



LOS ANGELES COUNTY
COMMISSION ON HIV



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STANDARDS AND BEST PRACTICES COMMITTEE MEETING

Tuesday, October 1, 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>



Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/r7e248894683eab08fa5ea64c0dd004d3>

Notice of Teleconferencing Sites

Public Comments

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.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.



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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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, OCTOBER 1, 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/r7e248894683eab08fa5ea64c0dd004d3>

To Join by Telephone: 1-213-306-3065

Password: STANDARDS Access Code: 2535 412 2004

| Standards and Best Practices Committee (SBP) Members: | | | |
|---|---------------------------------------|---|-------------------------------|
| Erika Davies <i>Co-Chair</i> | Kevin Stalter <i>Co-Chair</i> | Dahlia Ale-Ferlito | Mikhaela Cielo, MD |
| Sandra Cuevas | Kerry Ferguson <i>(Alternate)</i> | Felipe Findley, PA-C, MPAS, AAHIVS <i>(LOA)</i> | Arlene Frames |
| Lauren Gersh, LCSW <i>(Committee-only)</i> | David Hardy, MD <i>(Alternate)</i> | Mark Mintline, DDS <i>(Committee-only)</i> | Andre Molette <i>(LOA)</i> |
| Byron Patel, RN | Martin Sattah, MD | Russell Ybarra | |
| QUORUM: 7 | | | |

AGENDA POSTED: September 26, 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 Commission—Updates
 - b. Ground rules for discussions
- 8. Co-Chair Report 10:25 AM – 10:35 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 10:35 AM—10:45 AM

V. DISCUSSION ITEMS

10. Transportation Services Service Standards Review 10:45 AM—11:05 AM

MOTION #4: Approve the Transportation Services service standards and elevate to the Executive Committee.

11. Emergency Financial Assistance (EFA) Service Standards Review 11:05 AM—11:50 AM

MOTION #5: Post the Emergency Financial Assistance (EFA) service standards for a Public Comment period from 10/2/24 to 11/1/24.

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 October 1, 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 | Approve the Transportation Services service standards and elevate to the Executive Committee. |
| MOTION #5 | Post the Emergency Financial Assistance (EFA) service standards for a Public Comment period from 10/2/24 to 11/1/24. |



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, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- This meeting is a **Brown-Act meeting** and is being recorded.
 - 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. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

- 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 for the entire duration of the meeting 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.

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at hivcomm@lachiv.org.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

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 | AI | JWCH, INC. | HIV Testing Storefront |
| | | | HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV) |
| | | | STD Screening, Diagnosis, and Treatment |
| | | | Health Education/Risk Reduction (HERR) |
| | | | Mental Health |
| | | | Oral Healthcare Services |
| | | | Transitional Case Management |
| | | | Ambulatory Outpatient Medical (AOM) |
| | | | Benefits Specialty |
| | | | Biomedical HIV Prevention |
| | | | Medical Care Coordination (MCC) |
| Transportation Services | | | |
| BURTON | Alasdair | No Affiliation | No Ryan White or prevention contracts |
| CAMPBELL | Danielle | T.H.E. Clinic, Inc. | Ambulatory Outpatient Medical (AOM) |
| | | | Medical Care Coordination (MCC) |
| | | | Transportation Services |
| CIELO | Mikhaela | Los Angeles General Hospital | No Ryan White or prevention contracts |
| 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 | No Affiliation | No Ryan White or prevention contracts |
| 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 |
|------------------------|----------|--|--|
| JONES | Terrance | Unaffiliated representative | No Ryan White or prevention contracts |
| 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 |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|-----------------------|----------|---|--|
| MUHONEN | Matthew | HOPWA-City of Los Angeles | No Ryan White or prevention contracts |
| 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 |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|--------------------|--------|---|---------------------------------------|
| 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



DRAFT

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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**

September 3, 2024

| COMMITTEE MEMBERS | | | | | |
|---|---|--------------------|-----|-------------------|-----|
| P = Present A = Absent | | | | | |
| Erika Davies, <i>Co-Chair</i> | P | Felipe Findley | LOA | Andre Molette | LOA |
| Kevin Stalter, <i>Co-Chair</i> | A | Arlene Frames | P | Byron Patel, RN | P |
| Dahlia Ale-Ferlito | P | Wendy Garland, MPH | P | Martin Sattah, MD | P |
| Mikhaela Cielo, MD | P | Lauren Gersh, LCSW | P | Russell Ybarra | A |
| Sandra Cuevas | A | David Hardy, MD | EA | | |
| Kerry Ferguson | P | Mark Mintline, DDS | P | | |
| COMMISSION STAFF AND CONSULTANTS | | | | | |
| Cheryl Barrit; Lizette Martinez | | | | | |
| DHSP STAFF | | | | | |
| | | | | | |
| 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 *(No quorum; No vote held)*.

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 8/6/24 SBP Committee meeting minutes, as presented *(No quorum; No vote held)*.

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION

JURISDICTION: There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED 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 (RWP) Part A application is due to the federal government on October 1st. She added that at the upcoming Commission meeting on September 12, the Planning, Priorities, and Allocations (PP&A) Committee will present their proposed allocations table for the Ryan White Program Year 35 which will be included in the RWP application. As part of the application development process, Commission staff and co-chairs, and members of the PP&A Committee have the opportunity to review the application and submit feedback. This will take place on September 17 at the Division on HIV and STD Programs (DHSP) offices. DHSP staff plan to submit the application a few days before the application deadline to avoid any potential delays. COH staff will draft the Letter of Concurrence which is part of the “Planning Council” section of the application and describes the RWP service rankings and allocations, training efforts to engage unaffiliated consumers in the planning process, and highlights from the Assessment of the Administrative Mechanism (AAM). The AAM is a report that determines how quickly the County and the Recipient –DHSP—is able to release federal funding to the community to support RWP services.

Commission on HIV Annual Conference 2024

C. Barrit reported that the Commission on HIV Annual Conference 2024 will take place on November 14 at the Martin Luther King Jr. Behavioral Health Center. The event will feature keynote presentations from the DHSP and “The Promise of a Cure for All: Research Innovations and Ensuring Equity” as well a panel discussion on “Guaranteed Income: Reimagining Prevention and Prescriptions for Health”, and a performance by the Pickle, the City of West Hollywood Drag Laureate. A call for abstracts will release on 9/6/24 and will end on 9/30/24.

Ground Rules for Discussions

C. Barrit reminded Committee members and attendees of the Commission’s rules for discussions and encouraged everyone to engage with positive intent.

6. CO-CHAIR REPORT

2024 Workplan Development and Meeting Schedule and Service Standard Revision Tracker

Erika Davies provided an overview of the 2024 workplan, meeting calendar, and the Standards Revision Tracker. She noted that the Committee is still looking for a date to begin developing a Global Transitional Case Management service standard however, this item may be pushed to 2025. The Committee will continue its review of the Emergency Financial Assistance (EFA) service standards and begin their review of the Transportation Services service standards today, and the Temporary and Permanent Housing service standards in November. The Ambulatory Outpatient Medical (AOM) service standards was approved at the August Executive Committee meeting and will be elevated to the Commission for their review in September. Lastly, Committee co-chair nominations will start in November.

Committee-Only Application: Caitlin Dolan

E. Davies introduced Caitlin Dolan who shared she has worked at the Men’s Health Foundation for the past 7 years and is current Director of Program Administration overseeing the Medical Care Coordination (MCC), Benefits Specialty, AOM, Transportation and other Ryan White Program services. She is also a member of the RWP Quality Assurance Committee with the DHSP. She is excited and looking forward to joining the SBP Committee and partake in the service standard development process.

MOTION #3: Approve the Committee-only application for Caitlin Dolan and elevate to the Operations Committee and the Executive Committee. *(No quorum; No vote held).*

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

There was no DHSP report.

V. DISCUSSION ITEMS

8. Transportation Services Service Standards Review

Jose Rangel-Garibay, Commission staff, provided an overview of the Transportation Services service standards and noted all revisions made to the document since it was last approved by the Commission in 2006. A copy of the document is included in the meeting packet. The following is a summary of the key changes to the document:

- Changed all mentions of “At-will” transportation services to “ridesharing”
- Removed “tokens” as a valid fare for Metropolitan Transit Authority (MTA) transportation system; replaced with the Transit Access Pass (TAP) card since the MTA discontinued the use of tokens in 2019
- Removed language stating that taxis needed to provide a car seat for clients traveling with children
- Downsized the section on inappropriate language and included a reference to the Community Guidelines for ridesharing companies and their approach for handling inappropriate behavior as well as the County’s minimum requirements for contractors
- Removed requirement for taxi drivers to complete DHSP HIV Basics training and made it voluntary
- Downsized the TB screening requirement section for staff providing Van Transportation services and included a reference to the TB Control Program for further guidance
- Changed the phrasing from “traveling with two or more children” to “Pregnant and/or traveling with children”
- Replaced “Taxicab services” to “taxi services”

COH staff will further review the document and remove any additional contract-related language. Once complete, the document will be posted on the Commission website for a public comment period ending on 9/30/24.

9. Emergency Financial Assistance (EFA) Service Standards Review

347 DHSP staff provided an overview of PY34 service utilization data for EFA services.

The Committee decided to invite Paulina Zamudio from DHSP to the October Committee meeting.

VI. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP:

- ➡ COH staff will post the Transportation Services service standards for a public comment period ending on 9/30/24.
- ➡ COH staff will invite Paulina Zamudio to the October Committee meeting to answer programmatic questions regarding the EFA services standards

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

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



DRAFT

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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, <i>Co-Chair</i> | P | Felipe Findley | LOA | Mark Mintline, DDS | A |
| Kevin Stalter, <i>Co-Chair</i> | 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 Okuzuzyan | | | | | |
| 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: 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 to 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 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, 9/26/24. |
| 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 | TBD | The Committee decided to move the item to 2025. |



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

| | | | | |
|---|---|---|-------------|--|
| | | 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 in 10/1/24. |
| 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 continue their review on 10/1/24. |
| 9 | Update Temporary and Permanent Housing Services standards | Upcoming solicitation to release in Nov. 2024. | TBD | The Committee will initiate their review on 11/5/24. |



LOS ANGELES COUNTY
COMMISSION ON HIV



STANDARDS AND BEST PRACTICES COMMITTEE
2024 MEETING CALENDAR | (updated 09.26.24)

| 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 <i>Room TK08</i> | 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 <i>Room TK05</i> | Service standard development refresher Review AOM service standards HIV/STI Prevention Services standards on COH agenda |
| May 7, 2024 10am to 12pm <i>Room TK08</i> | Continue review of AOM service standards |
| Jun. 4, 2024 10am to 12pm <i>Room TK11</i> | LA LGBT Center AOM Program Presentation Initiate review of Emergency Financial Assistance (EFA) service standards |
| Jul. 2, 2024 10am to 12pm <i>Room TK11</i> | Continue review of AOM service standards Continue review of EFA service standards |
| Aug. 6, 2024 10am to 12pm <i>Room TK11</i> | Finalize review of AOM service standards Continue review of EFA service standards |
| Sep. 3, 2024 10am to 12pm <i>Room TK11</i> | Continue review of EFA service standards Continue review of Transportation Services standards |
| Oct. 1, 2024 10am to 12pm <i>Room TK 11</i> | Finalize review of EFA service standards Finalize review of Transportation Services standards |
| Nov. 5, 2024 10am to 12pm <i>Pending</i> | Announce co-chair nominations for 2024 Initiate review of Temporary and Permanent Housing service standards Commission on HIV Annual Conference 11/14/2024 Consider rescheduling due to Election Day |
| Dec. 3, 2024 10am to 12pm <i>Pending</i> | Elect Co-chairs for 2024 Reflect on 2024 accomplishments Draft workplan and meeting calendar for 2025 |



Service Standards Revision Date Tracker as of 09/26/24 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. | |

Standards and Best Practices Committee
Service Standards Revision Tracker | August 6, 2024

| # | 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. | 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 counseling services and mental health support. | Last approved by COH on Sep. 10, 2020. | Upcoming solicitation—Release TBD |

Standards and Best Practices Committee
Service Standards Revision Tracker | August 6, 2024

| # | COH Standard Title | DHSP Service | Description | Date of Last Revision | Notes |
|----|--|---|--|--|--|
| 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—Justice-Involved Individuals | 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. |

Standards and Best Practices Committee
Service Standards Revision Tracker | August 6, 2024

| # | COH Standard Title | DHSP Service | Description | Date of Last Revision | Notes |
|----|--|---|---|--|---|
| 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. |

CAITLIN DOLAN

██████████ Culver City, CA | ██████████

| 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 individual 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 O₂ 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



Public Comment Period for Draft **Transportation** Service Standards

Posted: September 12, 2024

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft Transportation service standards revised by the Standards and Best Practices Committee. Comments from consumers, providers, HIV prevention and care stakeholders, and the general public are welcome. A draft of the revised Transportation Services service standards is posted to the COH website and can be found at: <https://hiv.lacounty.gov/service-standards>

Consider responding to the following questions when providing public comment:

1. Are the standards presented up-to-date and consistent with National standards of high-quality HIV prevention and care services?
2. Are the standards reasonable and achievable for providers? Why or why not?
3. Do the services meet consumer needs? Why or why not?
4. Is there anything missing from the standards related to HIV prevention and care?
5. Do you have any additional comments related to the Transportation service standards and/or Transportation services?

Email comments to HIVCOMM@LACHIV.ORG by **September 30, 2024**.

TRANSPORTATION SERVICE STANDARDS

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](#) (RWP) 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. The standards set the minimum level of care Ryan White-funded service providers may offer clients; service providers are encouraged to exceed these standards.

The [Los Angeles County Commission on HIV](#) (COH) developed the Transportation service standards to establish the minimum service necessary to provide transportation services to assist people living with HIV adhere to their Ryan White medical and support services appointments and sessions. 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.

TRANSPORTATION SERVICES OVERVIEW

Transportation services is the provision of non-emergency transportation that enables an eligible Ryan White Program (RWP) client and their caregiver(s) to access or be retained in core medical and support services 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, prevention, social services, and other HIV-related support services. Transportation can include:

- Taxi Services and rideshare services
- Public Transportation Services: Transit Access Pass (TAP) Cards, Commuter and Light rail services
- Van Transportation Services

SERVICE COMPONENTS

GENERAL CONSIDERATIONS

Transportation service provider staff must ensure clients are connected to the most appropriate transportation services that are timely, cost-efficient, safe, and respectful. 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 service standards, applicable local laws and regulations, and in compliance with the [Americans with Disabilities Act](#).

Each eligible 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 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
- Pregnant and/or traveling with children

| STANDARD | | DOCUMENTATION |
|----------|---|---|
| 1 | Clients receiving transportation will be eligible and assessed for the most appropriate means of service. | Client record to include eligibility documentation and transportation assessment. |
| 2 | Transportation services will be provided in compliance with ADA. | Program review and monitoring to confirm. |
| 3 | 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

Taxi services include providing vehicles able to accommodate passenger’s wheelchair, taxi staff and drivers who are bilingual in Spanish (when requested in advance), and on-demand car services or rideshare services. Agencies coordinate taxi services for eligible clients which includes scheduling on-demand car services or rideshare services such as Access, Lyft, and Uber. All drivers will hold and maintain a valid Class “C” or higher California driver’s license with passenger endorsement and valid [Los Angeles Department of Transportation](#) (LADOT) driver permit. For more information on the requirements visit the LADOT website. Additionally, all taxi and rideshare service providers will abide by their respective agency Community Guidelines¹ to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) [Customer Support Program](#) at (800) 260-8787.

| STANDARD | | DOCUMENTATION |
|----------|--|---|
| 1 | Taxi services will include providing: <ul style="list-style-type: none"> • Vehicles able to accommodate passenger’s wheelchair • Taxi staff and drivers who are bilingual in Spanish when requested in advance • On-demand car services or rideshare services | Program review and monitoring to confirm. |

| | | |
|---|--|--|
| 2 | All drivers have valid Class “C” or higher California driver’s license with passenger endorsement and Los Angeles Department of Transportation driver permit. | Copies of driver’s licenses and permits on file at contractor agency. |
| 3 | All taxi and rideshare service providers will abide by their respective agency Community Guidelines to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) Customer Support Program . | Contractors will provide clients receiving transportation services with the contact information for the Division on HIV and STD Programs (DHSP) Customer Support Program . |

PUBLIC TRANSPORTATION SERVICES

Public transportation services are provided through 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 |
|-----------------|---|--|
| 1 | Public transportation will be encouraged for general use when appropriate. | Record of disbursement of public transportation and transportation assessments on file at provider agency. |
| 2 | Agencies will record distribution of public transportation services, including: <ul style="list-style-type: none"> • 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 include providing rides to eligible clients and their caregivers in agency owned and operated vans. Agency staff or volunteers providing van transportation services must hold and maintain a valid Class “C” or higher California driver’s license. Vehicles used for transportation services must have a current license and registration, insurance, and be mechanically well-maintained. All vehicles must contain a first aid kit and a fire extinguisher that are regularly maintained. Vehicles used for transportation services must be able to accommodate wheelchairs that may be folded and placed in the van by the driver. If such vehicles are not available, agencies must provide other transportation options able to accommodate clients in wheelchairs. Additionally, agencies will provide and ensure use of child restraint devices, as needed, that meet federal safety standards for all children under six years of age regardless of weight and under sixty pounds regardless of age. At no time will an agency, staff, drivers, or volunteer solicit or accept surcharges, tips, or gratuities for their services. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) [Customer Support Program](#). All drivers will complete First Aid and CPR training provided by an approved institution and maintain current certifications; and complete driver safety training on an annual basis. All drivers, volunteer drivers and

contract staff are encouraged to attend the DHSP [HIV Basics for Taxicab Drivers training](#) prior to providing transportation services.

Agencies providing van transportation services are responsible for:

- Promoting the availability to van transportation services through contacts with service providers
- Developing and implementing client eligibility criteria
- 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.
- 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.
- Maintaining documentation of all training of the transportation staff and volunteers.

| STANDARD | | DOCUMENTATION |
|----------|--|---|
| 1 | All drivers and volunteer drivers will have California Class “C” or higher license. | Copies of driver’s licenses on file at provider agency. |
| 2 | Agencies will promote the availability of van transportation services to their clients. | Outreach/promotion plan on file at provider agency. |
| 3 | Van transportation programs will develop eligibility criteria. | Written eligibility materials on file at provider agency. |
| 4 | Van transportation programs will: <ul style="list-style-type: none"> • 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 | Program review and monitoring to confirm. |
| 5 | Van transportation programs will develop cost effectiveness protocols. | Cost effectiveness protocols on file at provider agency. |
| 6 | 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. |
| 7 | 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. |
| 8 | Van transportation programs will maintain trip records, including: <ul style="list-style-type: none"> • Date • Time and place of departure • Destination • Time of arrival • Odometer readings • Number of clients per trip • Client names | Trip logs on file at provider agency. |
| 9 | Van transportation programs will maintain records of trainings and medical examinations. | Documentation of trainings and medical examinations of drivers on file at provider agencies. |
| 10 | Drivers and volunteer drivers will be trained on (at minimum): <ul style="list-style-type: none"> • 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. |

ⁱ <https://www.lyft.com/safety/community-guidelines>
<https://www.uber.com/legal/en/document/?name=general-community-guidelines&country=united-states&lang=en&uclid=03fd12b2-a9b9-4284-8839-d1b183b98dad>



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 or 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 <i>Appendix A</i> as a reference starting point. |
| | Staff are required to connect clients to or provide referrals for: <ul style="list-style-type: none"> • 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. |

| | | |
|---------------------------|--|--|
| | <ul style="list-style-type: none"> • Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services • Opportunities for trainings such as job or workforce trainings | |
| <p>Eligibility</p> | <p>Agency will determine client eligibility for EFA at minimum annually, or for every instance a client requests EFA. Eligible uses may include:</p> <ul style="list-style-type: none"> • Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication • Mortgage Assistance • Rental Security deposits <p>*Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.</p> | <p>Documentation of emergency need and eligible use in client file.</p> <p>Documentation of Ryan White eligibility requirements in client file. See <i>Universal Standards (Section 5.2, page 10)</i>.</p> |
| <p>Housing Assistance</p> | <p>Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises.</p> <p>If rental assistance is needed beyond an emergency, please refer to our <i>Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15)</i>.²</p> | <p>Documentation in client file that demonstrates emergency need and type of assistance received.</p> <p>Application for Housing Assistance includes:</p> <ul style="list-style-type: none"> • Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged |
| <p>Utility Assistance</p> | <p>Eligible clients must provide evidence they have an account in their name with the utility company or proof of responsibility to make utility payments.</p> <p>Limited to past due bills for gas, electric, or water service.</p> | <p>Documentation in client file that demonstrates emergency need and type of assistance received.</p> <p>Application for Utility Assistance includes:</p> <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Copy of the lease that matches the address from the bill • Proof of inability to pay |
| Food Assistance | <p>Limited to gift card distribution to eligible clients by medical case managers or social workers at their discretion and based on need.</p> <p>Staff is responsible for referring clients to a food pantry and/or CalFresh.</p> | Documentation in client file that demonstrates emergency need and type of assistance received. |
| Transportation Assistance | <p>Eligible clients must provide evidence they are in need of transportation to/from appointments related to core medical and support services.</p> <p><i>See Transportation Services Standards of Care.</i>³</p> | 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>



EMERGENCY FINANCIAL SERVICES UTILIZATION AMONG RYAN WHITE PROGRAM CLIENTS, 2021-2023

Janet Cuanas

Research Analyst III

Program Monitoring & Evaluation

Division of HIV and STD Programs

Standard and Best Practices Committee of the Commission of HIV of Los Angeles County

September 3, 2024





Presentation Overview

1. Background:

- Description of EFA
- Eligibility and requirements

2. Methods:

- Population and time frame
- Design

3. Results

- Description of all EFA clients
- Differences by year
- Service utilization
- Overall EFA vs non-EFA for YR 33
- Other services used by EFA clients for YR 33

4. Recommendations, next steps

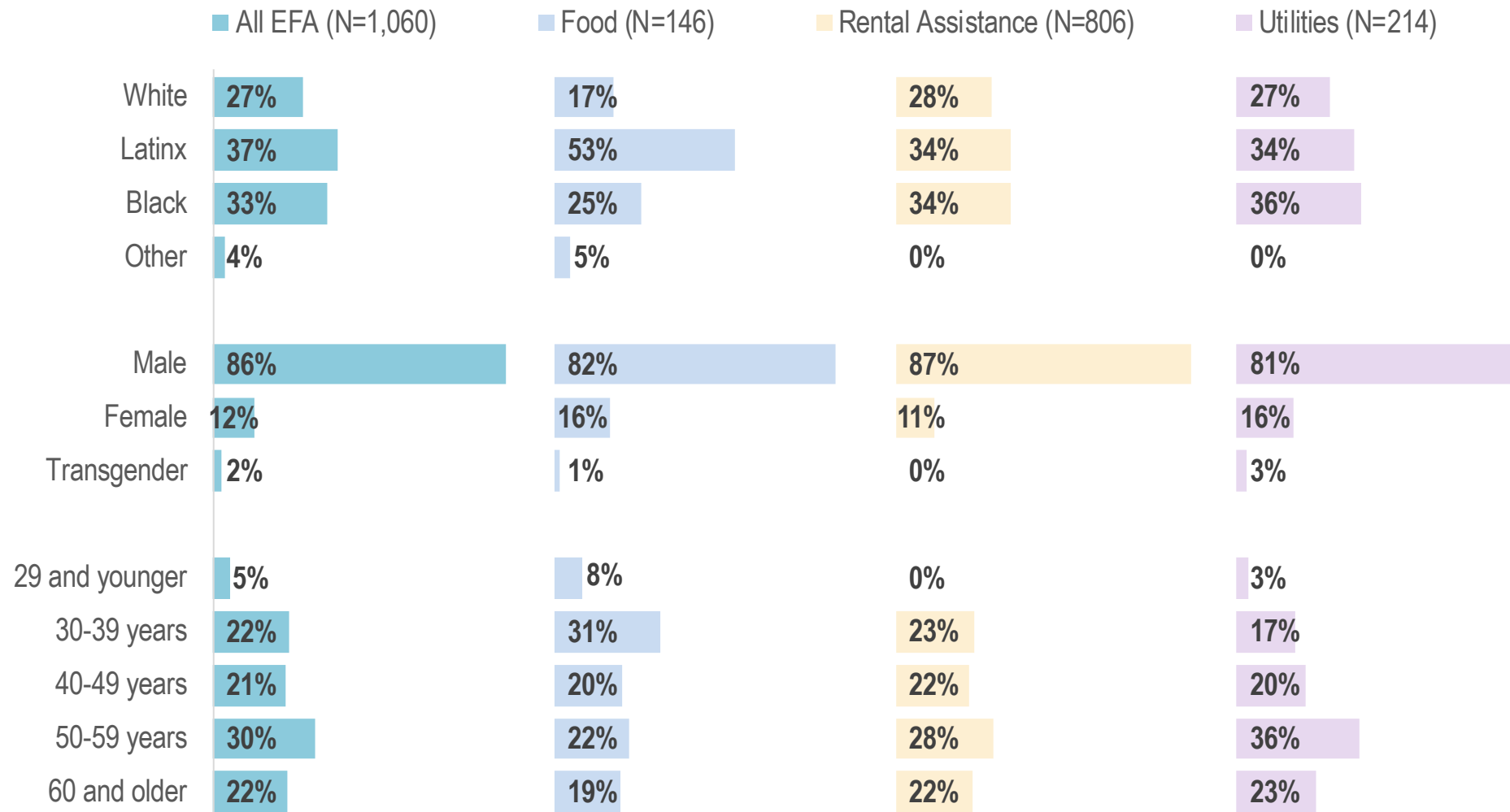
Background

- Emergency Financial Assistance (EFA) was established in 2021 in response to the COVID-19 pandemic and increased costs of living in Los Angeles County.
 - Provides support for pay for rent, utilities, food and/or transportation
- Eligible clients are people living with diagnosed HIV who:
 - Reside in Los Angeles County
 - Have a current income \leq 500% FPL
 - Are not currently receiving any other form of emergency financial assistance
- Required documentation for services include:
 - Rental agreement in their name
 - Utility bill in their name
 - Proof of income (bank statement, pay stubs, or affidavit)
- Applications filed through MCC teams or Benefits Specialist or LAFAN Case (Alliance for Housing and Health and DHS clinics).
- The maximum annual benefit is \$5,000 per client
 - No direct payments to clients

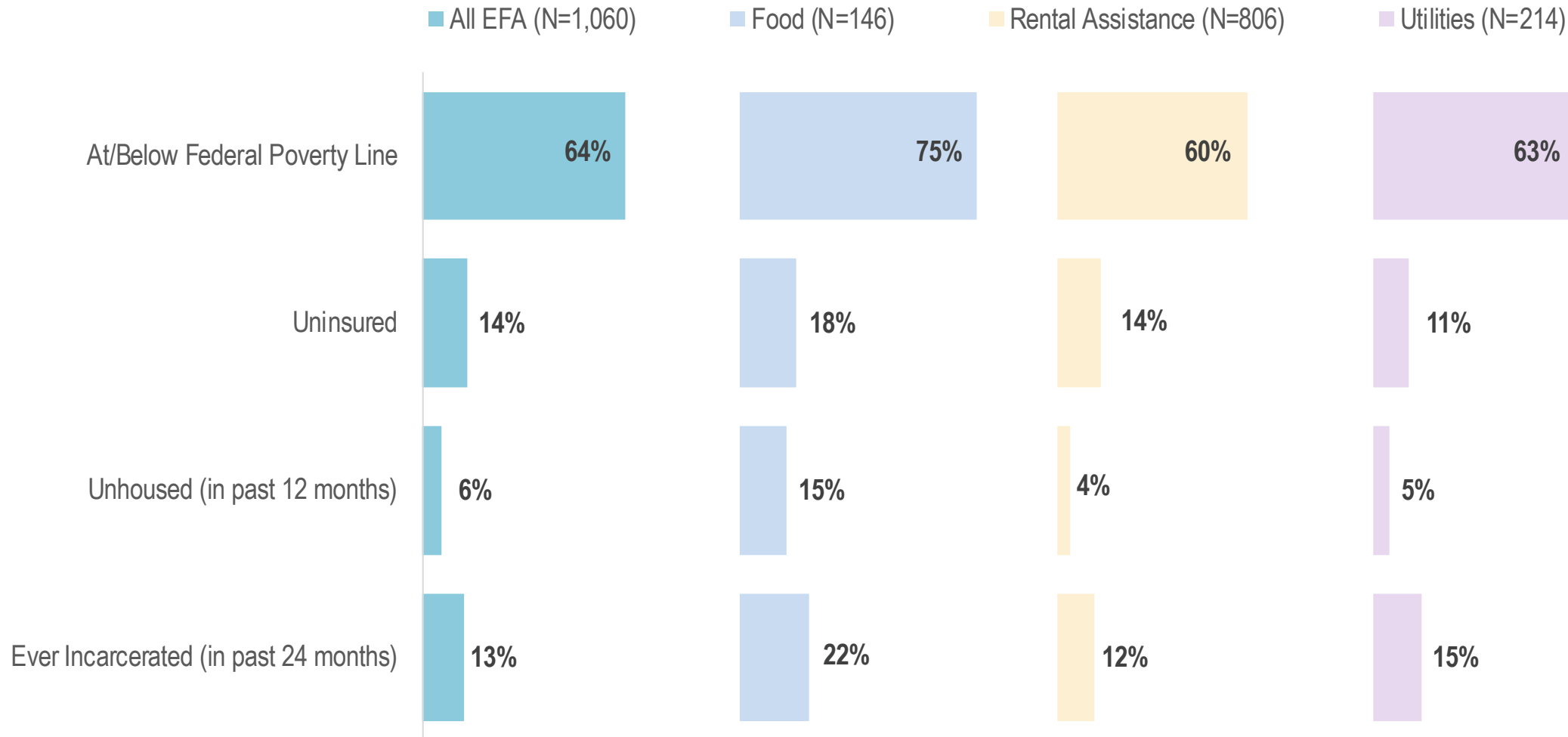
Evaluation Methods

- We focused on RWP clients who received at least one EFA service in contract years 31-33 (March 2021 through February 2024)
- We used three approaches to describe service utilization
 - For all clients served for the first three years of the program (Year 31 through year 33) to understand who is using EFA and how (one-time or repeat)
 - In the most recent contract year (Year 33) data (i.e. most recent completed year)
 - By year to see changes in how EFA is being used and by whom

In the first three years, the EFA program served 1,060 clients who were primarily Latinx or Black, male, and 50 years and older in Years 31-33 (N=1,060).

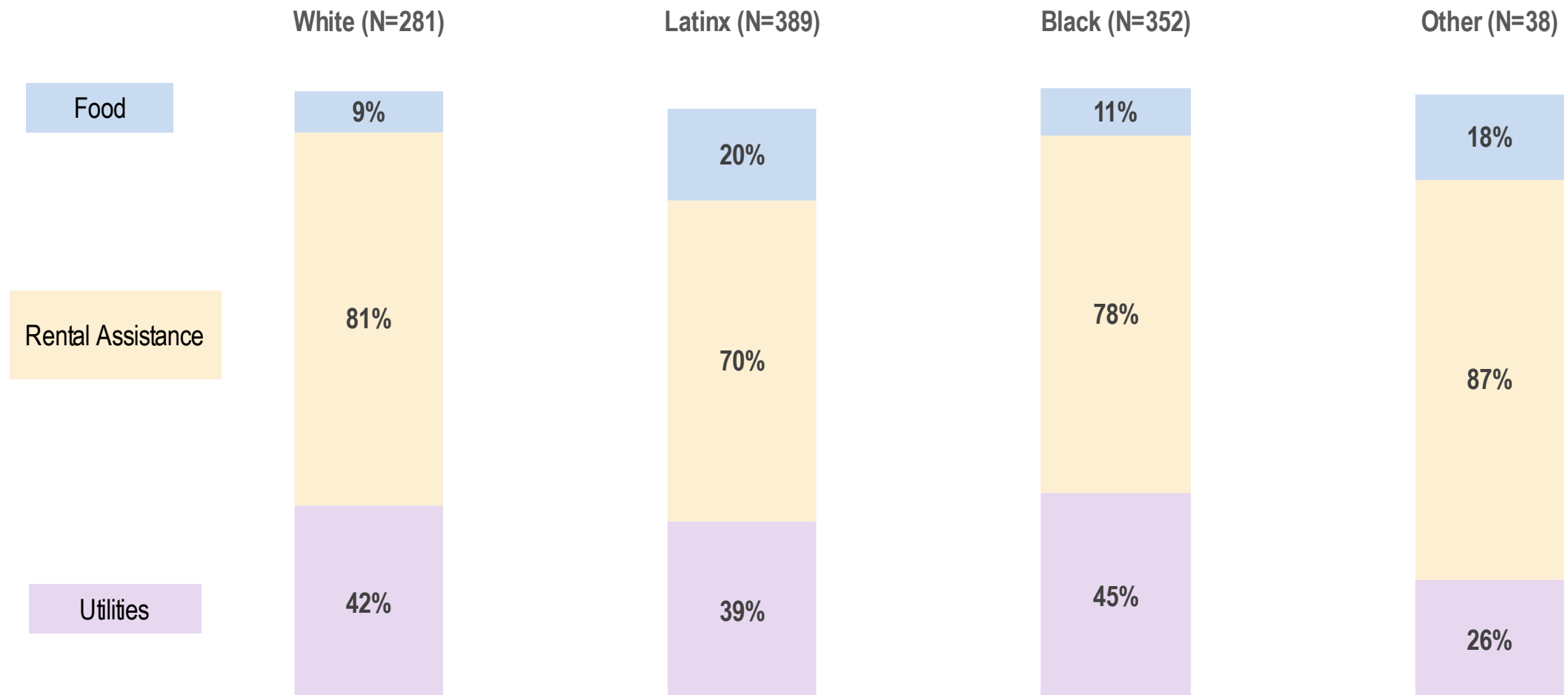


EFA clients are primarily at/below FPL and clients receiving food assistance are most disadvantaged with the highest percentages for all social determinants of health listed below in Years 31-33 (N=1,060).



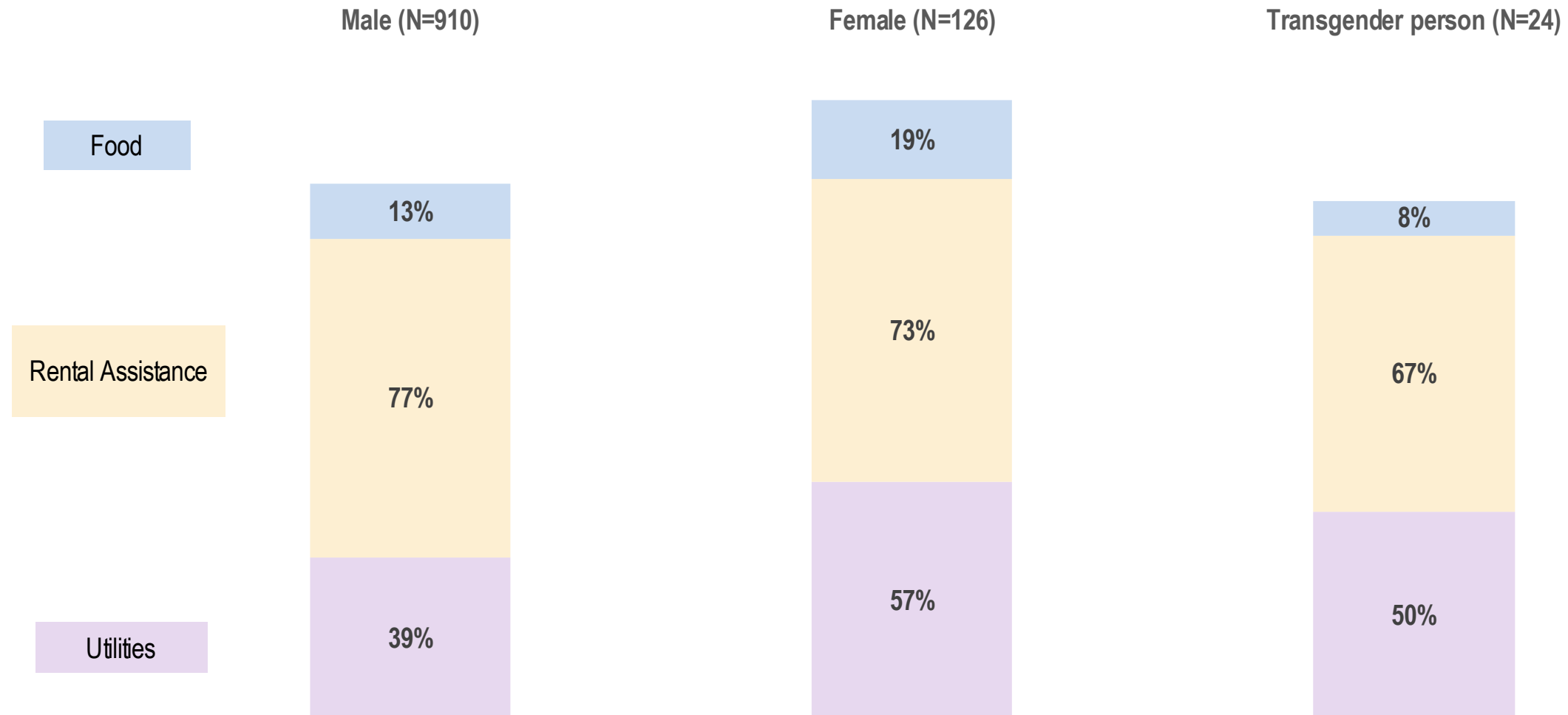
Race/ethnicity across different subservices in Years 31-33

Assistance for food was highest among Latinx clients and assistance for utilities was highest among Black clients in Years 31-33 (N=1,060).



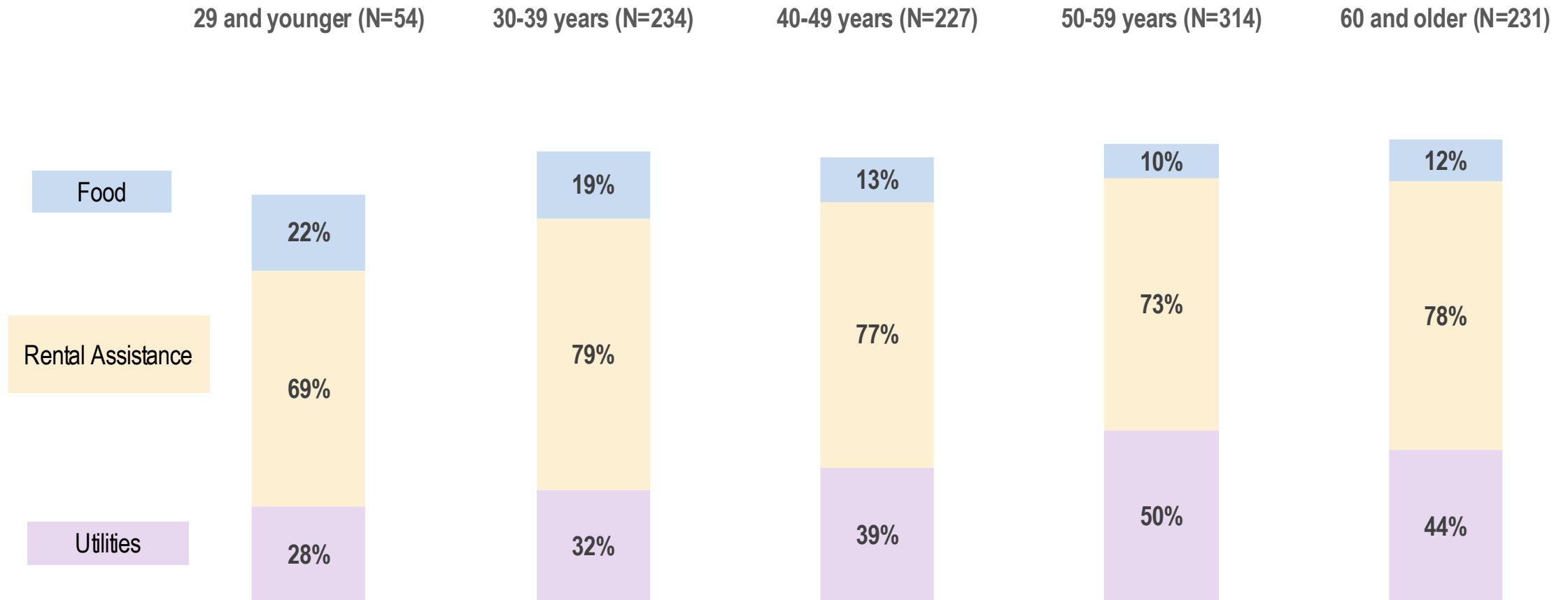
Gender across different subservices in Years 31-33

Assistance for utilities and food was higher among women in Years 31-33 (N=1,060).



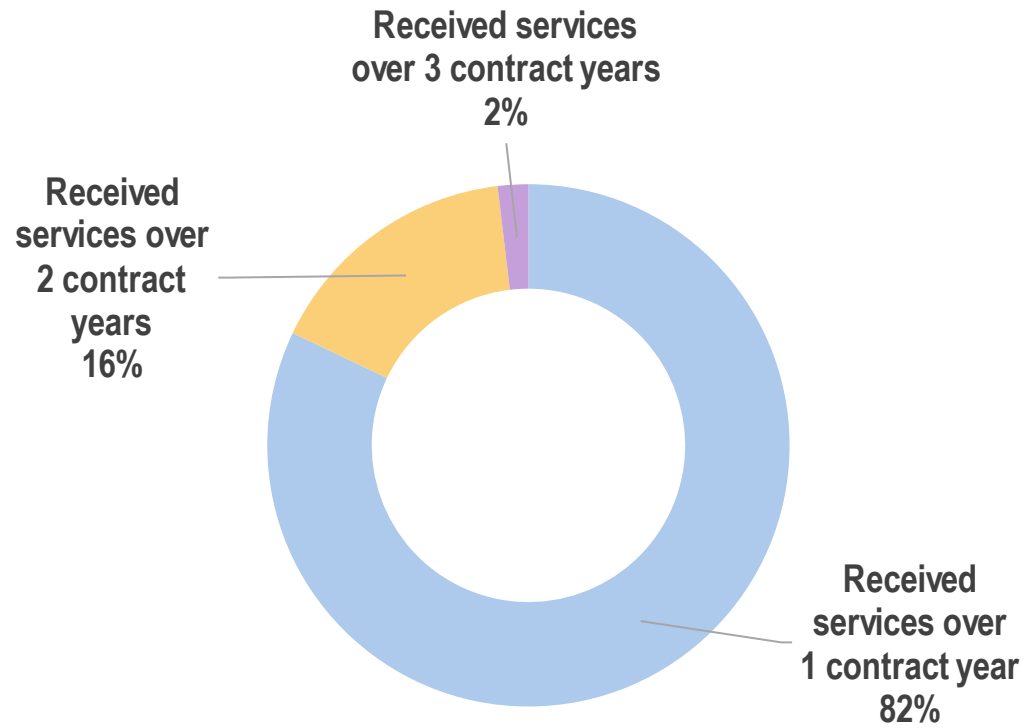
Age groups across different subservices in Years 31-33

Assistance for food was highest among younger clients and assistance for utilities was highest among older clients in Years 31-33 (N=1,060).

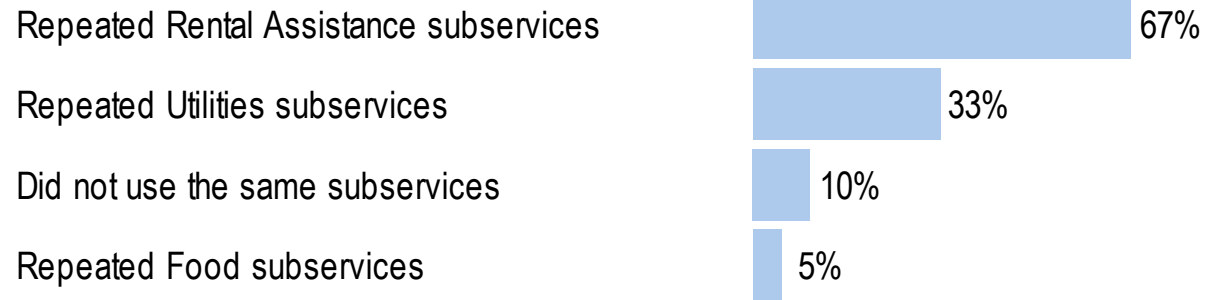


Repeat EFA Clients in Years 31-33

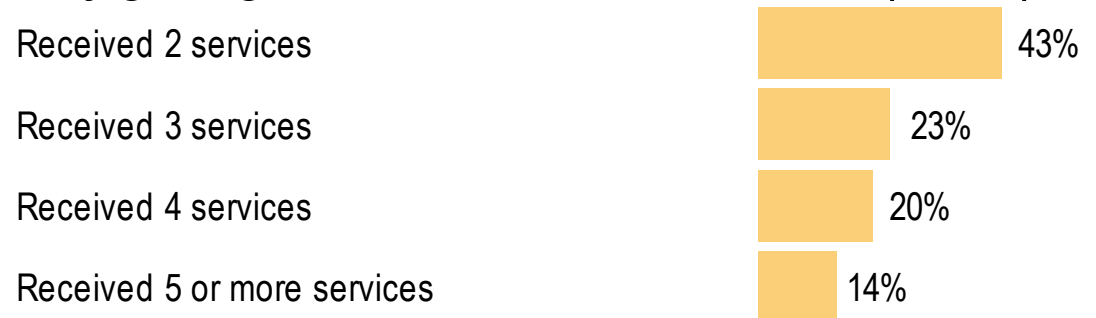
About 1 in 5 clients used EFA services more than once in Years 31-33 (N=1,060).



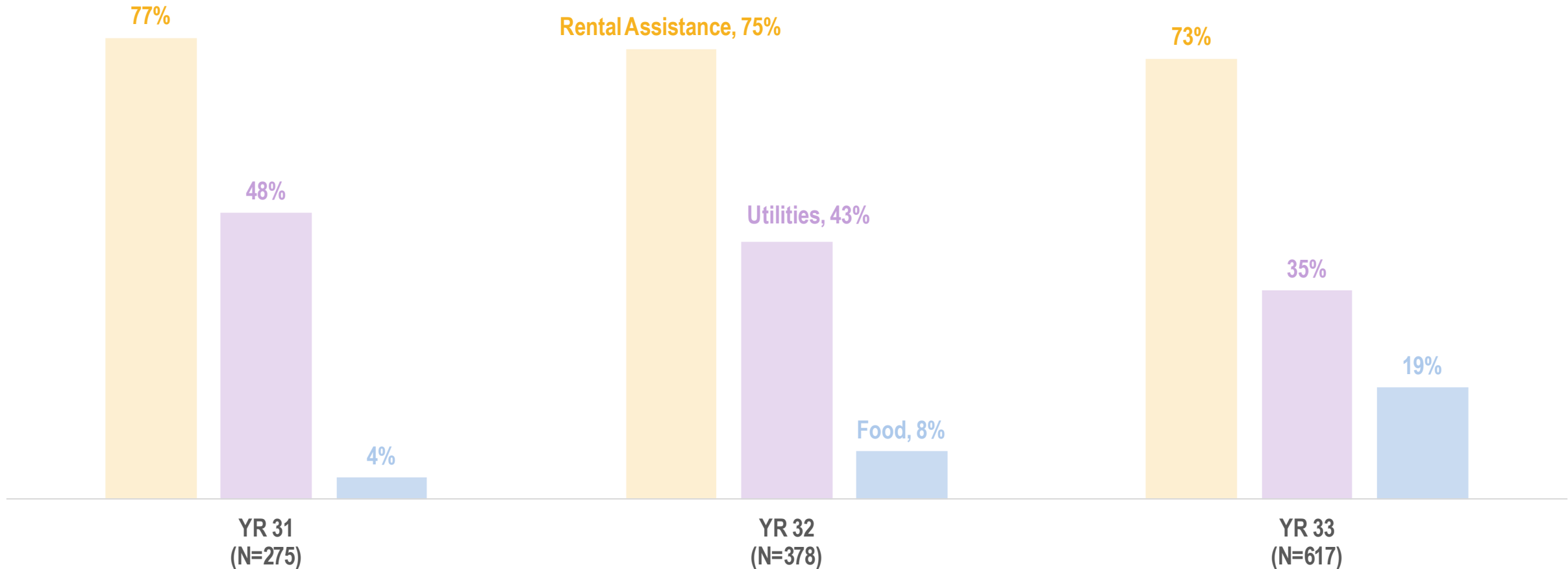
Rental assistance was the most repeated subservice among clients who received EFA for more than one year in Years 31-33 (N=190).



Clients who received EFA for more than one year are primarily only getting 2 to 3 services in Years 31-33 (N=190).



The majority of EFA clients have received rental assistance from Years 31-33. Clients receiving assistance for food has increased over time while clients receiving assistance for utilities has decreased.



Across Years 31, 32 and 33, we saw

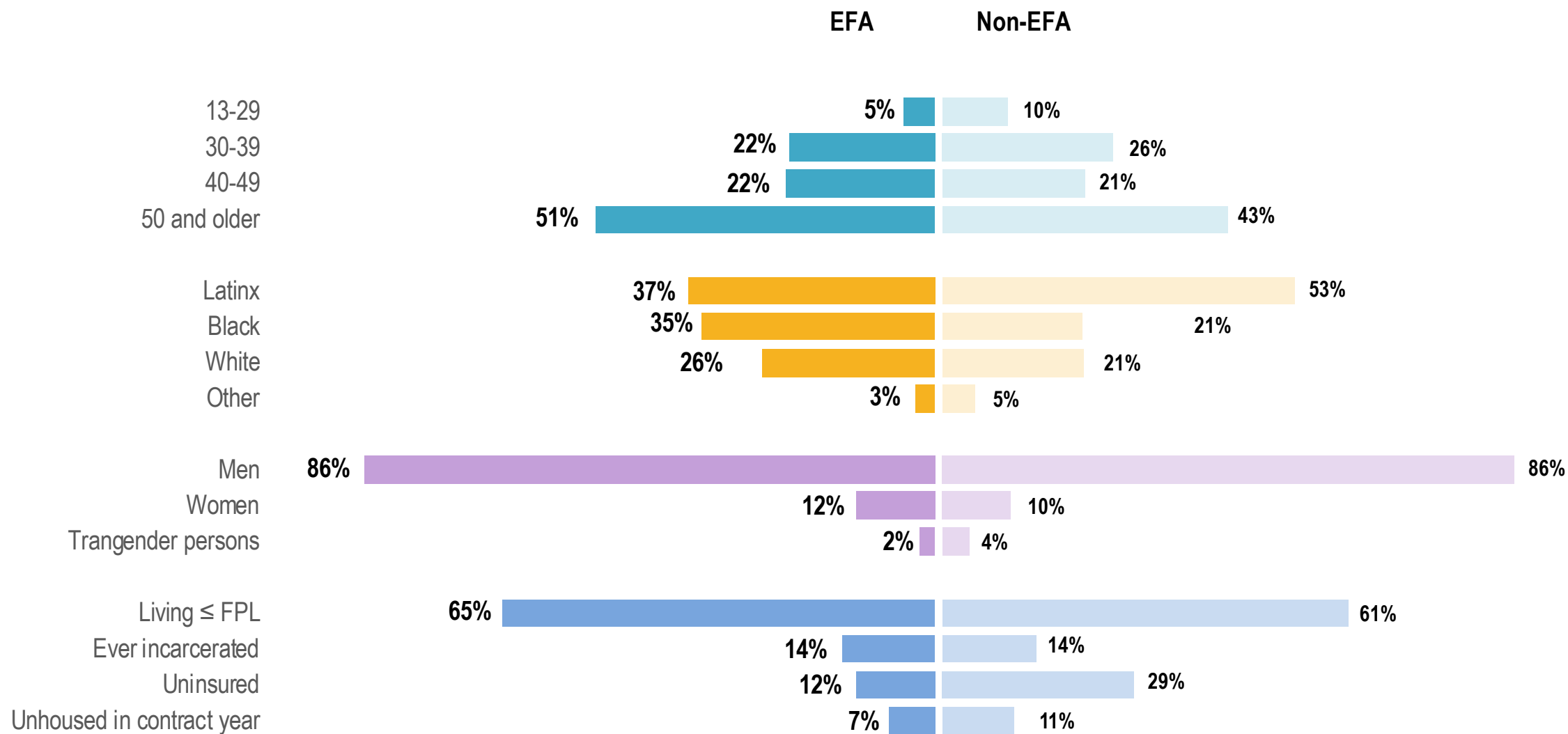
Increases in...

- The number of EFA clients served
- The number of clients within each subservice category
- The percent of Black clients
- The percent of clients aged 30-39 years old
- The percent of clients at/below the FPL
- The percent of unhoused clients

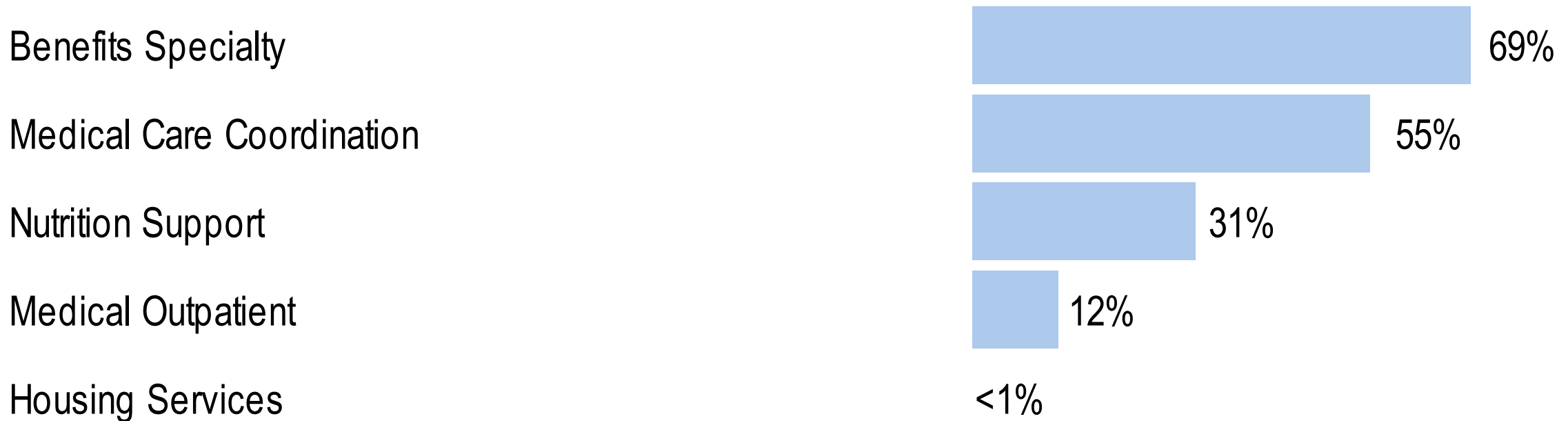
Decreases in...

- The percent of White and Latinx clients
- The percent of clients aged 50-59 years old
- The percent of uninsured clients

A higher percentage of EFA clients were 50+ years of age, Black, living at or below FPL in Year 33. A lower percentage were Latinx, uninsured and unhoused compared to non-EFA clients in Year 33.



Clients who received EFA services frequently had overlap with Benefits Specialty and MCC services in Year 33 (N=617).



EFA service utilization and expenditures

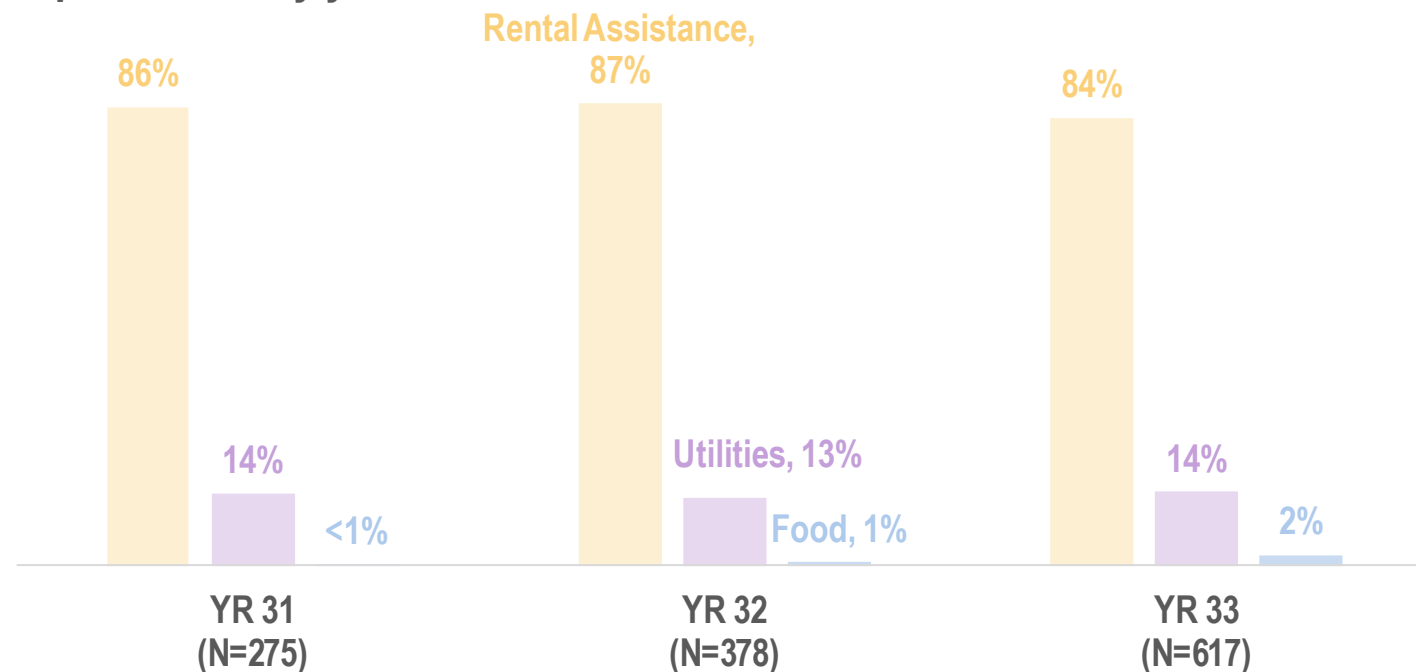
EFA Clients and Service Utilization Overall and by Subservice Categories in Years 31-33 (N=1,060)

| Subservice Category | Unique Clients ^a | Percent of Clients by Subservice | Total Dollars ^b | Percent of Dollars by Subservice | Dollars Per Client |
|--------------------------|-----------------------------|----------------------------------|----------------------------|----------------------------------|--------------------|
| EFA Total | 1,060 | | \$ 4,085,828 | | \$ 3,855 |
| <i>Food</i> | 146 | 14% | \$ 52,685 | 1% | \$ 361 |
| <i>Rental Assistance</i> | 806 | 76% | \$ 3,485,482 | 85% | \$ 4,324 |
| <i>Utilities</i> | 439 | 41% | \$ 547,661 | 13% | \$ 1,248 |

^aThe sum of clients served for all categories will exceed total number of RWP clients as clients may receive more than one service

^bDHSP Service Category Total Units are a sum of the subservice units regardless of the unit definition

Rental Assistance services account for most of EFA expenditures by year in Years 31-33.





Summary

- The number of clients being served through EFA has increased annually over the past three years.
 - May be due to increased service demand or increased capacity to process applications
- EFA is primarily serving clients living in poverty (based on FPL) who are Latinx or Black, male, and age 50 years and older.
- The majority of EFA clients accessed rental assistance (75%), followed by utilities (41%) and food (14%).
 - Rental assistance also represented the largest percent of total program expenditures (85%)
- Only about 18% of clients received EFA more than once from Year 31-33.
 - The most frequent repeated subservice was rental assistance.
- Most EFA are also accessing other Ryan White services Benefits Specialty Services (BSS), and Medical Care Coordination which may connect them to more stable benefits options.



Questions and Discussion

A graphic consisting of a white speech bubble with the words "THANK YOU!" in bold, yellow, uppercase letters, set against a solid yellow square background.

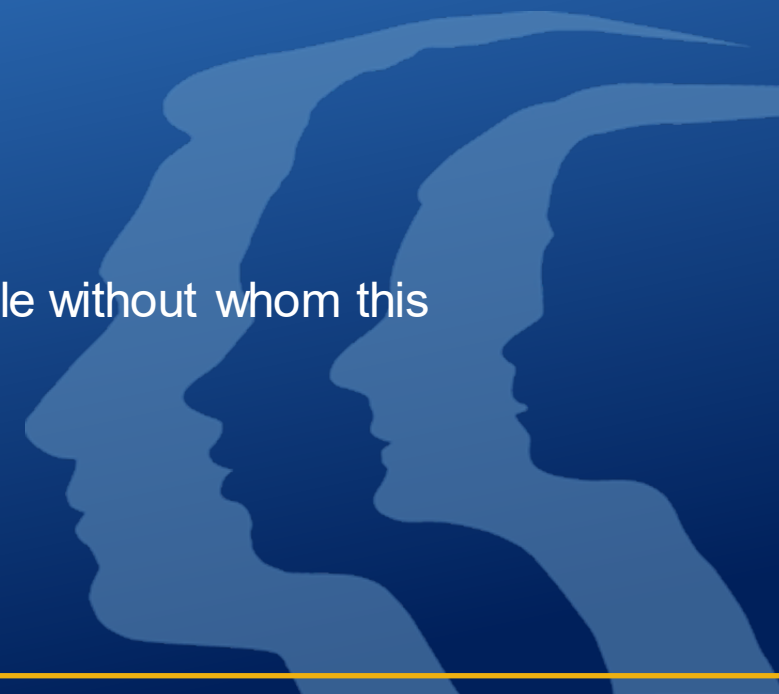
**THANK
YOU!**

Special thanks to the following people without whom this presentation would not be possible:

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Wendy Garland, MPH

Michael Green, PhD, MHSA



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 HIV⁴ 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 in the absence of any other resources.

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

- o 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.



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share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





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Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>



**PUBLIC COMMENT RECEIVED FOR TRANSPORTATION SERVICES
SERVICE STANDARDS**

September 29, 2024

To who it may concern:)

My name is Arlene Frames. I am an unaffiliated Consumer for the Commission on HIV and a Standard Best Practices Committee member. I am submitting public comment on the Transportation services currently under review. After reading the documents, I would be remiss if I did not share my experiences, strengths, and hopes.

I have and still experience needing transportation for various reasons; both medical and also for support services gravely required for many decades. Although I acknowledge we have come so far, we still have far to go in this fight for those PLWHIV and those at risk. When we say, these services are to serve, improve the quality of life, and lower the infection rates in communities where the numbers are increasing. We need to assist those with alternatives to exhausting the funds allocated for this vital segment of the services for PLWHIV by teaching and referrals.

However, transportation must be monitored, and assessments must be made accordingly to disperse properly. Although I own a car, I live alone and cannot drive long distances. On some days, I can not drive at all. I am unable to access valuable medical pop-up appointments or urgent care on days I may wake up with unfamiliar symptoms or need to get to support services such as mental health or grocery/pharmacy.

In the area of support services, many people including myself deal with loneliness, isolation and physical fatigue, in which promotes depression and adherence to treatment. The current standards and medical services are limited to getting PLWHIV to social support events, medical updates events, food pantries and their place of serenity, whether that is a church, synagogue, Temple or The Beach or Park, or taking their pets or children to vets, or urgent care. Lastly, I have the following additional comments related to the transportation spectrum; as a consumer, this is vital and missing in considering the blue print to achieving optimal health for PLWHIV and those at risk for disproportionate dis-ease burden. As we know people are living longer and older people are being diagnosed, therefore we need to reevaluate eligibilies and focus on improving the quality of life as well as lowering the rate of infections in communities where transportation is a barrier!

Respectfully,
Arlene Frames
Commissioner on HIV