MEDICAL STANDARDS & EVALUATION COMMITTEE (MSEC)

Tuesday, November 12, 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 Location & Directions:

Medical Standards & Evaluation Committee (MSEC)

Tuesday November 12, 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

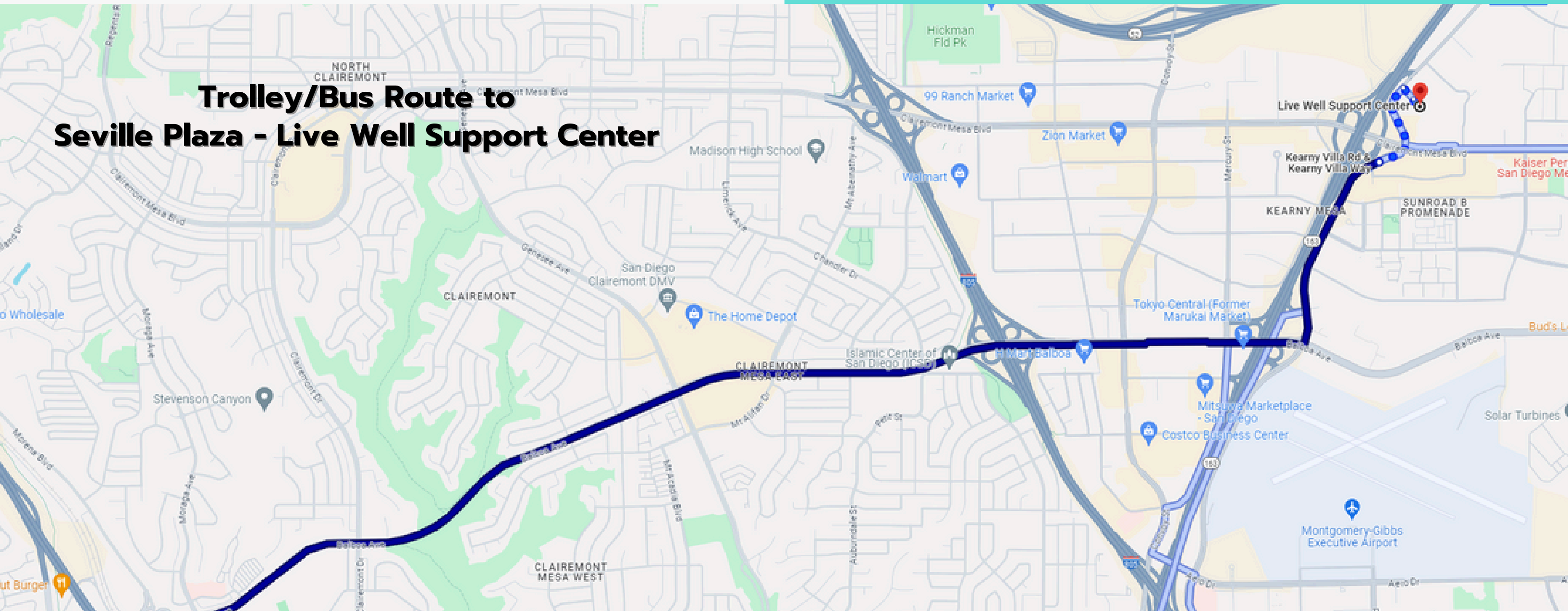
FROM BUS:

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, November 12, 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=TGRydGxvcm40dEVlQUhmd0lsWUlZUT09
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 six (6).

Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. David Grelotti (Chair) | Yessica Hernández | Bob Lewis | Karla Quezada-Torres | Dr. Martha Rodriguez | Lisa Stangl

Committee Members Absent: Dr. Stephen Spector | Dr. Winston Tilghman | Dr. Laura Bamford

MEETING AGENDA
ORDER OF BUSINESS

1. Call to order, introductions, 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 November 12, 2024
5. **Action:** Approve the MSEC minutes from September 10, 2024
6. Old Business:
    a. **Action**: Approve the Outpatient/Ambulatory Health Service Standards
    b. **Discussion:** Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services
7. New Business:
    a. **Action**: Approve Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services
    b. Review Ryan White Quality Assurance Chart Review tool
    c. Review meeting schedule and identify priorities for 2025 work plan
        i. November meeting date change
8. Other Updates:

   a. STI and MPox Update
   b. Committee member updates

9. Future agenda items for consideration
10. Announcements
11. **Next meeting date:** February 11, 2025 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, 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=TGRydGxvcm40dEVlQUhmd0lsWUlZUT09
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 | Dr. David Grelotti | Yessica Hernández | Karla Quezada-Torres **|** Dr. Winston Tilghman (Chair)

Committee Members Absent: Bob Lewis | 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 4:11 PM and noted the presence of a quorum. A moment of silence was observed. Dr. Tilghman announced the following: - Today is his last meeting as chair for MSEC, but he will continue to be involved as a member of the public. - Someone has been identified as chair of this committee. - Someone has also been identified to replace his seat on the HIV Planning Group (HPG).	
2. Public Comment	None	
3. Sharing our Concerns	None	

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Agenda Item	Action	Follow-up
4. **Action:** Review and approve the September 10, 2024 meeting agenda	**Motion:** Approve the September 10, 2024 meeting agenda as presented. **M/S/C:** Aldous/Grelotti/5-0 **Abstentions: Dr. Tilghman Motion**	
5. **Action:** Review and approve the June 11, 2024 meeting minutes	**Motion:** Approve the June 11, 2024 meeting minutes as presented. **M/S/C:** Bamford/Quezada-Torres/4-0 **Abstentions: Dr. Tilghman/Grelotti Motion**	
6. **Old Business:**		
a. **Review:** Outpatient Ambulatory Health Service (OAHS) Standards	Dr. Tilghman reviewed the updated changes incorporated in the OAHS service standards that were suggested during the previous meeting. Members discussed and recommended the following: - Remove the specific timeframe in the Medical Subspecialty Care section and replace it with something more broad - Create a link that lists all services covered - Review the practice guidelines more frequently, instead of every 3 years - Approve document with recommendations Dr. Tilghman will incorporate	Dr. Tilghman will revise the document with the recommended edits. HPG Support Staff (SS) will create an Action Item for November's meeting to approve the documents with the recommendations Dr. Tilghman will incorporate.
7. **New Business:**		
a. **Discussion:** Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services	The committee noted this document is challenging to review without input from dentists and brainstormed of ways to get that feedback. HPG SS has made efforts to reach out to dental providers but has been unsuccessful. Hence, the members brainstormed ways to reach providers, including contacting	The Recipient's Office should contact Dr. Whyte regarding mouth guards, which can be added to services. HPG SS will do a second round of outreach to dental

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Agenda Item	Action	Follow-up
	providers with whom they presently work.	providers with the assistance of MSEC members. HPG SS will share 2024 Needs Assessment findings specific to data on dental needs.
8. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	Dr. Tilghman reviewed the County of San Diego Monthly STD Report, which was included in the packet.	
b. Committee member updates		
9. Future agenda items for consideration	1. Mental Health Services and Psychiatric Medication Management	
10. Announcements	The Care and Well-being Center is hosting a provider-focused conference next week, from September 18 - 20, 2024 focusing on the aging HIV population.	
11. Next meeting date:	**Date:** November 12, 2024 **Time:** 4:00 PM **Location:** TBD	
12. Adjournment	The meeting was adjourned at 5:34 PM.	

DRAFT

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. ~~https://aidsinfo.nih.gov/guidelines.~~ Current Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS are available online at https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf. ~~http://www.sdplanning.org/downloads/practice-guidelines/.~~

Commented [A1]: Link is outdated. I don't see the practice guidelines on the website. The only link I see is for the Provider Handbook.

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://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hivdiag-test-pn-0702.pdf. ~~https://hab.hrsa.gov/sites/default/files/hab/Global/hivdiagtestpn0702.pdf.~~

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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 antiretroviral therapy (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. **~~ARIES~~ County Electronic Reporting System Consent:** Patients shall be informed of the ~~AIDS Regional Information and Evaluation System (ARIES)~~County ~~E~~electronic ~~R~~reporting ~~S~~system (CERS). The ~~ARIES~~ CERS consent must be signed at intake prior to entry into the ~~ARIES~~ CERS database and ~~every three years~~as required by the County thereafter. The signed consent form shall indicate: 1) whether the patient agrees to the use of the ~~ARIES~~ CERS in recording and tracking their demographic, eligibility, and service information and 2) whether the patient agrees to share select information contained in the ~~ARIES~~ 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-

Commented [A3]: Is County Electronic Reporting System a generic term or name of the new system that will replace ARIES? Will the same rules apply to the new system (see highlighted area)?

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 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf. ~~http://www.sdplanning.org/downloads/practice-guidelines/.~~ Baseline information then is used to define management goals and plans.

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Psychosocial and Mental Health Assessment: Patients living with HIV infection must often cope with multiple medical~~, social, and psychiatric~~ and psychosocial issues that are best addressed through a multidisciplinary approach to the disease. The evaluation must also include assessment of mental ~~illness~~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 ~~evaluated~~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~~, which are available at http://www.sdplanning.org/downloads/service-standards/page/3/.~~.

~~**Comprehensive Health Assessment:** Patients living with HIV infection must often cope with multiple medical, social, and psychosocialiatric issues that are best addressed through a multidisciplinary~~

approach to the disease. The evaluation must also include assessment of mental illnesshealth, 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 (https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf), 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 toTo 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 for issues related to HIV., including but not limited to: Obstetrics, Hepatology, Neurology, Oncology, Immunology, Pulmonology, Ophthalmology, Dermatology, Radiation Oncology, and PsychiA list of covered specialties is available at https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/HIV,%20STD%20&%20Hepatitis%20Branch/Ryan%20White%20docs/RW%20Specialty%20Services%20Program%20Provider%20Manual.pdf (see pages 3 and 4)atry. Additional specialty care may be available if needed to meet less common HIV-related needs. Specific -services include diagnostic testing, preventive care and screening, practitioner examination, medical history, and treatment of common physical and mental health conditions within the specialty.

OAHS providers are responsible for assessing a patient's need for specialty care and the urgency of the need, ,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 warrantsshould be provided as soon as possible based on the severity and urgency of the need. 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

Standard	Measure
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
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 recorda	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 appropriate 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 diseases infections (STIDs) 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.available services. Clients should be Treatment plan may include individual or family/conjoint counseling/psychotherapy, group treatment, crisis intervention, and/or psychiatric consultation.

2.3. **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.

3.4. **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.

4.5. **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.

5.6. **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 treatmentART 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

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 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf.

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://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hivdiag-test-pn-0702.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 to 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 antiretroviral therapy (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 as required by the County thereafter. The signed consent form shall indicate: 1) whether the patient agrees to the use of the CERS in recording and tracking their demographic, eligibility, and service information and 2) whether the patient agrees to share select information contained in the 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 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf. 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.

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 (https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf), 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. 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 for issues related to HIV. A list of covered specialties is available at https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/HIV,%20STD%20&%20Hepatitis%20Branch/Ryan%20White%20docs/RW%20Specialty%20Services%20Program%20Provider%20Manual.pdf (see pages 3 and 4). Additional specialty care may be available if needed to meet less common HIV-related needs. Specific services include diagnostic testing, preventive care and screening, practitioner examination, medical history, and treatment of common physical and mental health conditions within the specialty.

OAHS providers are responsible for assessing a patient's need for specialty care and the urgency of the need, completing prior authorization as needed, and providing appropriate referrals as needed. Medical specialty care should be provided as soon as possible based on the severity and urgency of the need. 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.

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
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

Standard	Measure
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 appropriate 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 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

Standard	Measure
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:

ART 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

Standard	Measure
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

San Diego County HIV Needs Assessment

Key Findings | June 2021

Prepared by **Harder+Company Community Research**

Background

A total of eight focus groups, two interviews, and 182 surveys were completed as part of the HIV Needs Assessment between November 2020 and March 2021. The focus groups and interviews were targeted to specific priority populations identified by the HIV Planning Group. The populations engaged were: Black/African American HIV positive individuals, HIV positive women, Latina HIV positive women, Latinx HIV positive individuals (in English and Spanish), MSM, trans/non-binary HIV positive individuals, and Older HIV positive individuals. The number of participants was relatively small compared to previous years; however, the results are consistent with previous needs assessment focus groups. The following are high level findings from these engagements with members of the persons living with HIV/AIDS (PLWHA) community in San Diego County.

226 total community member participants

182 survey respondents
42 focus group participants
2 interviewees

160 survey respondents living with HIV/AIDS

87% of survey respondents

22 survey respondents HIV negative/unsure of status

13% of survey respondents

Access to Treatment and Care

98% of PLWHA who completed the survey report **having current medical care**

3% of PLWHA who completed the survey report **not having medical care**

13% of PLWHA who completed the survey reported **being out-of-care for at least 1 year** in the past

(n=154-158)

Access to Treatment and Care

Top **six** services survey respondents who identified as PLWHA **need** but **cannot access.**

Service	%
Dental Care	22%
Help to pay rent	20%
Legal Services	15%
Counseling / Therapy	15%
Peer advocacy or navigation	13%
Coordinated services center	13%

(n=150-154)

Across all eight focus groups, respondents talked in length about access to care; most of them shared having been connected to case management services at some point but did share that at times it can be **difficult to find a case manager they feel comfortable with and that built trust is critical but takes time**. Focus group participants find they often must jump around to find one they feel accepted by and who holds compassion and patience. When they do find a case manager that feels like a right fit and they are able to connect them to resources relevant to their needs, they find the support very helpful.

Focus group participants from five of the eight focus groups shared **the need for more cultural sensitivity training** for case managers or **more community-based peer navigator/support programs with navigators who have similar lived experiences.**

Access to Treatment and Care

While consistency with HIV medication is key to a healthy life for HIV positive individuals, several participants across all eight groups shared they stopped taking medication at some point and one common thread shared was pill fatigue. Other top reasons cited for **not taking HIV medication** are:

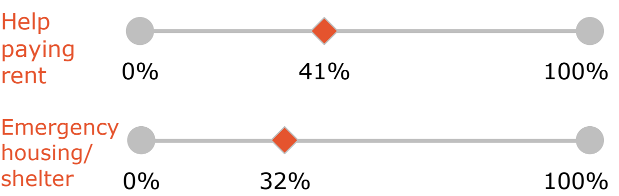
- Lack of access to healthcare or resources to get the medication refilled;
- Experiences with homelessness;
- Side effects of HIV medication;
- Drug use, addiction, experiences with relapse;
- Forgetting to take the medication; and
- Experiences of mental health issues, such as depression.

Stigma continues to affect the PLWHA community, despite all the information available about HIV. Participants in all eight focus groups mentioned that **stigma often affects their willingness to seek treatment, testing or services**, because they are afraid of being judged by others.

According to focus group participants, stigma affects all groups of PLWHA, however, there are added layers of challenges **for trans women, Latinx, and Black/African American HIV positive men**. Family dynamics and cultural beliefs often result in additional challenges around being open about an HIV diagnosis.

Housing

Out of 140 PLWHA who shared their housing status, 26% (n=37) reported unstable housing. Of those **41%** (n=15) selected help paying rent as a top priority and **32%** (n=12) selected emergency housing/shelter as a priority.



In four of the focus groups, housing came up as one important issue affecting the HIV positive community; while this problem is not unique to this community, many factors exacerbate access to affordable housing for PLWHA. Two focus group participants voiced concern that, despite the ongoing affordable housing crisis, the city continues to shift zoning requirements to fit in more housing and price new units at exorbitant rental prices.

Housing

"Condos in backyard alleyways…and charging three times [their] rent for those units. [They] can tell you [they feel they are] eventually going to have to move because [they] can't, [they're] not going to be able to afford it."
– Focus Group Participant

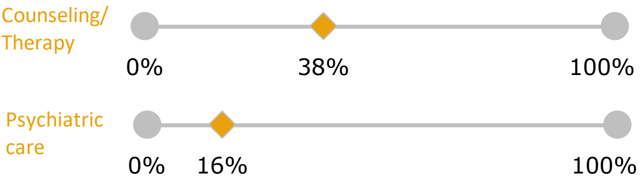
Focus group participants also described that some individuals in charge of helping them navigate housing services, instead act as gatekeepers that create additional barriers for them. is gatekeeping from system navigators.

Along with these barriers, focus group participants also shared **many problems with existing programs designed to support the HIV positive community** specifically. When asked what kind of housing services or assistance are currently available for PLWHA in the San Diego community, focus group participants mentioned Mercy Housing, Partial Assistance Rental Subsidy (PARS), and Housing Opportunities for Persons with AIDS (HOPWA). Participants from all four of those groups also **expressed how difficult it is to access housing resources**, in general. Several participants highlighted various issues with PARS, and many have not heard anything about HOPWA in several years and would like to see more current information publicly available.

"When you go to some of these places, you have some people that will work with you and won't work with you. […] And they're controlling those that get the first pick at housing vouchers and those that don't kind of thing."
– Focus Group Participant

Mental Health

Out of 152 PLWHA who responded to the question, 37% (n=56) have seen a therapist or received counseling in the past 6 months. Of those, **38%** (n=21) selected counseling/therapy as a top priority and **16%** (n=9) selected psychiatric services as a top priority.



Mental health plays a big role in PLWHA's ability to lead a healthy life; this topic came up across all eight focus groups, regardless of the population. Additionally, participants shared many of the challenges faced around mental health in the HIV positive community. Focus group participants also highlighted the need for more open conversation and transparency around the use of medication to support mental health conditions.

Some focus group participants shared that **even when they have reached out for mental health support, they are met with barriers and inferior care**. Specifically, one participant talked about **not having been told about any mental health services** available to them when they were diagnosed. This was particularly difficult as they were very young and trying to navigate their diagnosis.

> **"For me, it was the mental health part. Fighting the depression and not knowing what to do or who to turn to or who to talk to. And, although now I know that there are plenty of resources to help with that, that was something that I didn't know in the beginning."**
> **– Focus Group Participant**

Important Services

Top **five** services survey respondents listed as **most important** to them when **getting care.**

HIV/AIDS Medication

HIV Primary Care

Dental Care

Medical Specialist (other than HIV)

Case Management

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.

Purpose and Goals

The goal of oral health care is to improve oral health outcomes for clients and prevent further deterioration resulting from oral disease.

Intake

To be eligible for oral health services, clients shall have a confirmed diagnosis of HIV or AIDS.

Dental Benefits

Exams and x-rays
Cleanings (prophylaxis)
Fluoride treatments
Tooth removal
Fillings
Emergency services
Minimally invasive services
Caries arrest services
Sedation
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

Single tooth 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:

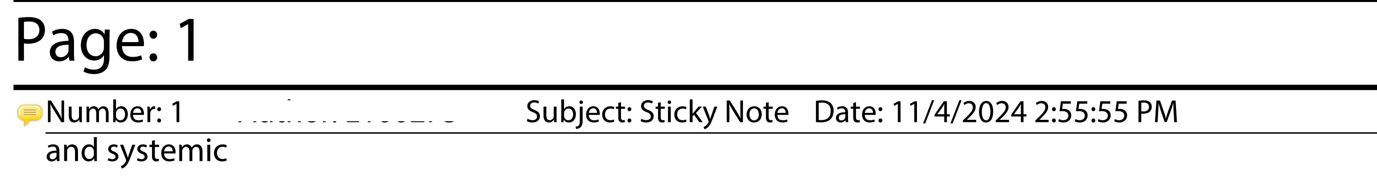
i. cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
ii. severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension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

Key Service Components and Activities

<table>
<tr><th>Standard</th><th>Measure</th></tr>
<tr><td>Staff ensures clients’ eligibility and needs</td><td>Documentation of interviews and assessments of all potential clients utilizing a standard client eligibility screening tool</td></tr>
<tr><td rowspan="2">Staff maintains records of eligibility, intake and assessments</td><td>Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard medical care management form</td></tr>
<tr><td>Maintain a single record for each client</td></tr>
<tr><td>Staff ensures clients are connected to the appropriate services when needed</td><td>Documentation of all services provided/offered to clients</td></tr>
</table>

Summary of Comments on 08_Service Standards for COSD-OHC 07.01.20 Final FW edits.pdf

Page: 1



Number: 1 Subject: Sticky Note Date: 11/4/2024 2:55:55 PM

and systemic

Number: 2 Subject: Sticky Note Date: 11/4/2024 2:57:08 PM

to match the terminology in parenthesis of other procedures tooth removal=extraction and fillings-restorations

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

- Documentation of the client's presenting complaint
- Medical and dental history
- 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
- Risk factors

Preventative Care and Maintenance
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 dental health maintenance visits, as follows:

- Routine examination. Prophylaxis and 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.
Oral Health providers should emphasize prevention with fluoride varnish application. 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:

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Number: 1 Subject: Sticky Note Date: 11/4/2024 2:59:32 PM

intra-oral and extra-oral exam

Number: 2 Subject: Sticky Note Date: 11/4/2024 2:59:54 PM

intra-oral and extra-oral exam (this includes head and neck exam)

- Identify and prioritize the patient's caries control status and dental care needs
- 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.

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Number: 1 Subject: Sticky Note Date: 11/4/2024 3:00:21 PM

and periodontal status

Practice Guidelines for the Treatment of People Living with HIV in General Dentistry

County of San Diego

Original Source:
Los Angeles County
Commission on HIV Health Services

Revised by:
San Diego County Standards of Care Dental Working Group, 9/4/08 and 4/7/11
San Diego County HIV Planning Group Dental Working Group 5/26/20 and 6/22/20

Recommended by:
Joint Planning Council/Grantee HIV Standards of Care Committee, 7/12/11
HIV Planning Group Strategies and Standards Committee, 7/7/20

Received and approved by:
San Diego County HIV Health Services Planning Council, 10/26/11
San Diego County HIV Planning Group, 7/22/20

What Viral Load and CD4 Cell Count Mean to the Dentist

The CD4 count and the viral load are the two laboratory markers that are used to monitor HIV infection. The CD4 cells are a subset of T-lymphocytes (synonyms are the T4 cell count or helper cells), which correlate with the patient's immune status. The normal value for adults is 750 – 1000 cells/mm^3. Patients with values less than 200 cells/mm^3 are considered to have advanced immunosuppression. Those with a value of less than 50 cells/mm^3 are considered to be in a very advanced stage and are usually symptomatic. Patients with low CD4 cell counts (less than 200 cells/ml) are at risk for developing the diseases associated with the acquired immune deficiency syndrome or AIDS (opportunistic infections and cancers.) Those with high counts (greater than 350 cell/mm^3) usually manifest no AIDS related illnesses.

The viral load is a test that measures the amount of viral ribonucleic acid (RNA) in a milliliter of plasma and reflects how much the virus is replicating. While the viral load does not indicate the immune status of the patient, it reflects the viral burden in the body and the risk of clinical progression and immunosuppression. The goal of therapy with antiviral drugs is to reduce the viral load to an "undetectable" value. The significance of an "undetectable" viral load is that minimal viral replication is occurring, and the virus is unlikely to deplete CD4 cells and cause immunosuppression. It also means that there is little risk of the virus being able to mutate which can result in drug resistance and treatment failure. Further, recent data have demonstrated that patients with sustained viral suppression do not transmit HIV to sexual partners. Based on these benefits and the improved safety and tolerability of newer antiviral treatment options, antiretroviral (ARV) therapy is recommended for all persons living with HIV, regardless of the CD4 count.

The dentist can play an important part in reminding patients of the need for regular follow up and monitoring of these markers.

For the dentist, the CD4 count indicates the immune status of the patient and the risk for certain conditions that can affect oral and overall health. The viral load itself does not directly influence dental treatment, but a detectable viral load may indicate to the dentist that the patient is not on an optimized ARV regimen and may benefit from timely follow-up with the primary care provider. 1

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Number: 1 Subject: Sticky Note Date: 11/4/2024 12:45:18 PM

Emphasize there is no contraindication for dental treatment for patients who are asymptomatic (usually CD4+ count more than 350/uL)

High viral loads may be present in a patient with early asymptomatic disease, while low viral loads can be seen in very advanced patients on suppressive antiviral therapy. The dentist can play an important role in reminding patients of the need for regular follow up and monitoring of these markers. It is recommended that viral load determinations be done at least every three to six months.

With respect to CD4 counts and viral load testing, best practices for the dentist include the following:

- At each visit, find out the patient's last CD4 count and viral load as part of the general health assessment.
- If the patient has not had viral load testing or a CD4 count in the last 12 months, determine if the patient is receiving primary care for HIV and if the patient is taking ARV medications. If there is concern that the patient has fallen out of care, direct the patient to resources for re-linkage to care.
- Remind patients of the need for regular follow-up and monitoring of CD4 counts and viral load.
- Reinforce the importance of adherence to the ARV medication regimen and the fact that missing just a few doses a month can result in the virus becoming resistant and harder to treat.

Antibiotic Prophylaxis

For patients who are living with HIV, there are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures. In fact, patients with AIDS have shown a higher incidence of allergic reactions to antibiotics and other medications, so it may endanger the patient's health by over-prescribing antibiotics.

Prophylactic antibiotics should not be prescribed routinely for the dental visit when the HIV infection is well-controlled. The American Heart Association (AHA) guidelines for antibiotic prophylaxis should be followed as with any patient. Consult the patient's physician to determine the need for antibiotic prophylaxis for the patient with multiple co-morbidities and with prosthetic joint replacements or intravascular devices. As with any patient, it is the standard of care to investigate all possible drug interactions before prescribing antibiotics or other medications for patients who are living with HIV.

Medical Assessment

Annual Health History

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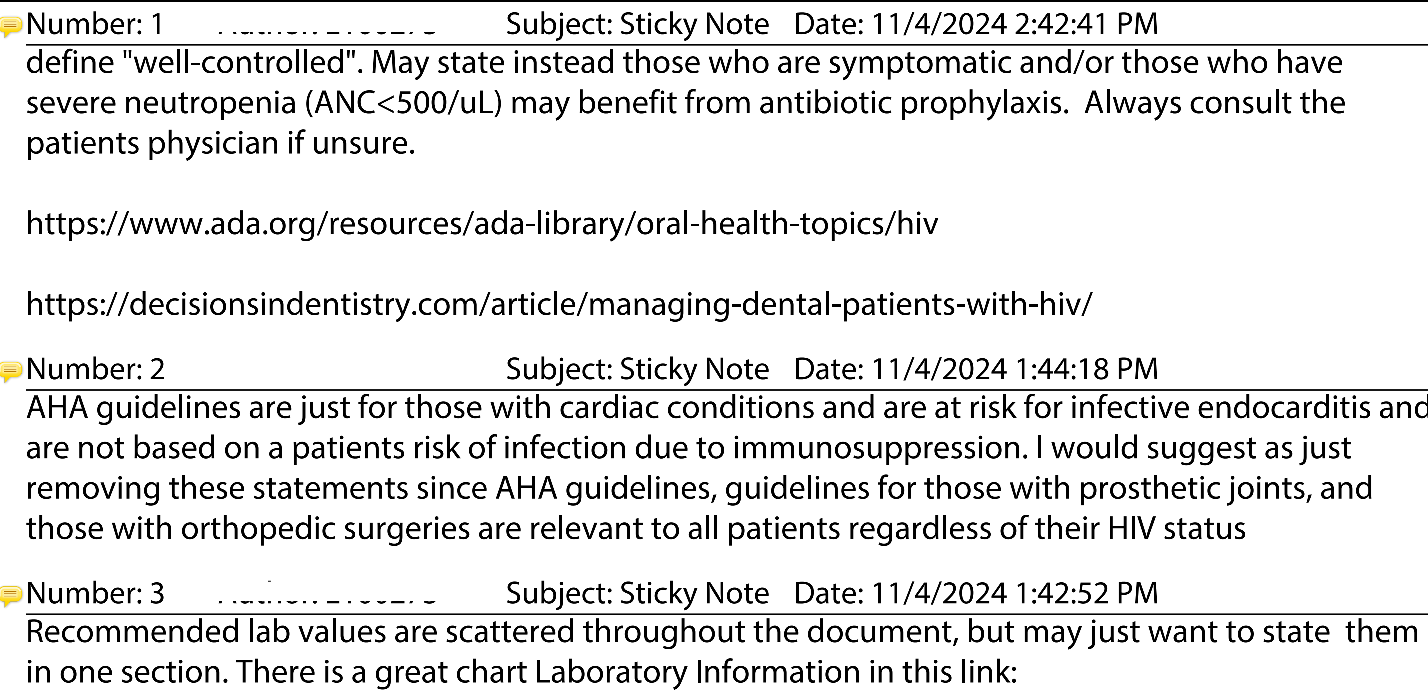

Number: 1 Subject: Sticky Note Date: 11/4/2024 2:42:41 PM

define "well-controlled". May state instead those who are symptomatic and/or those who have severe neutropenia (ANC<500/uL) may benefit from antibiotic prophylaxis. Always consult the patients physician if unsure.

https://www.ada.org/resources/ada-library/oral-health-topics/hiv

https://decisionsindentistry.com/article/managing-dental-patients-with-hiv/

Number: 2 Subject: Sticky Note Date: 11/4/2024 1:44:18 PM

AHA guidelines are just for those with cardiac conditions and are at risk for infective endocarditis and are not based on a patients risk of infection due to immunosuppression. I would suggest as just removing these statements since AHA guidelines, guidelines for those with prosthetic joints, and those with orthopedic surgeries are relevant to all patients regardless of their HIV status

Number: 3 Subject: Sticky Note Date: 11/4/2024 1:42:52 PM

Recommended lab values are scattered throughout the document, but may just want to state them in one section. There is a great chart Laboratory Information in this link:

https://decisionsindentistry.com/article/managing-dental-patients-with-hiv/

Many different oral mucosal lesions have been associated with HIV infection. Some, such as candidiasis and hairy leukoplakia, may indicate HIV disease progression. Medications used for treatment of HIV and associated diseases or prophylaxis of opportunistic infections may have significant adverse effects or may interact with other prescribed medications. To develop an appropriate treatment plan, the oral health care provider should obtain complete information about the patient's health and medication status. Past and/or present use of tobacco, alcohol, and other substances affects oral health, and such information should be collected during the (initial or updated) annual health history.

> If there is any doubt about the accuracy of the information provided by a patient, the dentist should contact the patient's physician.

Annual Extra-Oral (Head and Neck) Examination

Patients who are living with HIV may develop associated skin manifestations and cervical lymphadenopathy along with bilateral salivary gland enlargement. Therefore, in addition to oral soft-tissue examinations, extra-oral head and neck examination should be performed routinely.

When to Contact the Patient's Primary Care Physician

It is recommended that the dental provider consult with the patient's physician when additional information is needed to safely provide dental care. This is handled the same way as a consultation request for any other medical condition.

- It is the standard of care to ask the patient about any health conditions, and to collect information about the status of each condition.
- It is also the standard of care to ask the physician to confirm or provide more complete medical information to that already obtained from the patient if needed.
- When medical conditions are well controlled, it is up to the dental care provider, based on his or her diagnosis of the patient's treatment needs, to determine the need for a consultation with the patient's physician.
- The dental health provider should use the medical history and laboratory test results to decide if treatment should occur in a hospital setting. Such a decision should be made in consultation with the patient's physician.
- If a patient with advanced HIV disease does not know the most recent CD4 count or viral load, the dentist should contact the physician for the correct information, and then determine whether to provide routine care or only emergency care at that time.
- If there is any doubt about the accuracy of the information provided by the patient (i.e., inconsistent or illogical answers to questions about medical history), the dentist should contact the patient's physician.
- If the patient's symptoms have changed, the dentist should consult with the physician to review the impending care and determine if treatment modifications are needed. For example, if there is liver or kidney involvement, the dentist may need to adjust the dosage of analgesics or antibiotics prescribed.

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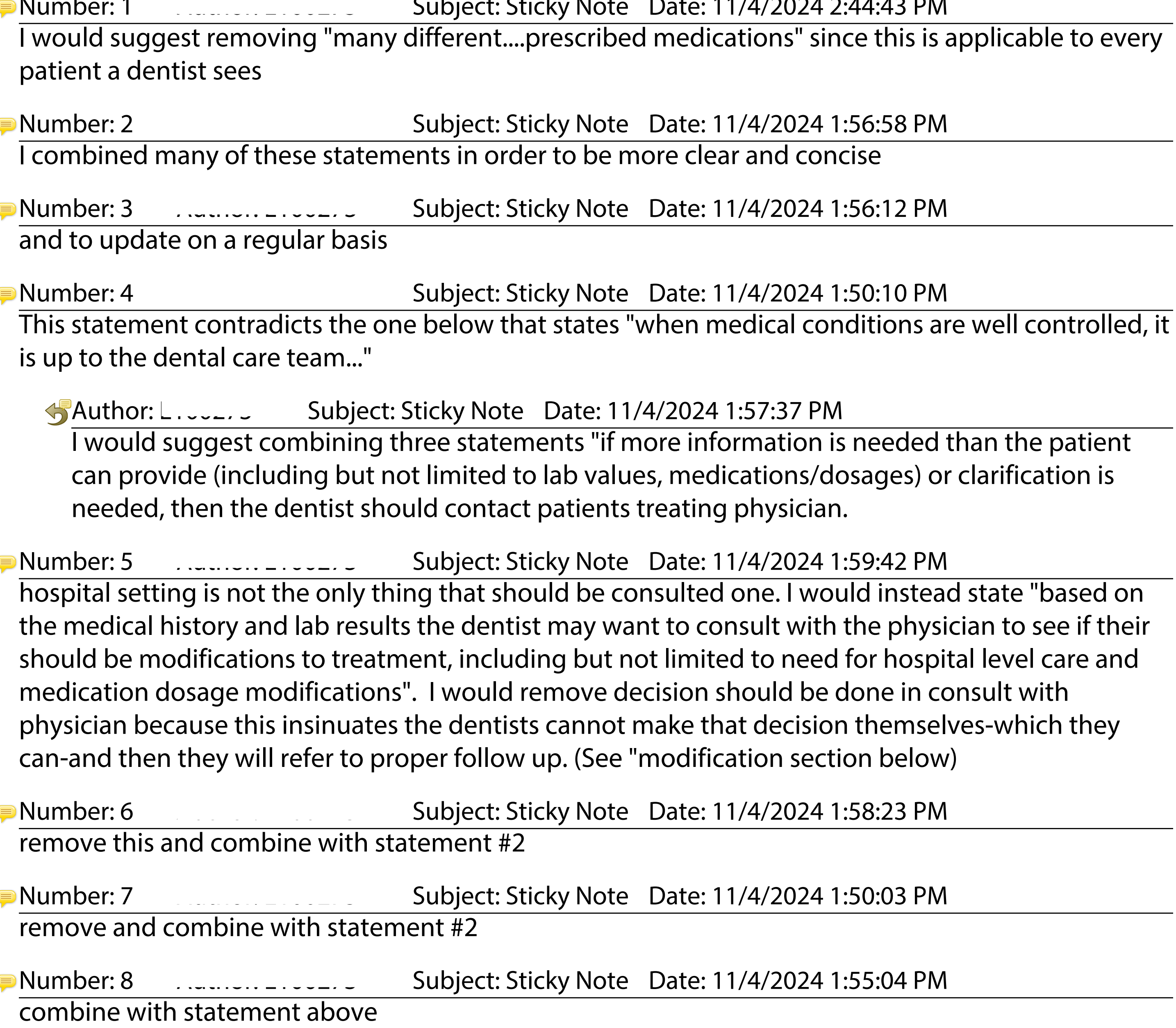

Number: 1 Subject: Sticky Note Date: 11/4/2024 2:44:43 PM

I would suggest removing "many different....prescribed medications" since this is applicable to every patient a dentist sees

Number: 2 Subject: Sticky Note Date: 11/4/2024 1:56:58 PM

I combined many of these statements in order to be more clear and concise

Number: 3 Subject: Sticky Note Date: 11/4/2024 1:56:12 PM

and to update on a regular basis

Number: 4 Subject: Sticky Note Date: 11/4/2024 1:50:10 PM

This statement contradicts the one below that states "when medical conditions are well controlled, it is up to the dental care team..."

> Author: Subject: Sticky Note Date: 11/4/2024 1:57:37 PM
>
> I would suggest combining three statements "if more information is needed than the patient can provide (including but not limited to lab values, medications/dosages) or clarification is needed, then the dentist should contact patients treating physician.

Number: 5 Subject: Sticky Note Date: 11/4/2024 1:59:42 PM

hospital setting is not the only thing that should be consulted one. I would instead state "based on the medical history and lab results the dentist may want to consult with the physician to see if their should be modifications to treatment, including but not limited to need for hospital level care and medication dosage modifications". I would remove decision should be done in consult with physician because this insinuates the dentists cannot make that decision themselves-which they can-and then they will refer to proper follow up. (See "modification section below)

Number: 6 Subject: Sticky Note Date: 11/4/2024 1:58:23 PM

remove this and combine with statement #2

Number: 7 Subject: Sticky Note Date: 11/4/2024 1:50:03 PM

remove and combine with statement #2

Number: 8 Subject: Sticky Note Date: 11/4/2024 1:55:04 PM

combine with statement above

- The medical history should be updated on a regular basis to ensure all medical changes are noted. The medication list should also be updated, as dosages and regimens are subject to change. Sometimes medications and dosages may need to be clarified with the physician of record.
- Thrombocytopenia, anemia, and hepatobiliary diseases may occur in the course of HIV disease progression and with opportunistic infections. Laboratory tests prior to extensive surgical intervention should be obtained.

Treatment Considerations

Modifications of Dental Therapy

Discriminatory practices, such as the modification of dental treatment based solely on a patient's HIV status, are prohibited. However, if the patient's medical condition is compromised, treatment adjustments may be necessary, as would be the case with any medically compromised patient. The dentist should determine what treatment modifications, if any, are necessary. It is essential for all practitioners to understand that most people living with HIV, even if symptomatic, can be treated safely in a typical dental office or clinic.

- A pre-treatment antibacterial mouth rinse will reduce intraoral bacterial load, especially for those patients with periodontal disease.
- A six-month recall schedule should be instituted to monitor any oral changes. If the patient is severely immunosuppressed (i.e., CD4 count of <100 cells/mm^3), a shorter recall period such as a three-month interval should be considered.
- Oral hygiene and the use of silver diamine fluoride (SDF) are important in a medically compromised patient. A proactive attitude and an emphasis on prevention should be encouraged. Dental treatment should also be prioritized based on the patient's health and circumstances (e.g. patients without the ability to tolerate long appointments, ability to perform oral hygiene, etc. should be treated with SDF to arrest existing caries and restored with a glass ionomer cement when necessary until more definitive treatment can be comfortably and appropriately provided).
- Infectious diseases, such as Hepatitis B, Hepatitis C, or Tuberculosis, should be ascertained and preventative protocols followed.
- Severely or terminally ill patients, for example, will require alterations in care similar to those in patients suffering from other conditions that cause debilitating illness, such as cancer or mental health impairment. These cases frequently lend themselves to minimally invasive dentistry and include the use of SDF and restoration with a fluoride-releasing glass ionomer material.

It is essential for all practitioners to understand that most HIV patients, even if symptomatic, can be treated safely in a typical dental office or clinic.

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Number: 1 Subject: Sticky Note Date: 11/4/2024 1:58:38 PM

remove and combine with statement above

Number: 2 Subject: Sticky Note Date: 11/4/2024 2:48:01 PM

For patients who it is determined to be high risk for caries, has periodontal disease, or is immunosuppressed, 3 month recalls should be considered.

Number: 3 Subject: Sticky Note Date: 11/4/2024 2:49:01 PM

I would put this in medical history section

Annual Periodontal Examination

Oral health care is an important component of the management of patients with HIV infection. A poorly functioning dentition can adversely affect the quality of life, complicate the management of medical conditions, and create or exacerbate nutritional and psychosocial problems. When the oral cavity is compromised by the presence of pain or discomfort, maintaining adherence to complicated ARV therapy regimens becomes more difficult.

Gingival/periodontal disease, specifically linear gingival erythema (LGE)[1] and necrotizing ulcerative periodontitis (NUP),[2] have been associated with HIV infection. There is now evidence that these diseases also occur in HIV-negative immunocompromised individuals and are not specific to HIV infection. The prevalence of these two diseases remains unclear with current estimates of occurrence among HIV-infected individuals in the 5-10% range. There is some evidence that NUP is associated with a low CD4 count (<200 cells/mm^3)[3]. Early recognition of periodontal problems allows treatment that can prevent progression of these conditions, including severe attachment/bone loss.

> HIV-associated gingivitis has been renamed linear gingival erythema (LGE) and HIV-associated periodontitis has been renamed necrotizing ulcerative periodontitis (NUP).

Annual Updated Treatment Plan

A comprehensive treatment plan that includes preventive care and maintenance should be developed and discussed with the patient. Various treatment options should be discussed and developed in collaboration with the patient. As with all patients, a treatment plan appropriate for the patient's health status, financial status, and individual preference should be chosen. Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia.

Phase 1 Treatment Plan Completion

Phase 1 treatment includes procedures related to prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This may include minimally invasive dentistry to include caries control using SDF, restorative treatment, basic periodontal therapy (non-surgical), basic oral surgery that includes simple extractions and biopsy, non-surgical endodontic therapy, and space maintenance and tooth eruption guidance for transitional dentition. Dental services that are part of Phase 1 Treatment as indicated as "Primary" in the County of San Diego, Health and Human Services Agency Ryan White Primary Care Medical Care Allowable Dental Services List.

Community and migrant health center oral health programs seek to increase access to oral health

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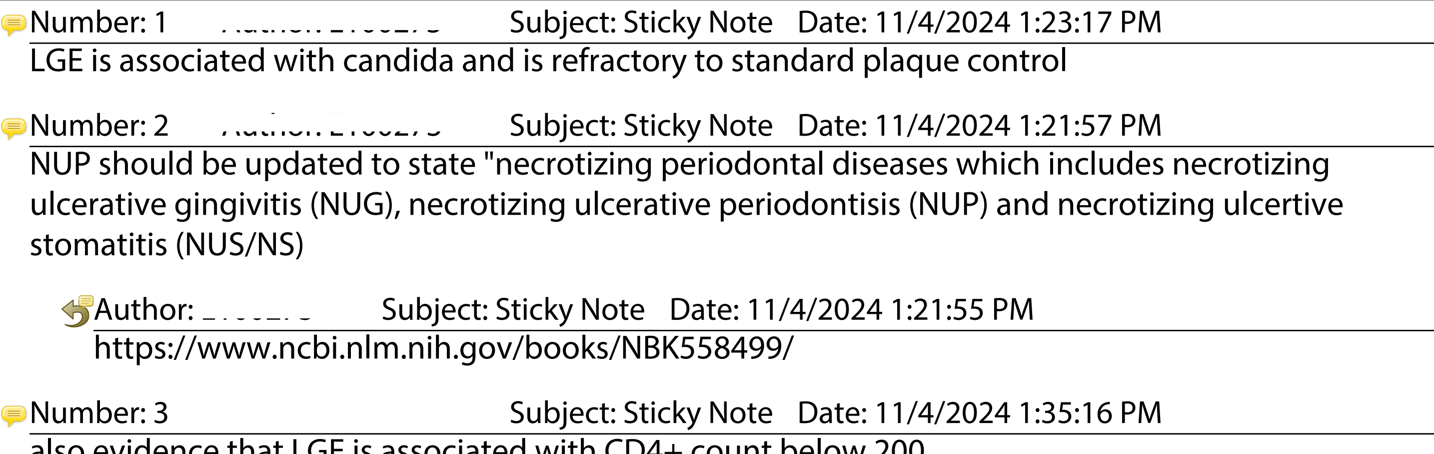

Number: 1 Subject: Sticky Note Date: 11/4/2024 1:23:17 PM

LGE is associated with candida and is refractory to standard plaque control

Number: 2 Subject: Sticky Note Date: 11/4/2024 1:21:57 PM

NUP should be updated to state "necrotizing periodontal diseases which includes necrotizing ulcerative gingivitis (NUG), necrotizing ulcerative periodontisis (NUP) and necrotizing ulcertive stomatitis (NUS/NS)

Author: Subject: Sticky Note Date: 11/4/2024 1:21:55 PM

https://www.ncbi.nlm.nih.gov/books/NBK558499/

Number: 3 Subject: Sticky Note Date: 11/4/2024 1:35:16 PM

also evidence that LGE is associated with CD4+ count below 200

https://www.researchgate.net/publication/326631816_Correlation_Linear_Gingival_Erythema_Candida_Infection_and_CD4_Counts_in_HIVAIDS_Patients_at_UPIPI_RSUD_Dr_Soetomo_Surabaya_East_Java_Indonesia#pf2

care for the underserved. Completing Phase 1 Treatment Plans within twelve months addresses two fundamental areas within these dental programs: 1) the need to perform a comprehensive oral health exam that culminates with an accompanying treatment plan and 2) assuring that quality care is incorporated in the process of completing needed treatment in a timely manner. Completion of the Phase 1 Treatment Plan facilitates the identification of contributing and restricting factors and practical low-cost improvement options relevant to significant areas listed above. With access to codes associated with comprehensive oral exams and Patient Treatment Completion (PTC), most information management systems will be able to provide an average length of time associated with completion of treatment. With this information, staffing patterns, financial costs (overhead expenses) and efficiency of the oral health program can be assessed. These additional benchmarks could also be measured across health center programs at the local, regional, and national levels. The ultimate goal is to measure and assure that health centers routinely and systematically deliver comprehensive, quality oral health services, and patient treatment is completed within a reasonable amount of time.

Completion of Phase 1 Treatment Plan within 12 months is comprehensive in that subsequent performance analysis can broach a number of significant areas, such as: appointment scheduling, ratio of oral health providers to dental operatories, ratio of oral health providers to support staff, collaboration with medical colleagues emphasizing oral health as an essential component of an interdisciplinary approach to patient care, prioritization of patients and/or procedures, general productivity and efficiency.

Additional clarification is available on pages 13-15 of the HAB HIV Oral Health Performance Measures document: https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/oralhealthmeasures.pdf.

Medications in HIV

HIV Medicine is a dynamic field and knowledge of ARV medications is constantly evolving. It should be emphasized that long-term clinical data on drug interactions does not exist for many of the newer medications. It is very important to keep an updated list of a patient's ARV medications as it may change. Patients taking some ARV medications may suffer from photophobia, so the dental team can make them more comfortable by avoiding a direct light source at the patient's eyes or offering dark glasses during the treatment. In addition, these patients may suffer from xerostomia as a side effect from some of the ARV medications. Use of prescription medications such as pilocarpine and bethanechol as salivary gland stimulants should be considered. Excellent oral hygiene home care, topical fluoride and frequent hygiene recall visits, as well as nutritional counseling and saliva enhancers (sugarless gum, water, and saliva substitutes) will be critical for

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Number: 1 Subject: Sticky Note Date: 11/4/2024 1:36:49 PM

Is this metric currently being tracked with Ryan White dental providers?

Number: 2 Subject: Sticky Note Date: 11/4/2024 2:02:04 PM

need updated link

Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia.

prevention of periodontal disease and dental caries. Patients should also be assessed for consumption of unexpected sources of sugar such as over the counter medications including products like antacids (e.g. Tums, Rolaids); cough drops; suspensions (e.g. Nystatin); and, fungal troches (e.g. Mycelex). All of these may contribute to dental caries.

Currently, there are no known drug interactions between ARV medications and local anesthetics used in general dentistry. There are, however, some medications (especially certain sedative-hypnotics) that are prescribed by dentists or used in the office that may be contraindicated in patients taking ARV medications. It is recommended that the dental care provider consult a reference that thoroughly discusses drug side effects and interactions prior to prescribing any medications or consult with the patient's primary care provider.

More information on specific ARV medications is available at:

- https://aidsinfo.nih.gov/drugs
- https://medlineplus.gov/hivaidsmedicines.html
- http://hivinsite.ucsf.edu/InSite?page=ar-drugs

To look at specific drug-drug interactions, excellent clinical tools include:

- http://www.hiv-druginteractions.org
- http://hivinsite.ucsf.edu/insite?page=ar-00-02

Oral Health Education: Caries Prevention and Smoking

A higher risk of dental caries in patients with HIV may be caused by decreased salivary flow, which may occur as a result of salivary gland disease or as a side effect of a number of medications. Also, some topical antifungal medications have high sugar content, possibly resulting in increased susceptibility to caries. In these cases, the frequent application of fluoride varnish (up to five times per year) or targeted applications of SDF several times a year as needed should be considered. The adverse effects of using tobacco should be discussed with the patient. If the patient is a tobacco user, cessation should also be discussed.

For in-office consumer and provider materials on tobacco cessation programs, dentists can access https://smokefree.gov/help-others-quit/health-professionals.

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Number: 1 Subject: Sticky Note Date: 11/4/2024 1:38:00 PM

These links need updated

Number: 2 Subject: Sticky Note Date: 11/4/2024 2:51:04 PM

change to every three month

Oral health education may be provided and documented by a licensed dentist, dental hygienist, dental assistant and/or dental case manager.

Nutritional Counseling

Because of certain oral conditions, people living with HIV may have difficulty consuming a balanced diet. The patient may suffer from changes in taste and decreased ability to chew and swallow because of drug-induced xerostomia. This can lead to gastrointestinal upset and nausea, further inhibiting the intake of a balanced diet. It is the role of the dentist to recognize oral manifestations, which are associated with nutritional deficiencies that can cause intraoral manifestations such as vitamin B 12, folic acid, etc. Nutritional supplements or referral to the patient's physician or a registered dietitian may be necessary. Some areas to be aware of include:

- Poor oral intake of food or fluid
- Difficulty chewing and swallowing due to continuous mouth sores resulting from candidiasis, herpes simplex, aphthous ulcers, etc.
- Severe dental caries
- Changes in perception of taste or smell
- Patient complaints of economic inability to meet caloric and nutrient needs

Post-Exposure Prophylaxis (PEP)

Most occupational HIV exposures do not result in the transmission of HIV. There have been no documented reports of transmission from a dentist to a patient. Documentation of the event and assessment of risk remain important. The person who is exposed should be referred immediately to a physician who can provide counseling, testing, and appropriate medications. The interval within which PEP should be initiated for optimal efficacy is not known, but it should be started as soon as possible, ideally within 24-36 hours and no later than 72 hours following the exposure. The need for PEP should be treated as a medical emergency.

Please refer to 2013 guidelines at https://www.jstor.org/stable/10.1086/672271#metadata_info_tab_contents.

Management of Occupational Blood Exposure

- Wash wounds and skin with soap and water
- Flush mucous membranes with water
- The incident should be reported to a supervisor if applicable and should be documented

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Number: 1 Subject: Sticky Note Date: 11/4/2024 1:39:22 PM

I will leave it to the medical team if there are any updates to this exposure guideline

Dentistry, Vol. 22, No. 9, September 2001

Gostin, Lawrence, Feldblum, Chai, and Webber, David, "Disability Discrimination in America: HIV/AIDS & Other Health Conditions." JAMA 281:8, 745-52 (Feb. 24, 1999).

Hahn, James K. and Schulman, David I., "Perspective: The Supreme Court Deals with a Dentist's Fear". AIDS Policy and Law (Jul. 24, 1998), p.10.

"Hepatitis C Prevention," CDC Website, updated October 2, 1998 [cited Apr 14, 1999]. http://www.cdc.gov/ncidod/diseases/hepatitis/c/lbtinfo.htm

Kuhar, D.T., Henderson, D.K., Struble, K.A., et al. "Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis," Infect Control Hosp Epidemiol 2013;34(9):875-892.

Mulligan, R.A, Update on the HIV Epidemic: CDA 29:120-122, 2001.

Official Publication of the Organization for Safety and Asepsis Procedures (OSAP), Pub. No. 10, 2001d

Schulman, David I., "The Dentist, HIV and the Law: Duty to Treat, Need to Understand." CDA: Journal of the California Dental Association, 21:9. 45-50 (Sept. 1993).

Wilson, W., Taubert, K.A., Gewitz, M., Lockhart, P.B., Baddour, L.M., Bolger, A., et al. "Prevention of Infective Endocarditis: Guidelines from the American Heart Association: a Guideline from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group." Circulation 2007 Oct 9;116(15):1736-54.

Selected Websites for HIV/AIDS Information

Sites of Particular Interest to Dentists

HAB HIV Performance Measures: Oral Health
https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/oralhealthmeasures.pdf

American Dental Association
https://www.ada.org/en

HIVdent
http://www.hivdent.org/

National Institute of Dental & Craniofacial Research
http://www.nidcr.nih.gov/

Pacific AIDS Education and Training Center
http://paetc.org/

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update link

American Nursing Association Safe Needles Save Lives

https://www.nursingworld.org/practice-policy/work-environment/health-safety/safe-needles/safe-needles-law/

The Internet drug index - side effects and drug interactions

- https://aidsinfo.nih.gov/drugs
- https://medlineplus.gov/hivaidsmedicines.html [1]
- http://hivinsite.ucsf.edu/InSite?page=ar-drugs

Other Helpful Links

HIV-Insite (UCSF)

http://hivinsite.ucsf.edu/

AIDS Info: US Department of Health and Human Services

https://aidsinfo.nih.gov/ [2]

HIV/AIDS Prevention (CDC)

https://www.cdc.gov/hiv/dhap/about.html

Morbidity and Mortality Weekly Report (CDC)

http://www.cdc.gov/mmwr/

The Body - A Multimedia AIDS & HIV Information Resource

http://www.thebody.com/index.shtml

National HIV/AIDS Clinicians' Consultation Center (Warmline and PEP line)

http://www.nccc.ucsf.edu/

L.A. Public Health Organization: AIDS Info

http://publichealth.lacounty.gov/dhsp/

American Medical Association

http://www.ama-assn.org/

County of San Diego HIV/AIDS Reporting

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_aids_epidemiology_unit/reporting.html

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Number: 1 [illegible] Subject: Sticky Note Date: 11/4/2024 2:51:50 PM
update link

Number: 2 [illegible] Subject: Sticky Note Date: 11/4/2024 2:52:07 PM
update

RYAN WHITE PRIMARY CARE PROGRAM
Practice Guidelines Compliance Chart Review: 10/1/22 – 9/30/23

Case ID: ____________________ Reviewer: ____________________ Date: ______________

HIV + ☐ AIDS DX ☐

Question 1 - Appointments -

Number of in-person visits in review period: __________ Number of telehealth visits in review period: __________
Follow-Up Appointments Documented: ☐ Yes ☐ No
Number of appointments (in-person or telehealth) missed by > 30 days: ______

Patient compliant (Did not miss more than one appointment (in-person or telehealth by 30 days): ☐ Yes ☐ No

Question 2 – Documentation that Antiretroviral Therapy was Prescribed

Was antiretroviral therapy prescribed: ☐ Yes ☐ No
Outcome: ❑ Prescribed ❑ Refused

Question 3 – Resistance Testing

Previous treatment with antiretroviral therapy: ☐ Yes ☐ No

Section 3A
VL > 1000 ☐ Yes ☐ No

Stable ART for at least 1 month prior to the VL >1,000 copies/mL? ☐ Yes ☐ No

Treatment Experienced Genotype: ☐ Yes ☐ No ☐ Not applicable

Section 3B
Date first diagnosis __________
Treatment Naïve Genotype: ☐ Yes ☐ No ☐ Not applicable

Question 4 – CD4 and VL Tests

Number of CD4 tests: ________ Number of VL tests: ________

Date: 1st test ________	Value ________	Date: 1st test ________	Value ________
Date: 2nd test ________	Value ________	Date: 2nd test ________	Value ________
Date: 3rd test ________	Value ________	Date: 3rd test ________	Value ________
Date: 4th test ________	Value ________	Date: 4th test ________	Value ________

Question 4A – PCP Prophylaxis
PCP Prophylaxis: ❑ Yes ❑ No ❑ Exempt ❑ Refused/declined

Question 5 - Sexually Transmitted Diseases

MSM ❑ Sexually Active ❑ Documented Not Sexually Active ❑ Newly enrolled in care ❑
Documented STD within last 12 months ❑Yes ❑ No
If yes, was STD treated ❑Yes ❑ No

RYAN WHITE PRIMARY CARE PROGRAM
Practice Guidelines Compliance Chart Review: 10/1/22 – 9/30/23

Case ID: ____________________ Reviewer: ____________________ Date: ______________

Was DoxyPep discussed or offered ❑Yes ❑ No
Urogenital GC/CT: ❑ Yes ❑ No ❑ Refused/declined
Date of last test______________

GC Culture/NAAT (Throat): ❑ Yes ❑ No ❑ Refused/declined
Date of last test______________

GC Culture/NAAT (Rectal): ❑ Yes ❑ No ❑ Refused/declined
Date of last test______________

Syphilis testing: ☐ Yes ☐ No ❑ Refused/declined
Date of last test______________

Sexual Risk and Drug Use Assessment: ☐ Yes ☐ No

Question 6 – Cervical Cancer Screening

Was cervical cancer screening status addressed? ❑ Yes ❑ No TAH ❑
Date of last Pap smear ______________

Question 7 – Hepatitis A and B

Hep A screening? ❑ Yes _____ _____ _____
❑ No ❑ Immune/Vaccinated ❑ Refused/declined

Hep B screening? ❑ Yes _____ _____ _____
❑ No ❑ Immune/Vaccinated ❑ Refused/declined ❑ Active infection

Question 8 – Hepatitis C

Annual Hep C Screening during audit period? ❑ Yes ❑ No ❑ Refused/declined ❑ Active infection ❑Not applicable

Lifetime Hep C Screening? ❑ Yes ❑ No
❑ Prior confirmed Hep C ❑ Refused/declined

Is there ongoing risk of Hepatitis? ❑ Yes ❑ No. If Yes list risks
1. ______________________
2.______________________

Injection drug use (active or previous history, but not tested)? ❑ Yes ❑ No
Sexually active MSM? ❑ Yes ❑ No

Question 9 – Lipid screening

Lipid screening? ❑ Yes ❑ No ❑ Refused/declined

Question 10 – Tuberculosis Assessment

RYAN WHITE PRIMARY CARE PROGRAM
Practice Guidelines Compliance Chart Review: 10/1/22 – 9/30/23

Case ID: ______________________ Reviewer: ____________________ Date: ______________

Screening test (PPD or QuantiF) ordered during audit year? ❑ Yes ❑ No ❑ Prior positive ❑ Refused/declined

Type of test: ❑ PPD ❑ QuantiFERON
Documentation that PPD was placed? ❑ Yes ❑ No
Documentation that PPD was read? ❑ Yes ❑ No

Annual risk assessment done? ❑ Yes ❑ No (check if only prior positive)

10A –If positive, documentation of CXR or notation that CXR was done previously? ❑ Yes ❑ No (check if only TB positive)

Question 11 –Vaccination

Influenza vaccine? ❑ Yes ❑ No ❑ Refused/declined

Pneumococcal vaccine? ❑ Yes ❑ Pneumovax ❑ Prevnar
❑ No ❑ Refused/declined ❑ Exempt

Meningococcal vaccine (lifetime)? ❑ Yes ❑ No ❑ Refused/declined ❑ Exempt

COVID-19 vaccine ❑ Yes/addressed ❑ No/not addressed ❑ Refused/declined

Mpox vaccine ❑ Yes/addressed ❑ No/not addressed ❑ Refused/declined
❑ 1st dose ❑ 2nd dose

Shingles ❑ Yes/addressed ❑ No/not addressed ❑ Refused/declined

Question 12 – Treatment Adherence and HIV Risk Counseling

Treatment adherence counseling? ❑ Yes ❑ No ❑ N/A (not on treatment) ❑ Refused/declined
HIV Risk Counseling? ❑ Yes ❑ No ❑ Refused/decline

Counseling regarding disclosure to sex and needle sharing partners and/or referral to HIV Partner Services? ❑ Yes ❑ No
❑ Refused/declined
❑ N/A (Patient is virally suppressed)

Question 13 – Dental

Documentation of Dental Referral/Recommendation/Dental Care addressed: ❑ Yes ❑ No

MSEC Work Plan

WORK PLAN
November 12, 2024 • Approve the Outpatient/Ambulatory Health Service Standards • 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
February 11, 2025 • Update Mental Health Services and Psychiatric Medication Management • Finalize 2025 work plan and priorities • Review 2024 Needs Assessment findings • Approve Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services (*if not completed in November 2024*)
May 13, 2024 • TBD
September 9, 2025 • TBD
November 11, 2025 (*holiday change to 11/4 or 11/8?*) • • Review Ryan White Quality Assurance Chart tool • Identify priorities and develop work plan for 2026

County of San Diego Monthly STD Report

Volume 16, Issue 10: Data through May 2024; Report released October 30, 2024.

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

	2023 May	2023 Previous 12-Month Period*	2024 May	2024 Previous 12-Month Period*
Chlamydia	1534	17967	1223	16104
Female age 18-25	535	6064	420	5189
Female age ≤ 17	50	537	46	613
Male rectal chlamydia	136	1718	106	1560
Gonorrhea	578	7344	471	6167
Female age 18-25	50	948	36	599
Female age ≤ 17	7	83	10	86
Male rectal gonorrhea	134	1592	118	1488
Early Syphilis (adult total)	97	1101	53	702
Primary	17	199	7	99
Secondary	26	313	21	208
Early latent	54	589	25	395
Congenital syphilis	1	37	4	33

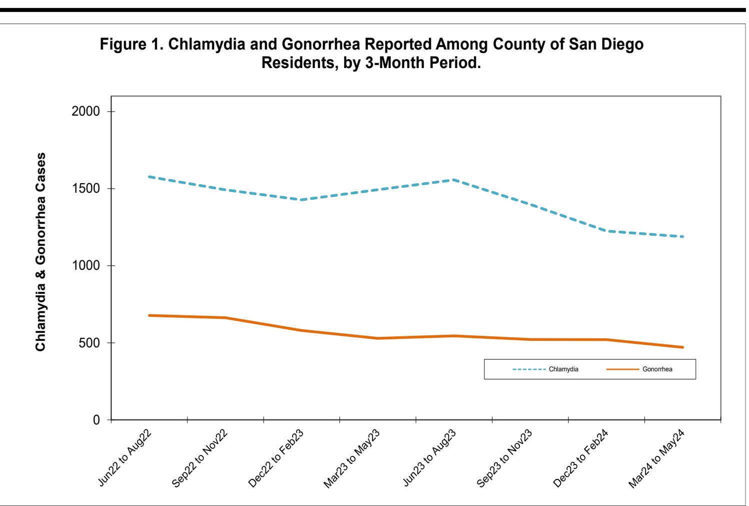
* Cumulative case count of the previous 12 months.

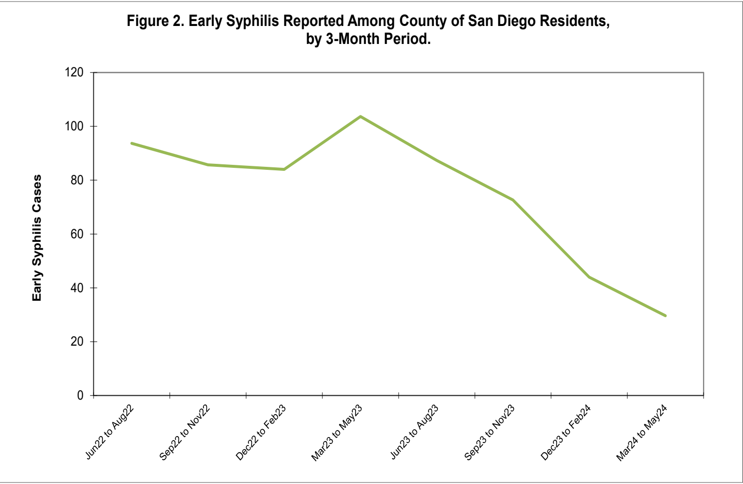
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races* cases	All Races* rate	Asian/PI cases	Asian/PI rate	Black cases	Black rate	Hispanic cases	Hispanic rate	White cases	White rate
All ages										
Chlamydia	6025	439.9	194	108.5	221	370.1	708	151.4	795	136.5
Gonorrhea	2462	179.7	92	51.5	135	226.1	518	110.8	505	86.7
Early Syphilis	166	12.1	11	6.2	10	16.7	74	15.8	50	8.6
Under 20 yrs										
Chlamydia	878	255.2	15	42.2	37	248.8	105	70.0	144	128.1
Gonorrhea	143	41.6	0	0.0	15	100.9	25	16.7	23	20.5
Early Syphilis	5	1.5	0	0.0	1	6.7	1	0.7	1	0.9

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.*





Editorial Note: Updated Syphilis Screening Recommendations for California Providers

In response to rising syphilis and congenital syphilis rates in California, the California Department of Public Health (CDPH) issued updated syphilis screening recommendations that are applicable statewide, regardless of local case rates. Key recommendations are as follows:

- All sexually active persons 15-44 years old, regardless of gender identity or sexual orientation, should now be screened for syphilis at least once in their lifetime. Following the initial screen, CDPH recommends that syphilis screening be offered annually.
- Syphilis testing should be included whenever a person of any age is tested for human immunodeficiency virus (HIV) or other sexually transmitted infections, including mpox.
- All pregnant persons should now be screened for syphilis three times: 1) at the confirmation of pregnancy or first prenatal encounter, 2) early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and 3) at delivery.
- All persons 15-44 years old who enter a correctional facility should ideally be screened for syphilis, preferably at intake.
- Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy.
- CDPH encourages health care providers to empirically treat for syphilis while awaiting confirmatory testing, if clinically indicated, among persons who have preliminary positive treponemal or non-treponemal test results, particularly if the likelihood of successful follow-up is uncertain.

HIV PLANNING GROUP

4-MONTH COMMITTEE TRACKING

Nov 2023 - September 2024

Medical Standards & Evaluation Committee					
MSEC	**Nov**	**Feb**	**Jun**	**Sep**	**#**
Total Meetings	1	1	1	1	**4**
Member					
Tilghman, Dr. Winston	*	*	*	*	**0**
Aldous, Dr. Jeannette CC	*	**1**	*	*	**1**
Bamford, Dr. Laura	*	**JC**	*	*	**0**
Grelotti, Dr. David c	*	*	**1**	*	**1**
Hernandez, Yessica	*	**1**	*	*	**1**
Lewis, Bob	*	*	*	**1**	**1**
Spector, Dr. Stephen	*	*	**1**	**1**	**2**
Stangl, Lisa	*	*	**1**	**1**	**2**
Quezada-Torres, Karla	*	*	*	*	**0**

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