*. <https://hab.hrsa.gov/sites/default/files/hab/Global/1301pcnmedicaideligible.pdf>

¹⁰ HRSA HAB Policy Clarification Notice 13-04 *Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program*. <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1304privateinsurance.pdf>



2021 MEMBERSHIP ROSTER | UPDATED 10.21.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	OPS	Alexander Luckie Fuller	Antioch University	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	Michele Daniels (OPS)-LOA
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2019	June 30, 2021	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez (LOA)	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	No affiliation	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			Vacant		July 1, 2020	June 30, 2022	
41	Representative, HOPWA			Vacant		July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		38						



LOS ANGELES COUNTY
COMMISSION ON HIV



HOPWA Application

Jesus Orozco, Seat #41

Membership Application on File with the Commission Office



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 10/21/21

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

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

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



**Planning, Priorities and Allocations Committee
Service Category Rankings Worksheet
Program Year (PY) 33 and 34**

Approved PY 32 ⁽¹⁾	PY 33	PY 34	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1			Housing	S	Housing
			Permanent Support Housing		
			Transitional Housing		
			Emergency Shelters		
			Transitional Residential Care Facilities (TRCF)		
			Residential Care Facilities for the Chronically Ill (RCFCI)		
2			Non-Medical Case Management	S	Non-Medical Case Management Services
			Linkage Case Management		
			Benefit Specialty		
			Benefits Navigation		
			Transitional Case Management		
			Housing Case Management		
3			Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
			Medical Subspecialty Services		
			Therapeutic Monitoring Program		
4			Emergency Financial Assistance	S	Emergency Financial Assistance
5			Psychosocial Support Services	S	Psychosocial Support Services
6			Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7			Mental Health Services	C	Mental Health Services
			MH, Psychiatry		
			MH, Psychotherapy		

Approved			Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
PY 32 ⁽¹⁾	PY 33	PY 34			
8			Outreach Services	S	Outreach Services
			Engaged/Retained in Care		
9			Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
10			Early Intervention Services	C	Early Intervention Services
11			Medical Transportation	S	Medical Transportation
12			Nutrition Support	S	Food Bank/Home Delivered Meals
13			Oral Health Services	C	Oral Health Care
14			Child Care Services	S	Child Care Services
15			Other Professional Services	S	Other Professional Services
			Legal Services		
			Permanency Planning		
16			Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17			Health Education/Risk Reduction	S	Health Education/Risk Reduction
18			Home Based Case Management	C	Home and Community Based Health Services
19			Home Health Care	C	Home Health Care
20			Referral	S	Referral for Health Care and Support Services
21			Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost- Sharing Assistance for Low-income individuals
22			Language	S	Linguistics Services

Approved			Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
PY 32 ⁽¹⁾	PY 33	PY 34			
23			Medical Nutrition Therapy	C	Medical Nutrition Therapy
24			Rehabilitation Services	S	Rehabilitation Services
25			Respite	S	Respite Care
26			Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27			Hospice	C	Hospice

Footnote:

1 – Service rankings approved 9/09/2021

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 31 AND PART B YR 31 EXPENDITURES BY RWP SERVICE CATEGORIES
 Expenditures reported by October 6, 2021

1	2	3	4	5	6	7	8	9	10
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURE S MAI	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURE S PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+7)	COH YR 31 ALLOCATIONS FOR HRSA PART A AND MAI
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 2,921,558	\$ -	\$ 2,921,558	\$ 7,615,881	\$ -	\$ -	\$ -	\$ 2,921,558	\$ 9,258,477
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 4,228,468	\$ -	\$ 4,228,468	\$ 11,346,075	\$ -	\$ -	\$ -	\$ 4,228,468	\$ 12,174,533
ORAL HEALTH CARE	\$ 2,103,040	\$ -	\$ 2,103,040	\$ 6,352,833	\$ -	\$ -	\$ -	\$ 2,103,040	\$ 5,298,780
MENTAL HEALTH	\$ 150,356	\$ -	\$ 150,356	\$ 351,216	\$ -	\$ -	\$ -	\$ 150,356	\$ 264,747
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 843,935	\$ -	\$ 843,935	\$ 2,174,343	\$ -	\$ -	\$ -	\$ 843,935	\$ 2,693,515
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	\$ 639,550	\$ -	\$ 639,550	\$ 1,383,853	\$ -	\$ -	\$ -	\$ 639,550	\$ 1,339,084
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	\$ -	\$ 312,529	\$ 312,529	\$ -	\$ 741,223	\$ -	\$ -	\$ 312,529	\$ 302,422
HOUSING-RCFCI, TRCF	\$ 98,607	\$ -	\$ 98,607	\$ 109,068	\$ -	\$ 1,825,692	\$ 4,381,660	\$ 1,924,299	\$ 403,647 Part A portion
HOUSING-Temporary and Permanent Supportive with Case Management	\$ -	\$ 1,312,190	\$ 1,312,190	\$ -	\$ 2,624,380	\$ -	\$ -	\$ 1,312,190	\$ 2,967,007
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 356,400	\$ 855,360	\$ 356,400	Part B
MEDICAL TRANSPORTATION	\$ 197,725	\$ -	\$ 197,725	\$ 413,546	\$ -	\$ -	\$ -	\$ 197,725	\$ 790,405
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 700,700	\$ -	\$ 700,700	\$ 2,444,597	\$ -	\$ -	\$ -	\$ 700,700	\$ 2,789,438
LEGAL	\$ -	\$ -	\$ -	\$ 240,282	\$ -	\$ -	\$ -	\$ -	\$ 88,249
SUB-TOTAL DIRECT SERVICES	\$ 11,883,939	\$ 1,624,719	\$ 13,508,658	\$ 32,431,694	\$ 3,365,603	\$ 2,182,092	\$ 5,237,020	\$ 15,690,750	\$ 38,369,155
YR 31 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	\$ 2,893,664	\$ 165,861	\$ 3,059,525	\$ 4,034,450	\$ 363,270	\$ 129,659	\$ 361,518	\$ 3,189,184	
YR 31 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	\$ 280,188	\$ -	\$ 280,188	\$ 1,082,954	\$ -	\$ -	\$ -	\$ 280,188	
TOTAL EXPENDITURES	\$ 15,057,791	\$ 1,790,580	\$ 16,848,371	\$ 37,549,098	\$ 3,728,873	\$ 2,311,751	\$ 5,598,538	\$ 19,160,122	
TOTAL GRANT AWARD				\$ 40,344,502	\$ 3,632,709		\$ 5,000,000		
VARIANCE				(2,795,404)	96,164		598,538		
Estimated MAI Carryover from YR 21 to YR 22	\$	2,100,702							

Note: Amount in () means that the amount of estimated expenditures is less than the grant award

STRATEGIES:

1. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for ALL older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50) .
2. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.
3. Integrate a geriatrician in medical home teams.
4. Establish coordination process for specialty care.

Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21)

Assessments and Screenings

Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Hormone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

 From Golden Compass Program

 From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

- HIV-specific Routine Tests
 - HIV RNA (Viral Load)
 - CD4 T-cell count
- Screening for Frailty
 - Unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
 - Lipid Panel (Dyslipidemia)
 - Hemoglobin A1c (Diabetes Mellitus)
 - Blood Pressure (Hypertension)
 - Weight (Obesity)
- Screening for Smoking-related Complications
 - Lung Cancer - Low-Dose CT Chest
 - Pulmonary Function Testing, Spirometry (COPD)
- Screening for Renal Disease
 - Complete Metabolic Panel
 - Urinalysis
 - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
 - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
 - Injection Drug Use
 - Hepatitis Panel (Hepatitis A, B, C)
 - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Definitions

(continued)

- Screening for Osteoporosis
 - Vitamin D Level
 - DXA Scan (dual-energy X-ray absorptiometry)
 - FRAX score (fracture risk assessment tool)
- Screening for Male and Female Hormone Deficiency
 - Menopause, decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health Comorbidities
 - Depression – Patient Health Questionnaire (PHQ)
 - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
 - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
 - Referral to LCSW or MFT
 - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
 - Vitamin B12
 - Referral to Neurology
 - Electrodiagnostic testing
- Screening for Sexual Health

Other Suggestions from ATF/COH Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies
- Collaborate with the AIDS Education Training Centers to develop training for HIV specialist and geriatricians.

BE HEARD.

The **Los Angeles County Commission on HIV** in partnership with the **Legal Needs Assessment Team*** invite **People Living with HIV (PLWH)** to share their experiences in an **online focus group** to **discuss legal issues** faced and any problems or barriers encountered in receiving help to **inform** and **reform** legal services for PLWH in Los Angeles County

MONDAY, NOVEMBER 15, 2021
5:00-6:30PM (PST)

REGISTER @ [HTTPS://FORMS.GLE/IYBTHHFBUEOZ1CB59](https://forms.gle/iYBTHHFBUEOZ1CB59)

PARTICIPANTS WILL RECEIVE A \$25 VISA GIFT CARD AND AN ADDITIONAL \$15 FOR COMPLETING AN ONLINE SURVEY

Questions?
Contact Laurie Aronoff at
laronoff@lacba.org or 213-833-6776

**This effort is funded by the Los Angeles County Department of Public Health, Division of HIV and STD Programs. Our team includes Laurie Aronoff (LACBA AIDS Legal Services Project), Ayako Miyashita Ochoa (UCLA Luskin School of Public Affairs) and Tai Glen (Inner City Law Center)*

