



INLAND  
EMPIRE  
HIV  
PLANNING  
COUNCIL

San Bernardino County  
Department of Public Health  
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

Lloyd White  
Interim Community Co-Chair

# Standards Committee

Thursday, March 16, 2017  
11:30am-12:30pm

### 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

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<b>11:30am</b>	<b>1. Call to Order</b> <ul style="list-style-type: none"> <li>▪ Roll Call*</li> <li>▪ Introductions</li> </ul>	L. White
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	<b>2. Approval of Agenda<sup>2</sup></b> 2.1 Approval of 3.16.17 agenda	L. White
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	<b>3. Approval of the Minutes<sup>2</sup></b> 3.1 Motion to approve 1.12.17 minutes	L. White
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	<b>4. Old Business<sup>2</sup></b> 4.1 Review Common Standards	L. White
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	<b>5. New Business</b> 5.1 Review Transportation Standard (A-1) 5.2 Review Housing Standard (A-2) 5.3 Review/Discuss/Approve Draft Medical Nutrition Therapy Standard (A-3)	L. White
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	<b>6. Public Comment<sup>1</sup></b>	Members of the Public

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<b>7. Members Privilege</b>	PC Members
<b>8. Review of Action Items</b>	
Staff will:	PC Staff
1.	
<b>9. Agenda Setting for Next Meeting</b>	L. White
May 25, 2017	
HIV Planning Council Conference Room	
<b>10. Roll Call*</b>	PC Staff
<b>12:30pm 11. Adjournment</b>	L. White

<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.

<sup>2</sup> The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.

\* Members must be present at both roll calls to receive credit for meeting attendance.

\*\* Attachment was not available at time of printing, but will be available at the meeting.

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**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE  
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA  
RYAN WHITE HIV/AIDS PROGRAM**

**MEDICAL TRANSPORTATION SERVICES**

*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 Services (HRSA)**

*Medical Transportation Services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.*

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

To enable access to health care or support services as deemed necessary by clinician and/or medical case manager to maintain/improve health outcomes.

**II. Service Goal**

To provide transportation services to necessary health care or support services for eligible individuals that also take into account the traveler's health-care needs. Transportation services may be provided routinely or on an emergency basis.

**A. Service Objectives**

1. To provide various modes of transportation to health care or support service appointments.
2. To provide a service that is safe, of high quality, and prompt.
3. To provide cost-effective transportation to health care or support service appointments.

**B. Description of Services**

*Service Components*

1. When appropriate, service provision plans must be made available for development of the client's Care Plan.
2. If a Care Plan is in place the Care Plan should be reviewed and incorporated into the delivery of Medical Transportation. If a client receiving Medical Transportation 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.
3. Provide the most economical means of transportation whenever possible.
4. Allowable modes of transportation service include:
  - a) Bus passes
  - b) Gasoline vouchers
  - c) Van trip
  - d) Urgent taxi trip (only when no other option is available)
5. Documentation must be maintained for all modes to verify that transportation funds were received by the client and were used to access necessary health care and support service appointments. For instance, the provision of gasoline vouchers requires a log with client signature and date indicating that the client received the gasoline voucher as well as a consumer travel record showing dates, location of service appointments and mileage. Travel records must be signed by a staff member at the destination-agency (medical or support service staff) to verify that the individual made it to the intended appointment.
6. No-cost, non-profit or volunteer transportation services should be used as often as possible. Agency representatives must identify such resources with clients prior to provision of other options.
7. Taxi services may be used, but should be considered last resort.

**C. Limitations**

1. Funds may not be used for client automobile maintenance or repairs or for tires.
2. Funds may not be used for ambulance service.
3. Funds may not be used to transport individuals outside the TGA except when needed services are unavailable within the TGA. Trips outside the TGA must be recommended by a physician, clinician, and a medical case manager, and authorized by the Ryan White Program Staff.
4. Funds may not be used to assist with participation in clinical trials.
5. Funds may not be used to transport individuals to Inland Empire HIV Planning Council meetings or other meetings not directly associated with maintaining/improving the individual's health care.
6. Maximum of up to \$50 per month, per client, upon proof of eligibility and supporting documentation.

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**III. Service-Specific Staff Qualifications**

Effective: March 1, 2016

If staff is used to provide van transport, they must have a California Driver's License and the minimum required amount of Automobile Insurance as required by the law to transport clients. *Please refer to the Common Standards of Care for additional 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.*

**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE  
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA  
RYAN WHITE HIV/AIDS PROGRAM**

**HOUSING SERVICES**

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**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)**

~~*Housing Services are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.*~~

~~*Housing Services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.*~~

~~*Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.*~~

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Effective: March 1, 2016

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

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

The goal of Housing Services is to augment other resources for housing assistance through the provision of housing referral services including housing assessment, short-term and emergency services designed to stabilize housing for clients in order to promote access to health care and supportive service. In combination with emergency assistance funds and other short-term intensive support, provide an environment that facilitates continuation of HIV medical care and appropriate medication adherence thereby improving quality of life and clinical health outcomes.

### II. Service Goal(s):

Enable HIV service clients at risk for loss of shelter to remain in, enter, or re-enter a stable living environment and assist in locating and placing eligible clients in emergency/temporary shelter, when necessary.

#### A. Service Objectives

1. Assist in entry, re-entry, and maintenance in a stable living environment.
2. Provide shelter on an emergency or temporary basis to clients who are homeless or at risk for homelessness.

#### B. Description of Services

##### Service Components

1. Conduct housing service assessment with client. According to HRSA Policy Notice 08-01, "the necessity of housing services for purposes of medical care must be certified or documented by a case manager, social worker, or other licensed healthcare professional(s)."
2. When appropriate, the housing assessment should 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 where appropriate. If the housing case manager identifies additional service needs, these needs should be incorporated into the Client's Care Plan if they are ever in need of Medical Case Management.
4. Provide temporary/emergency housing and make referrals to appropriate long term housing resources.
5. Provide housing, rental assistance, including housing units and group quarters that have supportive environments.

6. According to *HRSA Policy Notice 08-01*, emergency/short-term assistance *“must be accompanied by a strategy to identify, relocate and/or ensure progress towards long-term, stable housing OR a strategy to identify an alternate funding source for housing assistance.”*
7. Other components may include but are not limited to the following, as they relate to housing needs: counseling, case management, life skills training, and education.
8. In the event that a property manager does not accept a third party check, the agency may provide Housing Assistance in the form of a money order or cashier’s check.

**C. Limitations**

1. See HRSA Policy Notice 08-01 for HRSA guidance concerning allowable RW-funded Housing Services.
2. Funds cannot be in the form of direct cash payments to recipients or services.
3. Mortgage payments are not allowable.

Local limitations are as follows:

1. Utility bill payments are not allowable
2. Eligible clients may receive up to ninety (90) nights of emergency motel or ninety (90) days of rent assistance annually.

**III. Service-Specific Staff Qualifications**

According to *HRSA Policy Notice 08-01*, housing case management must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed  
*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.*



**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE  
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**FOOD SERVICESMEDICAL NUTRITION THERAPY**

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**Purpose of Standards**

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**Definition of Service (HRSA)**

~~*Food Services*~~*Medical Nutrition Therapy Services include nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian. include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.*

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

The provision of "Medical Nutrition Therapy" in the R/SB TGA provides treatments to maintain and optimize nutrition status and self-management skills for the purpose of treating HIV disease.

**Service Goal**

The overall goal of Medical Nutrition Therapy services is to provide education/counseling for nutrition needs, development and provision of individual nutritional care plans and provide counseling in health promotion, disease progression and disease prevention as it

relates to nutrition. In order to reach optimal nutritional status and immunity and to maximize the effectiveness of antiretroviral agents.

Other services may include referral for medical nutritional therapy Body Mass Index Assessment (BMI), bioelectrical impedance analysis (BIA) or other appropriate measures of nutritional status; review of lab results to gauge nutritional status; nutritional supplements and food secure assessment. Services may include the provision of nutritional supplements.

**A. Service Objectives**

1. To provide nutrition intervention based on the nutrition assessment and care plan and provides training in self-management and appropriate referrals.

**B. Description of Services**

*Service Components*

1. Nutrition care plan signed and dated both by client and provider.
2. Nutrition assessment and screening. Updated as necessary, but at least yearly.
3. Dietary/Nutritional evaluation that includes serial weights at each office based visit and height at least once a year.
4. Food and/or nutritional supplements per medical provider's recommendation.
5. Nutrition education and/or counseling
6. Nutritional Supplements and food provisions may be provided

**C. Limitations**

1. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

**III. Service-Specific Staff Qualifications**

All services 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.

**IV. Exceptions and Emergent Need**

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

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

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Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD  
County Health Officer Co-Chair

TBD  
Community Co-Chair

# Standards Committee

Thursday, January 12, 2017  
11:00am-12:00pm

**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

## Minutes

**Members:** A. Jacobson, C. Smith, L. White, Z. Welden

**Staff:** A. Fox

**Public:** G. French, M. Aitchinson, A Brazier

**11:05am 1. Call to Order** L. White  

- Roll Call\*
- Introductions

**2. Approval of Agenda<sup>2</sup>** L. White  
 2.1 Approval of 1.12.17 agenda  
**There as a motion to approve the 1.12.17 agenda.**  
**M/S/C: A. Jacobson, J. Chan – No Abstentions**

**3. Approval of the Minutes<sup>2</sup>** L. White  
 3.1 Motion to approve 9.22.16 minutes  
**There was a motion to approve the 9.22.16 minutes.**  
**M/S/C: A. Jacobson, C. Smith – No Abstentions**

**4. Old Business<sup>2</sup>** L. White  
 4.1 Review Common Standards  
**No Discussion**

**5. New Business** L. White  
 5.1 Review Committee Workplan (A-1)  
 The committee members reviewed and discussed committee work plan.  
 5.2 Review Housing Standard (A-2)  
**The committee reviewed and discussed the revised HRSA Housing Services definition that was presented at**

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the 2016 PSRA.

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

NONE

Members of the Public

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**7. Members Privilege**

J. Chan stated that he liked the review of the Code of Conduct being read prior to the start of the meeting.

PC Members

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**6. Review of Action Items**

**Staff will:**

1. Agendize review of Housing and Transportation Standards
  2. Follow-Up with RWP regarding HUD services for illegal immigrants
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PC Staff

**7. Agenda Setting for Next Meeting**

March 16, 2017

Transportation Standard

Housing Standard

HIV Planning Council Conference Room

L. White

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**8. Roll Call\***

PC Staff

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**12:05pm 9. Adjournment**

L. White

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