



INLAND  
EMPIRE  
HIV  
PLANNING  
COUNCIL

351 N. Mt. View • San Bernardino, CA 92415-0475  
(909) 693-0750  
Website: [www.iehpc.org](http://www.iehpc.org)

Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD  
County Health Officer Co-Chair

Gregory French  
Community Co-Chair

# Standards Committee

Thursday, March 13, 2014  
1:00pm-2:30pm

**Meeting Location**

Department of Public Health  
351 North Mt. View Ave., B15  
San Bernardino, CA 92415  
(909)693-0750

**Teleconferencing Location\*\*\***

Desert AIDS Project  
1695 North Sunrise Way  
Palm Springs, CA 92262  
(760) 323-2118

## Agenda

1:00pm	<b>1. Call to Order</b> <ul style="list-style-type: none"> <li>▪ Roll Call*</li> <li>▪ Introductions</li> </ul>	T. Evans
	<b>2. Public Comments<sup>1</sup></b>	Members of the Public
	<b>3. Members Privilege</b>	PC Members
	<b>4. Approval of Agenda<sup>2</sup></b>	T. Evans
	<b>5. Approval of the Minutes<sup>2</sup></b> 5.1 Minutes of January 16, 2014	T. Evans
	<b>6. Old Business<sup>2</sup></b> 6.1 Review Standards** 6.2 Review/Update Psychosocial Standard (A-1)	T. Evans
	<b>7. New Business</b> 7.1 Review/Update Financial Eligibility Standard (A-2)	T. Evans
	<b>8. Public Comment<sup>1</sup></b>	Members of the Public

	<b>9. Members Privilege</b>	PC Members
	<b>10. Review of Action Items</b>	PC Staff
	<b>11. Agenda Setting for Next Meeting</b> May 1, 2014 HIV Planning Council Conference Room	PC Members/ T. Evans
	<b>12. Roll Call*</b>	PC Staff
<b>2:30pm</b>	<b>13. Adjournment</b>	T. Evans

<sup>1</sup> Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.

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<b>PSYCHOSOCIAL SUPPORT SERVICES</b>
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**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE  
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA  
RYAN WHITE HIV/AIDS PROGRAM**

*This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.*

### **Purpose of Standards**

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

### **Definition of Service (HRSA)**

***Psychosocial support services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.*

### **I. Care and Treatment Goal(s)**

To provide support and counseling regarding the emotional and psychological issues related to living with HIV to those affected directly and indirectly by HIV and to promote problem solving, service access and steps towards diseases self-management.

### **II. Service Goal:**

To provide psychosocial support services through the delivery of individual and group counseling to persons living with HIV/AIDS and those otherwise affected by HIV/AIDS in the TGA in order to maintain them in the HIV system of care.

**A. Service Objectives:**

1. To provide a central and dedicated support contact in order to address and minimize crisis situations and stabilize clients' psychological health status so as to maintain their participation in the care system.

**B. Description of Services**

*Service Components*

1. Develop initial individual assessment.
2. When appropriate, this initial assessment must be made available for development of the client's Care Plan.
3. If a Care Plan is in place, the Care Plan should be reviewed and incorporated into the delivery of Psychosocial Support. If a client receiving Psychosocial Support presents with additional service needs, these needs should be incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
4. Provide individual counseling session(s). Document service provision, goals, and progress.
5. Provide group counseling sessions(s). Document group service provision such as: topics/focus, participant names and HIV status, group duration, group type (open/closed), general group goals.
6. Provide allowable, needed services to family members and significant others in the client's support system, with the goal of developing and strengthening the client's support system to help maintain their connection to medical care.
7. Facilitate successful case conferencing sessions through direct participation and the provision of appropriate information.
8. Coordinate with and make referrals to both interagency and outside mental health professionals, as appropriate.
9. Coordinate with and make referrals to both interagency and outside nutritional support services, as appropriate.

**C. Limitations**

1. Excludes the provision of nutritional supplements.

**III. Service-Specific Staff Qualifications**

There are no prescribed staff qualifications specific to Psychosocial Support Services. *Please refer to the Common Standards of Care for general staff qualification requirements.*

**IV. Exceptions and Urgent Need**

*Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.*

**V. Reportable Units of Service and Financial Eligibility**

*Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.*

## Ryan White Program (Part A and Part A MAI)

### Financial Eligibility Criteria

***NOTE: Please refer to the entire set of Standards of Care for complete eligibility criteria.	
CORE SERVICE CATEGORY	FINANCIAL ELIGIBILITY CRITERIA <sup>1</sup>
Outpatient/Ambulatory Medical Care	Total income < 300% of Federal Poverty Level
AIDS Pharmaceutical Assistance (local)	Total income < 300% of Federal Poverty Level
Oral Health	Total income < 200% of Federal Poverty Level
Home and Community Based Health Services	Total income < 300% of Federal Poverty Level
Mental Health	Total income < 200% of Federal Poverty Level
Medical Case Mgmt. (Including tx adherence)	Total income < 300% of Federal Poverty Level
Substance Abuse Outpatient	Total Income < 200% of Federal Poverty Level
Early Intervention Services	Total Income < 300% of Federal Poverty Level
SUPPORT SERVICE CATEGORY	
Case Management (Non Medical)	Total income < 300% of Federal Poverty Level
Food	Total income < 150% of Federal Poverty Level
Health Education/Risk Reduction	Total income < 300% of Federal Poverty Level
Housing Services	Total Income < 150% of Federal Poverty Level
Medical Transportation	Total income < 200% of Federal Poverty Level
Outreach Services	Total income < 300% of Federal Poverty Level
Psychosocial Support	Total income < 200% of Federal Poverty Level

<sup>1</sup> Federal Poverty Guidelines:

- Refer to the most current poverty guidelines at <http://aspe.hhs.gov/poverty>.
- In the Riv/SB TGA, the Federal Poverty Guidelines should be applied to a “family”.
- “Family” is defined by the Department of Health and Human Services as “a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple’s nephew all lived in the same house or apartment; they would all be considered members of a single family.”
- If an individual does not fit this definition, and is not in a legal, domestic partnership, their income may be considered a separate “family” income.



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standing item on the agenda.

6.2 Re-Write Mental Health Standard (A-1)

The Ryan White staff gave an overview of both the Mental Health and Substance Abuse Standards and the impact and transition of services at it relates to the Affordable Care Act.

**There was a motion to make Council recommendation to approve changes to the Mental Health Standards.**

**M/S/C: S. Cromwell, B. Contreras**

6.3 Re- Write Substance Abuse Standard (A-2)

**There was a motion to make Council recommendation to approve changes to the Substance Abuse Standards.**

**M/S/C: B. Contreras, S. Cromwell**

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**7. New Business**

7.1 Review/Update Psychosocial Standards (A-3)

T. Evans

7.2 Financial Eligibility Adjustment to address ACA

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**8. Public Comment<sup>1</sup>**

M. Toma wanted to make more changes to the Standards. She was informed to email suggestions to staff.

Members of the Public

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**9. Members Privilege**

PC Members

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**10. Review of Action Items**

Staff will:

Agendize financial eligibility to next committee meeting.

Agendize committee recommendations on Council agenda.

Email Bonnie's presentation to committee members that were not present.

PC Staff

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**11. Agenda Setting for Next Meeting**

March 13, 2014

HIV Planning Council Conference Room

PC Members/ T. Evans

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**12. Roll Call\***

PC Staff

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**12:50pm**

**13. Adjournment**

T. Evans

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