Tuesday, September 10, 2024, 4:00 PM – 5:30 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123
(3rd Floor, Conference Room 3700)

The Charge of the Medical Standards & Evaluation Committee: Ensure that HIV Primary Care services provided through local Ryan White-funded clinics meet or exceed established HIV clinical practice standards and Public Health Services (PHS) guidelines, assuring availability and access to state-of-the-art medical care for all eligible persons living with HIV (PLWH).

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Meeting Packet

Meeting Location & Directions:

Medical Standards & Evaluation Committee (MSEC)

Tuesday, September 10, 2024
4:00 PM - 5:30 PM

Seville Plaza - Live Well Support Center
5469 Kearny Villa Rd
San Diego, CA 92123
(3rd Floor, Conference Room 3700)

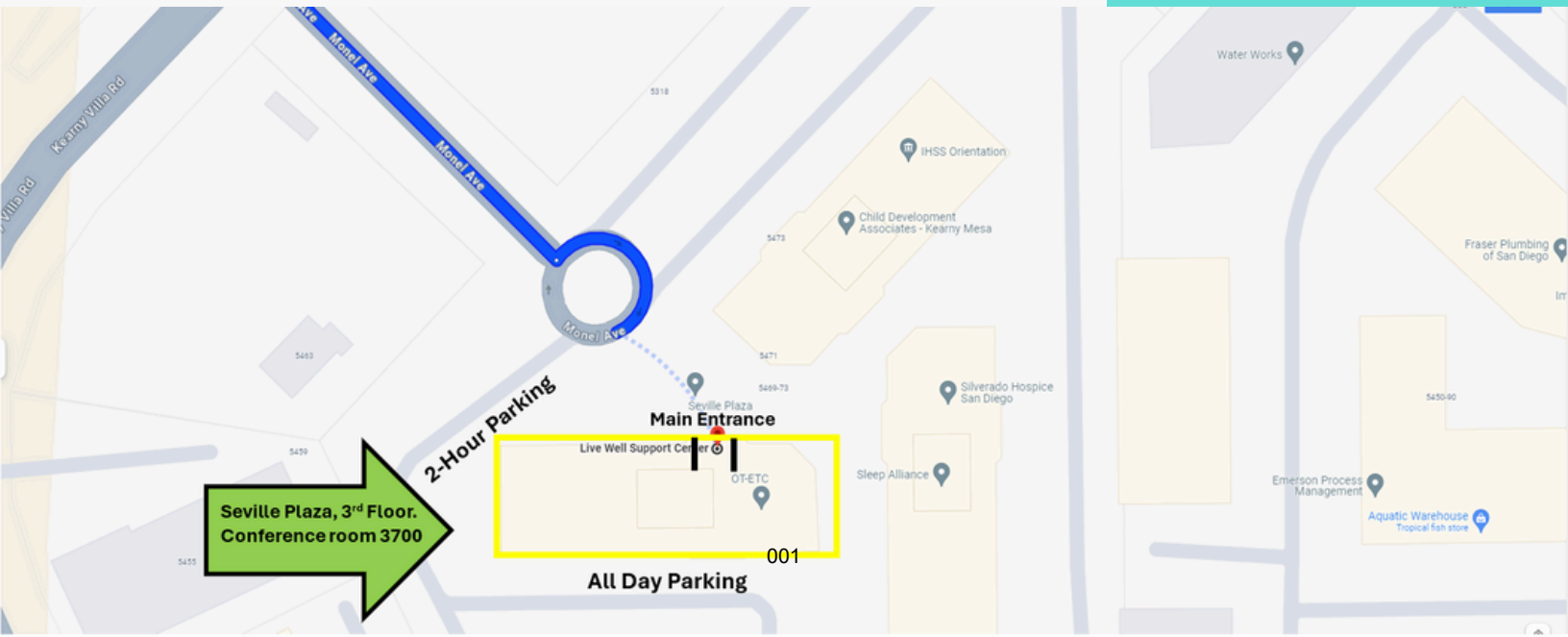
Parking is **free**. 2-hour parking and whole day parking is available in the parking lot. All visitors must check in with security at the main entrance of the building to be escorted to the elevator. Visitors include County employees who do not work in the building.

FROM I-63 S:

1. Use the right 2 lanes to turn left onto CA-163 N toward Escondido.
2. Merge onto CA-163 N
3. Take Exit 8 for Clairemont Mesa Blvd
4. Keep left, follow signs for Kearny Villa Rd
5. Sharp right onto Kearny Villa Rd
6. Turn Left onto Monel Ave

PUBLIC TRANSPORTATION

MTS Bus Routes:
27, 20, 120, 235



FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles)
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd
4. Head north on Complex Dr
5. Cross the street and turn left on Clairemont Mesa Blvd
6. Turn right onto Kearny Villa Rd
7. Turn right onto Monel Ave
8. Building 5469/Seville Plaza - Live Well Support Center will be on the **right** side at the end of the cul-de-sac

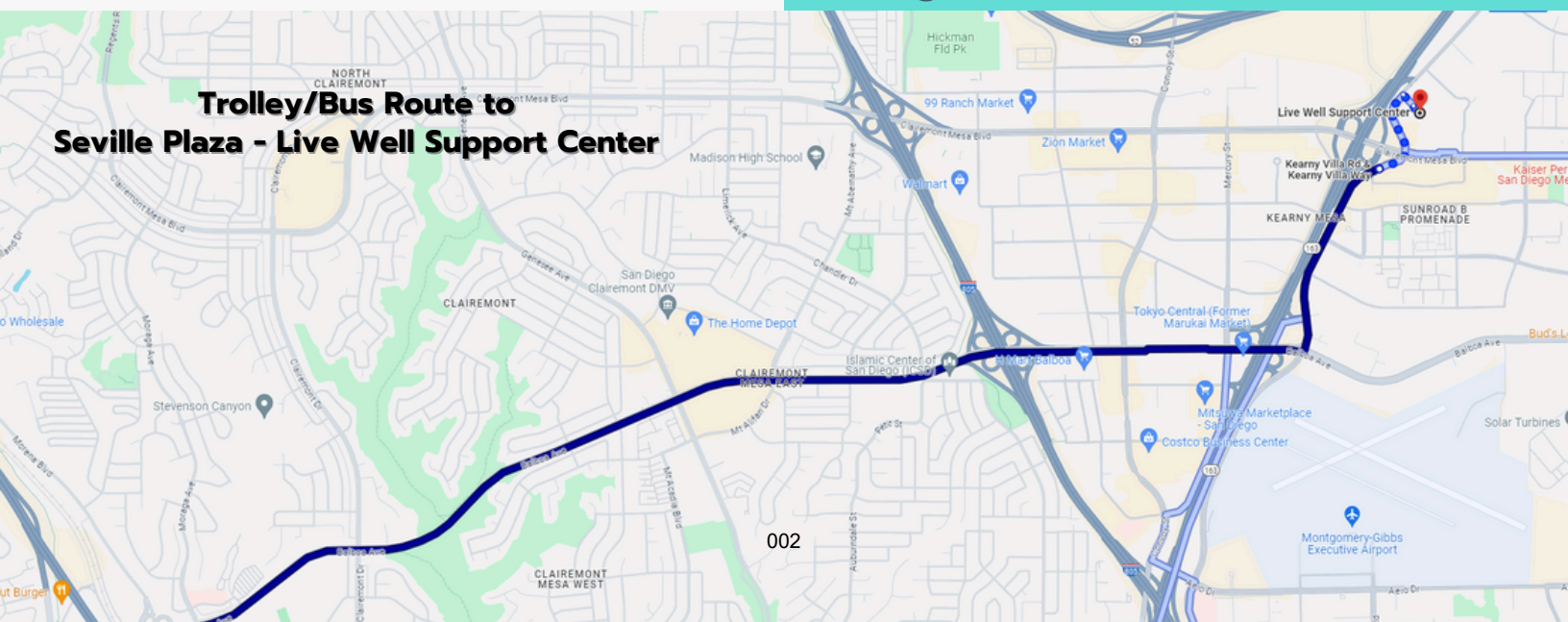
FROM BUS:

From Kearny Villa Rd & Kearny Villa Way:

1. Walk northeast on Kearny Villa Rd
2. Turn right onto Monel Ave
3. Enter the traffic circle
4. Building 5469/Seville Plaza - Live Well Support Center will be on the **right** side

From Clairemont Mesa Blvd:

1. Walk north on Complex Dr toward Clairemont Mesa Blvd
2. Turn left onto Clairemont Mesa Blvd
3. Turn right onto Kearny Villa Rd
4. Turn right onto Monel Ave
5. Enter the traffic circle
6. Building 5469/Seville Plaza - Live Well Support Center will be on the **right** side



MEDICAL STANDARDS AND EVALUATION COMMITTEE

Tuesday, September 10, 2024, 4:00 PM – 5:30 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123
(3rd Floor, Conference Room 3700)

To participate remotely via Zoom:
https://us06web.zoom.us/j/84265220872?pwd=TGRydGxvcm40dEVIQUhmd0IsWUIZUT09
Call in: 1-669-444-9171
Meeting ID: 842 6522 0872 **Passcode:** 428631

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is five (5).
Committee Members: Dr. Jeannette Aldous (Co-Chair) | Dr. Laura Bamford | Dr. David Grelotti | Yessica Hernández | Bob Lewis | Karla Quezada-Torres | Dr. Stephen Spector | Lisa Stangl | Dr. Winston Tilghman (Chair)

MEETING AGENDA
ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **Action:** Approve the MSEC agenda for September 10, 2024
5. **Action:** Approve the MSEC minutes from June 11, 2024
6. Old Business:
    a. **Review:** Outpatient/Ambulatory Health Service Standards
7. New Business:
    a. **Discussion:** Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services
8. Other Updates:
    a. STI and MPox Update (Dr. Tilghman)
    b. Committee member updates
9. Future agenda items for consideration
    a. Mental Health Services and Psychiatric Medication Management
10. Announcements

11. **Next meeting date:** November 12, 2024, from 4:00 PM – 5:30 PM

    Location: To be determined AND virtually via Zoom

12. Adjournment

WORK PLAN
February 27, 2024 • Finalize 2024 work plan and priorities • Review Outpatient/Ambulatory Health Service Standards and identify needed revisions • Discuss succession planning
June 11, 2024 *(from May 14)* • Review Executive Report of Ryan White Quality Assurance Chart Review • Finalize and approve Outpatient/Ambulatory Health Service Standards • Develop plan for updating Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services
September 10, 2024 • Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services
November 12, 2024 • Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services (if not completed in September 2024) • Review Ryan White Quality Assurance Chart Review tool • Identify priorities and develop work plan for 2025

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Tuesday, June 11, 2024,4:00 PM – 5:30 PM
County Operations Center
5560 Overland Avenue, San Diego, CA 92123
(Conference Room 172)

To participate remotely via Zoom:
https://us06web.zoom.us/j/84265220872?pwd=TGRydGxvcm40dEVIQUhmd0lsWUlZUT09
Call in: 1-669-444-9171
Meeting ID: 842 6522 0872 **Passcode:** 428631

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is five (5).
Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. Lauren Bamford | Yessica Hernández | Bob Lewis | Karla Quezada-Torres | Dr. Winston Tilghman (Chair)

Committee Members Absent: Dr. David Grelotti | Dr. Stephen Spector | Lisa Stangl

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Tilghman called the meeting to order at 4:04 PM and noted the presence of an in-person quorum. A moment of silence was observed.	
2. Public Comment	None	
3. Sharing our Concerns	None	
4. **Action:** Review and approve the June 11, 2024 meeting agenda	**Motion:** Approve the June 11, 2024 meeting agenda as presented. **Motion/Second/Count (M/S/C):** Quezada-Torres/Lewis/4-0 **Abstentions:** Tilghman **Motion carries**	
5. **Action:** Review and approve the February 27, 2024 meeting minutes	**Motion:** Approve the February 27, 2024 meeting minutes as presented. **M/S/C:** Lewis/Quezada-Torres/4-0 **Abstentions:** Tilghman **Motion carries**	
6. New Business:		
a. **Presentation:** Ryan White Primary Care Program – Report on Compliance with	Jeannette Johnson of United Healthcare presented on the Ryan White Primary Care Program Compliance with Practice Guidelines. This presentation introduced	

Agenda Item	Action	Follow-up
Practice Guidelines (Jeannette Johnson)	new measures for 2023, as well as outlined changes in services, screenings, testing, and vaccines. This review concluded that medication regimen and treatment plans were being continued to being followed by clients. The committee discussed the following: • Refine the sample population of charts reviewed so that the data are more representative. • Are data available on patients using Prep who either become HIV positive or continue to stay HIV negative?	
b. Action: Approve Outpatient/Ambulatory Health Service Standards	**Motion:** Approve the updated Outpatient/Ambulatory Health Service Standards. **Discussion:** The committee recommended the additional changes: • Update the AIDS Regional Information and Evaluation System (ARIES) section once the ARIES timeline is updated. Perhaps change this to say "County Electronic Reporting System" to make it more generic. • The HIV reporting system consent is currently in ARIES. • Include service expectations for psychosocial and mental health assessments as mental health initial screening are low, have the guidelines reflect the flow. On the Mental Health Screening section, recommended specifics as opposed to everything grouped together. • Have an agreed upon referral process and a follow-up call with a timeline for the initial appointment. • The key service components and activities are too general and may need additional information which outlines specifics.	Dr.Tilghman will incorporate items discussed during the meeting. Committee members can email any recommended changes to HPG Support Staff (SS).

Agenda Item	Action	Follow-up
	• Include what patients can expect when receiving the treatment and its health outcome. The committee decided to table approval of the document until the additional recommended changes are incorporated. Review the revised document at the September 2024 MSEC meeting. If committee members have any additional recommended changes, please email the HPG SS.	
c. Discussion: Develop plan for updating Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services	Tabled until the next meeting. The committee discussed either inviting dental practitioners to next meeting to review the dental documents or send the document to RW dental provides for review and input.	HPG SS will work with Dr. Tilghman to forward the document to RW dental providers with the Recipients' Office support.
7. Old Business:		
a. Discussion: Continue the discussion on MSEC leadership succession planning	Dr. Tilghman discussed the need for a replacement chair of MSEC as his second term with the HIV Planning Group (HPG) ends in October. The replacement committee Chair must be a voting HPG member, is automatically a member of the Steering Committee, and must also meet attendance requirements for that committee, which, beginning in September, will meet six (6) times/year. Prospective candidates should contact Dr. Tilghman or HPG SS.	
8. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	Dr. Tilghman reviewed the STI/MPOX Updates presentation, which was included in the meeting materials packet.	
b. Committee member updates	None	
9. Future agenda items for consideration	None	
10. Announcements	None	

Agenda Item	Action	Follow-up
11. Next meeting date:	**Date:** Tuesday, September 10, 2024 **Time:** 4:00 PM **Location:** TBD	
12. Adjournment	The meeting was adjourned at 5:30 PM	

Outpatient/Ambulatory Medical Care Services

Service Category Definition

Outpatient/ambulatory health services (OAHS) are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, and urgent care facilities for HIV-related visits. Emergency department visits are not considered outpatient settings. See **Appendix 1: 2020 RWPCP Provider Handbook** for a list of provider locations.

Primary activities for OAHS 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 mental/behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment (by referral if pediatric services are not available onsite)
- Prescription and management of medication therapy
- Early intervention and risk assessment
- Continued care and management of chronic conditions
- 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
- Telehealth

Primary medical care for the treatment of HIV includes the provision of care that is consistent with the United States (US) Public Health Service (PHS)'s Clinical Guidelines and the San Diego HIV Planning Group Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Current PHS guidelines are available online at https://clinicalinfo.hiv.gov/en/guidelines. Current Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS are available online at http://www.sdplanning.org/downloads/practice-guidelines/.

Diagnostic testing includes only testing procedures and applications as approved by the Health Resources and Services Administration (HRSA) for funding under the Ryan White Act. The policy describing the use of Ryan White Act Program funds for HIV diagnostics and laboratory tests is available online at https://hab.hrsa.gov/sites/default/files/hab/Global/hivdiagtestpn0702.pdf.

Purpose and Goals

The goal of OAHS is to ensure accessible HIV/AIDS primary and medical specialty care and to enable adherence to treatment plans, that is consistent with the US PHS Guidelines. In addition, OAHS are designed to interrupt or delay the progression of HIV disease, prevent, and treat opportunistic infections, prevent onward transmission of HIV, and promote optimal physical and mental health. All services and interventions must be based on proven and evidence-based clinical methods and in accordance with legal and ethical standards. The services delivered shall reflect a philosophy of service delivery that affirms a patient's right to privacy, confidentiality, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity, and respect.

The service standards are provided to ensure that San Diego County's Ryan White-funded OAHS:

- Are accessible tos all persons living with HIV/AIDS (PLWH) who meet eligibility requirements

- Promote continuity of care, patient monitoring, and follow-up
- Enhance coordination among service providers to eliminate duplication of services
- Provide opportunities and structure to promote patient and provider education
- Maintain the highest standards of care for patients
- Protect the rights of PLWH
- Increase patient self-sufficiency and quality of life
- Provide a framework to foster ethical and nondiscriminatory practices

Intake

Patient intake is required for all patients who request OAHS and shall be initiated at the time a patient presents for services. Intake is a time to gather registration information and provide basic information about OAHS and other HIV services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Practitioners shall provide an appropriate level of information that is helpful and responsive to patient need. Medical care provider staff shall conduct the patient intake with respect and compassion.

If a patient is receiving multiple Ryan White services with the same provider, intake need only be conducted one time. *With the exception of Releases of Information specific to medical information and Mental Health Consent for Treatment*, it is acceptable to note that eligibility, registration, and required documents discussed in this section were verified and exist in another patient service record at the same provider agency.

1. **Timeframe.** Intake and ART shall take place as soon as possible, especially for those who are newly diagnosed with HIV. If there is an indication that the patient may be facing imminent loss of medication or is facing other forms of medical crisis, the intake process will be expedited, and appropriate intervention may take place prior to formal intake.
2. **Eligibility Determination.** The provider shall obtain the necessary information to establish the patient's eligibility. This includes verifying documentation of the patient's HIV status, lack of medical care coverage, income, and residency within San Diego County.
3. **Demographic Information.** The provider shall obtain the appropriate and necessary demographic information to complete registration. This includes basic information about the patient's HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information. Based on this information, the provider may also determine the patient's share-of-cost for services.
4. **Provision of Information.** The provider shall provide information to the patient about the medical services they are receiving. The provider shall also provide the patient with information about resources, care, and treatment, which is available at https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/hiv_aids_care_and_treatment_services.html.
5. **Required Documentation.** The following forms shall be provided in accordance with state and local guidelines and shall be signed and dated by each patient:
    a. **County Electronic Reporting System Consent:** Patients shall be informed of the County Electronic Reporting System (CERS). The CERS consent must be signed at intake prior to entry into the CERS database and every three years thereafter. The signed consent form shall indicate: 1) whether the patient agrees to the use of CERS in recording and tracking their demographic, eligibility, and service information and 2) whether the patient agrees to share select information contained in CERS with other agencies in the Ryan White system of care.
    b. **Confidentiality and Release of Information:** When discussing patient confidentiality, it is important not to assume that the patient's family or partner knows about the HIV-positive status of the patient. Part of the discussion about patient confidentiality should include inquiry about how the patient wants to be contacted (e.g., at home, at work, by mail, by phone). If there is a need to disclose information about a patient to a third party, including family members, patients shall be asked to sign a Release of Information form,

authorizing such disclosure. A Release of Information form describes the situations under which a patient's information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the patient's signature. This form may be signed at intake prior to the actual need for disclosure. Releases of information may be cancelled or modified by the patient at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure.

c. **Consent for Treatment:** This form shall be signed by the patient, agreeing to receive medical care services/treatment.
d. **Notice of Privacy Practices (NPP):** Patients shall be informed of the provider's policy regarding privacy rights based on the provider's confidentiality policy. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
e. **Client Rights and Responsibilities:** Patients shall be informed of their rights and responsibilities.
f. **Client Grievance Process:** Patients shall be informed of the grievance process. Grievance appeals specifically related to medical, clinical, and/or HIPAA issues should be filed first with the agency where the client is receiving services. Issues that the client would like to elevate and/or are not addressed to the client's satisfaction by the agency should be directed to the County of San Diego HIV, STD, and Hepatitis Branch (HSHB).

Key Service Components and Activities

Key service components and activities include the following:

Medical Evaluation: Proper assessment/evaluation of patient need is fundamental to medical care services. OAHS providers shall provide a thorough evaluation of all patients to determine the appropriate level of care and to develop a therapeutic treatment plan. Each patient living with HIV who is entering into care should have a complete medical history, physical examination, laboratory/diagnostic evaluation, and counseling regarding the implications of HIV infection. The purpose is to confirm the presence of HIV infection, obtain appropriate baseline historical and laboratory data, assure patient understanding about HIV infection, and initiate care as recommended by the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS, which are available at http://www.sdplanning.org/downloads/practice-guidelines/. Baseline information then is used to define management goals and plans.

Psychosocial and Mental Health Assessment: Patients living with HIV infection must often cope with multiple medical and psychosocial issues that are best addressed through a multidisciplinary approach to the disease. The evaluation must also include assessment of mental health, nutritional status, oral health, substance use, economic factors (e.g., unstable housing), social support, high-risk behaviors, and other factors that are known to impair the ability to adhere to treatment and that promote HIV transmission. Once identified, these factors should be managed accordingly. Psychosocial and mental health assessments shall be conducted by providers of OAHS annually. More details about the components of the psychosocial and mental health assessment are available in the Mental Health Services Service Standards for Ryan White Care and Treatment

Comprehensive Health Assessment: Patients living with HIV infection must often cope with multiple medical and psychosocial issues that are best addressed through a multidisciplinary approach to the disease. The evaluation must also include assessment of mental health, nutritional status, oral health, substance use, economic factors (e.g., unstable housing), social support, high-risk behaviors, and other factors that are known to impair the ability to adhere to treatment and that increase risk of HIV transmission. Once evaluated, these factors should be managed accordingly.

Treatment Provision: All medical care will be consistent with the US PHS treatment guidelines (www.aidsinfo.nih.gov/) and the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS (http://www.sdplanning.org/downloads/practice-guidelines/) and will be guided by the care needs expressed in the treatment plan. Practitioners shall be knowledgeable about outcome research and utilize clinically proven treatment for their patient's presenting problems. Medical treatment and the prescription of antiretroviral and prophylactic medications shall conform to the standards of care recognized within the general community and supported by published clinical research for the patient's condition.

Treatment provision is documented through progress notes, treatment plans, problem lists, and medication lists.

Medical Subspecialty Care. In order to fully comply with the PHS Guidelines, medical specialty services are provided by tertiary care providers for medical services that are beyond the scope of Ryan White outpatient/ambulatory primary medical care clinics. Specialty medical care services include the provision of outpatient infectious disease and other specialty medical care, including but not limited to: Obstetrics, Hepatology, Neurology, Oncology, Immunology, Pulmonology, Ophthalmology, Dermatology, Radiation Oncology, and Psychiatry. Specific services include diagnostic testing, preventive care and screening, practitioner examination, medical history, and treatment of common physical and mental conditions.

OAHS providers are responsible for assessing a patient's need for specialty care, completing prior authorization as needed, and providing appropriate referrals as needed. Medical specialty care appointments shall be provided within three (3) weeks of the request for service or sooner, if the medical condition warrants. Specialty care services are considered consultative and, as such, patients shall be referred back to the original outpatient/ambulatory clinic for ongoing HIV medical care.

Medical subspecialty care shall be limited to those services authorized by the County of San Diego HSHB specialty services provider. A prior authorization form authorizing medical specialty care services shall be completed for each specialty referral. A copy of the specialty referral, in addition to a copy of a signed prior authorization form, shall be retained in each patient's service record. All referrals to medical specialty care shall be tracked and monitored by both the referring provider and the medical specialty care administrator.

Medical specialty care appointments shall be provided within three (3) weeks of the request for service or sooner, if the medical condition warrants.

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments for all potential clients utilizing a standard client eligibility screening tool
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients in the medical record
	Maintain a single record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients
	Completion of the Client Transition Plan for clients who are deemed ineligible for the Ryan White Primary Care Program or deemed ready to be transitioned out of certain services

Standard	Measure
Medical evaluation is performed at baseline and at follow-up visits in accordance with practice guidelines and clearly documented in the medical record	Annual quality assurance (QA) review of patient medical record
Psychosocial and mental health assessment is performed at baseline and annually thereafter and clearly documented in the medical record	Annual QA review of patient medical record to assess documentation of assessment, findings, and actions taken
General health assessment is performed and documented in the medical record	Documentation of general health assessment, findings, and actions taken
Treatment plan is in the medical record, includes all required elements, and is updated at each medical visit	Documentation of treatment plan and updates
Needs for medical specialty services are identified, and patients who require such services are linked to them within the required timeframe	Documentation of need for medical specialty services and referral for services

Personnel Qualifications

Professional diagnostic and therapeutic services under this service category must be provided by one of the following clinicians licensed by the State of California and operating within the scope of their license:

- Physicians (MD/DO)
- Physician's Assistant (PA)
- Nurse Practitioner (NP)

Other professional and non-professional staff may provide services appropriate for their level of training, education, and licensure as part of a care team in coordination with or under the supervision of a clinician in a manner consistent with State of California requirements for licensure or certification. These staff may include, but are not limited to:

- Nurses (RN, LVN/LPN)
- Medical assistants (MA)
- Pharmacists
- Pharmacy assistants
- Health educators

Any non-clinician staff providing services must be 1) supervised by a clinician; 2) hold current licensure as required by the State of California when applicable; 3) provide services appropriate for their level of training/education; and 4) be trained and knowledgeable about HIV.

All staff providing OAHS must have training appropriate to their to their job description and will provide services to those with HIV. Training should be completed within 60 days of hire. Topics should include:

- General HIV knowledge, such as HIV transmission, care, and prevention
- HIV counseling and testing
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

Ongoing Training: Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of 1) in-person, 2) articles, 3) home studies, or 4) webinars, and must be clearly documented and tracked for monitoring purposes.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate licensure and/or degrees
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Initial Assessment:

1. **Medical Evaluation:** At the start of OAHS, a baseline medical evaluation must be conducted. This evaluation should be performed in accordance with HHS guidelines, HIV primary care guidelines, and the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS, and must include the following components as described in the local guidelines:
    a. Complete history, which includes general background, current/lifetime sexual history, current/lifetime substance use history, HIV care history, and general medical history
    b. Review of symptoms and physical examination
    c. Laboratory testing, which includes recommended baseline laboratory tests for PLWH, as well as testing for sexually transmitted infections (STIs) and tuberculosis
2. **Psychosocial and Mental Health Evaluation:** At the start of OAHS, a baseline psychosocial and mental health evaluation must be conducted to determine the need for services to address psychosocial, mental health, and substance use issues. The initial assessment should include diagnoses and a treatment plan that is formulated with input from the client after reviewing the range of available services and recommended therapies.
3. **HIV Education:** Patients should always be provided with information regarding the results of diagnostic tests, prognosis, risks and benefits of treatment, instructions on treatment management and follow-up, and treatment adherence. In addition, they should be given HIV risk reduction and prevention education.
4. **Partner Services:** Partner Services is defined as a confidential service that provides a safe way for PLWH to tell their sexual or needle-sharing partners that they may have been exposed to HIV, to provide education and information about HIV, and to link to HIV testing. For clients who are not virally suppressed, information and counseling should be offered, and referrals made for clients according to established processes.
5. **Referral/Linkage:** Clients requiring specialized care should be referred for and linked to such care, with documentation of that referral in the client file and available upon request. These services may include, but are not limited to, treatment adherence counseling, Ryan White Oral Health, Ophthalmology (if CD4<50 cells/mm^3), case management (if eligible), medical nutrition therapy, clinical trials, mental health, substance abuse, and partner services (including HIV pre-exposure prophylaxis or PrEP). Providers should assess for transportation needs and ensure that transportation is available, using available services.
6. **Documentation:** All patient contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the patient chart.

Treatment Plan:

OAHS providers should create an individualized treatment plan for each patient that identifies and prioritizes the patient's medical and psychosocial/mental health care needs and incorporates client input. All treatment plans must be signed and dated by a provider and should follow national and local guidelines, including review and reassessment of the plan at each care appointment.

Treatment Provision:

Antiretroviral treatment is recommended for all PLWH, regardless of CD4 count, and should be provided as soon as possible after diagnosis. Same-day treatment is encouraged when feasible and where available. If same-day treatment is offered, use of an integrase inhibitor-based regimen is recommended. Treatment regimens should be selected based on HHS guidelines, as stated in the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS.

Standard	Measure
Baseline medical evaluation and reassessments are conducted in accordance with HHS guidelines and the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS	Annual quality assurance (QA) review of patient medical record
Baseline psychosocial and mental health evaluation is conducted, and reassessments are conducted at least annually and more frequently if indicated.	Annual QA review of patient medical record
Practitioners shall document results and outcomes of visit	Signed and dated progress notes in patient medical record
Treatment plans must be completed and/or reviewed and revised at each routine medical visit and must be signed and dated by the medical care practitioner who completed the assessment/evaluation	Signed and dated treatment plan documented in patient medical record
Treatment is consistent with US PHS guidelines	Annual QA review of patient medical record

Transition and Discharge

Since medical care services are considered the most critical services to preserve a patient's physical and psychological wellbeing throughout the lifespan and to prevent adverse health outcomes from HIV infection, closure from OAHS must be carefully considered, and reasonable steps should be taken to assure that patients in need of medical care continue to receive services. The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. That process is described in the **Universal Service Standards**. Disenrollment may occur for the following reasons:

- Client has died.
- Client requests to be disenrolled.
- Client enrolls in another primary care program.
- Client cannot be located within 120 days after repeated efforts, including attempted written, oral and personal contact.
- Client relocates outside of San Diego County.
- Client demonstrates repeated non-compliance or inappropriate behavior in violation of specific written policies of the provider, especially with regard to violation of confidentiality of other client information.
- Client is incarcerated longer than 30 days.
- Client does not qualify for OAHS based on eligibility requirements.

Eligible clients may reenroll in the Ryan White program at any time in most cases. For clients who were disenrolled because of inappropriate behavior or violation of specific written policies, reenrollment will be considered on a case-by-case basis.

Standard	Measure
Staff will document reasons for disenrollment in the client record	Documentation of reason for disenrollment
Staff will determine client eligibility for other programs and re-instatement in Ryan White Outpatient Ambulatory Care Services	Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

Scan this QR code to access the HIV Service Standards report and go to page 54 for Oral Health Care Services.

Scan this QR code to access the San Diego County Dental Practice Guidelines approved in 2020.

Oral Health Care

Service Category Definition

Oral Health Care services include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. Services are available to those enrolled in Ryan White, regardless of where HIV medical care is received.

Purpose and Goals

The goal of Oral Health Care services is to ensure accessible dental and dental specialty care and to enable adherence to HIV/AIDS treatment plans, which is consistent with the United States Public Health Services Guidelines. In addition, oral healthcare is designed to interrupt or delay the progression of HIV-related and general oral health conditions, thereby improving oral health outcomes and preventing further deterioration resulting from oral disease. All services and interventions must be based on proven and evidence-based clinical methods and in accordance with legal and ethical standards. The services delivered shall reflect a philosophy that affirms a patient's right to privacy, confidentiality, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity, and respect.

Intake

Oral Health Care activities include outpatient assessment, diagnosis, treatment, and palliative care, as well as preventative care, provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. Patient intake is required for all patients who request Oral Health Care services and shall be initiated at the time a patient presents for services. Intake is a time to gather registration information and provide basic information about Oral Health Care and other HIV services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Practitioners shall provide an appropriate level of information that is helpful and responsive to patient need. Oral Health Care staff shall conduct the patient intake with respect and compassion.

Key Service Components and Activities

- Exams and x-rays
- Cleanings (prophylaxis)
- Fluoride treatments
- Tooth removal
- Fillings
- Emergency services
- Minimally invasive services
- Caries arrest services
- Other medically necessary dental services
- Denture relines
- Root canals (front and back teeth)
- Prefabricated crowns
- Partial and full dentures
- Periodontal maintenance
- Deep cleanings (scaling and root planing)
- Laboratory crowns
- Sedation

Implants are not a benefit of the Ryan White Dental Program.

Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed. Exceptional medical conditions include, but are not limited to:

i. cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
ii. severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with conventional prostheses.

iii. skeletal deformities that preclude the use of conventional prostheses (such as arthrogryposis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).

iv. traumatic destruction of jaw, face, or head where the remaining osseous structures are unable to support conventional dental prostheses.

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments of all potential clients utilizing a standard client eligibility screening tool
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard medical care management form
	Maintain a single record for each client
Staff ensures clients are engaged in HIV medical care and connected to other services as necessary.	Documentation of all services provided/offered to clients
	Completion of the Client Transition Plan for clients who are deemed ineligible for oral health services or deemed ready to be transitioned out of these services
Oral evaluation is performed at baseline and at follow-up visits in accordance with practice guidelines and clearly documented in the medical record	Documentation in medical record
Treatment plan is in the medical record, includes all required elements, and is updated at each oral health visit	Documentation of treatment plan and updates
Needs for dental specialty services are identified, and patients who require such services are linked to them within the required timeframe	Documentation of need for dental specialty services and referral for services

Personnel Qualifications

Professional diagnostic and therapeutic services under this service category must be provided by one of the following clinicians licensed by the State of California and operating within the scope of their license:

- Dentist (DMD/DDS)
- Dental Assistant
- Dental Hygienist

Other professional and non-professional staff may provide services appropriate for their level of training, education, and licensure as part of a care team in coordination with or under the supervision of a clinician in a manner consistent with State of California requirements for licensure or certification. These staff may include, but are not limited to:

- Dental Laboratory Technician
- Treatment/Referral Coordinator

Any non-clinician staff providing services must be 1) supervised by a clinician; 2) hold current licensure as required by the State of California when applicable; 3) provide services appropriate for their level of training/education; and 4) be trained and knowledgeable about HIV.

All staff providing Oral Health Care services must have training appropriate to their job description and the training necessary to provide care to those with HIV. Training should be completed within 60 days of hire. Topics should include:

- General HIV knowledge, such as HIV transmission, care and treatment, monitoring, and prevention

- Privacy requirements and Health Information Privacy and Accountability Act (HIPAA) regulations
- Local system of HIV care

Ongoing Training: Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of 1) in-person, 2) articles, 3) home studies, or 4) webinars, and must be clearly documented and tracked for monitoring purposes.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate licensure and/or degrees
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Maintenance of all required licensure and certification. Documentation of a training completion and competency assessments as appropriate

Assessment and Service Plan

Initial Assessment
At the start of Oral Health Services, a baseline dental evaluation must be conducted.

Dental and Medical history. The provider shall perform a complete dental and medical history for every new patient. This should include:

- Client's chief complaint
- HIV medical care provider
- Current medication regimen(s) and adherence, including HIV medications
- Alcohol, drug, and tobacco use
- Allergies
- Usual oral hygiene
- Date of last dental examination, and name of last dentist if known

Oral examination. Each patient should be given a comprehensive oral examination and assessment.
An Oral Examination should include:

- Caries (cavities) charting
- X-rays: Full mouth radiographs or panoramic and bitewing x-rays
- Complete oral hygiene and periodontal exam
- Comprehensive head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions or sexually transmitted infections (STIs)
- Soft tissue exam for cancer screening
- Pain assessment

Preventative Care and Maintenance
Oral health education shall include:

- Instruction on oral hygiene, including proper brushing, a strategy to remove plaque from between the teeth, and mouth rinses
- Counseling regarding behaviors that may influence oral health (e.g., tobacco use, unprotected oral sex, body piercing)
- General health conditions that may compromise oral health
- The effect of nutrition on oral health.

Clients should be scheduled for routine oral health maintenance visits, as follows:

- Routine examination. Prophylaxis and when needed fluoride varnish or silver diamine fluoride (SDF) twice a year
- Comprehensive cleaning at least once a year
- Other procedures, such as root planing/scaling as needed

Standard	Measure
Conduct a baseline dental evaluation that shall include at a minimum: • Medical history • Oral examination • Education	Performance of a timely initial assessment, including evidence of a medical history, oral examination, and education as specified above, as well as provision and documentation of applicable referrals/linkages, will be monitored via site visit chart review.
Clients should always be provided with information regarding prevention, early detection of oral disease, and preventive oral health practices, including what to do if having a dental emergency.	All client contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the client chart.
Clients will receive an oral examination by an oral health provider at least annually. The oral examination should include fluoride varnish application and an oral cavity exam.	Clients who received an oral examination by an oral health provider.

Treatment Plan

Oral Health providers should create an individualized dental treatment plan for each patient. The plan should:

- Identify and prioritize the patient's caries control status and dental care needs
- Include preventative and restorative care
- Incorporate client input
- Describe the proposed interventions and treatment schedule
- Include any referrals and linkages to specialty care or other needed services
- Be signed and dated by the provider

The treatment plan should be reviewed at each appointment and revised as needed.

Standard	Measure
Clients requiring specialized care should be referred for and linked to such care via the client's case manager and/or Ryan White oral health provider with documentation of that referral in the client file and available upon request.	Development and revision of individualized treatment plans that meet the requirements laid out above will be monitored via review of client charts and/or electronic health records during site visits.

County of San Diego Monthly STD Report

Volume 16, Issue 8: Data through March 2024; Report released September 4, 2024.

Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2023		2024	
	Mar	*Previous 12-Month Period**	*Mar*	*Previous 12-Month Period**
Chlamydia	1580	18154	1061	16462
Female age 18-25	531	6188	362	5309
Female age ≤ 17	57	533	39	613
Male rectal chlamydia	131	1666	92	1612
Gonorrhea	542	7533	437	6237
Female age 18-25	70	1034	43	617
Female age ≤ 17	7	85	5	88
Male rectal gonorrhea	112	1567	93	1501
Early Syphilis (adult total)	119	1103	20	823
Primary	25	195	3	120
Secondary	33	316	4	238
Early latent	61	592	13	465
Congenital syphilis	5	38	4	34

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2424	295.0	67	62.5	85	237.2	260	92.7	319	91.3
Gonorrhea	1050	127.8	37	34.5	61	170.2	226	80.5	216	61.8
Early Syphilis	73	8.9	4	3.7	5	14.0	36	12.8	20	5.7
Under 20 yrs										
Chlamydia	357	173.0	4	18.8	13	145.7	41	45.5	61	90.4
Gonorrhea	48	23.3	0	0.0	4	44.8	11	12.2	8	11.9
Early Syphilis	3	1.5	0	0.0	1	11.2	1	1.1	0	0.0

Note: Rates are calculated using 2022 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 10/2023.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. *Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.*

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

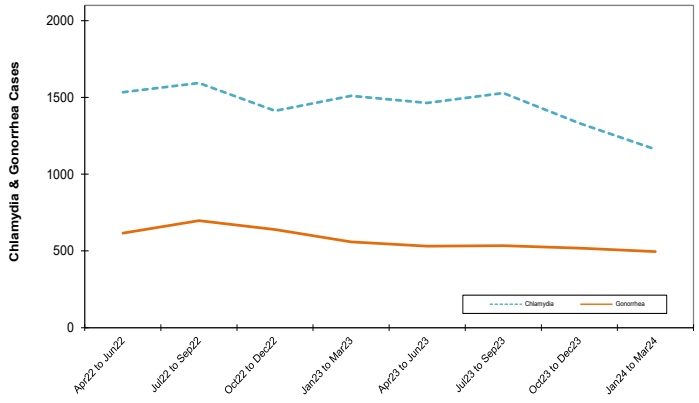
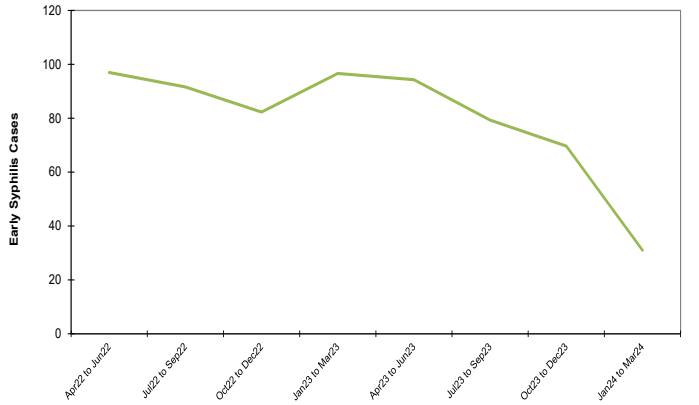


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Geographic Spread of Clade I Mpox Virus in Africa

On August 7, 2024, the Centers for Disease Control and Prevention (CDC) issued a health alert regarding the ongoing widespread clade I monkeypox virus (MPXV) outbreak in the Democratic Republic of the Congo (DRC) and geographic spread to several neighboring countries, including countries where clade I MPXV is not endemic (e.g., Uganda, Rwanda, Burundi). The rapid spread of clade I MPXV, which is associated with higher transmissibility, more severe disease, and higher case fatality rates than the clade IIb MPXV responsible for the ongoing global mpox outbreak, prompted the World Health Organization to declare mpox a public health emergency of international concern.

CDC considers the risk of importation of clade I MPXV to the United States to be very low due to the limited number of travelers and lack of direct commercial flights from DRC or its neighboring countries to the United States. However, healthcare providers are advised to take a travel history for patients with mpox-like symptoms or probable/confirmed mpox and to test for clade I MPXV for patients who have recently traveled to or been in contact with anyone who recently traveled to DRC or any of the countries that share a border with DRC (Republic of the Congo, Central African Republic, Rwanda, Burundi, Uganda, Zambia, Angola, Tanzania, and South Sudan) in the last 21 days. Clade-specific MPXV testing is available through the San Diego County Public Health Laboratory. Suspected clade I MPXV cases should be reported to the County of San Diego Public Health Services as soon as possible and no later than 24 hours after diagnosis. Since the two-dose JYNNEOS vaccine is anticipated to be effective against clade I MPXV, providers are encouraged to vaccinate patients who are vulnerable to mpox or request the vaccine.

For more details, please see recent health alerts from CDC, the California Department of Pubic Health, and the County of San Diego.

HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
Sep 2023 - June 2024

Medical Standards & Evaluation Committee					
MSEC	**Sep**	**Nov**	**Feb**	**Jun**	**#**
Total Meetings	1	1	1	1	**4**
Member					
Tilghman, Dr. Winston [C]	*	*	*	*	**0**
Aldous, Dr. Jeannette [CC]	*	*	**1**	*	**1**
Bamford, Dr. Laura	*	*	**JC**	*	**0**
Grelotti, Dr. David	*	*	*	**1**	**1**
Hernandez, Yessica	*	*	**1**	*	**1**
Lewis, Robert	**JC**	*	*	*	**0**
Lochner, Mikie	*	**1**	*		
Spector, Dr. Stephen	*	*	*	**1**	**1**
Stangl, Lisa	*	*	*	**1**	**1**
Quezada-Torres, Karla	**1**	*	*	*	**1**

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: (1) for "just cause" and (2) due to "emergency circumstances".

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
Just Cause	• There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely • A contagious illness prevents the member from attending the meeting in • There is a need related to a defined physical or mental disability that is not otherwise accommodated for • Traveling while on official business of the legislative body or another state or local agency	A member is limited to **two (2)** virtual attendances based on "just cause" per calendar year
Emergency Circumstances	"A physical or family medical emergency that prevents a member from attending the meeting in person." A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance. A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.

**If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.*

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

In addition to making a request either for "just cause" or due to an "emergency circumstance" for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member's remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- ☐ Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- ☐ Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- ☐ Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- ☐ Member must participate through both audio and visual technology
- ☐ Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- ☐ Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- ☐ Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
  - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
  - Contagious illness that prevents member from attending in person
  - A need related to a physical or mental disability
  - Travel on official business of the legislative body or another state or local agency
- ☐ Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- ☐ Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- ☐ Include instructions on the agenda how the public can participate remotely
- ☐ A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- ☐ A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- ☐ All votes must be taken by roll call
- ☐ Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstance (AB 2449)
In person participation	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-visual	Audio-visual
Required (minimum) opportunities for public participation	In-Person	Call-In or internet-based	Call-in or internet-based and in person	Call-in or internet-based and in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (Initial findings and renewed findings every 30 days)	No, but general description to be provided by legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendations for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025