



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
www.hivcommission-la.info

## STANDARDS OF CARE COMMITTEE MEETING MINUTES

January 6, 2011

**Approved**  
**3/3/2011**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Louis Guitron	Miki Jackson	None	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>	Terry Goddard	Jason Wise		Glenda Pinney
Mark Davis	Jennifer Sayles			
David Giugni				
Brad Land				
Jenny O'Malley				
Carlos Vega-Matos				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, *1/6/2011*
- 2) **E-mail:** Combined Residential Draft, *1/1/2011*
- 3) **Standards of Care:** Residential, Transitional Services Standards of Care, *1/1/2011*

1. **CALL TO ORDER:** Ms. Palmeros called the meeting to order at 10:20 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the Standards of Care Committee meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
  - A. **Committee Work Plan Review:** There were no comments.
  - B. **Committee Monthly Priority Task List Review:** There were no comments.
8. **STANDARDS OF CARE:**
  - A. **Residential Services:**
    - Ms. Pinney reported that Phil Meyer's draft, in which he combined Permanent and Transitional Residential Services Standards of Care was in the packet, with his comments in green. Mr. Meyer included OAPP's comments on Residential Care Facilities for the Chronically Ill (RCFCIs) in yellow. Mr. Vega-Matos noted Adult Residential Facilities (ARF) information was not included.
    - Mr. Vega-Matos expressed concern about including RCFCI and Transitional Residential Care Facility (TRCF) with Transitional Housing. Transitional housing has a different meaning and purpose in the housing community. OAPP's

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programs are care, not housing, programs. He would prefer Permanent and Transitional Housing separate from Residential Care.

- Ms. Pinney indicated the lines had been blurred between Transitional Housing, RCFCI and TRCF, but Mr. Vega-Matos responded that RCFCI and TRCF have specific eligibility and staffing requirements. He added blurring distinctions prompts housing case managers to refer ineligible HIV+ homeless people to RCFCI and TRCF. That is one reason that OAPP recommended revisions.
- Mr. Vega-Matos said all the services can be included, but should be in distinct sections – not under Transitional.
- ➡ Change title to “Residential Care and Housing Services.” Residential Care includes TRCF and RCFCI. Housing includes Transitional and Permanent. Page 5, move TRCF prior to RCFCI.
- ➡ Delete Skilled Nursing Facilities (SNF) and Residential Hospice Facility (RHF) as these occur in different settings and have separate Standards.
- ➡ Since the draft was just received, staff will incorporate the changes discussed and review the draft for consistency. The revised draft will be e-mailed to SOC prior to the 2/3/2011 meeting.

**B. Case Management, Housing:** Mr. Vega-Matos sent the homeless section to Ms. Pinney and will send MCC language.

### **C. Medical Care Coordination (MCC):**

#### **1) OAPP Recommendations Follow-up:**

- Mr. Vega-Matos met with Juhua Wu on 1/5/2011 to finalize the language on the comparison grid between OAPP recommendations and the SOC. It will take into account anticipated changes to centralized enrollment.
- He noted a related issue may need to be referred to the Transitional Advisory Group (TAG). OAPP chose to open MCC to those not in the Ryan White medical care system as that would only be some 200 people. It is now estimated some 70% of people in the Ryan White medical care system will migrate out of Ryan White-funded medical care by 2014 due to health care reform (HCR) and the 1115 Waiver. That presents major coordination and cost implications for providers.
- OAPP estimates 3,000 to 4,000 people of the 17,000 in the Ryan White system of care will require MCC based on acuity levels. It is suspected that most will remain in the Ryan White system, but that is still unknown.
- Those receiving medical care under the Medi-Cal 1115 Waiver will receive care coordination within that system. The State has approved providers for MCC, which may or may not be providers used by the Ryan White system.
- Mr. Vega-Matos said Department of Health Services leadership and the Public Health Executive Committee are discussing care issues. OAPP is also beginning to inject itself into the conversation at the County and State levels. A State committee is working on the issue and some of the larger stakeholders are active as well.
- Mr. Land expressed concern that many HIV providers are not prepared to be competitive in the new system.
- Dr. Younai suggested preparing a position paper for the Office of AIDS (OA) documenting Ryan White provider experience. She said the County has been fairly independent to date, but now the State will be making generic decisions. People developing such decisions may only have general health experience, rather than HIV experience.
- Mr. Land noted the 1/5/2011 Executive Committee focused on addressing change. Ms. Pinney added the 2/10/2011 Commission Meeting will be a Town Hall to discuss the transition to managed care, including Commission response and consumer education. Ms. Palmeros said advocacy was also emphasized, e.g., meeting with the Board and Health Deputies, and Consumer Caucus/Joint Public Policy Committee coordination.
- Ms. Jackson has long hoped the Commission would be more engaged in advocacy. She noted she is usually the sole member of the public at Health Deputy Meetings. Her agency, AIDS Healthcare Foundation (AHF), does long-range planning and is large enough to address managed care, but it takes a system and others are unprepared.
- ➡ Mr. Vega-Matos will e-mail the comparison grid draft to the SOC CO-Chairs and Ms. Pinney that afternoon.
- ➡ Agreed to recommend a position paper on the County HIV care system to inform OA.

### **D. Health Insurance Premiums/Cost-Sharing (HIP/C-S):**

#### **1) Focus Group:**

- Focus groups will be held 1/19/2011, 8:00 to 11:00 am, and 1/20/2011, 9:00 am to 12:00 noon, either in the Commission offices or in the building. They will include both consumers and providers knowledgeable on the issue.
- Mr. Land noted Consumer Caucus members were requested to identify at least one consumer and preferably two. Targeted populations are those working full-time and those who have recently transitioned to permanently disabled. Goals are to identify barriers and access problems.

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### E. Early Intervention Services (EIS):

- Mr. Vega-Matos noted discussion has focused on rethinking EIS vis-à-vis outreach. HRSA has a definition and there are State programs that are not necessarily the same. The National HIV/AIDS Strategy (NHAS) also includes Testing and Linkage to Care Plus (TLC+) to identify all those not in care and bring them into care.
- OAPP has five funded programs. Two are through the State and there are programs at AHF, St. Mary's and one other. Programs often see the same clients year after year, but that is actually regular care. OAPP has begun to call for new clients and stronger outreach plans, but that only addresses existing program problems rather than rethinking EIS.
- Ms. Pinney asked if an expert panel or focus group was needed.
- ➡ Mr. Vega-Matos will develop ideas on rethinking EIS for the 2/3/2011 SOC Meeting.

### F. FY 2011 RFP/Contracting Schedule:

- Mr. Vega-Matos announced a Benefits Specialty RFP will go out in January 2011 for the second year of the service. This will be a temporary deployment of services while a reconceptualized RFP based on centralized screening is developed.
- ➡ A conference call will be scheduled for the Centralized Intake Work Group. It will include the OAPP Planning Team of Michael Green, Ms. Wu and Mr. Vega-Matos and Commission representatives of Dr. Davis, Mr. Goddard, Ms. O'Malley, Ms. Palmeros, Mr. Vincent-Jones and Mr. Wise.
- ➡ Mr. Vega-Matos will e-mail a grid of the contracting schedule and a list of service category definitions.

### G. Miscellaneous

- Ms. Pinney said Mr. Vincent-Jones had suggested creation of a Pharmacy Assistance Standard of Care which would combine ADAP, ADAP Enrollment and Local Pharmacy Program/Drug Reimbursement into one category.
- Dr. Davis said the state is very particular about how it wants ADAP addressed. He said all their nurse practitioners are ADAP enrollers, but the program manager is not and may not even file charts. A separate fax machine is also required.
- Mr. Vega-Matos added even agencies with Electronic Medical Records (EMRs) are not allowed to put ADAP information in the EMR. Nor is OAPP allowed to look at charts, even though they are the County ADAP trainer and coordinator with responsibility for monitoring compliance. Specific information may be copied by an ADAP enroller for the chart.
- Ms. Palmeros noted her clinic has separate Medical Outpatient (MO) and ADAP charts. Mr. Vega-Matos said most ADAP enrollers are part of a clinic and are able to provide information for the clinic.
- ➡ Agreed not to attempt to create a Pharmacy Assistance Standard of Care due to State ADAP regulations.

## 9. PRIORITY- AND ALLOCATION-SETTING (P-AND-A) RECOMMENDATIONS:

### A. Seasonality of Mental Health, Psychotherapy:

- Mr. Vega-Matos said OAPP did an internal report on whether seasonal interns had a negative impact on services. Some negative impacts were found and corrective actions were taken. The number of interns and their use is in the report.
- ➡ Mr. Vega-Matos will present the report at a later time.

### B. Substance Abuse Consistency with HRSA:

- Mr. Vega-Matos noted the definition of Substance Abuse in the Continuum of Care (CoC) differs from HRSA's definition.
- OAPP is developing a SA RFP which will address the inconsistencies. It is also working with a consultant to rethink the Substance Abuse Continuum of Care from detoxification, to in-patient residential, transitional, day treatment, outpatient intensive and outpatient after care.

### C. Cost Impact and Standards Feasibility:

Ms. Palmeros reported the Subcommittee met that morning. It drafted a methodology framework and chose the first three service categories to be addressed: 1) Mental Health (MH) Psychiatry, 2) Oral Health and 3) MH, Psychotherapy.

## 10. GRIEVANCE POLICY AND PROCEDURE:

### A. Pol. #05.8001: Grievance Procedures:

- ➡ Ms. Pinney will verify with Mr. Vincent-Jones that no comments have been received. The Policy/Procedure will be forwarded to the Commission for approval barring any such comments.

## 11. QUALITY MANAGEMENT REVIEW: This item was postponed.

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### 12. SPECIAL POPULATION GUIDELINES:

- ➡ Choose which of the remaining seven guidelines to do next at the 2/3/2011 meeting.

13. **EVALUATION OF SERVICE EFFECTIVENESS (ESE):** Final comments have been received and surveys are being revised. Once completed, they will be sent to Dr. Green to configure in Survey Monkey.

14. **CONTINUUM OF CARE:** This item was postponed.

15. **AETC REPORT:** There was no report.

16. **NEXT STEPS:** There was no additional discussion.

17. **ANNOUNCEMENTS:** There were no announcements.

18. **ADJOURNMENT:** The meeting was adjourned at 11:20 am.