



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

Get connected to services: <https://hivconnect.org/>

# STANDARDS AND BEST PRACTICES COMMITTEE

## Virtual Meeting

Tuesday, February 1, 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/352jn8tz>

**JOIN VIA WEBEX ON YOUR PHONE:**

1-415-655-0001

Event #/Meeting Info/Access Code: 2597 952 2560

\*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](mailto: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.

For a tutorial on joining WebEx events, please check out:

<https://www.youtube.com/watch?v=iQSSJYcrgIk>

Join the Commission on HIV Email Listserv, [Click Here](#)

Follow the Commission on HIV at  

Interested in becoming a Commissioner? [Click here for a Member Application.](#)



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



AGENDA FOR THE VIRTUAL MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV (COH)  
**STANDARDS AND BEST PRACTICES COMMITTEE**  
TUESDAY, February 1<sup>st</sup>, 2022, 10:00 AM – 12:00 PM

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

<https://tinyurl.com/352jn8tz>

**or Dial**

1-415-655-0001

Event Number/Access code: 2597 952 2560

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

[HIVComm@lachiv.org](mailto:HIVComm@lachiv.org) <http://hiv.lacounty.gov>

Standards and Best Practices (SBP) Committee Members			
Erika Davies <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Miguel Alvarez	Mikhaela Cielo, MD
Pamela Coffey <i>(Reba Stevens, Alternate)</i>	Wendy Garland, MPH	Grissel Granados, MSW	Thomas Green
Mark Mintline, DDS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA,	Katja Nelson, MPP	Joshua Ray <i>(Eduardo Martinez, Alternate)</i>
Mallery Robinson	Harold Glenn San Agustin, MD	Justin Valero, MA	Rene Vega, MSW, MPH
Ernest Walker, MPH			
QUORUM: 9			

AGENDA POSTED: January 28, 2022

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

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](mailto:HIVComm@lachiv.org).

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

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

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

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

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

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

1. Approval of Agenda MOTION #1

2. Approval of Meeting Minutes MOTION #2

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

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

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

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

**IV. REPORTS**

- 5. Executive Director/Staff Report 10:15 AM – 10:30 AM
  - a. Comprehensive HIV Plan 2022-2026
  - b. Oral Health Service Standards Targeted Review Project Updates
  - c. Special Populations Best Practices Project Updates
  
- 6. Co-Chair Report 10:30 AM – 11:00 AM
  - a. 2022 SBP Committee Workplan review and approval **MOTION #3**
  - b. “Getting to know you” activity
  
- 7. Division of HIV & STD Programs (DHSP) Report 11:00 AM – 11:05 AM

**V. DISCUSSION ITEMS**

- 8. Service Standards Development 11:05 AM – 11:45 AM
  - a. Benefits Specialty Services Standard
    - Review comments from Public Comment period
  - c. Home-based Case Management Services Standard Review
    - Continue committee review process

**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 January 4, 2022.

PROPOSED MOTIONS	
<b>MOTION #1</b>	<b>Approve the Agenda Order, as presented or revised.</b>
<b>MOTION #2</b>	<b>Approve the Standards and Best Practices Committee minutes, as presented or revised.</b>
<b>MOTION #3</b>	<b>Approve 2022 workplan as presented or revised</b>



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/11/22

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>ALVAREZ</b>	<b>Miguel</b>	No Affiliation	No Ryan White or prevention contracts
<b>ALVIZO</b>	<b>Everardo</b>	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
<b>BALLESTEROS</b>	<b>AI</b>	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
<b>BURTON</b>	<b>Alasdair</b>	No Affiliation	No Ryan White or prevention contracts
<b>CAMPBELL</b>	<b>Danielle</b>	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			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts

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	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			



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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	Unaffiliated consumer	No Ryan White or prevention contracts
VEGA	Rene	Unaffiliated consumer	No Ryan White or prevention contracts
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			



LOS ANGELES COUNTY  
COMMISSION ON HIV



**DRAFT**

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

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

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

January 4, 2022

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

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

\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

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

\*\*LOA: Leave of absence

Meeting agenda and materials can be found on the Commission’s website at <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=bGMgDd5qqNI%3d&portalid=22>

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

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

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

**2. APPROVAL OF MEETING MINUTES**

**MOTION #2:** Approve the 12/07/2021 Standards and Best Practices (SBP) Committee meeting minutes, as presented (*Passed by Consensus*).

**II. PUBLIC COMMENT**

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

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

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

#### **IV. REPORTS**

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

- a. Cheryl Barrit, Executive Director (ED) reported the following:
- C. Barrit reminded the committee that AJ King was onboard as a consultant and will help manage and write Comprehensive HIV Plan (CHP) and will be providing a high-level overview of the CHP at the full Commission meeting on January 13, 2022. COH staff will work with all COH committees and subgroups to allocate time at all meetings to allow for ongoing consultations and feedback related to the CHP. The timeline for completion is October 2022 to allow enough time for a public comment period and meet the submission deadline of December 2022.
  - C. Barrit shared that Dr. Green from the Division of HIV and STD Programs (DHSP) noted that the priorities for solicitations in 2022 include: Biomedical services, media services, evaluation services, transitional case management, home-based case management, health education/risk reduction. Other services upcoming are Ambulatory Outpatient Medical (AOM), Residential/expanded housing, benefits specialty services (BSS) and medical care coordination.
  - Reba Stevens asked if the Health Education/Risk Reduction service category included mental health as a service component. C. Barrit clarified that there is a separate Mental Health service category and is not currently in the pipeline for review.
- b. **Oral Health Service Standards Review**
- Jose Rangel-Garibay reported that the oral health workgroup will meet on January 11, 2022 to plan and elaborate details for holding a subject matter expert panel to address provider practice of using exclusion criteria for dental implants and develop guidance to amend the oral health service standards. At this meeting, the group will determine objectives, draft discussion questions, and prepare an agenda for the expert panel.
- c. **Special Populations Best Practices Project**
- J. Rangel-Garibay shared that he reviewed the Aging Task Force (ATF) recommendations for people living with HIV age 50+ developed in December 2020 and the Framework for HIV care for people living with HIV 50+ recently adopted and compiled a list of best practices and reference guides. He will be providing an update to the Aging Task Force at their next meeting. He will also review recommendations from the Transgender Caucus, Black African American Caucus, and the Women's Caucus to compile respective best practices lists.

7. **CO-CHAIR REPORT**

- a. **2021 Workplan Achievement Review**
- J. Rangel-Garibay shared the SBP committee's achievements in 2021 in preparation for reviewing the draft 2022 workplan.
- b. **2022 Workplan Review**
- J. Rangel-Garibay provided an overview of the 2022 SBP Committee workplan and noted the following as priorities for the committee: Approval of the Substance Use Disorder and Residential Treatment Service (SUD) service standards, review of the Benefits Specialty Services (BSS) service standards, review of the Home-Based Case Management (HBCM) service standards, targeted review of the oral health standards, and collaborating with the Planning, Priorities and Allocations (PP&A) Committee to help shape the CHP.
  - J. Rangel-Garibay suggested that the committee extend the public comment period for the BSS service standards by 2 weeks to allow more time for the public to share their feedback.
  - J. Rangel-Garibay will add Transitional Case Management to the 2022 SBP Committee workplan.
- c. **Committee Member "Getting to Know You" Activity**
- SBP Committee members shared their favorite board/card games.

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

- Wendy Garland presented a summary document for the Home-based Case Management (HBCM) services which details service utilization and service description for Ryan White years 29-30. A copy of the document is

included in the meeting packet.

- W. Garland suggested to reference the Human Resources and Services Administration (HRSA) Policy Clarification Notice 602 as the committee reviews the HBCM service standards to understand any changes in service components at the policy level.
- R. Stevens asked if it were possibly to know where HBCM service utilizers are in the County to better understand client distribution and health equity concerns. W. Garland noted that the data sample is small, and any further stratification would yield very small data points and likely not be representative of the population. R. Stevens also asked about retention measures for clients who reported homelessness at the time they enrolled in HBCM services. W. Garland responded that the data collected is limited in describing the clients housing status due to the type of data collected and the time the data is collected.
- Harold Glenn San Agustin asked if an agency that is not contracted to provide HBCM services can refer a client to another agency to receive HBCM. W. Garland noted that this was possible.
- Scott Blackburn noted that a client can be referred to another agency for HBCM regardless of their medical home. He added that if a client is referred from one agency to another for HBCM, the client would need to be disenrolled in MCC services at the originating agency due to dual enrollment in MCC and HBCM is considered.
- S. Blackburn suggested the committee to review how HBCM compliments MCC and not supplant the services to avoid having clients disenrolled from their MCC services at their medical home.
- Tiyana Calderon asked if there has been any considering to changing the licensing requirement for nurses considering that in places like the Antelope Valley, requiring a RN license presents a staffing challenge. W. Garland responded she does not have an answer at this time but will further investigate this issue.

## **V. DISCUSSION ITEMS**

### **9. Substance Use Disorder and Residential Treatment Services Standards of Care Comment Review**

- a. The Executive Committee approved the SUD service standards on 12/09/21. The SUD service standards will be moved for approval at the January 13, 2022 full COH meeting.

### **10. Benefits Specialty Services (BSS) Service Standards Review**

- a. The SBP Committee extended the public comment period for the Benefits Specialty service standards. The public comment period ends on January 21, 2022.

### **11. Home-based Case Management (HBCM) Service Standards Review**

- a. J. Rangel-Garibay provided an overview of the formatting changes made to the HBCM service standards document and noted he will change the column items on Table 1 to reduce repetition.
- b. Lisa Klein suggested to include the phrasing “educating clients on reducing risks for HIV infection and transmission” to the service description list.
- c. C. Barrit suggested the committee and COH staff do more research on licensing requirements for staff providing HBCM services and learn more about ways to address the practice of clients being disenrolled from MCC services when they enroll in HBCM services considering that both service categories provide slightly different service components.
- d. H. San Agustin asked if a client enrolled in HBCM services meets their goals for their individual plan, do they become eligible for a reassessment and placement in a MCC services. S. Blackburn noted that the client would be eligible for reassessment for MCC services and be enrolled in MCC services provided the agency offers MCC.
- e. Scott Blackburn mentioned upcoming changes to the Medi-Cal waiver and their impact on Home-based Case Management services. One of the changes is to licensing and educational requirements for the social worker case manager staff to allow for bachelor’s level social workers provide HBCM services.
- f. Katja Nelson suggested requesting a presentation on changes to the Medi-Cal waiver from the CA Office of AIDS.
- g. W. Garland suggested to consider having the ATF review the HBCM service standards given that the service utilization data showed 85% of people receiving a HBCM services reported being 50 or older.

## **VI. NEXT STEPS**

- a. **TASK/ASSIGNMENTS RECAP:**

## Standards and Best Practices Committee Meeting Minutes

January 4, 2022

Page 4 of 4

---

- COH staff will extend the public comment period for the Benefits Specialty Services standards. The public comment period ends on January 21, 2022.
- COH staff will move the SUD service standards document to the full COH for approval.
- COH staff will contact the CA Office of AIDS to request more information on the upcoming changes to the Medi-Cal waiver regarding Home-Based Case Management

### 12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- 2022 SBP Committee Work Plan development
- Report back any updates on the Special Population Best Practices project
- Report back any updates on the Oral Health service standard Targeted Review project
- Review public comments received for the Benefits Specialty Services standards
- Continue review of the Home-based Case Management service standards

### VII. ANNOUNCEMENTS

13. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** J. Rangel-Garibay reminded the committee that the next COH meeting will take place on Thursday January 13, 2022.

### VIII. ADJOURNMENT

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



## STANDARDS AND BEST PRACTICES COMMITTEE

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

<b>WORKGROUP ROSTER</b>					
<b>Commission on HIV (COH) SBP committee members:</b> Erika Davies (PDH), Kevin Stalter (consumer), Dr. Mark Mintline (WU)					
<b>DHSP representatives:</b> Mario Perez, Paulina Zamudio, Dr. Michael Green					
<b>Community Stakeholders:</b> Dr. Fariba Younai (UCLA)					
<b>COH Staff:</b> Cheryl Barrit, Jose Rangel-Garibay					
<b>Approval Date:</b>		<b>Revision Dates:</b> 11/4/21, 11/8/21, 12/1/21,12/14/21, 12/20/21, 1/11/22, 1/18/22, 1/26/22			
<b>GOAL:</b> Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.					
#	OBJECTIVE	TASKS/ACTIVITIES	OUTCOMES/DELIVERABLES	STATUS	TARGET DATE
1	Describe issue(s) and determine course of action	<ul style="list-style-type: none"> <li>Host initial meeting to help the Standards and Best Practices (SBP) committee gather information and determine the need to review the Oral Health service standards in response to an appeal form the Director of the Division on HIV and STD Programs (DHSP)</li> </ul>	<ul style="list-style-type: none"> <li>Determined to conduct a targeted review of the 2016 Oral Health service standards informed by a panel of specialty dental providers and other subject matter experts</li> <li>Meeting summary for participants</li> <li>Monthly progress reports to SBP Committee</li> </ul>	<b>COMPLETE</b>	Oct 2021
2	Pre-planning for SME panel	<ul style="list-style-type: none"> <li>Develop work plan and project timeline</li> <li>Gather contact information for specialty dental providers and other subject matter experts (SMEs)</li> <li>Conduct literature review</li> <li>Share updates with work plan with participants</li> </ul>	<ul style="list-style-type: none"> <li>Work plan and project timeline</li> <li>List of contacts received</li> <li>Summary from literature review</li> </ul>	<b>COMPLETE</b>	Dec 2021
3	Plan SME panel	<ul style="list-style-type: none"> <li>Draft SME panel agenda</li> <li>Set expectations and deliverables for SME panel</li> <li>Share contacts identified and send availability requests/invite panelists</li> <li>Share literature review summary document with workgroup</li> <li>Set date and time for the SME panel-pending</li> </ul>	<ul style="list-style-type: none"> <li>Agenda for SME panel</li> <li>SME panel objectives and expectations</li> <li>SME panel meeting packet items-pending</li> <li>Send invitations to panelists-pending</li> <li>Identify SME panel facilitator</li> </ul>	In-progress	Jan 2022
4	Convene expert panel	<ul style="list-style-type: none"> <li>Facilitate discussion regarding guidance for dental implants to be included to the Oral Health service standards</li> </ul>	<ul style="list-style-type: none"> <li>Summary of feedback</li> </ul>	In-progress	<del>(Late)</del> <del>Jan 2022</del> Late Feb 2022



## STANDARDS AND BEST PRACTICES COMMITTEE

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

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



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

<b>Co-Chairs: Erika Davies, Kevin Stalter</b>				
<b>Approval Date: TBD</b>				
<b>Purpose of Work Plan:</b> 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, <b>1/26/22</b>
2	Update Substance Use Outpatient and Residential Treatment service standards	Continuation of SUD service standards review from 2021.	Jan 2022	During the November meeting, the committee placed a temporary hold on approving the SUD service standards pending further review of the implications of CalAIM. COH staff will provide CalAIM updates and allow the committee to determine to approve or extend the hold on approving the SUD service standards. At the December 7 <sup>th</sup> 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  <b>Approved by Commission on 1/13/22. COH staff sent transmittal letter to DHSP on 1/26/22.</b>
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. <b>The Committee will review public comments received at the February 2022 meeting.</b>
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+	June 2022	DHSP presented a HBCM service utilization summary document at the January 2022 SBP Committee meeting



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

				Committee will continue review at February 2022 meeting.
5	Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.	Mario Perez (DHSP) recommended that the SBP committee conduct this specific addendum to the oral health standards for 2022	June 2022	COH staff scheduled a planning meeting to elaborate details for an expert panel. The meeting is scheduled January 11, 2022.  COH staff to identified Jeff Daniels as facilitator for Subject Matter Expert (SME) panel. COH staff requested service utilization summary document for Oral Health service standards from Wendy Garland [DHSP]. Dr. Younai provided literature review materials and COH staff will prepare an annotated bibliography. Paulina Zamudio provided list of dental providers contracted with DHSP. COH staff will draft SME panel invite letter. SME panel to convene in late February 2022.
6	Update Transitional Case Management service standards	Recommendation from DHSP	Late 2022	
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	

**Benefits Specialty Services Public Comments received as of 1/27/2022**

<b>Agency</b>	<b>Comment(s)</b>	<b>SBP Committee Course of Action</b>
<p>BSS Program Manager at JWCH Institute, Inc.</p>	<ol style="list-style-type: none"> <li>1. More training about various county benefits programs available for our clients would be helpful, along with most of the services that we are expected to provide. A lot of what we have learned has been through asking other enrollment workers or searching online. Cal Fresh was the only training in the last few years that we have received. There are no materials offered by DHSP or county programs to reference or learn from for programs such as Covered California or Social Security enrollment, amongst others.</li> <li>2. Less required paperwork. During intake of new patients, they are expected to complete the clinic packet, the benefits packet (along with the assessment and Service Plan), and then also the NOLP Packet for enrollment into the food pantry. It would be helpful if a more condensed version of the BSS Packet is offered and will be less overwhelming for the clients especially during their initial visit.</li> <li>3. Can workshops and outreach hours be counted towards the monthly Benefits hours/clients? This would be helpful to increase our service hours numbers and to meet that contract goal. Outreach is important for this position, but the hours aren't counted for some reason. If we are expected to bring in new people and outreach, then those hours should be counted and be credited for the work and time spent helping our clients.</li> <li>4. Is there a specific form for Ryan White enrollment? I've been asked this before but the only enrollment into Ryan White that is provided is when we create and enter them into Case Watch along with the Benefits Packet.</li> <li>5. If a client does not need Benefits, maybe there can be a single form they can sign stating that they were assessed and don't need any benefits. This would eliminate the client having to complete a Benefits Packet and Assessment for their charts when it is not needed.</li> </ol>	



LOS ANGELES COUNTY  
COMMISSION ON HIV



# Service Standards for **BENEFITS SPECIALTY SERVICES**

DRAFT FOR PUBLIC COMMENT

PUBLIC COMMENT PERIOD:  
December 9, 2021—January 21, 2022

Email comments to [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org)



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**Service Standards Review  
Guiding Questions for Public Comments**

**Service-Specific Questions**

1. Are the standards up-to-date and consistent with national standards of high quality HIV and STD prevention services?
2. Are the standards reasonable and achievable for providers?
3. Will the services meet consumer needs? Are the proposed standards client-centered?
4. Is there anything missing from the standards related to HIV prevention and care?
5. Is there anything missing regarding accessing Benefits Specialty Services under Ryan White HIV/AIDS Program funding?



## 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**

<b>Health Care</b>	<ul style="list-style-type: none"> <li>• AIDS Drug Assistance Program (ADAP)*</li> <li>• Patient Assistance Programs (Pharmaceutical Companies)</li> </ul>
<b>Insurance</b>	<ul style="list-style-type: none"> <li>• State Office of AIDS Health Insurance Premium Payment (OA-HIPP)</li> <li>• Covered California/Health Insurance Marketplace</li> <li>• Medicaid/Medi-Cal/MyHealthLA</li> <li>• Medicare</li> <li>• Medicare Buy-in Programs</li> <li>• Private Insurance</li> </ul>
<b>Food and Nutrition</b>	<ul style="list-style-type: none"> <li>• CalFresh</li> <li>• DHSP-funded nutrition programs (food banks or home delivery services)</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Social Security Disability Insurance (SSDI)</li> <li>• State Disability Insurance</li> <li>• In-Home Supportive Services (IHSS)</li> </ul>
<b>Unemployment/Financial Assistance</b>	<ul style="list-style-type: none"> <li>• Unemployment Insurance (UI)</li> <li>• Worker’s Compensation</li> <li>• Ability to Pay Program (ATP)</li> <li>• Supplemental Security Income (SSI)</li> <li>• State Supplementary Payments (SSP)</li> <li>• Cal-WORKS (TANF)</li> <li>• General Relief/General Relief Opportunities to Work (GROW)</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Section 8, Housing Opportunities for People with AIDS (HOPWA) and other housing programs</li> <li>• Rent and Mortgage Relief programs</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Women, Infants and Children (WIC)</li> <li>• Childcare</li> <li>• Entitlement programs</li> <li>• Other public/private benefits programs</li> <li>• DHSP-funded services</li> </ul>



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**

<b>SERVICE COMPONENT</b>	<b>STANDARD</b>	<b>DOCUMENTATION</b>
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): <ul style="list-style-type: none"> <li>• Documentation of HIV status</li> <li>• Proof of LA County residency or Affidavit of Homelessness</li> <li>• Verification of financial eligibility</li> <li>• Date of intake</li> <li>• Client name, home address, mailing address and telephone number</li> <li>• Emergency and/or next of kin contact name, home address and telephone number</li> </ul>
	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: <ul style="list-style-type: none"> <li>• Date of assessment</li> <li>• Signature and title of staff person</li> <li>• Completed Assessment/Information form</li> <li>• Functional barriers</li> <li>• Notation of relevant benefits and entitlements and record of forms provided</li> <li>• Benefits service plans</li> </ul>
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: <ul style="list-style-type: none"> <li>• Date</li> <li>• Signature and title of staff person</li> <li>• Notation of relevant benefits and presenting issues(s)</li> <li>• Benefits service plan to address identifies benefits issue(s)</li> </ul>
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: <ul style="list-style-type: none"> <li>• Name, date and signature of client and case manager</li> <li>• Benefits/entitlements for which to be applied</li> <li>• Functional barriers status and next steps</li> <li>• Disposition for each benefit/entitlement and/or referral</li> </ul>
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): <ul style="list-style-type: none"> <li>• Brief description of counseling provided</li> </ul>

**DRAFT FOR PUBLIC COMMENT**

	<p>legal assistance will be referred to Ryan White Program-funded or other legal service provider.</p>	<ul style="list-style-type: none"> <li>• Time spent with, or on behalf of, the client</li> <li>• Legal referrals (as indicated)</li> </ul>
	<p>Specialists will attempt to follow up missed appointments within one business day.</p>	<p>Progress notes on file in client chart detailing follow-up attempt.</p>
Client Retention	<p>Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.</p>	<p>Written policy on file at provider agency.</p>
	<p>Programs will provide regular follow-up procedures to encourage and help maintain a client in benefits specialist services.</p>	<p>Documentation of attempts to contact tin signed, date progress notes. Follow-up may include:</p> <ul style="list-style-type: none"> <li>• Telephone calls</li> <li>• Written correspondence</li> <li>• Direct contact</li> </ul>
	<p>Programs will develop and implement a client contact policy and procedure for homeless clients and those with no contact information.</p>	<p>Contact policy on file at provider agency. Program review and monitoring to conform.</p>
Case Closure	<p>Clients will be formally notified of pending case closure.</p>	<p>Contact attempts and notification about case closure on file in client chart.</p>
	<p>Benefits cases may be closed when the client:</p> <ul style="list-style-type: none"> <li>• Successfully completes benefits and entitlement applications</li> <li>• Seeks legal representation for benefits</li> <li>• Relocates out of the service area</li> <li>• Has had no direct program contact in the past six months</li> <li>• Is ineligible for the service</li> <li>• No longer needs the service</li> <li>• Discontinues the service</li> <li>• Is incarcerated long term</li> </ul>	<p>Case closure summary on file in client chart to include:</p> <ul style="list-style-type: none"> <li>• Date and signature of benefits specialist</li> <li>• Date of case closure</li> <li>• Status of the BSP</li> <li>• Reasons for case closure</li> </ul>

	<ul style="list-style-type: none"> <li>• Uses the service improperly or has not complied with the client services agreement</li> <li>• Has died</li> </ul>	
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: <ul style="list-style-type: none"> <li>• Date, time, and location of training</li> <li>• Title of training</li> <li>• Staff members attending</li> <li>• Training provider</li> <li>• Training outline</li> <li>• Meeting agenda and/or minutes</li> </ul>

	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 provide provider advocacy that helps the individual maintain his or her benefits.

**Case Closure** is a systematic process of disenrolling clients from 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 adjuster. (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.



# Home-Based Case Management Services Standards of Care

DRAFT FOR REVIEW

1/26/2022



## Home-Based Case Management Services SERVICE STANDARDS

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

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

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

[Service Standards: Ryan White HIV/AIDS Programs](#)

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

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

**SERVICE INTRODUCTION**

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

Home-based case management services may include:

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

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

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

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

**Table 2. HOME-BASED CASE MANAGEMENT SERVICE REQUIREMENTS**

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



		<ul style="list-style-type: none"> <li>• Date of intake</li> <li>• Client name, home address, mailing address and telephone number</li> <li>• Emergency and/or next of kin contact name, home address and telephone number</li> </ul>
	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 60 days.	<p>Assessment or update on file in client record to include:</p> <ul style="list-style-type: none"> <li>• Date</li> <li>• Signature and title of staff person</li> <li>• Comprehensive medical information (detailed above)</li> <li>• Client's educational needs related to treatment</li> <li>• Assessment of psychological adjustment and coping</li> <li>• Consultation (or documented attempts) with health care and related social service providers</li> <li>• Assessment of need for home-health care services</li> </ul> <p>A client's primary support person should also be assessed for ability to serve as client's primary caretaker.</p>
Service Plan	Home-based case management service plans will be developed in conjunction with the patient.	Home-based case management service plan on file in client record to include:

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

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

	<ul style="list-style-type: none"> <li>• Refer for substance abuse treatment</li> <li>• Facilitate partner notification, counseling and testing</li> <li>• Identify and treat sexually transmitted disease</li> </ul>	
	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.
	<p>Case mangers and social workers will:</p> <ul style="list-style-type: none"> <li>• Screen for risk behaviors</li> <li>• Communicate prevention messages</li> <li>• Discuss sexual practices and drug use</li> <li>• Reinforce safer behavior</li> <li>• Refer for substance abuse treatment</li> <li>• Facilitate partner notification, counseling and testing</li> <li>• Identify and treat sexually transmitted diseases</li> </ul>	Record of prevention services 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 proves for tracking and monitoring referrals.
Case Conference	Case Conferences held by RN and social worker (at minimum) will review and revise services plans at least every 60 days. Client or representative feedback will be sought.	Documentation of case conferences on file in client record to include names and titles of those participating in the review and client or representative input.
Patient Retention	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs will provide regular follow-up procedures to encourage and help maintain a client in home-based case management.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: <ul style="list-style-type: none"> <li>• Telephone calls</li> <li>• Written correspondence</li> <li>• Direct contact</li> </ul>
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: <ul style="list-style-type: none"> <li>• Has achieved his or her home-based case management service plan goals</li> <li>• Relocates out of the service area</li> <li>• Has had no direct program contact in the past six months</li> <li>• Is ineligible for the service</li> <li>• No longer needs the service</li> <li>• Discontinues the service</li> <li>• Is incarcerated long term</li> <li>• Uses the service improperly or has not</li> </ul>	Case closure summary on file in client chart to include: <ul style="list-style-type: none"> <li>• Date and signature of RN case manager and/or social worker</li> <li>• Date of case closure</li> <li>• Service plan status</li> <li>• Statue of primary health care and service utilization</li> <li>• Referrals provided</li> <li>• Reason for closure</li> <li>• Criteria for re-entry into services</li> </ul>

	<p>complied with the client services agreement</p> <ul style="list-style-type: none"> <li>• Has died</li> </ul>	
Policies, Procedures and Protocols	Home-based case management programs will have written policies procedures and protocols, including eligibility criteria.	Policies, procedures and protocols on file at provider agency.
Staffing Requirements and Qualifications	<p>RNs providing home-based case management services will:</p> <ul style="list-style-type: none"> <li>• Hold a license in good standing form the California State Board of Registered Nursing</li> <li>• Have graduated from a accredited nursing program with a BSN or two-year nursing associate’s degree</li> <li>• Have two year’s post-degree experience and one year’s community or public health nursing experience</li> <li>• Practice within the scope defined in the California Business &amp; Professional Code, Section 2725</li> </ul>	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 and practice according to State and Federal guidelines and the Social Work Code of ethics	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
	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 from an accredited program.