LOS ANGELES COUNTY
COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES COMMITTEE MEETING

Tuesday, September 3, 2024
10:00am-12:00pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

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

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

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

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

together.

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, September 3, 2024| 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

For those attending in person, as a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th floor) where our meetings are held.

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r0d70a6d8a51b1b34c727dcea9f563083
To Join by Telephone: 1-213-306-3065
Password: STANDARDS Access Code: 2534 125 0749

Standards and Best Practices Committee (SBP) Members:			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Dahlia Ale-Ferlito	Mikhaela Cielo, MD
Sandra Cuevas	Kerry Ferguson (Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS (LOA)	Arlene Frames
Wendy Garland, MPH *(DHSP Representative)*	Lauren Gersh, LCSW *(Committee-only)*	David Hardy, MD *(Alternate)*	Mark Mintline, DDS *(Committee-only)*
Andre Molette	Byron Patel, RN	Martin Sattah, MD	Russell Ybarra
QUORUM: 8			

AGENDA POSTED: August 28, 2024.

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the

item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, 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 here. 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.

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

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

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		10:00 AM – 10:03 AM
2.	Introductions, Roll Call, & Conflict of Interest Statements		10:03 AM – 10:05 AM
3.	Approval of Agenda	**MOTION #1**	10:05 AM – 10:07 AM
4.	Approval of Meeting Minutes	**MOTION #2**	10:07 AM – 10:10 AM

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

6. 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.

IV. REPORTS

7. Executive Director/Staff Report — 10:15 AM – 10:25 AM
   a. Operational and Programmatic—Updates
   b. Ground rules for discussions
8. Co-Chair Report — 10:25 AM – 10:40 AM
   a. 2024 Workplan and Meeting Schedule—Updates
   b. Service Standards Revision Tracker—Updates

c. Committee-Only Application: Caitlin Dolan
MOTION #3: Approve the Committee-only application for Caitlin Dolan and elevate to the Operations Committee and the Executive Committee.

9. Division on HIV and STD Programs (DHSP) Report 10:40 AM—10:45 AM

V. DISCUSSION ITEMS

10. Transportation Services Service Standards Review 10:45 AM—11:05 AM
MOTION #4: Post the Transportation Services service standards for a 30-day public comment period starting on September 4, 2024 and ending on October 4, 2024.
11. Emergency Financial Assistance (EFA) Service Standards Review 11:05 AM—11:50 AM

VI. NEXT STEPS 11:50 AM – 11:55 AM

12. Task/Assignments Recap
13. Agenda development for the next meeting

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

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

VIII. ADJOURNMENT 12:00 PM

15. Adjournment for the meeting of September 3, 2024.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.
MOTION #3	Approve Committee-only application for Caitlin Dolan and elevate to the Operations Committee and the Executive Committee.
MOTION #4	Post the Transportation Services service standards for a 30-day public comment period starting on September 4, 2024 and ending on October 4, 2024.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 6.12.23)

☐ This meeting is a **Brown-Act meeting** and is being recorded.

- The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Public comment is limited to 2 minutes per person. Please note that all attendees are muted unless otherwise unmuted by staff.*

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

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

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

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

Presence at 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

August 6, 2024

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	P	Felipe Findley	LOA	Mark Mintline, DDS	A
Kevin Stalter, *Co-Chair*	P	Arlene Frames	P	Andre Molette	P
Mikhaela Cielo, MD	P	Wendy Garland, MPH	P	Byron Patel, RN	P
Sandra Cuevas	P	Lauren Gersh, LCSW	P	Martin Sattah, MD	P
Kerry Ferguson	P	David Hardy, MD	P	Russell Ybarra	P
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit; Lizette Martinez					
DHSP STAFF					
Sona Oksuzyan					
COMMUNITY MEMBERS					

**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.*
***LOA: Leave of absence*

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

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

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 7/2/24 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

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 FOR ACTION AROSE AFTER POSTING AGENDA**:
There were no committee new business items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

- **Operational and Programmatic Updates**
Cheryl Barrit, Executive Director, reported that the Ryan White Program Part A application is due on November 1st. She added that the Planning, Priorities, and Allocations (PP&A) Committee will meet on August 27 to allocate resources for service categories as part of the Priority Setting and Resource Allocation (PSRA). C. Barrit also noted that COH staff have not received the written report from the Health Resources and Administration (HRSA) for the recent technical assistance visit. Lastly, C. Barrit reminded Committee members that the next COH meeting will be on Thursday August 8, 2024 from 9am-1pm at the Vermont Corridor. The meeting agenda includes dedicated time to revisit and review the Comprehensive HIV Plan (CHP). AJ King will lead attendees through a series of activities that solicit feedback on the CHP and that will be integrated into the CHP and included in the COH's annual report.
- **Ground Rules for Discussions**
C. Barrit shared a handout that compares and contrasts the difference between "Debate" and "Dialogue" to set the stage for the upcoming discussions on service standards. A copy of the document can be found in the meeting packet.

6. **CO-CHAIR REPORT**

- **2024 Workplan Development and Meeting Schedule and Service Standard Revision Tracker**
Erika Davies provided an overview of the 2024 workplan and meeting calendar. She noted that the Committee will conclude their review of the Ambulatory Outpatient Medical (AOM) service standards and continue reviewing the Emergency Financial Assistance (EFA) service standards. She added that the Committee will review the Transportation services, and the Temporary and Permanent Housing services standards, and develop a global transitional case management service standards in the remainder of 2024. The Committee decided to keep their November and Decembers meetings as scheduled.

  E. Davies reminded Committee members of the deadline to complete the Priority Setting and Resource Allocation (PSRA) training due on August 26, 2024. She emphasized that if Commissioners do not complete the training, they will not be eligible to vote on service rankings and allocations for the funding cycle. She noted that the training can be found on the Commission on HIV website under the Events tab. Once complete, Commissioners must notify staff to be marked as complete.

  E. Davies led the Committee through an initial review of a Committee-only application and resume received for Caitlin Dolan. The Committee decided to invite C. Dolan to the next Committee meeting on September 3, 2024 to learn more about the applicant and answer any questions they may have regarding the Committee, the Commission, and the next steps in the application process. COH staff will contact C. Dolan to coordinate their attendance at the September 3 Committee meeting.

7. **DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT**
There was no DHSP report.

V. DISCUSSION ITEMS

8. **Ambulatory Outpatient Medical (AOM) Service Standards Review**
The Committee reviewed public comments received and held a vote to approve the revised AOM service

standards. The document was approved and elevated to the Executive Committee.

MOTION #3: Approve the Ambulatory Outpatient Medical (AOM) service standards, as presented or revised, and elevate to the Executive Committee. ***(✓Passed: Yes =12, E. Davies, D. Ale-Ferlito, M. Cielo, S. Cuevas, K. Ferguson, A. Frames, L. Gersh, D. Hardy, A. Molette, B. Patel, M. Sattah, R. Ybarra. No= 0, Abstain=1, W. Garland).***

9. Emergency Financial Assistance (EFA) Service Standards Review

Program staff from the Alliance for Housing and Healing provided an overview of the guidelines and procedures of their EFA program and shared client testimonials highlighting positive experiences with the program. The Committee held a robust discussion of the program components and will continue their review of the EFA service standards in September. The following are a summary of the key takeaways from the presentation and the Committee's discussion:

- Teddy Goddard, Director of the Alliance for Housing and Healing which is a division of APLA Health and Wellness, introduced Cesar Villa, the Financial Assistance Program Manager at Alliance for Housing and Healing who led the presentation.
- The purpose of the presentation was to describe the EFA program at Alliance for Housing and Healing which provides limited one-time or short-term financial assistance to people living with HIV who are experiencing a financial hardship. EFA is for clients to pay for critical services that play a role on whether a client is able to stay engage in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. EFA should only be provider for an urgent or emergency need for essential items or services necessary to improve health outcomes.
- Eligible clients may access up to $5,000 in a twelve-month period. Up to 2 EFA applications will be accepted per client. Additional applications are evaluated on a case-by-case basis.
- EFA assists with security deposits and short-term rental assistance including rent debts and future rent (up to three months). Clients can not apply for both EFA and Housing Opportunities for People With Aids (HOPWA) Short-Term Rent, Mortgage, and Utility (STRMU) or Permanent Housing Placement (PHP) programs at the same time.
- Eligibility consists of being 18 years of age or older, HIV/AIDS diagnosis, income at or below 500% Federal Poverty Level, proof of income, proof of Los Angeles County residency, Photo identification, and verification the client is working with a Medical Case Management (MCC) or Benefits Specialty Services (BSS) team.
- The EFA program steps include: MCC/BSS teams determine eligibility and need for EFA by conducting a thorough assessment of client needs and creating an Individual Service Plan with the client that outlines resources identified to assist clients with additional and ongoing needs. The MCC/BSS team submits an EFA application on behalf of the client to the Alliance for Housing and Healing for review and approval. Applications are reviewed on a first-come, first-served basis. EFA monitor staff review applications for accuracy, completeness and verify required documentation. Once applications are reviewed and approved by the EFA monitor, checks are issues as a direct payment to the payee. Direct cash payments to clients are not permitted. All grants are contingent upon the availability of funds and all guidelines are subject to changes at the discretion of the Division on HIV and STD Programs (DHSP).
- EFA does not assist with car insurance, automobile payments, storage fees, parking fees, veterinarian bills, medical bills. As of 7/15/24, EFA no longer assists with utility bills, food cards, mortgage assistance and rental assistance for Section 8 clients. These changes are a results of increased number of applications that have impacted the availability of funds for the program.
- Committee members noted the burden of paperwork and documentation involved in completing an application. C. Villa shared that clients applying for EFA typically work with MCC/BSS staff that are aware of the required documentation and assist clients with gathering the documents needed for the application.

- Committee members asked what the turnaround time is from when an application is submitted, reviewed, to when it is funded. C. Villa noted that based on prior reports, the average time is about three weeks to review, process, and fund an application. Applications received are reviewed within 5 business days and applications that are approved are funded within 10 business days. C. Villa also shared that the EFA program has implemented the use of a "Referring Provider Attestation Form" as a means to reduce the amount of time clients spend gathering required documentation and facilitate processing of an EFA application. He added that one major processing delay occurs when landlords refuse to sign a W-9 tax form. EFA monitor staff try to convince the landlord to sign the form as it is a requirement to receiving grant funds.
- Committee members asked if the use of EFA funds will be limited to rent assistance and security deposits once Alliance for Housing and Healing receives additional funding? C. Villa confirmed that moving forward, the EFA program at the Alliance for Housing and Healing will only assist with rent assistance and security deposits. This decision was made after reviewing EFA service utilization reports which demonstrated clients primarily accessed EFA services for rent assistance and security deposits. Limiting the use of EFA funds to rent assistance and security deposits may increase the agency's ability to assist a greater amount of clients with a demonstrated need.
- Committee members asked if participating agencies could receive a report on the amount of money that is left in the EFA program on an ongoing basis as a means for MCC/BSS staff to understand how quickly funding is being spent out. C. Villa will follow-up with upper management to identify a potential solution.
- Committee members asked what is being done to help mitigate ongoing need or in situations where addressing an immediate emergency need does not address the overarching problem that got the client in need of EFA services. The presenters shared that the main challenges affecting the program are the lack of resources in non-Ryan White housing and utility assistance programs and the lack of affordable housing.
- The presenters provided contact information for all the Financial Assistance Program Monitor staff he manages at the Alliance for Housing and Healing. This information is available on the presentation PowerPoint included in the meeting packet.

E. Davies led the review of the EFA service standards and stated that when the Committee first developed the standards, they were relatively short in comparison to other service categories. The reasoning behind this was to expedite the process of implementing EFA services given the rise of urgent need at the beginning and throughout the 2020 COVID-19 pandemic. She added that now that the service has been operational for a few years, the Committee can review the standards and discuss potential changes and clarifications to update the standards.

C. Barrit shared some insights from the Housing Task Force (HTF) related to EFA. She noted that the HTF discussed the EFA service utilization report and based on the applications received suggested that the EFA program focus the scope of the program to rent assistance and security deposit assistants and have clients apply for assistance with utilities, food, all other services to other Ryan White and Non-Ryan White services. Additionally, the HTF discussed adding stronger language to the EFA service standards that braid in legal services because many clients are encountering eviction notices and need legal assistance. Another component the HTF suggested to include is to offer clients a financial management/money management skills session to help clients in the long term.

There was a suggestion to focus the EFA service standards on rental assistance and security deposit assistance as these are the two categories that clients more frequently use. E. Davies recommended to not limit the service standards two only those two categories since the current restrictions are in place due to fund availability and this may not always be the case. The goal is to keep the service standards as flexible as possible to allow DHSP to respond to client needs. For services that are not currently paid by EFA, the recommendation is for clients to utilize other funding sources/programs.

The Committee briefly discussed the $5,000 cap on EFA and the recent limit to 2 applications per lifetime that DHSP enacted due to low funding availability. DHSP staff shared that another reason for this limit was to reduce the amount of repeat clients utilizing EFA services and growing dependent on the program. Committee members will consider adding a component to the service standards that emphasizes the importance of linking clients to long-term service programs for ongoing support.

VI. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP:

- COH staff will invite Caitlin Dolan to the September Committee meeting to answer Committee member questions regarding her Committee-only member application
- COH staff will elevate the approved AOM service standards to the Executive Committee
- COH staff will send a Word document version of the EFA service standards to Committee members and request their feedback to discuss at the September Committee meeting
- COH staff will prepare the Transportation Services standards for an initial review at the August Committee meeting

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Review Committee-only member application for Caitlin Dolan
- Continue review of the Emergency Financial Assistance (EFA) service standards
- Conduct initial review of the Transportation Services standards

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- There were no announcements.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 12:04pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/14/24

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

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

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV 2024
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

Co-Chairs: Erika Davies, Kevin Stalter

Adopted on: 4/2/24

Purpose of Work Plan: To focus and prioritize key activities for SBP Committee for 2024.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2024 workplan and meeting calendar.	COH staff to update 2024 workplan and meeting calendar monthly.	Ongoing, as needed	Workplan revised/updated on: 12/05/23, *02/29/24, 03/28/24, 4/30/24, 5/24/24, 6/26/24, 7/31/24, 8/28/24.*
2	Update Universal service standards and Consumer Bill of Rights	Annual review of the standards. Revise/update document as needed.	COMPLETE	The COH approved the document on 01/08/24. The Committee decided to move the document to a bi-annual review or as needed/requested.
3	Update the Medical Care Coordination (MCC) service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	COMPLETE	The COH approved the document on 01/08/24.
4	Update Prevention Service standards	Review and revise/update document as needed.	COMPLETE	Committee forwarded the document to the Prevention Planning Workgroup for review at their 07/26/23 meeting. The PPW co-chairs presented the proposed revisions to the Prevention standards on 11/7/23. The Committee approved the standards and elevated them to the Executive Committee and full COH for approval. The COH approved the Prevention Standards on 4/11/24. Transmittal letter sent to DHSP on 5/20/24.
5	Develop global Transitional Case Management Service standards.	This standard will include sections for priority populations such as youth, older adults (50+), and justice involved individuals. The section for older adults will	Late 2024	The Committee will review meeting calendar on 9/3/24 and determine when to schedule the review.

		focus on healthcare navigation between the Ryan White Care system, Medi-Cal, and Medi-Care.		
6	Update the Emergency Financial Assistance service standards	Committee received a request to consider reviewing the EFA service standards.	Late 2024	The Committee will continue their review on 9/3/24.
7	Update Ambulatory Outpatient Medical Services standards	Upcoming solicitation to release in Nov. 2024	August 2024	The Committee approved the service standards on 8/6/24 and elevated to the Exec/COH approval on 9/12/24.
8	Update Transportation Services standards	Upcoming solicitation to release in Oct. 2024.	TBD	The Committee will initiate their review on 9/3/24.
9	Update Temporary and Permanent Housing Services standards	Upcoming solicitation to release in Nov. 2024.	TBD	The Committee will initiate their review on 10/1/24.

LOS ANGELES COUNTY
COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE
2024 MEETING CALENDAR | (updated 08.28.24)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
~~**Feb. 6, 2024**~~	Meeting Cancelled due to significant weather event.
Mar. 5, 2024 10am to 12pm *Room TK08*	Review and Adopt 2024 Committee workplan and meeting calendar Deliberate and establish standards review schedule for 2024 Review and approve HIV/STI Prevention Services standards HIV/STI Prevention Services standards on Executive Committee agenda
Apr. 2, 2024 10am to 12pm *Room TK05*	Service standard development refresher Review AOM service standards HIV/STI Prevention Services standards on COH agenda
May 7, 2024 10am to 12pm *Room TK08*	Continue review of AOM service standards
Jun. 4, 2024 10am to 12pm *Room TK11*	LA LGBT Center AOM Program Presentation Initiate review of Emergency Financial Assistance (EFA) service standards
Jul. 2, 2024 10am to 12pm *Room TK11*	Continue review of AOM service standards Continue review of EFA service standards
Aug. 6, 2024 10am to 12pm *Room TK11*	Finalize review of AOM service standards Continue review of EFA service standards
Sep. 3, 2024 10am to 12pm *Room TK11*	Continue review of EFA service standards Continue review of Transportation Services standards
Oct. 1, 2024 10am to 12pm *Room TK 11*	Finalize review of EFA service standards Finalize review of Transportation Services standards Initiate review of Temporary and Permanent Housing service standards
Nov. 5, 2024 10am to 12pm *Pending*	Announce co-chair nominations for 2024 Continue review of Temporary and Permanent Housing service standards Commission on HIV Annual Conference 11/14/2024
Dec. 3, 2024 10am to 12pm *Pending*	Elect Co-chairs for 2024 Reflect on 2024 accomplishments Draft workplan and meeting calendar for 2025

LOS ANGELES COUNTY COMMISSION ON HIV

Service Standards Revision Date Tracker as of 08/28/24 FOR PLANNING PURPOSES

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Currently under review
4	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	Last approved by COH on Apr. 11, 2024.	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and.org hard of hearing individuals.	Last approved by COH in 2017.	

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
7	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
8	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH on Jan. 11, 2024.	Upcoming solicitation—release Nov. 2024
9	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Committee completed review on 8/6/24 and elevated to Exec/COH for review/approval on 9/12/24. Upcoming solicitation—release Nov. 2024
10	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		
11	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
12	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
13	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
14	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
			counseling services and mental health support.		
15	Substance Use Residential and Treatment Services	Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery from drug or alcohol use disorders.	Last approved by COH on Jan. 13, 2022.	
16	Temporary Housing Services	Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that providers 24-hour care.	Last approved by COH on Feb. 8, 2018.	Upcoming solicitation—release Nov. 2024
17	Temporary Housing Services	Transitional Residential Care Facility (TRCF)	Short-term housing that providers 24-hour assistance to clients with independent living skills.	Last approved by COH on Feb. 8, 2018	Upcoming solicitation—release Nov. 2024
18	Transitional Case Management Services, Youth	Transitional Case Management—Youth	Client-centered, comprehensive services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and support services.	Last approved by COH on Apr. 13, 2017.	Committee decided to develop a global Transitional Case Management service standard document which will include sections for priority populations such as youth, older adults (50+), and justice-involved individuals.
19	Transitional Case Management Services—	Transitional Case Management	Support for incarcerated individuals transitioning from County Jails back to the community.	Last approved by COH on Dec. 8, 2022.	See notes section for item #18.

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
	Justice-Involved Individuals				
20	Transitional Case Management—Older Adults	n/a	To be developed.	n/a	See notes section for item #18.
21	Transportation	Transportation Services	Ride services to medical and social services appointments.	Last approved by COH in 2017.	Currently under review Upcoming solicitation—Release Oct. 2024
22	Universal Standards and Client Rights and Responsibilities	n/a	Establish the minimum standards of care necessary to achieve optimal health among people living with HIV, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH on Jan. 11, 2024.	Not a program—standards apply to all services. The Committee will review this document on a bi-annual basis or as necessary per community stakeholder, partner agency, or Commission request.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
CLIENT SUPPORT SERVICES (CSS) EXPENDITURE CODING GUIDE

CSS funding is for use when clients do not have resources and other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Codes (SFCs). It is important to remember that individual expenses are unique to each client and are not necessarily limited to those listed in the categories below.

ALLOWABLE EXPENSES

CLIENT HOUSING SUPPORT

- Eviction Prevention, i.e. payment of overdue rent
- Hotel/Shelter Subsidies
- Master Leasing (with DMH approval)
- Rent/Mortgage/Lease Subsidies (e.g. apartments, Sober Living Homes, Adult Residential Facilities)
- Residential substance abuse treatment programs
- Security Deposits
- Transitional Residential Programs

CLIENT HOUSING OPERATING SUPPORT

- Agency Management Fees
- Credit Reporting Fees
- Insurance
- Property Taxes
- Repair/Maintenance to Home, including repair due to damage by tenant
- Utilities, e.g. electricity, gas, water

CLIENT/FAMILY/CAREGIVER SUPPORT

- Car, e.g. gasoline, insurance, payment, registration, repair
- Clothing
- Culturally appropriate alternative healing methods, e.g. curandero, cupping, acupuncture
- Education and Tutorial Expenses
- Employment , e.g. uniforms, license fees, tools of the trade

CLIENT/FAMILY/CAREGIVER SUPPORT (CONTINUED)

- Food
- Furniture/Appliances
- Gift Cards
- Household Items, e.g. Kitchenware, Linen/Bedding, Cleaning Products
- Hygiene Items
- Medical/ Dental/ Optical
- Moving Expenses
- Recreational/Social Activities
- Reinforcers i.e., Inexpensive, small primary reinforcers for behavioral management purposes linked directly to client service plans
- Respite Care
- School Supplies
- Sports Registration
- Summer Camps
- Tickets/citations - *REQUIRE PRE-AUTHORIZATION FROM Countywide FSP Administration*
- Transportation, e.g. Bus Passes, Tokens, Taxi Vouchers
- Vocational

OTHER CLIENT SUPPORT

- Consumer/Peer/Parent Advocate Salaries
- Housing/Employment Specialists Salaries

NON-ALLOWABLE EXPENSES

- Alcohol
- Construction or rehabilitation of housing, facilities, buildings or offices
- Costs for staff to accompany clients to venues such as sporting events, concerts or amusement parks
- Expenses related to purchasing land or buildings
- Illegal substances / activities
- Incentives
- Medi-Cal Share of Cost
- Prescription drugs that would otherwise be available via Indigent Medication/ Prescription Assistance programs
- Service Extenders/Wellness Outreach Workers (WOW)
- Sexually explicit materials
- Tobacco
- Units of Service or any other service costs that are reported under Modes 05, 10, 15, or 45
- Vehicles for programs

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

REASONABLE AND ALLOWABLE PURCHASE LIMITS

Client Support Services (CSS) funding is for use when clients do not have the resources and when other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Code (SFCs). Individual expenses are unique to each client and are not necessarily limited to the categories listed below. Please submit a pre-approval Supplemental Information Request (SIR) form if the purchase exceeds these limits.

CLIENT HOUSING SUPPORT

Shelter	$300
Motel and Hotels	$50-$100 per night (pre-approval required for stays over 5 nights)
Rent (Fair Market Rent) or Board & Care Rates (adults) with pre-approval	

Efficiency	**1 bedroom**	**2 bedroom**	**3 bedroom**	**4 bedroom**
$1,350	**$1,750**	**$2,550**	**$3,250**	**$3,400**

Rent of residence (per person)	$315 per month*
Security Deposits	2 times the monthly rent, unfurnished 3 times the monthly rent, furnished
*Rents may vary depending upon location and fair market Value of housing	

CLIENT HOUSING OPERATING SUPPORT

Credit Reporting Fees	$15-$20 per report
Property Tax	$3,000 (pre-approval by age group lead required)
Utilities	Water & Electricity, $130 - $150 per month Cell phone: pre-paid up to $50 per month monthly up to $100 per month Gas, $30 - $50 per month
Basic Cable	$30 per month
Internet	$42 per month
Bundle	TV/Telephone, $60 - $80 per month TV/Telephone/Internet, $105 per month

CLIENT/GAMILY/CAREGIVER SUPPORT

Car gasoline	$300 per month
Clothing	$150 per person, per month (including tax)
Shoes	$60 per person, per month (including tax)
Alternative Healing Methods	Curandero, $40 - $100 per session Acupuncture, $70-$120 per session
Food	$250 per person, per month (including tax)
Household Items	$95 per month (including tax)
Hygiene Items	$90 per month (including tax)
Recreation/Social Activities	$135 per month
Summer Camp	$75 - $350 per week; up to $700 per month
School Supplies	$50 monthly per month, per client (including tax)
Private Tutor	$20/hr. - $50/hr. (maximum of $600 a month)
Learning Centers	$15/hr. - $25/hr. (maximum of $500 a month)
Transportation	$100 monthly Metro Pass Up to $57.50 (30 tokens} monthly per client
Household Goods	Up to $2500 (including tax} Purchases must not exceed the $2500 maximum for all combined items
Appliances	Stove, $450-$600 (New} (including tax & delivery) Washer/Dryer, $200 - $1000 (including tax and delivery) Refrigerator, up to $600 (including tax & delivery) Microwave, up to $60 (including tax} Television, up to $400 (including tax & delivery) Vacuum Cleaner, up to $120 (including tax & delivery}
Bedroom Furniture	$400 (including tax & delivery)
Mattresses	$450 (including tax & delivery)
Living Room Furniture	$550 (including tax & delivery)
Kitchen/Dining Table Set	$200-$300 (including tax & delivery}
Immigration Assistance Fee	$400 -$1000

Exceptions to these guidelines may be made on a case by case basis with pre-approval by LACDMH.

Bundle services will vary depending on the carrier. Certain residences can only subscribe to a specific carrier.
Monthly cost depends upon duration of program and scope of services.
Household goods include appliances, furniture, kitchenware and linens.

CAITLIN DOLAN

[redacted] Culver City, CA | [redacted] | CaitlinAlanaDolan@gmail.com

SUMMARY OF QUALIFICATIONS

- 12 years of experience as an accomplished non-profit professional and leader in positions of increasing scope and impact
- Experience developing, implementing, and managing projects in a non-profit health care environment, with a granular understanding of grant-based budgeting
- Strong history of successfully working with underserved communities and taking initiative to build and increase funding to expand services for vulnerable populations in Los Angeles
- Excellent interpersonal and written communication, superior skills in developing quality relationships internally, across departments, and externally, with government agencies and community partners

PROFESSIONAL EXPERIENCE

Men's Health Foundation, Los Angeles, California

Director of Program Administration (2024-Present)

Supervise a team of managers responsible for the day-to-day implementation/delivery of Data2Care, Benefits, Ambulatory Outpatient Medicine and Medical Care Coordination programs and the Contracts/Grants department.

- Work with MHF management and program staff to identify and develop programs and services to be provided by MHF, or in collaboration with other community partners.
- Develop and implement program guidance, quality assurance, protocols and procedures to ensure compliance with MHF administrative, programmatic and service standards and applicable federal, state, county and other relevant laws, codes, and regulations.
- Oversee in the development, preparation, submission and management of program budgets in coordination in compliance with applicable MHF, federal, state, and county and other governmental budgetary, statutory and regulatory requirements.
- Prepares utilization and programmatic reports to ensure service delivery goals are met, track specific outcomes, and monitor client satisfaction.
- Oversee the development of proposals to sustain new and existing programs and services in collaboration with relevant MHF team members.
- Define programmatic, administrative, and operational plans and strategies to advance MHF' mission in collaboration with the organization's Executive Team.

Associate Director of Public Programs (2021-Present)

- Work with MHF management and program staff to identify and develop programs and services to be provided by MHF, or in collaboration with other community partners.
- Assume responsibility as the deputy to the Senior Director of Public Programs, overseeing departmental operations in their absence.
- Assist in the development, preparation, submission and management of program budgets in coordination in compliance with applicable MHF, federal, state, and county and other governmental budgetary, statutory and regulatory requirements.
- Prepares utilization and programmatic reports to ensure service delivery goals are met, track specific outcomes, and monitor client satisfaction.
- Assist in the development of proposals to sustain new and existing programs and services in collaboration with relevant MHF team members.

Grants Manager (2018-2021)

- Increased Grant Revenue from $1.425 million in FY 2017/2018 to $3.5 million in FY 2021
- Provide project management support for private, county, and federal grants, including from DHSP, CDPH, Covered California, City of West Hollywood, CDC, Ryan White Part A and Broadway Cares
- Identify and report new funding opportunities to MHF Leadership, prepare and write LOIs and concept papers tailored to each funder based on their priorities and requirements
- Coordinate with program staff during assembly of program narrative, budget/financial data, and other information involved in preparation of new and renewal public funding applications for timely submission of private, county, state, and federal grants

- Assist Program Managers with developing and maintaining program evaluation tools, manage compilation of program and fiscal performance data; manage and write grant reports, ensure submission of thoughtful and timely reports
- Ensure compliance for federal and state grants, including audits, monitoring visits, 340b/318 program income and regulatory guidance
- Facilitate and monitor accurate documentation of services provided to clients, support Program Managers in developing systems to monitor program performance data

Parents As Partners: The Autism Change Network

Development Manager (2017-2018)

- Cultivated and nurtured relationships with current and potential corporate sponsors, private foundations, and individual donors
- Prepared 50+ grant proposals and managed financial reports for corporate, private foundation, and government funders. Created a long-term development plan
- Assisted in website development, social media posts, and research for academic autism education research

Voice for The Animals

Director of Development and Humane Education (2012-2018)

- Managed 45+ grants from corporate sponsors, private foundations and individual donors
- Managed the organization's overall operations, communications development efforts. Trained and led other staff to support fundraising and marketing efforts
- Cultivated and nurtured relationships with current and potential corporate and foundation sponsors, and individua donors. Wrote grant proposals and reports to corporate, foundation, and government funders
- Developed individual program budgets. Managed payroll, invoices and preparation of expenses for accounting staff
- Organize, plan and manage 4 large fundraising events which included cultivating gifts and donations for auctions at fundraising. Coordinate and create yearly "Rescued by the LAPD" calendar
- Set up press conferences at Los Angeles City Hall and prepare talking points for media agencies

EDUCATION AND PROFESSIONAL DEVELOPMENT

- **Master of Public Administration in Healthcare Administration** California State University at Northridge (2023)
- **Federal Grants Management Training Course** at the Federal Funding Academy- FLTF, Louisville, KY (2018)
- **Bachelor of Arts in Political Science** University of California at Santa Barbara. (2005)

PUBLICATIONS

- Postigo L, Heredia G, Illsley NP, Torricos T, Dolan C, Echalar L, Tellez W, Maldonado I, Brimacombe M, Balanza E, Vargas E and Zamudio S. "Where the O_2 goes to: preservation of human fetal oxygen delivery and consumption at high altitude." *Journal of Physiology*, 587:693-708 (2009).

ADDITIONAL EXPERIENCE

- Los Angeles Regional Quality Improvement Group member – County of Los Angeles Division of HIV and STD Prevention (2018 to present)
- California Regional Quality Improvement Group (CARG) member- California Department of Public Health (2021 to 2023)
- Medical Care Coordination Regional Task Force (2021-2023)
- Fundraising Event Coordinator for Community Partners International (2017)
- Copy Writer for CalNuero, a clinical research firm (2017)
- Election Inspector for the County of Los Angeles. (2016)
- Grant Writer and Fundraising Consultant for Forte Animal Rescue. (2016)
- Research Assistant for The University of Medicine and Dentistry, New Jersey - Field Research Project, Santa Cruz and La Paz, Bolivia (2004)
- Copy Writer for IBM, Shanghai, China (2007)
- Administrative Assistant for LA County Parks and Recs (2007-2008)
- Legal Assistant, Burris and Shoenberg (2006- 2007)
- Teaching Assistant, LAUSD, Los Angeles (2001)

REFERENCES PROVIDED UPON REQUEST

LOS ANGELES COUNTY
COMMISSION ON HIV

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

TRANSPORATION SERVICE STANDARDS

Draft for SBP Committee Review September 3, 2024.

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

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

INTRODUCTION

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

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

TRANSPORATION SERVICES OVERVIEW

Transportation services are provided to medically indigent clients living with HIV and their immediate families for the purpose of providing transportation to medical and social services appointments on an as-needed basis. The goal of transportation services is to reduce barriers by assisting clients with accessing, maintaining, and adhering to primary health care and HIV-related support services.

Transportation can include:

- Taxi Services (including rideshare services)
- Public Transportation Services: Transit Access Pass (TAP) Cards, Rail services (including trains and commuter and light rail)
- Van Transportation Services

SERVICE COMPONENTS

GENERAL CONSIDERATIONS

Providers must ensure that transportation services are the most appropriate for the client and based on individual needs. Transportation services are strictly limited to non-emergency medical and support services and shall not be utilized for medical emergency, recreational and/or entertainment purposes. All transportation services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations. Each eligible and ambulatory client receiving transportation services must have on file appropriate eligibility documentation and a written assessment stating the criteria used to determine the different type(s) of transportation best suited for that individual. Agencies are expected to provide the most economical means of transportation when possible. To be eligible for taxi or van transportation services, a registered client must be unable to use public transit services due to at least one of the following:

- Documented health reasons
- Health/safety reasons due to time of day
- Necessary location is not accessible by public transportation
- Traveling with two or more children
- All transportation services will be culturally and linguistically appropriate to the target population. Transportation services will be provided in compliance with the American Disabilities Act of 1990.

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

TAXI SERVICES

Taxis services will include providing car seats, as requested; providing vehicles able to accommodate passenger's wheelchair, providing taxi staff and drivers who are bilingual in Spanish (when requested in advance); providing transportation services using eligible taxi drivers who voluntarily request to participate; and providing "will call" services as requested by Ryan White service providers. "Will call" services include scheduling transportation for clients utilizing ridesharing services including, but not limited to, Lyft and Uber. All personnel providing transportation services will exercise sensitivity and professionalism at all times. Inappropriate behavior will not be tolerated at any time. Such behavior includes (but is not limited to):

- Engaging in or initiating conversations with passengers regarding their sexual orientation, health status or lifestyle
- Honking upon arriving to pick up their passengers

- Smoking in the taxicab when providing services
- Refusing to provide driver identification or a receipt upon request
- Failing to activate or deactivate the meter and/or receiving more than the actual metered fare
- Soliciting passengers for money or attempting to raise the actual metered fare amount
- Failing to report a problem to the appropriate administration and/or not attempting to resolve the problem with appropriate administrative guidance
- Failing to follow rules as established by local transportation regulators
- Riding unauthorized passengers in the cab
- Failing to inform the dispatcher or provider that a driver will be unable to pick up the intended passenger within 30 minutes of the requested pick-up time and/or falsely reporting taxi locations
- Soliciting or attempting to solicit payment for services that were not provided, and/or receiving payment form more than one funding source for the same trip
- Failing to provide specific services including car seats or wheelchair accessibility upon request
- Detaining passengers in their taxicabs for personal and/or financial gain
- Discharging passengers from their taxicabs at locations other than that requested by the transportation provider

	STANDARD	DOCUMENTATION
	Taxi services will include providing: • Car seats • Vehicles able to accommodate passenger's wheelchair • Taxi staff and drivers who are bilingual in Spanish when requested in advance • "Will call" services or rideshare services	Program review and monitoring to confirm.
	Drivers providing taxi services will voluntarily request to participate in the DHSP transportation program and: • Hold and maintain a Class "C" or higher California driver's license with passenger endorsement • Hold and maintain a valid city driver permit • Operate a vehicle that has passed inspection by the County of Los Angeles and is licensed, insured and well- maintained • Have attended the DHSP-approved HIV/AIDS training for taxi drivers and have signed the required agreement	Records on file at taxi company which include: • Drivers' licenses • Drivers' city permits • Vehicle inspections • Proof of insurance • Proof of vehicle maintenance • Proof of drivers' attendance at DHSP training • Signed drivers' agreements
	Transportation services will be provided with sensitivity and professionalism. Inappropriate behavior will not be tolerated at any time.	Records on file at taxi company of reports of inappropriate behavior and actions taken.

	Contractors providing taxi services will maintain appropriate records, including (at minimum): • Proof of insurance • Proof of current permits and licenses • A log of all trips and meter fares • Documentation of DHSP's mandatory HIV/AIDS training. • Agreement detailing relationship between provider agencies and taxi company • Taxicab Driver General Policies and Procedures Agreements • Documentation of inappropriate behavior and actions taken • Driver assessment records	Program records on file with contractor.
	Contract personnel and drivers will adhere to additional requirements by: • Not soliciting or accepting surcharges, tips, or gratuities • Not knowingly accepting a "will call" or request to transport women in labor • Not making or offering gifts or special favors • Ensuring confidentiality of clients • Ensuring that vehicles contain first aid kit and fire extinguisher • Not charging for services when a driver is 30 minutes late or has demonstrated inappropriate behavior.	Program review and monitoring to confirm.
	Contractor will have a written policy for staff regarding how to access emergency medical treatment for passengers.	Written policy regarding how to access emergency medical treatment for passengers on file at contractor agency.
	Contractors will comply with event reporting when an incident threatened the physical or emotional health or safety of any passenger or there has been any suspected physical or psychological abuse of any passenger.	Written incident reports on file at contractor agency to include: • Provider agency name, account number and person who booked the ride • Passenger name, pick-up and drop-off address • Day, date, and time of the ride

PUBLIC TRANSPORTATION SERVICES

Public transportation services are provided for the Metropolitan, Antelope Valley, Foothill and Long Beach Transit Authorities in the form of Transit Access Pass (TAP) cards, reduced fare passes, and

MetroLink train passes. Agencies are required to identify the most economical means of public transportation appropriate to eligible clients. Agencies who serve clients in areas covered by other local transit authorities should be aware of and refer their clients to local transportation services.

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

VAN TRANSPORTATION SERVICES

Van transportation services provide rides to medically indigent people living with HIV and their immediate families in agency owned and operated vans. Van services will be provided by staff or volunteers with specialized training and knowledge about issues involved in providing transportation to people living with HIV.

Van transportation services include (at minimum):

- Promoting the availability to van transportation services through contacts with service providers
- Developing and implementing client eligibility criteria
- Providing transportation services in vehicles that are currently licensed and appropriately registered, insured and mechanically well-maintained. All vehicles will contain a first aid kit and fire extinguisher that are regularly maintained.
- Providing child restraint devices, as needed, that are certified to meet federal safety standards for all children under six years of age regardless of weight and under sixty pounds regardless of age. Such devices will be used correctly as required by State law.
- Providing vehicles able to accommodate wheelchairs that may be folded and placed in the van by the driver. If such vehicles are not available, programs must provide other transportation options able to accommodate clients in wheelchairs.
- Providing personnel/volunteers who demonstrated sensitivity and professionalism at all times
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client's need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client's need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.
- At no time will a program, staff, drivers, or volunteer solicit or accept surcharges, tips, or gratuities for their services.

Documentation of all training of the transportation staff and volunteers to include approved curriculum, approval letter, attendance log and post training evaluations; and documentation of medical examination of van drivers' physical, mental and/or behavioral conditions.

All drivers and volunteer drivers will hold and maintain a valid Class "C" or higher California driver's license. Programs will review each driver's and volunteer driver's current DMV record for any infractions, suspensions, or accidents prior to providing services and annually thereafter. Drug/alcohol screens will be conducted before employment as a driver is offered. Drivers or volunteer drivers who transport minor children must have a criminal background check performed by a law enforcement agency to ensure the safety and security of child passengers. In addition, drivers and volunteer drivers must provide evidence of medical examination that verifies safe driving ability associated with physical, mental and/or behavioral conditions. Drivers and volunteer drivers will be trained by an approved institution in first aid and CPR and maintain current certifications. Driver safety training will be received on an annual basis.

	STANDARD	DOCUMENTATION
	Van transportation services will promote the availability of van transportation services.	Outreach/promotion plan on file at provider agency.
	Van transportation programs will develop eligibility criteria.	Written eligibility materials on file at provider agency.
	Van transportation programs will: Provide services in licensed, registered, insured and well-maintained vehicles Provide a first aid kit and fire extinguisher in each vehicle Provide child restraint devices, as needed Provide vehicles able to accommodate wheelchairs or other transportation options able to accommodate clients in wheelchairs Provide personnel/volunteers who demonstrated sensitivity and professionalism	Program review and monitoring to confirm.
	Van transportation programs will develop cost effectiveness protocols.	Cost effectiveness protocols on file at provider agency.
	Van transportation programs will provide training and/or a policy manual for assessing client's need for transportation.	Transportation assessment manual or record of assessment training on file at provider agency.
	Van transportation programs will maintain vehicle and insurance records.	Documentation insurances for all vehicles and drivers and record of regular and preventive maintenance of vehicles on file at provider agency.
	Van transportation programs will maintain trip records, including: • Date • Time and place of departure • Destination • Time of arrival • Odometer readings • Number of clients per trip	Trip logs on file at provider agency.

	• Client names	
	Van transportation programs will maintain records of trainings and medical examinations.	Documentation of trainings and medical examinations of drivers on file at provider agencies.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all transportation staff will be able to provide linguistically, and culturally appropriate transportation services and complete documentation as required by their positions. All drivers, volunteer drivers and contract staff will attend the DHSP HIV Basics for Taxicab Drivers training prior to providing transportation services. Staff will also be trained and oriented regarding client confidentiality and HIPAA regulation.

Prior to a taxi's or van driver's employment or service provision, programs must obtain a photocopy of each taxi or van driver's documentation of tuberculosis screening. If symptoms suggestive of TB develop, the person must immediately be excused from further service provision. Reinstatement to the previous status of service provision will be dependent upon a medical reevaluation including a chest X-ray and documentation certifying that he or she is once again free from communicable TB. For more information visit the Los Angeles County Tuberculosis Control Program.

TAXI SERVICES

All drivers will hold and maintain a valid Class "C" or higher California driver's license with passenger endorsement and valid Los Angeles (or other city) Department of Transportation driver permit. Before being issued such permit in Los Angeles, a driver must:

- Be fingerprinted
- Be investigated for possible criminal histories
- Have DMV records checked
- Pass a drug test
- Pass an English communication exam
- Demonstrate an ability to understand the city's taxi rules
- Demonstrate knowledge of city locales and routes

Drivers and contract staff will sign "Taxicab Driver General Policies and Procedures Agreement." Contract staff will ensure compliance of each participating driver with the requirements set forth in the DHSP HIV/AIDS contract training and ensure that all drivers are able to provide sensitive and professional services. Key to such service is maintaining client confidentiality at all times. Any driver or contract staff whose behavior has been reported by DHSP to have adversely affected the quality of transportation services will be terminated from participating in the HIV/AIDS Transportation Program. To be reinstated into the HIV Transportation Program, drivers who have had complaints made against them must complete DHSP's eight-hour basic HIV training course prior to reinstatement.

All drivers' Department of Motor Vehicles records will be reviewed to determine if there have been any infractions, suspensions, penalties, special incident reports, etc. Those drivers who have received any of the above within the last 30 days will be ineligible for participation in the HIV/AIDS Transportation Program.

STANDARD		DOCUMENTATION
	All drivers have valid Class "C" or higher California driver's license with passenger endorsement and Los Angeles (or other city) Department of Transportation driver permit.	Copies of driver's licenses and permits on file at contractor agency.
	Drivers and contract staff will comply with Taxicab Driver General Policies and Procedures Agreement.	Copies of agreements on file at contractor agency. Program review and monitoring to confirm.
	Drivers' DMV records will be reviewed those with infractions in past 30 days will be ineligible to provider services.	DMV records on file at contractor agency.

VAN TRANSPORATION SERVICES

All drivers and volunteer drivers will hold and maintain a valid Class "C" or higher California driver's license. Programs will review each driver's and volunteer driver's current DMV record for any infractions, suspensions, or accidents prior to providing services and annually thereafter. Drug/alcohol screens will be conducted before employment as a driver is offered. In addition, drivers or volunteer drivers who transport minor children must have a criminal background check performed by a law enforcement agency to ensure the safety and security of child passengers. In addition, drivers and volunteer drivers must provide evidence of medical examination that verifies safe driving ability associated with physical, mental and/or behavioral conditions. Drivers and volunteer drivers will be trained by an approved institution in first aid and CPR and maintain current certifications. Driver safety training will be received on an annual basis.

Additionally, staff will be trained on (at minimum):

- Transportation options available for clients
- Protocol used by program to prioritize the use of van transportation
- Emergency procedures to follow in the event of accident, sudden illness, or other unexpected situations

STANDARD		DOCUMENTATION
	All drivers and volunteer drivers will have California Class "C" or higher license.	Copies of driver's licenses on file at provider agency.
	Programs will review each driver's and volunteer driver's current DMV record prior to providing services and annually thereafter.	Copies of DMV records on file at provider agency.
	Drug/alcohol screens will be completed prior to hiring.	Record of drug/alcohol screens on file at provider agency.
	Drivers and volunteer drivers who transport minor children will have criminal background check completed prior to providing such services.	Record of criminal background check by law enforcement agency on file at provider agency.
	Drivers and volunteer drivers must provide medical examination verifying safe driving ability.	Record of examinations on file at provider agency.

	Drivers and volunteer drivers will be trained on (at minimum): • First Aid/CPR (and maintain certifications • Driver safety training (annually) • Transportation options available • Priority protocol • Emergency procedures	Record of trainings on file at provider agency.

LAST APPROVED BY SBP ON 6/2/20

LOS ANGELES COUNTY COMMISSION ON HIV

EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

For SBP Committee review as of 8/30/24.

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers and provide 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 should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Emergency Financial Assistance Standards of Care to ensure people living with HIV (PLWH) can apply for **short-term or one-time** financial assistance to assist with emergency expenses. Short-term is defined as 3 months or less. The development of the Standards includes guidance from service providers, consumers, the Los Angeles County Department of Public Health - Division of HIV and STD Programs (DHSP), as well as members of the Los Angeles County Commission on HIV, Standards & Best Practices (SBP) Committee.

All contractors must meet the Universal Standards of Care in addition to the following Emergency Financial Assistance Standards of Care.[1]

EMERGENCY FINANCIAL ASSISTANCE OVERVIEW

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. Short-term is defined as 3 months or less. The purpose of emergency financial assistance is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. Emergency financial assistance must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted.

Emergency financial assistance should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes. Agencies are responsible for referring clients to the appropriate Ryan White service category related to the need for continuous provision of services and non-emergency situations.

An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis situation that hinders ability to meet housing, utility, food, or medication need

[1] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

- Public health emergencies, such as the COVID-19 pandemic, that severely disrupt national systems of care, employment, and safety net. Contracted agencies must follow DHSP and HRSA guidelines on special use of EFA in times of public health emergencies.

Based on capacity and contract guidance from DHSP, an agency may provide emergency financial assistance if the client presents with an emergency need that cannot first be met through the appropriate Ryan White Service Category. Support to clients should be offered while the client's application is under review/processing and whether they qualify of not, they should always be linked back to case management or benefits specialty services for continuity of support.

Table 1. Categories for Determining Emergency Needs and Ryan White Services

Emergency Need	Ryan White Service Category
Short term rental assistance	Housing Services
Move-in assistance	
Essential utility assistance	
Emergency food assistance	Nutrition Services
Transportation	Transportation
Medication assistance to avoid lapses in medication	Ambulatory Outpatient Medical

KEY COMPONENTS

Emergency Financial Assistance (EFA) services provide people living with HIV with limited one-time or short-term financial assistance due to hardship. Short term is defined as 3 months or less. Agencies will establish program services based on agency capacity and Division of HIV & STD Programs contract requirements. EFA is decided on a case-by-case basis by a case manager or social worker and is subject to the availability of funding. Financial assistance is never paid directly to clients but issued via checks or vouchers to specific vendors or agencies.

Agencies and staff will make every effort to reduce the amount of documentation necessary, while staying within funding and contract requirements, for a client in need of emergency financial assistance. A signed affidavit declaring homelessness should be kept on file for clients without an address.

EFA services are capped annually per client at $5,000 per 12-month period. With consultation with the SBP Committee, DHSP may increase the $5,000 annual cap for cost-of-living adjustments.

ELIGIBILITY CRITERIA

Agencies coordinating EFA will follow eligibility requirements for potential clients based on DHSP guidance and the type of financial assistance the client is seeking. Clients may enter EFA services through self-referral or referral by a case management or another provider. Each client requesting EFA will be subject to eligibility determination that confirms the need for services. Programs coordinating EFA are responsible to determine such eligibility. Eligibility documentation should be appropriate to the requested financial assistance and completed annually, at minimum, or for every instance a client seeks emergency financial assistance.

Eligibility criteria includes:

- Los Angeles County resident
- Verification of HIV positive status
- Current proof of income
- Emergency Financial Assistance (EFA) application based on the type of assistance the client is requesting

In addition to the general Ryan White eligibility criteria, priority should be given to individuals who present an emergency need with the appropriate documentation that qualifies as an emergency, subject to payor of last resort requirements.

REFERRALS

All service providers must work in partnership with the client, their internal care coordination team and external providers, both Ryan White funded and non-Ryan White funded sites, to ensure appropriate and timely service referrals are made according to client's needs.

In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence. For clients accessing EFA services, staff is responsible for referring clients to a program with a case manager or Medical Care Coordination provider if they are not linked already. For more information, see *Universal Standards, Section 6: Referrals and Case Closure*.

Table 1. Emergency Financial Assistance Standards of Care

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Agencies will hire staff with experience in case management in an area of social services or experience working with people living with HIV. Bachelor's degree in a related field preferred.	Staff resumes on file.
	Staff are required to seek other sources of financial assistance, discounts, and/or subsidies for clients requesting EFA services to demonstrate Ryan White funding is the payor of last resort. (See Appendix A for a list of additional non-Ryan White resources).	Lists of other financial sources, discounts, and/or subsidies for which the staff applied for the client on file. See *Appendix A* as a reference starting point.
	Staff are required to connect clients to or provide referrals for: • A Case manager for a needed service or for Medical Care Coordination	Lists of referrals the staff provided to the client. Name of case manager(s) client connects with in client file.

	• Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services • Opportunities for trainings such as job or workforce trainings	
Eligibility	Agency will determine client eligibility for EFA at minimum annually, or for every instance a client requests EFA. Eligible uses may include: • Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication • Mortgage Assistance • Rental Security deposits *Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.	Documentation of emergency need and eligible use in client file. Documentation of Ryan White eligibility requirements in client file. See *Universal Standards (Section 5.2, page 10)*.
Housing Assistance	Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises. If rental assistance is needed beyond an emergency, please refer to our *Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15).*[2]	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Housing Assistance includes: • Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged
Utility Assistance	Eligible clients must provide evidence they have an account in their name with the utility company or proof or responsibility to make utility payments. Limited to past due bills for gas, electric, or water service.	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Utility Assistance includes: • Copy of the most recent bill in client name or a signed affidavit with the name of the individual that is responsible for paying the bill.

[2] Housing Standards, Temporary Housing Services can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

	Staff is responsible for checking client eligibility for SoCal Edison assistance program	• Copy of the lease that matches the address from the bill • Proof of inability to pay
Food Assistance	Limited to gift card distribution to eligible clients by medical case managers or social workers at their discretion and based on need. Staff is responsible for referring clients to a food pantry and/or CalFresh.	Documentation in client file that demonstrates emergency need and type of assistance received.
Transportation Assistance	Eligible clients must provide evidence they are in need of transportation to/from appointments related to core medical and support services. See *Transportation Services Standards of Care*.[3]	Documentation in client file that demonstrates emergency need and type of assistance received.
Medication Assistance	Eligible clients must provide evidence they are need of medication assistance to avoid a lapse in medication.	Documentation in client file that demonstrates emergency need and type of assistance received.

[3] Transportation Standards of Care can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

APPENDIX A

EMERGENCY ASSISTANCE RESOURCES

The list below is intended to provide agency staff with starting point of additional resources to assist clients with emergency needs. Please note it is not a comprehensive list of available resources in Los Angeles County and staff are encouraged to seek other resources for client care.

211 Los Angeles
https://www.211la.org/
Phone: Dial 2-1-1

Los Angeles Housing + Community Investment Department, City of Los Angeles (HCIDLA) Housing Opportunities for Persons with HIV/AIDS (HOPWA)
https://hcidla.lacity.org/people-with-aids

Comprehensive Housing Information & Referrals for People Living with HIV/AIDS (CHIRP LA)
http://www.chirpla.org/

Los Angeles Housing Services Authority
https://www.lahsa.org/get-help

Department of Public Social Services, Los Angeles County
http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/homeless-services/

CalWorks - Monthly financial assistance for low-income families who have children under 18 years old
https://yourbenefits.laclrs.org

Los Angeles Regional Food Bank – Free and low-cost food
www.lafoodbank.org/get-help/pantrylocator

Project Angel Food
https://www.angelfood.org/

Los Angeles Department of Water and Power (LADWP) – Low Income Discount Program or Lifeline Discount Program for Utility Bill Assistance
Phone: (213) 481-5411

Low-Income Home Energy Assistance Program (HEAP) – Utility Bill Assistance
http://www.csd.ca.gov/Services/FindServicesinYourArea.aspx
Phone: (866) 675-6623

Women, Infants, and Children (WIC)
https://www.phfewic.org/

Veterans of Foreign Wars – Unmet Needs Program
https://www.vfw.org/assistance/financial-grants

City of West Hollywood HIV/AIDS Resources
https://www.weho.org/services/social-services/hiv-aids-resources

The People's Guide to Welfare, Health & Services
https://www.hungeractionla.org/peoplesguide

Ryan White Program Year 32
Care Utilization Data Summary

Part 3 – Housing, Emergency Financial Assistance, Nutrition Support

Oct 17, 2023
COH Planning, Priorities, and Allocations Committee

Sona Oksuzyan, PhD, MD, MPH
Division of HIV and STD Programs

HOUSING, EMERGENCY FINANCIAL ASSISTANCE AND NUTRITION SERVICES

BACKGROUND

As a Ryan White Program (RWP) Part A recipient, the Division of HIV and STD Programs (DHSP) at the Los Angeles County (LAC) Department of Public Health receives grant funds from the Health Resources and Services Administration HIV/AIDS Bureau (HRSA-HAB) to increase access to core medical and related support services for people living with HIV (PLWH)[1]. The amount of the award is based on the number of PLWH residing in LAC. DHSP receives additional funding from HRSA-HAB to reduce disparities in health outcomes among persons of color living with HIV through the Minority AIDS Initiative (MAI) and discretionary funds from the LAC Department of Public Health (net county costs [NCC]). DHSP received a total of $45.9 million from HRSA-HAB in fiscal year 2022 that included $42.1 million for Part A and $3.8 million for MAI.

HRSA-HAB and the Centers for Disease Control and Prevention (CDC) require that local HIV planning bodies develop integrated HIV prevention plans in collaboration with the health department to guide prevention and care efforts within the jurisdiction[2]. HIV surveillance and supplemental surveillance along with program service data and unmet need estimates are used to identify priority populations of focus. In LAC, the populations of focus overlap with priority populations identified in the local "Ending the HIV Epidemic" strategic plan and shown in bold[3]. These include:

1. **Latino Cisgender Men Who Have Sex with Men (MSM)**
2. **Black Cisgender MSM**
3. **Cisgender Women of Color**
4. **Transgender Persons**
5. **Youth Aged 13-29**
6. PLWH ≥ Age 50
7. **Persons Who Inject Drugs (PWID)**
8. RWP Clients Who Were Unhoused

Though not identified as priority populations in the integrated or Ending the HIV Epidemic (EHE) plans, we include RWP clients 50 years of age and older and those experiencing homelessness as an important subpopulation living with HIV with need for RWP services in LAC.

[1] Ryan White HIV/AIDS Programs Parts & Initiatives. (2022). In ryanwhite.hrsa.gov. Retrieved July 20, 2023 from https://ryanwhite.hrsa.gov/about/parts-and-initiatives
[2] Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.(2021). In ryanwhite.hrsa.gov. Retrieved July 20, 2023 from https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-dear-college-6-30-21.pdf
[3] Ending the HIV Epidemic Plan for Los Angeles. (2021). In lacounty.hiv. Retrieved July 19, 2023, from https://www.lacounty.hiv/wp-content/uploads/2021/04/EHE-Plan-Final-2021.pdf

Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

This report series summarizes utilization of medical and support services by RWP clients in Contract Year 32 (March 1, 2022-February 28, 2023) to inform the planning and allocation activities of the LAC Commission on HIV (COH). To inform focused discussion, we will present services in the following service clusters:

1. Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) services
2. Mental Health and Substance Abuse (Residential) services
3. **Housing, Emergency Financial Assistance (EFA), and Nutrition Support (NS) services**
4. General and Specialty Oral Health services
5. Case Management (CM) Services: Benefits Specialty, Transitional CM- Jails, Home-Based CM and the Linkage and Re-Engagement (LRP)

The data presented is intended to provide priority highlights of who is accessing RWP services in LAC (demographic and socio-economic characteristics, priority populations), the types of services accessed, funding sources, and how these services are delivered (in-person or telehealth). The detailed source tables are included in the appendix for reference.

Outcomes and Indicators

The following information will be used to describe service utilization and estimate expenditures. Each of the five service clusters will include:

- HIV Care Continuum Outcomes (engagement in care, retention in care (RiC) and viral suppression (VS) among priority populations:
  - Engagement in HIV care =≤1 viral load or CD4 test in the contract year
  - Retention in HIV care =≤2 viral load or CD4 tests at least 90 days apart in the contract year
  - Viral suppression =Most recent viral load test <200 copies/mL in the contract year
- RWP service utilization and expenditure indicators by service category:
  - Total service units=Number of service units paid for by DHSP in the reporting period. *Service units vary by service category and may include visits, hours, procedures, days, or sessions*
  - Service units per client=Total service units/Number of clients
  - Total Expenditure= Total dollar amount paid by DHSP in the reporting period
  - Expenditures per Client= Total Expenditure/Number of clients

DATA SOURCES

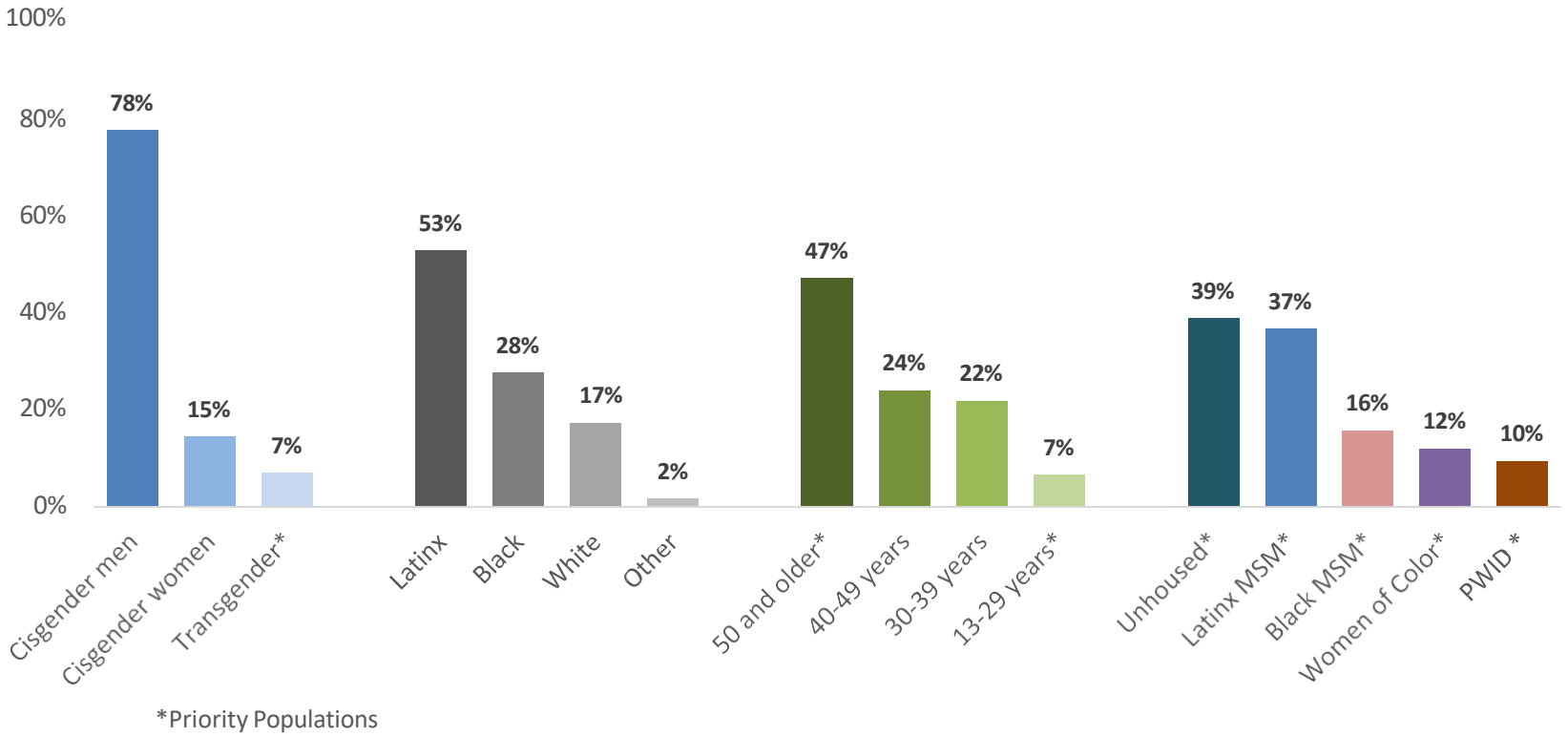
- HIV Casewatch (local RWP data reporting system)
  - Client characteristics and service utilization data reported by RWP contracted service agencies
  - Data are manually entered or submitted through electronic data transfer
- Linkage Re-engagement Program (ACCESS Database)
- eHARS (HIV surveillance data system)
- DHSP Expenditure Reports

HOUSING SERVICES

Population Served:

- In Year 32, a total of 241 clients received Housing Services in Year 32. In LAC this category includes:
  - Permanent Supportive Housing, also known as Housing for Health [H4H], that served 157 clients
  - Residential Care Facilities for Chronically Ill (RCFCI) that served 54 clients
  - Transitional Residential Care Facilities (TRCF) that served 31 clients
- Most Housing Services clients were cisgender men, Latinx, and aged 50 and older (Figure 1)
- Among the priority populations, the largest percent served were PLWH ≥ age 50, followed by unhoused people and Latinx MSM
- Unhoused status includes those clients who reported experiencing homelessness at their most recent intake during the contract year but may not necessarily reflect their housing status at the time they received the service).

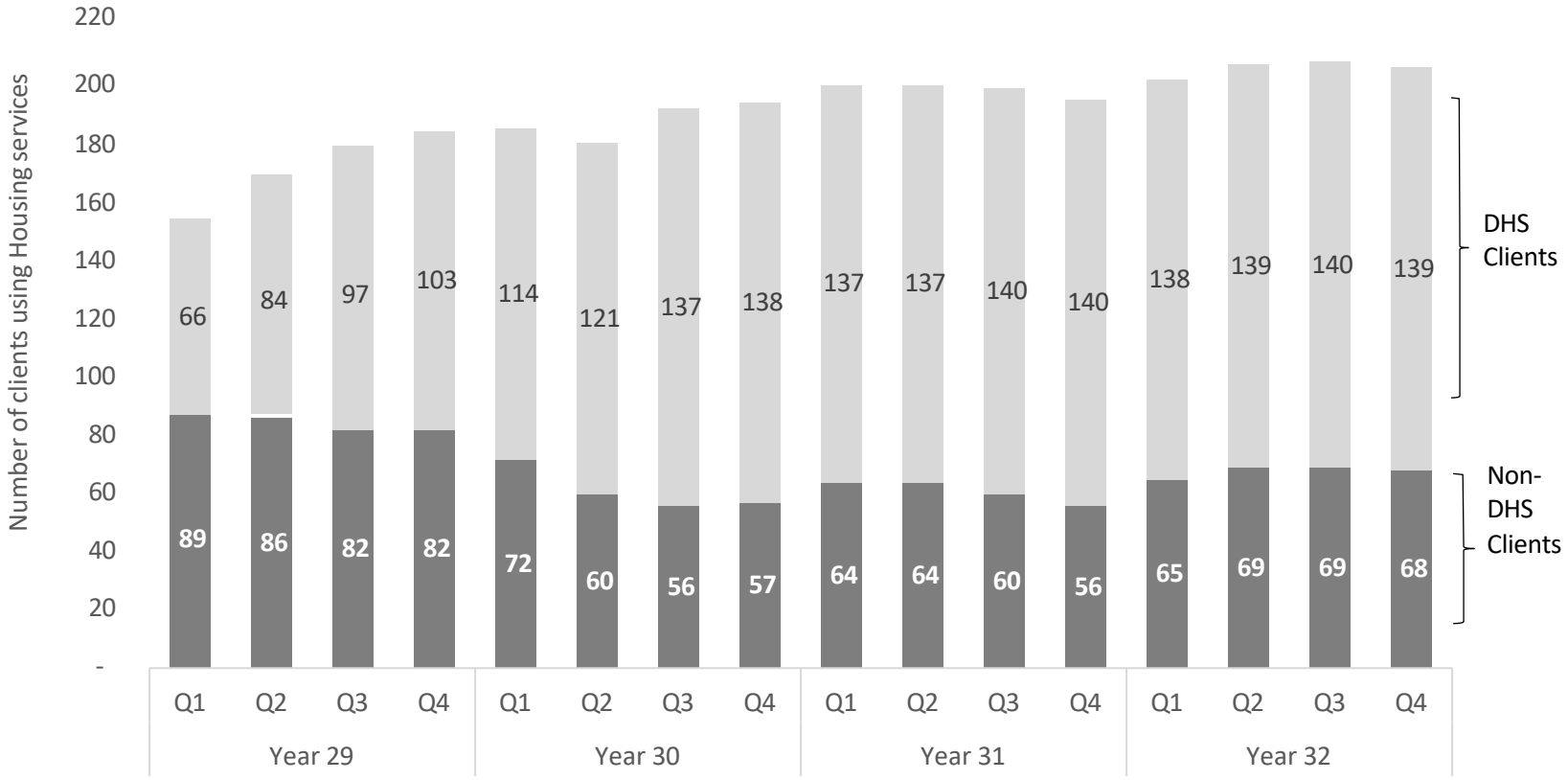
Figure 1. Key Characteristics of RWP Clients in Housing Services in LAC, Year 32



Service Utilization

Figure 2 below shows the number of RWP clients accessing Housing services from Year 29 through Year 32 by quarter. While DHS discontinued providing Ambulatory Outpatient Medical, Medical Care Coordination and Mental Health Service in Year 31, they continue to provide Housing and EFA services. The light grey part of the bar shows the number of DHS clients. The darker grey part of the bar shows the number of all other (non-DHS) clients. The total number of Housing clients increased over time including during the COVID-19 pandemic in Year 30. During this time, the number of Housing clients at DHS sites increased while the number clients served at non-DHS sites gradually decreased. All Housing services were provided in-person.

Figure 2. Department of Health Services (DHS) and Non-DHS Housing Clients by Quarter in LAC, RWP Years 29-32



Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

Service Units and Expenditures

- Year 32 Funding Sources: **RWP Part A (5%), Part B (54%), MAI (41%)**
- Percentage of RWP Clients Accessing Housing services in Year 32: **1.6%**
- Unit of Service: **Days**

Table 1. Housing Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Clients	% of Clients	Total days	% of days	Days per Client	Estimated Expenditures per Client	Estimated Expenditures by Subpopulation
Total Housing clients	***241***	***100%***	***70,157***	***100%***	***291***	***$33,054***	***$7,965,955***
H4H	*157*	*65%*	*48,577*	*69%*	*309*	*$13,625*	*$3,283,615 (MAI)*
RCFCI	*54*	*22%*	*15,354*	*22%*	*284*	*$55,086*	*$418,179 (Part A) + $4,264,161 (Part B)*
TRCF	*31*	*13%*	*6,226*	*9%*	*201*		*Total $4,682,340*
PLWH ≥ age 50	114	**47%**	**34,895**	**50%**	**306**	**$34,938**	**$3,982,978**
Unhoused in the contract year	94	**39%**	**24,889**	**35%**	265	$29,660	**$2,788,084**
Latinx MSM	89	**37%**	**24,697**	**35%**	277	$31,327	**$2,788,084**
Black MSM	38	16%	11,926	17%	**314**	**$35,637**	$1,354,212
Women of Color	29	12%	9,095	13%	**314**	**$35,709**	$1,035,574
Persons who inject drugs (PWID)	23	10%	5,990	9%	260	$31,171	$716,936
Transgender Persons	17	7%	5,181	7%	305	$32,801	$557,617
Youth aged 13-29	16	7%	**4,054**	6%	**253**	$29,872	$477,957

Table 1 Highlights

- *Population Served:* The largest number and percent of HS clients were PLWH ≥ age 50 (47%), followed by clients who were unhoused in the contract year (39%) and Latinx MSM (37%).
- *Service Utilization:*
  - PLWH ≥ age 50 had received half of HS days.
  - Utilization of days per client was the highest among Black MSM and women of color (314 days/client each), followed by clients ≥ age 50 (306 days/client) compared to all clients overall and other subpopulations.
  - While days per client were the lowest among youth aged 13-29 clients (253 days/client), they also represented the smallest numbers of HS clients.

  - The percent of HS in days was slightly higher relative to their population size among clients ≥ age 50 (47% vs 50%).
  - The percent of HS in days was slightly lower relative to their population size among Latinx MSM (37% vs 35%).
- *Expenditures:*
  - Expenditure per client were highest among Black MSM and women of color, although those subpopulations did not represent the highest percentage of HS clients.
  - Expenditures per client were the lowest among clients who were unhoused in the contract year despite being the second largest subpopulation served by HS (39%).

HIV Care Continuum (HCC) Outcomes

Table 2 below shows HCC outcomes for RWP clients receiving HS in Year 32. Housing clients had slightly higher engagement in care and retention in care compared to RWP clients who did not accessing HS. There was no difference in viral suppression between HS and non-HS clients.

Table 2. HIV Care Continuum Outcomes for RWP Clients That Used and Did Not Use Housing services (HS) in LAC, Year 32

HCC Measures	HS clients		Non-HS clients	
	N=241	%	N=14,531	%
Engaged in HIV Care [a]	230	95%	13,616	94%
Retained in HIV Care[b]	187	78%	10,194	70%
Suppressed Viral Load at Recent Test[c]	199	83%	12,078	83%

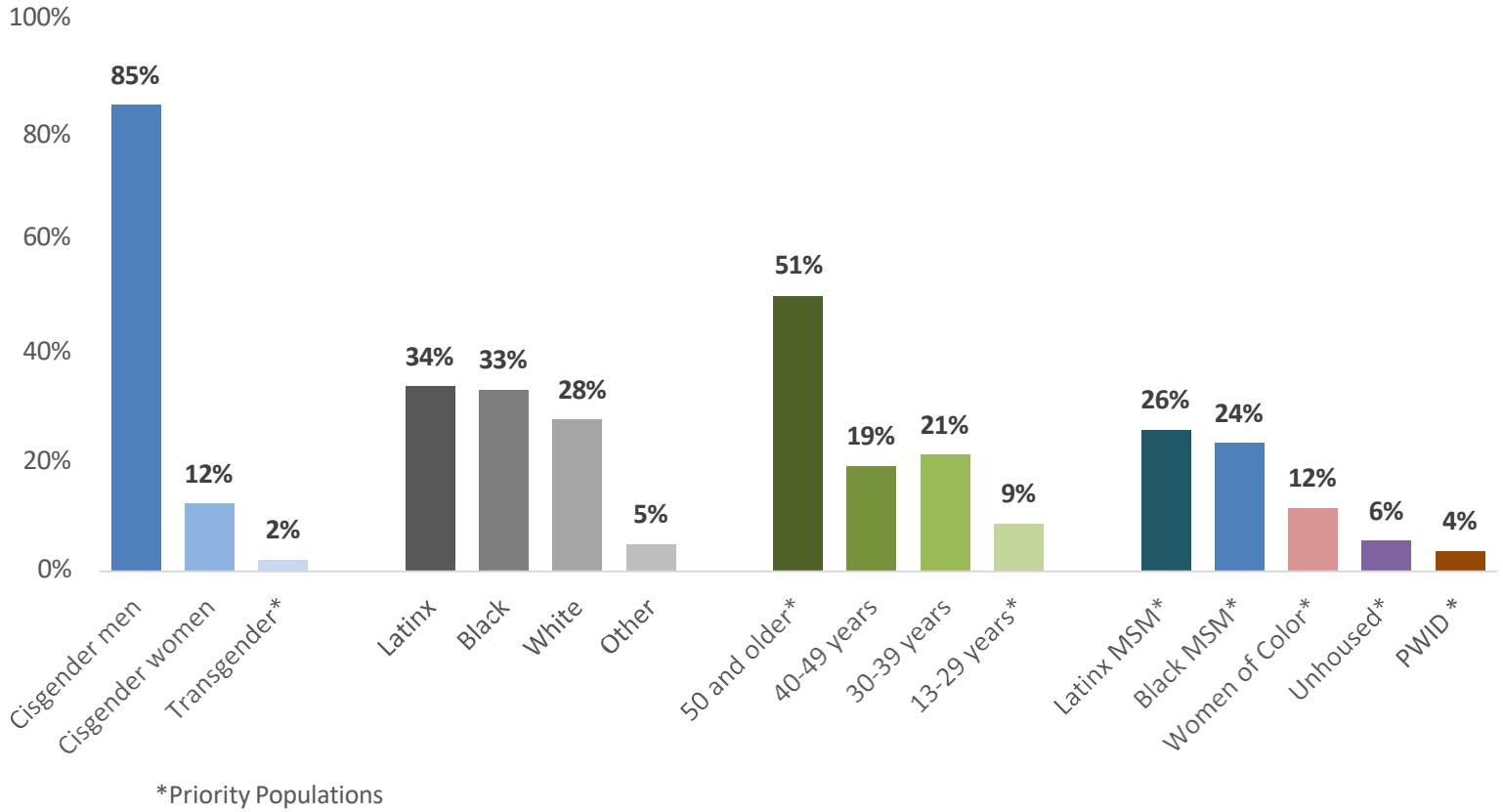
[a]Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the 12 months before the end of the reporting period
[b]Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the end of the reporting period
[c]Defined as viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period

EMERGENCY FINANCIAL ASSISTANCE (EFA) SERVICES

Population Served:

- In Year 32, a total of 378 clients received EFA that includes three types of service:
  - Food Assistance provided to 30 clients
  - Rental Assistance provided to 283 clients
  - Utility Assistance provided to 162 clients
- Most EFA clients were cisgender men, Latinx and Black, and aged 50 and older (Figure 3)
- PLWH ≥ age 50 represented the largest percent among priority populations (51%), followed by Latinx MSM (26%) and Black MSM (24%).

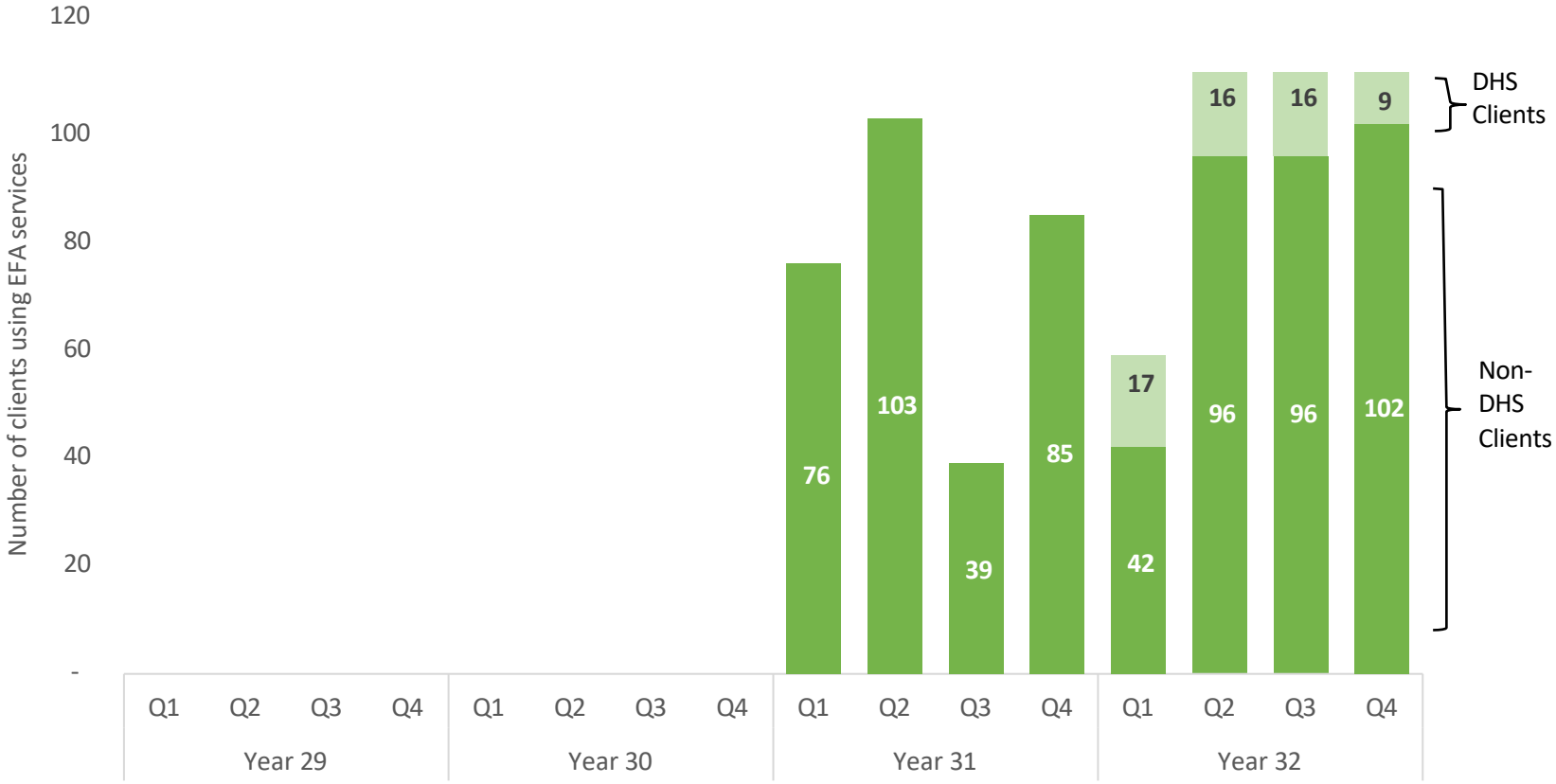
Figure 3. Demographic Characteristics and Priority Populations among EFA Clients in LAC, Year 32



Service Utilization

The figure below presents the number of clients using EFA since it launched in Year 31 at both DHS and non-DHS sites. All EFA services were delivered in-person. The light green part of the bar shows the number of DHS clients. The darker green part of the bar shows the number of all other (non-DHS) clients. The number of clients accessing EFA services increased from Year 31 to Year 32, particularly among clients accessing services at non-DHS sites.

Figure 4. Department of Health Services (DHS) and Non-DHS EFA Clients by Quarter in LAC, RWP Years 29-32



Service Units and Expenditures

- Year 32 Funding Sources: **RWP Part A (100%)**
- Percentage of RWP Clients Accessing EFA in Year 32: **3%**
- Unit of Service: **Dollars**

Table 3. EFA Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Clients	% of Clients	Total dollars	% of dollars	Dollars per Client	Estimated Expenditures per Client	Estimated Expenditures by Subpopulation
Total EFA clients	***378***	***100%***	***1,210,558***	***100%***	***$3,203***	***$4,607***	***$1,741,442 (Part A)***
Food	*30*	*8%*	*8,035*	*1%*	*$268*	*$385*	*$11,559*
Rental Assistance	*283*	*75%*	*1,049,839*	*87%*	*$3,710*	*$5,337*	*$1,510,241*
Utilities	*162*	*43%*	*152,684*	*13%*	*$942*	*$1,356*	*$219,643*
PLWH ≥ age 50	191	**51%**	548,067	**45%**	$2,869	$4,128	*$788,418*
Latinx MSM	98	26%	313,970	26%	$3,204	$4,609	*$451,660*
Black MSM	89	24%	293,026	24%	**$3,292**	**$4,736**	*$421,531*
Women of Color	44	**12%**	112,680	**9%**	**$2,561**	**$3,684**	*$162,095*
Youth aged 13-29	33	9%	113,597	9%	**$3,442**	**$4,952**	*$163,415*
Unhoused in the contract year	21	6%	55,570	5%	$2,646	$3,807	*$79,941*
Persons who inject drugs (PWID)	14	4%	38,819	3%	$2,773	$3,989	*$55,843*
Transgender Persons	8	2%	22,370	2%	$2,796	$4,023	*$32,180*

Table 3 Highlights

- *Population Served:* PLWH ≥ age 50 (51%) made up half of all EFA clients, followed by Latinx MSM (26%) and Black MSM (24%) in Year 32
- *Service Utilization:*
  - Service units (dollars) per client were the highest among youth aged 13-29 and Black MSM compared to total EFA clients and other subpopulations. Per client utilization was lowest among women of color and clients who were unhoused in the contract year.
  - The percent of EFA units (dollars) was lower relative to the population size of PLWH ≥ age 50, women of color, clients who were unhoused in the contract year, and PWID.
- *Expenditures:*
  - Per client expenditures were highest for youth aged 13-29 ($4,952), followed by Black MSM ($4,736).
  - Women of color had the lowest expenditures per client ($3,684).

HIV Care Continuum (HCC) Outcomes

Table 4 below compares HCC outcomes for RWP clients who did and did not access EFA in Year 32. A larger percent of clients in EFA were engaged in care, retained in care, and achieved viral suppression compared to those clients not using EFA.

Table 4. HIV Care Continuum Outcomes for RWP Clients That Used and Did Not Use EFA Services in LAC, Year 32

HCC Measures	EFA clients		Non-EFA clients	
	N=378	Percent	N=14,394	Percent
Engaged in HIV Care[a]	368	97%	13,478	94%
Retained in HIV Care[b]	297	79%	10,084	70%
Suppressed Viral Load at Recent Test [c]	333	88%	11,944	83%

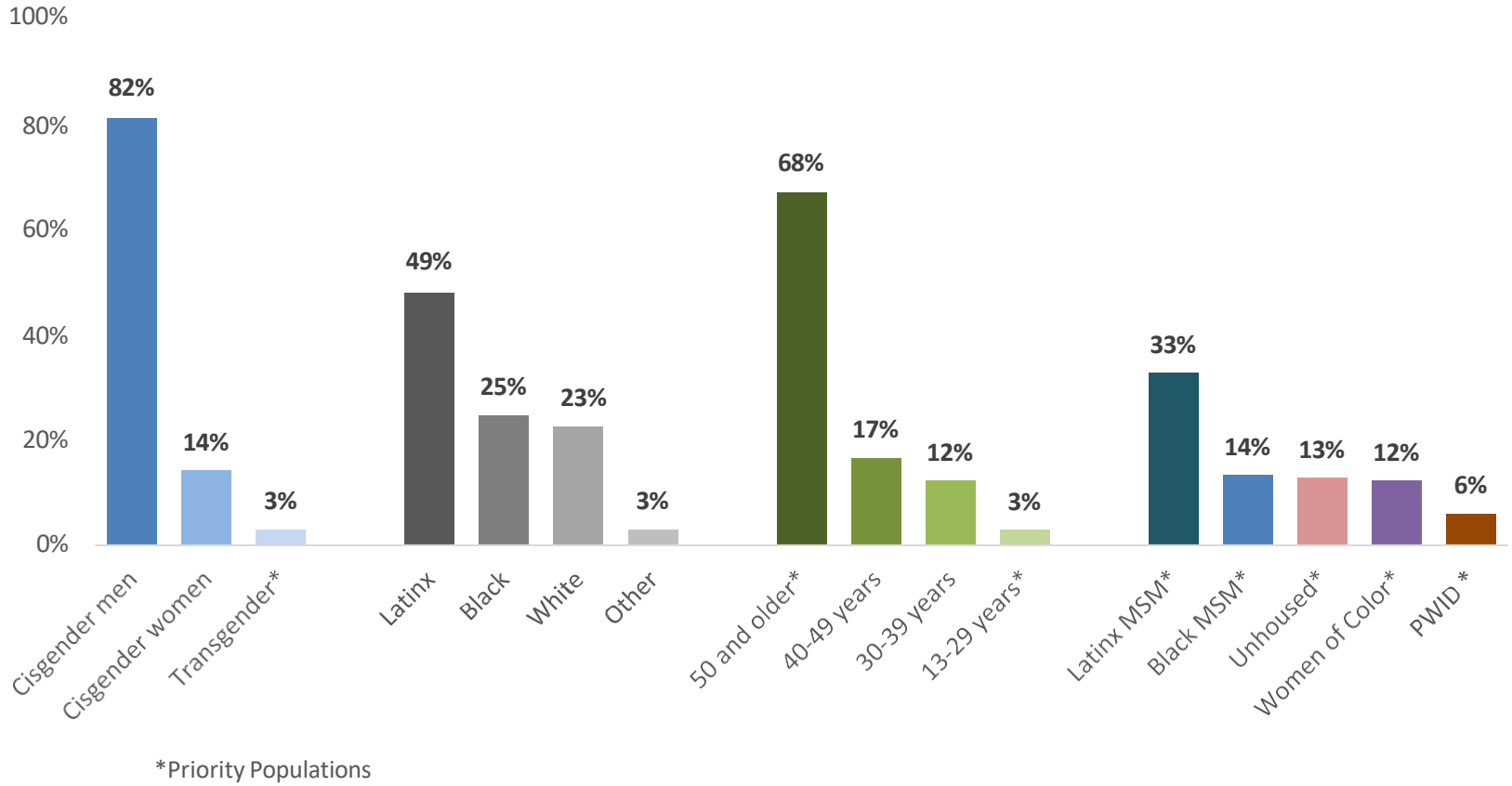
[a]Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the 12 months before the end of the reporting period
[b]Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the end of the reporting period
[c]Defined as viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period

NUTRITION SUPPORT SERVICES

Population Served:

- In Year 32, a total of 2,117 clients received Nutrition Support (NS) services that include:
  - A total of 541 who received Delivered Meals
  - A total of 1,724 who accessed the Food Bank
- Most NS clients were cisgender men, Latinx and Black, and PLWH ≥ age 50 (Figure 5).
- PLWH ≥ age 50 represented the largest percent among priority populations (68%), followed by Latinx MSM (33%).

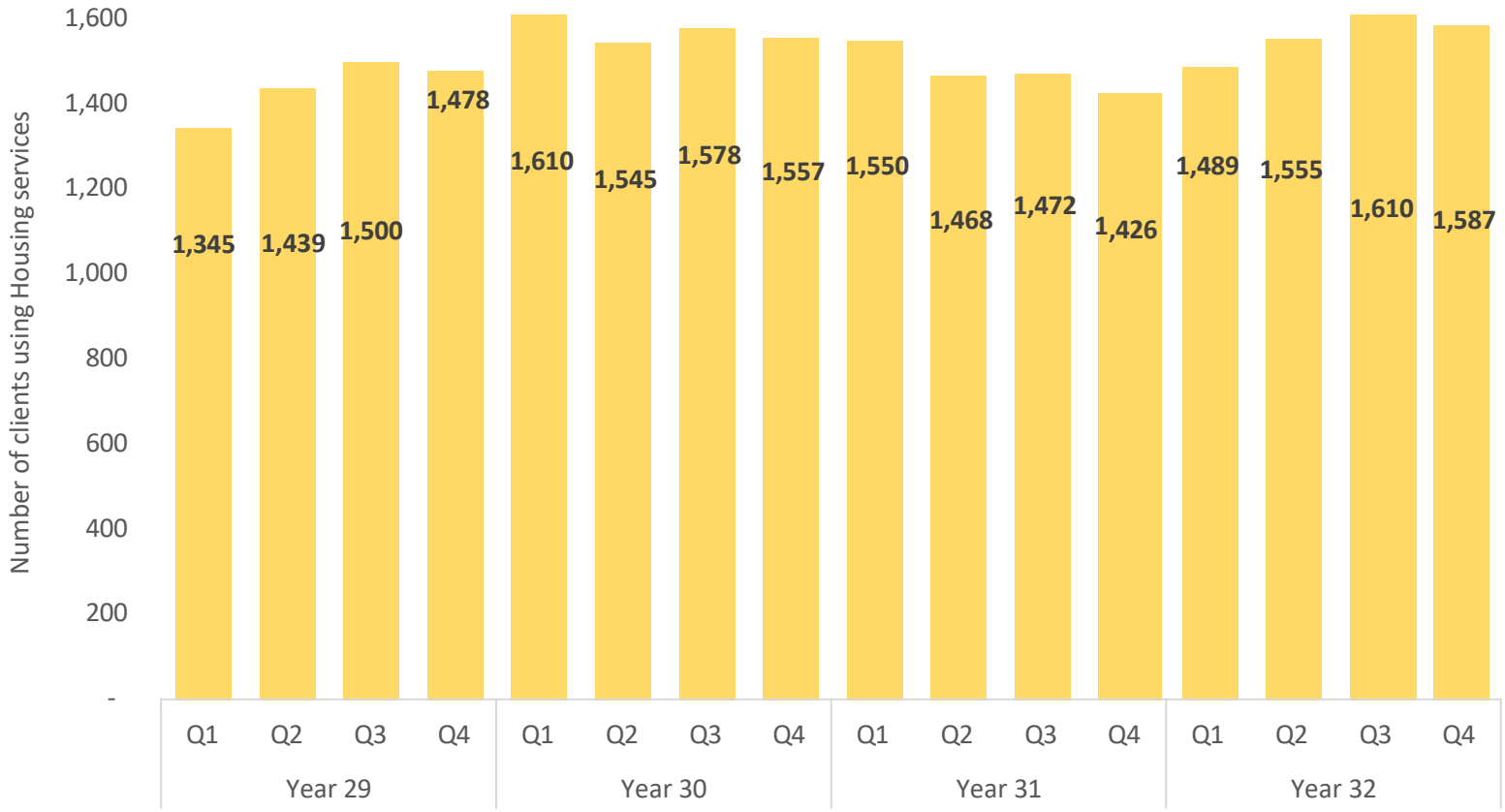
Figure 5. Demographic Characteristics and Priority Populations among Nutrition Service Clients in LAC, Year 32



Service Utilization

All NS services must be accessed in-person. As shown below in Figure 6, the number of NS clients has increased from Year 29 to Year 32.

Figure 6. RWP Clients Accessing Nutrition Services (NS) by Quarter in LAC, RWP Years 29-32



Service Units and Expenditures

- Year 32 Funding Sources: **RWP Part A (100%)**
- Percentage of RWP Clients Accessing NS services in Year 32: **14%**
- Unit of Service: **Meals** and **Bags of groceries**

Table 5. Nutrition Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Clients	% of Clients	Total Units	% of Total Units	Units per Client	Estimated Expenditures per Client	Estimated Expenditures by Subpopulation
*Total Nutrition Support clients**	***2,117***	***100%***	***450,679***	***100%***	***213***	***$1,767***	***$3,740,480***
Delivered Meals	*541*	*26%*	*286,984*	*64%*	*530 meals*	*$4,403*	*$2,381,868*
Food Bank	*1,724*	*81%*	*163,695*	*36%*	*95 bags*	*$788*	*$1,358,612*
PLWH ≥ age 50	1,436	**68%**	358,676	**80%**	**250**	***$2,073***	*$2,976,887*
Latinx MSM	701	33%	140,577	31%	201	*$1,664*	*$1,166,741*
Black MSM	286	14%	52,063	12%	182	*$1,511*	*$432,105*
Unhoused in the contract year	273	**13%**	30,582	**7%**	112	***$930***	*$253,820*
Women of Color	262	12%	58,014	13%	221	*$1,838*	*$481,496*
Persons who inject drugs (PWID)	128	6%	29,379	7%	**230**	***$1,905***	*$243,836*
Transgender Persons	73	3%	13,265	3%	182	*$1,508*	*$110,095*
Youth aged 13-29	62	**3%**	3,222	**1%**	**52**	***$431***	*$26,741*

*Clients used an average of 1.5 meals per day and 1.8 bags of groceries per week in Year 32.

Table 5 Highlights

- *Population Served:* PLWH ≥ age 50 (68%) made up most of NS clients, followed by Latinx MSM (33%) in Year 32.
- *Service Utilization:*
  - Meals/bags per client were the highest among PLWH ≥ age 50 and PWID compared to total NS clients and other subpopulations.
  - Meals/grocery bags per client were lowest among youth aged 13-29.
  - Clients ≥ age 50 represented 68% of clients but used 80% of total NS units demonstrating higher utilization than other subpopulations.
  - Clients who were unhoused in the contract year represented 13% of NS clients but only used 7% of total NS units, suggesting lower access to need.
- *Expenditures:*
  - PLWH ≥ age 50 had the highest expenditures per client, followed by PWID, and is consistent with their higher per client utilization.
  - Youth aged 13-29 represented the smallest number of NS client and had the lowest expenditures per client ($431). Per client expenditures were also low among clients who were unhoused in the contract year ($930) as service units were low relative to population size.

HIV Care Continuum (HCC) Outcomes

Table 6 below compares HCC outcomes for RWP clients who did and did not use NS services in Year 32. A larger percent of clients in NS services were engaged in care, retained in care, and achieved viral suppression compared to those clients not using NS services.

Table 6. HIV Care Continuum Outcomes for RWP Clients That Used and Did Not Use Nutrition Support Services in LAC, Year 32

HCC Measures	NS clients		Non-NS clients	
	N=2,117	Percent	N=12,655	Percent
Engaged in HIV Care[a]	2,018	95%	11,828	93%
Retained in HIV Care[b]	1,681	79%	8,700	69%
Suppressed Viral Load at Recent Test [c]	1,793	85%	10,484	83%

[a]Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the 12 months before the end of the reporting period
[b]Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the end of the reporting period
[c]Defined as viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period

Overlap of Services Provided

RWP service categories may not mutually exclusive; there can be overlap in clients accessing these services during the contract year. To explore the degree of overlap across HS, EFA and NS services in Year 32, we constructed the cross tabulation shown below in Table 7. The data should be read across from left to right. We can see among EFA clients, approximately 28% also accessed NS but very few accessed HS. Among those clients in HS, nearly one-third (32%) also accessed NS but few accessed EFA. Finally, among NS clients we see the least overlap with few accessing EFA or HS.

Table 7. Cross tabulation of RWP Clients Received Emergency Financial Assistance, Housing and Nutrition Support Services in LAC, Year 32

Count (%)	Emergency Financial Assistance	Housing Services	Nutrition Support
Emergency Financial Assistance	*378*	4 (1%)	105 (28%)
Housing Services	4 (2%)	*241*	76 (32%)
Nutrition Support	105 (5%)	76 (4%)	*2,117*

SUMMARY OF FINDINGS

Service use and expenditures vary by service category and by priority populations. This variation may be influenced by the priority population size, underlying characteristics within each priority and priority population such as health status, income, housing status or neighborhood of residence, service need or service access and others. The main findings are summarized in Table 8.

Table 8. Summary of Findings for RWP Service Utilization in LAC, Year 32

	RWP	Housing Service (Permanent Supportive Housing (H4H), RCFCI, TRCF)	Emergency Financial Assistance (Food, Rental Assistance, Utilities)	Nutrition Support (Delivered Meals, Food Bank)
Main population served	• Latinx and Black race/ethnicity • Cisgender male • PLWH ≥ age 50 • MSM	• Latinx race/ethnicity • Cisgender male • PLWH ≥ age 50 • MSM	• Latinx race/ethnicity • Cisgender male • PLWH ≥ age 50 • MSM	• Latinx race/ethnicity • Cisgender male • PLWH age 30-39 • MSM
Utilization over time	• Total number of clients decreased in Year 32 due to AOM, MCC, and MH services stopping at DHS sites • However, number of clients at remaining agencies was steady	• Service still provided by DHS • Increase in total clients, largely from DHS sites	• Service still provided at DHS • Increase in total clients from Year 31 to 32 primarily from non-DHS sites	• Steady decrease in number of clients since Year 29
Service units per client	N/A (units vary)	• Days	• Dollars	• Meals • Bags of grocery
Total expenditures	$45.9 million	• $7,965,955 (Part A, B, MAI) • $33,054 per client	• 1,741,442 (part A) • $4,607 per client	• 3,740,480 (Part A) • $ 1,767 per client
HCC outcomes	• HCC outcomes were higher among RWP clients compared to PLWH in LAC	• Engagement and RiC were higher among HS clients compared to non-HS clients but no difference in VS	• HCC outcomes were higher among EFA clients compared to clients not accessing EFA	• HCC outcomes were higher among NS clients compared to clients not accessing NS

Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

	RWP	Housing Services	EFA	Nutrition Support
Latinx MSM	• Largest RWP population (52%) • Largest percentage of uninsured clients	• Third largest priority population (37%) and accounted for about 35% of services provided • Expenditure per client slightly lower than the overall average	• Second largest priority population (26%) and accounted for 26% of services provided • Expenditure per client similar to the overall average	• Second largest priority population (33%) and accounted for 31% of NS provided • Expenditure and average units per client were lower than overall average for all NS clients
Black MSM	• About 4% of RWP clients • Over 2/3 living ≤ FPL	• Represented 16% of HS clients and 17% of services provided • Highest number of days per client and second highest per client expenditures	• Represented 24% of EFA clients and of services provided • Second highest number per client service units (dollars) and expenditures	• Represented 14% t of NS clients and 12% of services provided • Per client number of meals, bags and expenditures were lower than those overall averages
Youth 13-29 years old	• 12% of RWP clients • The lowest percentage of RiC among priority populations	• Smallest population by number and percent of clients (7%) • Lowest per client number of days and expenditures	• Represented 9% of EFA clients and services provided • Highest utilizers of EFA services, by service units and expenditures per client	• Smallest percent of clients (3%) & services provided (1%) • The lowest per client number of meal/bags and expenditures
Women of color	• 8% of RWP clients • The highest percentage of engagement in care and the second highest percentage of RiC among priority populations	• Represented 12% t of HS clients and 13% of services provided • Highest per client number of days and expenditures	• Represented 12% of EFA clients and 9% of services provided • Lowest per client service units (dollars) and expenditures	• Represented 12% of NS clients and 13% NS services provided • Third highest per client number of meals/bags and expenditures
PLWD ≥ age 50	• Over a third of RWP clients • The highest percentage of RiC and VS and the 2nd highest percentage of engagement among priority populations • The highest percentage of people living ≤ FPL and PWID • Second highest percentage of uninsured and unhoused	• Highest utilizers of HS, by percent of clients (47%) and services provided (50%) • Second highest per client use by service days. • Third highest overall expenditures among priority populations	• Highest utilizers of EFA services by the highest percentage of EFA clients (51%) and services provided (45%)	• Highest utilizers of NS services percentage of clients and services provided • Highest per client number of meals/bags and expenditures

Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

	RWP	Housing Services	EFA	Nutrition Support
Transgender clients	• 4% of all RWP clients • Highest percentage of clients unhoused in the contract period • Second largest percentage of people living ≤ FPL	• Represented a small number and percent of HS clients and services provided (7%) • Days per client slightly higher than overall average • Per client expenditure slightly lower than overall average	• Smallest percent of EFA clients and services provided • Per client service units (dollars) expenditures were lower than the overall average however based on small numbers	• Represented small percent of NS clients (3%) and services provided (3%) • Average meals/bags provided and expenditures per client were lower than overall averages
Unhoused in the contract year	• 18% of all RWP clients • Largest percent of clients living ≤ FPL and PWID	• Second highest utilizers by HS percent of clients and services provided • Lowest per client expenditures by only third lowest per client number of days.	• Represented 6% of EFA clients and 5% of services provided • Second lowest per client units (dollars) provided and expenditures	• Represented 13% of NS clients but received only 7% of provided • Second lowest average number of meals/bags and expenditures per client
PWID	• 5% of RWP clients • Second highest percent of clients unhoused in past 12m	• Represented 10% percent of clients and 9% of services provided • Second lowest per client days and expenditures compared to overall averages	• Represented a small number and percent of EFA clients and services provided • Average amount of dollars and expenditures were considerably lower than respective averages for all EFA clients • Third lowest per client service units (dollars) and expenditures	• Represented 6% of NS clients and 7% of services provided • Second highest average number of meals/bags and expenditures per client among priority populations

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- Planning, Development and Research (Michael Green, PhD)
- Program Monitoring and Evaluation (Wendy Garland, MPH , Janet Cuanas, MPP)
- HIV/STD Surveillance

Ryan White Program Agencies, Providers and Clients

Thank you

Emergency Financial Assistance Program

Alliance for Housing and Healing

Cesar Villa
Financial Assistance Program Manager

Purpose

- The Los Angeles County Department of Public Health, Division of HIV and STD Programs' (DHSP) Emergency Financial Assistance provides limited one-time or short-term financial assistance to people living with HIV who are experiencing a financial hardship. The purpose of Emergency Financial Assistance (EFA) is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. Emergency Financial Assistance is a needs-based assistance program, not a government entitlement, subject to the availability of funding.
- EFA should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes.

Level of Assistance

- Eligible clients may access up to $5,000 in assistance in a twelve month period.
- Up to 2 EFA applications will be accepted per client. If the client would like to apply for additional assistance, the client's need will be evaluated on a case-by-case basis.
- EFA assists with security deposits and short-term rental assistance. This includes rent debts and future rent (up to three months).
- Security deposit assistance: If the household has limited or no financial resources available to cover the security deposit on their own.
- Short-term rental assistance: If client received a three-day notice, is going through an eviction, had an unexpected loss of income and/or does not have the means to pay their rent.
- Clients can not apply for both EFA and HOPWA STRMU & PHP at the same time.

ELIGIBILITY REQUIREMENTS (EFA)

- **Eligibility:**
  - Be 18 years of age or older.
  - HIV/AIDS Diagnosis from a primary care physician or licensed healthcare provider.
  - Have an income at or below 500% Federal Poverty Level (FPL): Annual income is determined by using the last full month of documented income. That income will be multiplied by 12 to project annual income.
  - Proof of Income: Award letters, check stubs for one full month of wages, benefit receipt, affidavit of no income, self-employment affidavit, unemployment insurance, etc.
  - Proof of L.A. County residency: Rental or lease agreement, utility bill, government issued letter, bank statement, California ID or Driver License.
  - Photo I.D.
  - Verification the client is working with an MCC/BSS team.

Income Requirement: 500% FPL

Provide income documentation for household members 18 and over.

Percentages Over 2024 Poverty Guidelines

The Poverty Guidelines Table below shows percentages for the 48 contiguous states only.

Family Size	100%	133%	150%	200%	250%	300%	400%	500%
1	$15,060	$20,030	$22,590	$30,120	$37,650	$45,180	$60,240	$75,300
2	$20,440	$27,185	$30,660	$40,880	$51,100	$61,320	$81,760	$102,200
3	$25,820	$34,341	$38,730	$51,640	$64,550	$77,460	$103,280	$129,100
4	$31,200	$41,496	$46,800	$62,400	$78,000	$93,600	$124,800	$156,000
5	$36,580	$48,651	$54,870	$73,160	$91,450	$109,740	$146,320	$182,900
6	$41,960	$55,807	$62,940	$83,920	$104,900	$125,880	$167,840	$209,800
7	$47,340	$62,962	$71,010	$94,680	$118,350	$142,020	$189,360	$236,700
8	$52,720	$70,118	$79,080	$105,440	$131,800	$158,160	$210,880	$263,600
For each additional family member	$5,380	$7,155	$8,070	$10,760	$13,450	$16,140	$21,520	$26,900

Referring Provider Attestation Form

- **Documents submitted with every application:**
  - Referring Provider Attestation Form
  - Advocacy Letter
  - Emergency Financial Assistance Application Form
  - Alliance for Housing and Healing Consent to Release Information Form
  - Photo ID
  - Casewatch Millennium Client Consent Form: All clients must have an up-to-date Casewatch Millennium Client Consent Form entered into Casewatch to be eligible for services.
- **Documentation kept on file:**
  - HIV/AIDS Diagnosis
  - Los Angeles County Residency
  - Income Documentation: For all household members 18 years and over. The household income must be at or below 500% Federal Poverty Level.
  - Individualized Client Care Plan: Individual Plan developed between MCC/BSS team and the client to ensure client can maintain their needs after EFA is provided.
  - Note: DHSP will conduct auditing/monitoring of client files.

Supporting Documentation for Move-in and Short-Term Rental Assistance

- Rental agreement/lease:
  - Client is providing evidence they are a legal resident of the unit and are a named tenant under a valid rental agreement/lease.
- Completed W-9 from landlord or property manager:
  - IRS Requirement: Issue a 1099 to the appropriate landlords annually.
- Move-in assistance:
  - Proof that security deposit is still owed: Landlord letter, Invoice or Billing Statement from Landlord or Property Management or Rent ledger.
  - Section 8 worksheet if client is moving into Section 8 housing.
  - Security deposit agreement: Landlords and clients will need to sign a security deposit agreement stating that in the event the client moves out of the unit, the security deposit will need to be returned to the original funding agency.
- Rent assistance:
  - Rent debts and future rent requests (up to three months).
  - Provide current rent ledger.

How the Program Works

- The MCC/BSS team will determine eligibility and need for EFA by conducting a thorough assessment of client needs.
- MCC/BSS team will create an Individual Service Plan with the client, outlining resources identified to assist clients with additional and ongoing needs.
- MCC/BSS team will submit an application on client's behalf to the Alliance for Housing and Healing online portal or through secure email for review and approval.
- Applications will be reviewed on a first-come, first-served basis. EFA Monitor will review applications for accuracy, completeness and verify required documentation.
- EFA Monitor will notify the MCC/BSS:
  - Approved: The monitor will notify the provider that the application has been approved and will be submitted for funding.
  - Missing required documentation/corrections: The monitor will send an update sheet to the provider listing the missing documentation or possible corrections to the application. Application will not be approved until update sheet is completed.
  - Denied: The monitor will notify the provider that the application is denied if client does not meet eligibility requirements and/or the application is incomplete.
- Once applications are reviewed and approved by the EFA monitor, checks will be issued as a direct payment to the payee.
  - Alliance will verify property ownership through a property owner verification database and issue payments only to legal owner or property management companies.
  - Direct cash payments to clients are not permitted.
  - Checks will be disbursed directly to the landlord/vendor via regular mail.
- All grants are contingent upon the availability of funds.
- These guidelines are subject to changes at the discretion of DHSP.

FAQ

- Can undocumented clients apply for EFA? Yes
- Does a client need to submit bank statements? We don't need bank statements unless the client is using the statements in lieu of their award letter or paystubs. If you are submitting bank statements as income documentation, please clarify which deposits are income and supply bank statements for the full month.
- If client has a roommate, can they apply for rent assistance? Yes, but client will only be assisted with their portion of the rent. Provide ledger showing client's portion/share of rent.
- If client has zero income or is self employed, how do I provide income documentation for these clients? We can accept affidavits from clients verifying their income status. Client can fill out Alliance's Zero Income Affidavit form. Providers can also use their own forms or the client can write a statement instead.
- What kind of services does EFA not cover? EFA does not assist with car insurance, automobile payments, storage fees, parking fees, veterinarian bills, medical bills, etc. ***Note: As of 7/15/24, EFA no longer assists with utility bills, food cards, mortgage assistance and rental assistance for Section 8 clients. These changes are a result of increased number of applications that have impacted the availability of funds for the program.**

Contact Information

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HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 26, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Access to safe, quality, affordable housing and the support necessary to maintain it constitutes one of the most basic and powerful social determinants of health. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to addressing barriers to housing instability that can help improve health outcomes for people with HIV.[1] The 2022-2025 National HIV/AIDS Strategy (NHAS)[2] identified social and structural determinants of health that impede access to HIV services and exacerbate HIV-related disparities, which included inadequate housing, housing instability and homelessness.

HRSA Ryan White HIV/AIDS Program (RWHAP) funds can be used for a variety of support services to help people with HIV remain in HIV care, including housing, as described in *HRSA HAB Policy Clarification Notice #16-02 (PCN 16-02) Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds.*[3] RWHAP recipients and subrecipients have reported that the prohibition on payment of housing security deposits continues to be a barrier to getting clients into stable and permanent housing. A cash security deposit that is returned to a client violates the RWHAP statutory prohibition on providing cash payments to clients.[4]

To address this barrier, HRSA HAB is providing clarifying guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients. **RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.**

HRSA HAB presents this guidance as an optional opportunity for recipients to offer this support within allowable legislative and programmatic parameters. It is not HRSA's intention to compel RWHAP recipients and subrecipients to provide this service. While HRSA HAB is providing guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients, please note that RWHAP recipients and subrecipients may use a variety of funding sources to pay for a RWHAP client's security deposits.[5]

[1] See Optimizing HUD-Assisted Housing Among People in Need of HIV Care and Prevention Services 2022 Technical Expert Panel Executive Summary at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-housing-tep-exec-summary.pdf.
[2] https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025.
[3] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.
[4] Allowable uses of program funds are described in HRSA HAB PCN 16-02.
[5] Examples include: Ending the HIV Epidemic (EHE) funds; program income generated through the 340B program; braided funding; and non-RWHAP grant awards.

RWHAP recipients and subrecipients interested in using RWHAP funds to pay for a RWHAP client's security deposit must maintain policies and procedures that demonstrate programmatic and legislative compliance, including that there is no violation of RWHAP's prohibition on cash payment to the RWHAP client. The procedures should also include how return of less than the full security deposit will be addressed between the recipient and the client. RWHAP recipients and subrecipients must also track returned security deposits as a refund, to be used for program purposes, and to be expended prior to grant funds.

Please contact your HRSA HAB Project Officer if you have questions about using RWHAP funds for security deposit housing services.

HRSA HAB appreciates the tireless efforts of HIV community stakeholders working to improve health outcomes for people with HIV who are at risk for or are experiencing housing instability and homelessness.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

Key Service Entry Points for Housing Resources (Draft for Discussion Only)

PLWHA-SPECIFIC	GENERAL
HOPWA	STAYHOUSEDLA.ORG
DHSP	https://www.lahsa.org/get-help
CHIRP/LA	Section 8
APLA HEALTH/ ALLIANCE FOR H +H	https://housing.lacounty.gov/

https://211la.org/

Key Housing Challenges and Themes (06.05.24)

- Lack of coordination among housing systems and providers
- Duplicative and confusing application process
- Lack of affordable housing stock
- Current efforts are not addressing the root causes of homelessness (stagnant incomes, poverty, racism, mental health, substance use, etc.)
- Lack of homeless prevention services
- Lack of clarity about eligibility requirements
- Outdated and restrictive federal policies and regulations
- Unclear how/where one would access or start looking for help

INVENTORY OF HOUSING AND HIV DATA (07.03.24)

PURPOSE OF THIS DOCUMENT: To assist the Housing Task Force in understanding the scope of housing and HIV issues in order to select key priorities for action.

#	DATA SOURCE	KEY TAKEAWAYS Please read report for details.
1	Persons Living with HIV & Experiencing Homelessness in Los Angeles County | A Summary of Diagnoses in 2022 **(DHSP)**	Preliminary data indicate that in 2022, 13% (184) of all people newly diagnosed with HIV in Los Angeles County (LAC) were experiencing homelessness. Compared with an average of 9% (135) over the previous 3 years, the 2022 data represent an increase of 4 percentage points or a 36% increase in the number of newly diagnosed LAC cases who were experiencing homelessness.
2	Ryan White Program Year 32 Service Utilization Data Summary Part 3 – Housing, Emergency Financial Assistance, Nutrition Support **(DHSP)** ❖ See pages 4-7 for housing services ❖ See pages 8-11 for emergency financial assistance services	**HOUSING SERVICES** **Population Served*:*** • In Year 32, a total of 241 clients received Housing Services in Year 32. In LAC this category includes: ○ Permanent Supportive Housing, also known as Housing for Health [H4H], that served 157 clients ○ Residential Care Facilities for Chronically Ill (RCFCI) that served 54 clients ○ Transitional Residential Care Facilities (TRCF) that served 31 clients • Most Housing Services clients were cisgender men, Latinx, and aged 50 and older (Figure 1) • Among the priority populations, the largest percent served were PLWH ≥ age 50, followed by unhoused people and Latinx MSM • Unhoused status includes those clients who reported experiencing homelessness at their most recent intake during the contract year but may not necessarily reflect their housing status at the time they received the service). • Total expenditures: $7,965,955 (Part A, B, MAI); $33,054 per client **EMERGENCY FINANCIAL ASSISTANCE (EFA) SERVICES** ***Population Served:*** • In Year 32, a total of 378 clients received EFA that includes three types of service: ○ Food Assistance provided to 30 clients ○ Rental Assistance provided to 283 clients ○ Utility Assistance provided to 162 clients

#	DATA SOURCE	KEY TAKEAWAYS Please read report for details.
		• Most EFA clients were cisgender men, Latinx and Black, and aged 50 and older (Figure 3) • PLWH ≥ age 50 represented the largest percent among priority populations (51%), followed by Latinx MSM (26%) and Black MSM (24%). • Total expenditures (food, rental assistance, and utilities): 1,741,442 (Part A); $4,607 per client
3	Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026	• Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. In 2020, among 132 unhoused persons with a new HIV diagnosis, 73% were cisgender men, 19% were cisgender women and 8% were transgender. However, the HIV diagnoses rates of the unhoused have been relatively stable over this time, indicating that the increase in the unhoused population likely explains the increases in HIV diagnoses (Figure 14, page 18). • Persons living with HIV who are unhoused continue to experience suboptimal outcomes along the HIV care continuum. Compared with housed persons, unhoused persons had lower rates of receiving HIV care, retention in care, and achieving viral suppression in 2021 (Figure 28, page 31). • Based on estimates from MMP, approximately 11% of PLWDH in 2015-19 experienced homelessness in the past 12 months. Among RWP clients experiencing homelessness, most (80%) were living at or below FPL in the past 12 months and nearly half were MSM of color (47%). The largest percentages of RWP clients experiencing homelessness were among recently incarcerated (33%), trans persons (25%), and PWID (23%). Among the transgender NHBS participants, 47% had experienced homelessness in the past year; and 64% of the PWID participants were currently homeless (Page 32). • Among the HIV Workforce Capacity and Service System Survey respondents (providers and community members), identified lack of stable housing are one of the top five barriers to accessing PrEP, linkage to care, and remaining engaged in care (Pages 56, 59, 60). • There are more than 69,000 homeless persons in LA County on any given night.44 Since 2019, there has been a 12.7% increase in the homeless population in LA County and over 70% of the homeless were unsheltered. Nearly half (44%) of the homeless people

#	DATA SOURCE	KEY TAKEAWAYS Please read report for details.
		in the county were found in areas with the highest rates of HIV/ AIDS, poverty, and uninsured. Approximately 41% percent of LA County's homeless were chronically homeless, 2% had HIV/AIDS, 26% had a SUD, and 25% had a serious mental illness. Nine percent of RWP clients in Year 31 were experiencing homelessness. Among clients enrolled in MCC services at Ryan White clinics from 2013- 2019 (n=8,438), 24% reported experiencing homelessness in the past six months at enrollment. Clients who reported recent homelessness were significantly more likely to be Black/African American, recently incarcerated (in the past six months), have depressive symptoms, and have used injection drugs in the past six months compared to clients who did not report recent homelessness. In addition, those who reported recent homelessness were more likely to be male and heterosexual, live below the federal poverty level (FPL), be US natives, and have less than a high school diploma compared to clients who did not report recent homelessness. These data suggest that MCC clients experiencing homelessness were from communities disproportionately impacted by HIV (e.g., persons of Black race/ethnicity), impacted by multiple determinants of health (e.g., experience with the justice system, low educational attainment, poverty) and comorbid conditions (e.g., mental health and IDU). Of particular interest is that these clients were more likely to be non-MSM and IDU – both populations in which HIV prevalence has historically been lower but could contribute to potential HIV clusters or outbreaks (Page 64).
4	**Los Angeles Continuum of Care Data Summary 2024 Homeless Count**	• 1,263 (2%) with HIV/AIDS

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services*.

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
    - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
        - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
        - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - Referral services to improve HIV care and treatment services at key points of entry
    - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services
Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

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

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals
Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing
Description:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services
Description:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care
Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:
Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.