

**Sacramento County
 Department of Health Services
 HIV Health Services Planning Council
 Quality Advisory Committee
www.sacramento-tga.com**

Meeting Agenda:

December 3, 2024, 2:00 PM – 3:00 PM

Meeting Location:

**4600 Broadway, Sacramento, CA 95820
 2nd Floor Conference/Community Room 2020**

Facilitator: Kelly Gluckman - Chair

Scribe: Angelina Olweny – Council Staff

Meeting Invitees:

- Committee Members: Richard Benavidez, Jake Bradley-Rowe, Kelly Gluckman, Lenore Gotelli, Melissa Willett
- Open to the Public

Public Comment: This provides opportunities for the public to address the Council as a whole in order to listen to opinions regarding matters within the jurisdiction of the Council during Regular meetings and regarding items on the Agenda at all other meetings. Public Comment time limit is three (3) minutes.

*Action items

Topic	Presenter	Start Time	Length
Welcome and Introductions	Gluckman	2:00 PM	As Needed
Announcements	All	As Need	
Public Comments - Agenda Items 3-minute time limit	Gluckman		

**Sacramento County
Department of Health Services
HIV Health Services Planning Council
Quality Advisory Committee**
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December Agenda Review*	Gluckman		
Minutes Review of September 2024*	Gluckman		
Service Standards <ul style="list-style-type: none"> ➤ Mental Health* ➤ Food Bank and Home Delivered Meals* ➤ Transportation* 	Gluckman		
Public Comments	Gluckman		
Technical Assistance	Gluckman		
Adjournment	Gluckman	3:00 PM	

*Action Items

Attachments:

Minutes of September 2024*

Mental Health Service Standard*

Food Bank and Home Delivered Meals Service Standard*

Food Bank and Home Delivered Meals Feedback

Transportation Service Standard*

Transportation Feedback

Next Meeting: **March 4, 2025**

Sacramento County
Department of Health Services
HIV Health Services Planning Council
QAC Communities Committee
September 3, 2024

HIV HEALTH SERVICES PLANNING COUNCIL – Quality Advisory Committee (QAC)

Meeting Minutes

September 3, 2024, 2:00 p.m. to 3:00 p.m.

Meeting Location:

4600 Broadway, Sacramento, CA 95820
Community/Conference Room 2020

Facilitator: Kelly Gluckman, Chair

Scribe: Angelina Olweny, Council Staff

Committee Member Attendees:

- Kelly Gluckman, Lenore Gotelli, Richard Benavidez

Members Absent/Excused: Melissa Willett, Zach Basler

County Staff: Danielle Caravella, Paula Gammell, Chelle Gossett

Guests: N/A

Sacramento County
 Department of Health Services
 HIV Health Services Planning Council
 QAC Communities Committee
 September 3, 2024

Topic	Minutes
	<p>Richard Benavidez motioned to accept the Oral Health Standard with the revised language and Lenore Gotelli seconded the motion. The motion passed with a majority.</p> <p>Accept: Kelly Gluckman, Lenore Gotelli, Richard Benavidez Oppose: N/A Abstain: N/A</p>
Selecting Service Standard	The next Service Standards that will be approved are the Childcare Service Standard, Food Bank and Home Delivered Meals Service Standard, Transportation Service Standard, and Mental Health Service Standard.
Public Comments	N/A
Technical Assistance	For technical assistance, reach out to Kelly Gluckman or Danielle Caravella.
Adjournment	3:40 PM

**'HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Mental Health Services

No.: SSC 14

Date Approved: 12/13/06

Date Revised: ~~06/22/22~~

Date Reviewed: ~~06/22/22~~

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Mental Health Services Standard will apply to all Ryan White contracted vendors that provide mental health services.

Descriptions:

Mental health services are outpatient psychological and psychiatric treatment and counseling services for individuals living with HIV who have mental illness. They are conducted in an outpatient group, couple/family, or individual setting and provided by a mental health professional licensed or authorized within California to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. **Services such as support groups provided by non-mental health professionals** should be reported under Psychosocial Support Services.

All providers of mental health services will comply with the California Board of Behavioral Sciences treatment regulations.

Policies:

1. The provision of Mental Health services shall be consistent with Service Standards 05 (SSC05) Eligibility & Fees for Ryan White Part A and Part B Services and consistent with the Mental Health Services program as outlined herein:

Ryan White funding is allocated for HIV/AIDS medical, psychosocial and support services to ensure client access to and continuity of care. Mental Health Services are allowable only for people living with HIV/AIDS who are eligible to receive Ryan White services. A comprehensive medical plan of care will be individualized to client needs consistent with intervention that promotes an optimal state of wellness.

Treatment Provision

Services should be provided utilizing methodologies appropriate for the client's needs and following national recommendations for HIV mental health

care guidelines. Services for the Ryan White eligible client may include any combination of:

- Individual counseling/psychotherapy
- Family counseling/psychotherapy
- Couples counseling/psychotherapy
- Group psychotherapy/treatment
- Drop-in groups
- Crisis intervention
- Psychiatric medication assessment, prescription, and monitoring

Documentation: Completed individualized treatment plans must be signed and dated by a provider; “waivered” staff must obtain signature of supervising clinicians where required under California law.

Key activities of Mental Health Services include:

- Initial assessment of the client’s service needs;
- Development of a comprehensive, individualized treatment plan, including client centered goals and milestones;
- Treatment provision in individual, family, and/or group settings, crisis intervention, and psychiatric consultation;
- Referral/coordination/linkages with other providers to ensure integration of services and better client care;
- Re-assessment and rRe-evaluation of the treatment plan with the client at least every six months with revisions and adjustments as necessary;
- Re-assessment of the client annually; and
- Development of follow-up plans.

2. Ryan White funding will be expended in a cost effective, equitable manner based upon verification of client need and processes as outline below:

- Ryan White is the payer of last resort
- Substance abuse behavior alone will not be a basis for service denial
- Self-referral
- Medical case management referral ensuring facilitated assistance to the client
- Authorized behavioral health assessment up to three (3) one (1) hour sessions
- A treatment plan will be established with specific emphasis on client sustainability for continuity of medical care
- All behavioral health intervention plans will incorporate consideration of current HIV/AIDS drug regime including an itemized listing of all medications currently being taken by the client

- All behavioral health intervention plans will be reviewed by a licensed therapist at intervals appropriate for the stability of the client and in accordance to accepted regional standards of care
 - Psychotropic medication management will be coordinated with the primary HIV/AIDS medical specialist to ensure compatibility with the current HIV/AIDS medical drug regime. This coordination must be documented in the behavior health plan of care
 - With written permission (signed Ryan White Release of Information Authorization form) of a Mental Health client, a multidisciplinary (Pharmacy, Psychiatry, Psychology, Medical, Medical Case Management) review of the client's care plan will occur at least every six months to determine necessity/efficacy of continued Mental Health treatment versus other available options.
- A. Crisis intervention services will be provided based on the presentation of dangerous behaviors, regardless of the cause (e.g. HIV-based, dual diagnosis issues, etc.) or upon the referral by a health care provider for diagnostic clarification or immediate intervention deemed necessary to maintain the safety of the client or others.
- B. Treatment to individuals presenting with dual-diagnosis will be individualized based on client characteristics and environment utilizing the most appropriate intervention model consistent with regional best practices.
- C. Ryan White mental health services are preferably provided by professionals knowledgeable or having expertise in interdisciplinary case management of individuals and families affected by HIV/AIDS. Specialty consideration is required for the following:
- Pediatric clinical specialist for infants, children and adolescents
 - Medical and psychiatric subspecialties based on clinical status of client
 - Pharmacology consultation for integrated psychotropic/medical drug regime

Education/Experience/Supervision

Professional diagnostic and therapeutic services under this service category must be provided by practitioners holding appropriate, current, and valid California licensure or certification, including:

- Psychiatrists
- Psychologists
- Psychiatric Nurse Specialists/Practitioners
- Marriage and Family Therapists (MFT)

- Licensed Clinical Social Workers (LCSW)

Other professional staff may provide services appropriate for their level of training/education as part of a care team under the supervision of a licensed or certified clinician.

Other professional staff include but are not limited to:

- Interns
- Assistants
- Fellows
- Associates

Services provided by Peer Navigators, Community Health Workers and such should be provided under Psychosocial Services.

Individual supervision and guidance must be routinely provided to all staff.

Staff Orientation and Training

Initial: All Ryan White-funded staff providing Mental Health Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

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

Ongoing: Staff must also receive ongoing annual training as appropriate for their position, including continuing education required by the State of California to maintain licensure. Training must be clearly documented and tracked for monitoring purposes.

Legal and Ethical Obligations

Practitioners must be aware of and able to practice according to California state law and the code of ethics of their respective professional organizations. Obligations include the following:

- **Duty to treat:** Practitioners may not refuse treatment to a person in need because of fear or disapproval of someone's behavior, identity, or health status, including HIV.
- **Confidentiality:** Practitioners must maintain client confidentiality. Limits of confidentiality include danger to self or others, grave disability, child/elder abuse and, in some cases, domestic violence.

- **Duty to warn:** Serious threats of violence against a reasonably identifiable victim must be reported. At present, California law does not consider a person with HIV engaging in behaviors that may put others at risk for HIV a circumstance that warrants breaking confidentiality.
- D. Group sessions may be offered as part of, or as an alternative to, individual treatment plans. Referrals shall be made available to clients seeking group services when slots are not available in the existing group.

Service Characteristics

Mental Health Services must be offered in a way that addresses barriers to accessing mental health care and uses resources to support positive health outcomes for clients.

Clients who otherwise qualify for Ryan White-funded services may not be denied services on the basis of current substance use. All Mental Health Services must include the Key Activities included in the Service Definition section of this document. Other key characteristics include:

Initial Appointments: Initial Mental Health Services appointments should be made as soon as possible to avoid potential drop out. Initial intake appointments should occur within 10 days of first referral to assess immediate needs; full assessments must occur no later than 30 calendar days after first client referral and should be scheduled sooner whenever possible. As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours. Missed appointments and attempts at rescheduling must be documented in the file.

Emergency Appointments: Clients in crisis must be provided with Mental Health Services immediately or as soon as possible; regular intake and assessment procedures may be followed after the initial crisis has resolved.

Orientation

Each new client enrolled in Mental Health Services must receive an orientation to the services at the first visit; document this orientation in the client file.

Initial Assessment

The mental health care provider must conduct a comprehensive face-to-face mental health needs assessment within 30 days of referral. The needs assessment will describe the client's current status and inform the treatment plan. The mental health assessment should include:

- A detailed statement of the client's current presenting problem
- A detailed mental health treatment history, including psychotropic medications
- Substance use history
- Mental status exam (MSE)
- All relevant Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnoses

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.

Documentation: All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.

Treatment Plan

Frequency: An individualized treatment plan must be developed during the initial assessment and re-evaluated at least every six months with adaptations as needed.

Requirements: Mental health providers developing an individualized treatment plan should ensure that the plan, at a minimum:

- Incorporates client input
- Identifies and prioritizes the client's mental health care needs
 - Includes a statement of the problems, diagnoses, symptoms, or behaviors to be addressed in treatment
- Sets realistic and measurable goals, objectives, and timelines based on client needs identified by the client and mental health team
- Identifies interventions, modalities, and resources to attain the goals and objectives, including referral and linkage to other relevant providers (e.g., substance abuse counselors, physicians, housing specialists)
- Details frequency and expected duration of services
- Is signed and dated by the provider unless documented via the Care Plan

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

Re-Assessment

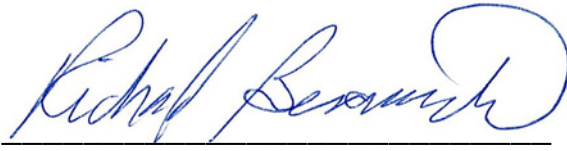
The mental health care provider must conduct an annual comprehensive face-to-face mental health re-assessment. The re-assessment will describe the client's status and inform the treatment plan. The mental health re-assessment should include:

- An updated statement of the client's current presenting problem
- An updated mental health treatment history, including psychotropic medications
- Updated substance use history
- Updated mental status exam (MSE)
- All relevant Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnoses

Discharge

- Date of Last Session
- Reason for Discharge (Please Select)
 - Client expressed dissatisfaction with progress or results from treatment.
 - Client moved.
 - Goals met - successful case - mutual agreement of therapist and client.
 - Client dissatisfaction with therapist/agency.
 - Referred to a specialist or agency specializing in client's presenting problem
 - Unknown, client stopped attending, could not be reached to give reason for terminating.
 - Disagreement on relational case: some in family or couple wanted to continue, others didn't.
 - Therapist left the agency and client decided to terminate therapy in response in lieu of getting reassigned to another therapist.
- Total Number of Sessions
- Summary
- Presenting Problem at Intake
- Brief Summary of Treatment
- Level of Functioning at Discharge (include presenting problem improvement, no change, or regression)

4. RW Agencies may at any time submit to the RW Recipient requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.
5. RW Agencies shall provide a means by which Mental Health providers can obtain in-servicing and on-call advice related to client mental health and other healthcare needs.
6. Coordination with other components of the Ryan White system of care is critical and required.
7. All Ryan White providers of mental health services must have an internal grievance process in place. Each client must receive a copy of the agency's grievance policy and a signed copy of the grievance policy must be maintained in the clients' file. Information about how to access this process must be posted conspicuously in public areas of the agency. It must include provisions for informing clients of its existence, and how to begin the process. Clients also have the right to file a grievance with appropriate state licensing agencies (i.e. Board of Behavioral Sciences).
8. All Ryan White providers of mental health services must have a quality assurance program and plan in place that is in compliance with the TGA's Quality Management / Continuous Quality Improvement Plan and requirements set forth by the Quality Management Manager of the Recipient.

Signed: 
Richard Benavidez, Chair

Date: 06/22/22

**HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Food Bank and Home Delivered Meals **No.:** SSC 12

Date Approved: 01/22/03

Date Revised: 04/22/20

Date Reviewed: 04/22/20

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Food Bank and Home-Delivered Meals Service Standard will apply to all Ryan White contracted vendors that provide Food Bank and Home-Delivered Meals services.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. Food Bank and Home-Delivered Meals services that are provided by agencies and paid for through Ryan White CARE Act funding is part of a comprehensive medical care plan that promotes an optimal state of health for the afflicted individual client. Food Bank and Home-Delivered Meals services must meet criteria as noted below: be:

- Medically appropriate
- Nutritionally sound as referenced by the Choose MyPlate Program United States Department of Agriculture guidelines
- Consistent with any restrictions otherwise noted by an individualized client medically prescribed diet

These expectations shall apply whether such services are provided directly by a Ryan White Agency (RW Agency), or by a non-RW Agency to which the client is referred by a RW Agency.

~~2. 2.~~ Ryan White funding is to be expended in a cost effective, equitable manner which is based upon verification of client need. Payment for Food Bank and Home-Delivered Meals services through Ryan White funding is authorized only in circumstances where client eligibility is validated, and no other payment guarantor has been identified.

Commented [PG1]: See Comments. Should there be a cap?

3. Ryan White funded Food Bank and Home Delivered Meals assistance is to supplement what is available through food banks and other local food resources. It is not intended to be the sole source of assistance.

2-4. Established Standards:

A. Screening:

- i. Each new client enrolled in Food Bank/Home Delivered Meals must receive an orientation to the services, document this orientation in the client file.
- ii. Refer ineligible clients for Food Bank/Home-Delivered Meals services to another community-based organization or link them to another safety net provider as appropriate. Documentation of that referral must be in the client file and available upon request.

- B. Food Bank/Home-Delivered Meals refers to the provision of actual food items, hot meals, or vouchers to purchase food. This also includes the provision of essential non-food items. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service, covered under the Medical Nutrition Therapy standard.

Allowable costs under the Food Bank/Home-Delivered Meals standard include:

- Food items
- Hot meals
- Vouchers used to purchase food
- Nutritional supplements, such as Ensure, may only be used in addition to food and not as the only offering to a client.

Allowable essential non-food items are limited to the following:

- Personal hygiene products
- Household cleaning supplies

Unallowable costs under the Food Bank/Home-Delivered Meals standard include:

- Household appliances
- Pet food
- Alcohol, tobacco, or cannabis products
- Clothing
- Other non-essential products
- Cash payments to clients
- The provision of food is essential to wellbeing and must be based on need. It should not be used as an incentive to motivate clients to attend on-going appointments or take medication

C. Food distributed by food banks and others shall be fresh (for packaged food, not beyond recommended expiration dates), free from filth or vermin and, until distributed to consumers, properly stored and handled to maximize shelf life and minimize spoilage. Referrals shall only be made to food providers which have valid, current permits issued by the appropriate county health department or otherwise meet accepted community standards. It is recommended and preferred that food packages contain items which can be used together to create nutritionally complete meals for a minimum of **three days** per person or family. Referrals by service providers to food banks and other services which are not themselves recipients of Ryan White funding, shall be based in part on client feedback on their satisfaction with the quality of such services.

D. Expenditures for food shall be controlled to minimize opportunities for inappropriate use. Vouchers or debit cards shall be issued only to qualified clients and, if possible, for reasonable cost. Vouchers or cards must be labeled or coded to prevent purchase of alcoholic beverages, tobacco products or games of chance. To prevent resale of vouchers or food cards, clients must, **return** a used or expired voucher or debit card to the issuing service provider in order to obtain a replacement. The following criteria must be met for voucher/card issuance:

- i. Eligible clients must provide **proof of need** with each request and such proof must be documented and added to the case file.
- ii. Upon receipt of a Ryan White food voucher or debit card, clients **with restrictive diets** will be instructed that additional nutrition assistance will not be granted until completion of the following:
 1. Client is referred to and attends nutritional skills course (as available), and/or;
 2. Client produces a grocery receipt displaying that the Ryan White food voucher was used consistent with the established nutrition standards herein.
- iii. Fiscal Management
There are additional requirements when utilizing vouchers or store gift cards.

Commented [PG2]: See comments

Commented [PG3]: Feedback: What constitutes "proof of need?"

1. Providers must ensure that vouchers or store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services. Some stores may require program vouchers to exclude certain products such as tobacco and alcohol.
2. General-use prepaid cards are considered “cash equivalent” and therefore unallowable. Such cards generally bear the logo of a payment network (e.g., Visa, MasterCard, or American Express) and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are co-branded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore not allowed.
3. Providers must have systems in place to account for disbursed vouchers. The systems must track the client’s name, the staff person who distributed the voucher, the date of the disbursement, and serial number and the voucher dollar amount.
4. Providers should only buy vouchers in amounts that are reasonable for use in the contract year. In no case should use of vouchers lead to large amounts of Ryan White monies being held over to new contract years.

E. Providers of Food Bank and Home-Delivered Meals Services shall not use their professional status as a means to promoting products in which they may have a financial interest in.

45. Ryan White Agencies which provide Non-Medical and/or Medical Case Management services shall develop and adhere to budgets for Food Bank and Home-Delivered Meals Services which reflect the principles referred to above. In addition, if available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed equitably to achieve assistance to the greatest number of clients who are most at risk for nutrition related health problems. Agencies will assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

56. Non-Medical and/or Medical Case Managers at RW Agencies may at any time submit to the RW Fiscal Agent/HIV Care Services Program Coordinator, requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical or

Commented [PG4]: See Comments. Should there be a cap?

other healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.

67. Ryan White Agencies must provide a means by which Non-Medical and/or Medical Case Managers can obtain in-servicing and on-call advice related to interpreting client medical and other healthcare needs.

Education/Experience/Supervision

There are no minimum educational standards. Staff preparing food must be familiar with safe food handling practices and meet any federal, state, or local requirements around food preparation.

Staff Orientation and Training

Initial: All Food Bank/Home Delivered Meals staff must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- Safe food handling procedures
- Confidentiality
- Knowledge of key points of entry for other Ryan White services

Ongoing: 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.

Agency

Any agency providing Food Bank/Home-Delivered Meals must comply with federal, state, and local regulations, including any required licensure or certification for the provision of food bank services and/or home-delivered meals. Where applicable, this also includes adherence to any necessary food handling standards or inspection requirements.

78. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies procedures for the RW Agency shall be made available to each client upon intake. Such policies and procedures shall include an explanation of the criteria and process for accessing any available advocacy or ombudsman services.

Adopted: Richard Benavidez, Chair

Date: 4/22/20

SSC 12 Food Bank Home Delivered Meals

- Page 1, paragraph 2: I'd like to nix the phrase "afflicted individual." It feel stigmatizing and unnecessary. I think it could be replaced with simply consumer, client, patient, etc.
- Page 3 D.i.: What constitutes "proof of need?" I'd like some more language for clarity around this.
- Page 1, Item 2 **and** Page 4, item 5: Should there be a cap? If yes, \$150 for single household and \$250 for family with the caveat that prior authorization be made for those who need to exceed those caps
- The top of the service standard calls out three primary reasons why someone would qualify for food cards. Those reasons speak to non-food items, but at later in the document that it can be for non-food items such as wellness hygiene kits and cleaning supplies so I would mention a blurb there that relates to non-food items
- Page 3, Item D: It also calls out that the case manager needs to collect the used gift card **and** collect receipt that seems unnecessary. Can it just be collecting the receipt and not collecting the empty used gift card?
- Page 3, Item D.ii. There's also mention that all patients that receive gift cards are required to meet with the nutritionist or something like that I would say instead of all because there's some people who need gift cards just because they're not financially stable, but not necessarily because they have health issues I would limit the Strong recommendation to see a nutritionist if someone has a comorbidity like hypertension, diabetes, or anything that speaks to a restrictive diet

**HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Medical Transportation Services

No.: SSC 11

Date Effective: 07/23/03

Date Revised: ~~06/22/22~~

Date Reviewed: ~~06/22/22~~

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Medical Transportation Services Standard will apply to all Ryan White contracted vendors that provide medical transportation services.

(1) Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. As such, any medical transportation services which are provided by agencies which receive Ryan White CARE Act funding ("RW Agencies") shall be related to healthcare or other critical needs i.e., taking a client to an SSI appointment to maintain medical benefits.

2. Ryan White CARE Act funding is to be expended in a cost effective, equitable manner which is based upon verified client need and encourages self-empowerment of clients. Medical Transportation services which are paid for with Ryan White CARE Act funds shall be administered through medical case management services which are provided in accordance with the allocation priorities and directives which are adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council"), or through an alternative assessment process administered by a RW Agency.

3. Established Standards:

A. Ryan White medical transportation funds must be prioritized by purpose:

- (1) medical appointments
- (2) alternative healthcare appointments
- (3) other critical needs as related to medical care needs, i.e., taking a client to an SSI appointment to maintain medical benefits

Commented [PG1]: Comment 1: Under the established standards in 3A below, it goes into a little more detail about what critical needs means: "i.e., taking a client to an SSI appointment to maintain medical benefits." Should the term 'critical needs' have more guidance or if deciding what constitutes a critical need is up to the medical case manager's discretion? Maybe just editing that to have a little more clarity could be helpful.

B. Ryan White medical transportation funds must be prioritized by means of transport so as to preserve the most cost-effective means: Clients must exhaust the utilization of insurance coordinated rights before tapping into bus passes and ridesharing.

- family, friends and other sources of transport for which the RW Agency does not incur any direct cost.
- volunteer services
- public transit (to include Paratransit)
- ride share (such as Lyft or Uber)
- taxi service

C. Ride Share Services

- Understand that Uber and Lyft are not the default option for transportation unless there's physical mobility problems or a patient has Medicare cause Medicare doesn't provide coordinated rides through insurance.
- Clients who no-show their coordinated Lyft or Uber rides more than five times annually will be restricted from using Lyft Uber that year unless prior authorization is made.

E.D. Taxi services shall only be authorized under the following criteria:

- The client is experiencing a health condition which is incompatible with public transit, AND
- other means of transportation is not immediately available for an unanticipated or changed appointment date with a provider of healthcare or supportive services, OR
- The client is experiencing a time-related, unavoidable emergency, OR
- The client requires an escort for transportation for medical necessity.

D. Medical Transportation services may be provided through:

- **Contracts with providers** of transportation services: Transportation services may be provided via contract or other local procurement mechanism that directly compensates the provider, including ride share, taxi, or van services.
- **Voucher or token** systems for ride-limited vouchers (i.e. not monthly unlimited passes) except in cases where it can be demonstrated that a monthly pass would be more cost-effective to enable access to medical and support services. Transportation services may be provided via contract or other

local procurement mechanism that directly compensates the provider, including ride share, taxi, or van services.

- **Purchase or lease of organizational vehicles** for client transportation programs
 - The recipient must receive prior approval from OA and HRSA for the purchase of a vehicle
- **Organization and use of volunteer drivers**
 - Programs must specifically address insurance and other liability issues

Costs for transportation for providers or case managers to provide care should be categorized under the service being provided.

E. Agency Staff/Volunteer Licensure and Liability:

- **Licensure:** All agency staff, contractors, consultants, and volunteers who provide transportation, shall be properly licensed by the State of California.
- **Insurance:** All agency staff, contractors, consultants, and volunteers who provide transportation shall use registered and insured vehicles.
- **Liability:** Volunteers who transport clients are informed of their responsibilities and obligations in the event of an accident, including the extent of their liability.
 - Signed and dated confirmation form on file with provider.

F. Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle:
 - The following expenses are not eligible for reimbursement:
 - Parking
 - Tires, vehicle maintenance, or repairs
 - Lease or loan payments
 - Insurance
 - License or registration fees
 - Motor vehicle violations
- Monthly unlimited public transportation passes, except in cases where it can be demonstrated and a necessary and more cost-effective option
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

- Reimbursement to staff using personal vehicle to transport clients for Part B-funded medical transportation services.

4. RW Agencies which provide [Non-Medical and/or Medical Case Management](#) services shall develop and adhere to budgets for medical transportation services which reflect the principles referred to above. In addition, if available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed among the maximum possible number of clients who rely on RW funded transportation services for critical needs. Agencies shall assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

Fiscal Management

There are additional requirements when utilizing vouchers, gas cards, taxi tokens, or bus tickets or passes.

- Providers must ensure that vouchers or store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services.
- General-use prepaid cards are considered equivalent to cash and are therefore unallowable. Such cards generally bear the logo of a payment network (e.g., Visa, MasterCard, or American Express) and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
- Providers must have systems in place to account for disbursed vouchers. The systems must track client's name, staff person who distributed the voucher, date of the disbursement, voucher dollar amount, voucher serial number, and confirmation that the client went to their medical or support services appointment.
- Providers should only buy vouchers in amounts that are reasonable for use in the contract year. In no case should use of vouchers lead to monies being held over to future contract years.

5. Medical Case Managers [and Non-Medical Case Managers](#) at RW Agencies may at any time submit to the [RW Recipient HIV Care Services Program Coordinator](#) requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on

unique barriers to accessing medical care which may be experienced by a client.

RW Agencies shall provide a means by which Non-Medical and Medical Case Managers can obtain in-servicing and on-call advice related to interpreting client medical needs.

Provider Qualifications

Medical Transportation Services may be provided directly by provider staff or volunteers, by staff of an outside company/agency (i.e., taxi service, ride share such as Lyft, paratransit), or by individuals such as family or friends.

Education/Experience/Supervision

There are no minimum educational standards. Agency staff providing medical transportation must:

- Have a valid California Driver's License with any endorsements required by California law (e.g., passenger endorsement if driving vehicles designed for >10 passengers)
- A copy of the driver's license must be retained on file at the provider agency
- Hold the minimum required amount of automobile insurance as required by law, and be enrolled in the Employer Pull Notice program and affiliated with the agency's requester code
- A copy of the driver's insurance must be retained on file at the provider agency

Staff Orientation and Training

Initial: All Ryan White-funded staff providing Medical Transportation Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, including HIV transmission
- Universal precautions
- Privacy requirements

Additional: Staff who directly provide Medical Transportation Services must also receive initial and ongoing safety training as appropriate for their position and required by federal, state, or local regulations.

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. Topics must include:

- Emergency equipment

- Defensive driving
- Cardiopulmonary Resuscitation (CPR) and first aid (renewed every two years)
- Pre-trip inspections

Vehicles

Any agency or staff vehicles used for client transportation must be registered, insured, and in safe operating condition. They must be equipped with seat belts and other safety equipment as appropriate.

- **Children:** If children are transported, child safety seats must be provided and installed by the child's parent or guardian. Seat type, installation, and use must comply with California state law.
- **Disabled clients:** Disabled clients must be transported in Americans with Disability Act (ADA)-compliant vehicles, and all staff and volunteers transporting clients with disabilities must be trained on how to properly and safely transport these clients.

7. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies and procedures for the RW Agency shall be made available to each client upon intake. Such policies and procedures shall include an explanation of the criteria and process for accessing the Planning Council's Client Advocacy Program.

Adopted:



Richard Benavidez, Chair

Date: 06/22/22

SSC11 Transportation Feedback:

- On the first page, end of second paragraph it mentions that transportation services can be used for "healthcare or other critical needs." A little lower, under the established standards, it goes into a little more detail about what critical needs means: "i.e., taking a client to an SSI appointment to maintain medical benefits." Should the term 'critical needs' should have more guidance or if deciding what constitutes a critical need is up to the medical case manager's discretion? Maybe editing that to have a little more clarity could be helpful.
- Using Uber and Lyft as a last resort
- Ensuring that no medical case management is included in the service standard because only medical case management is in the service standard and non-medical provides case management too
- Providers exhaust the utilization of insurance coordinated rights before tapping into bus passes and ridesharing
- Understanding that Uber lift she's not the default option for transportation unless there's physical mobility problems or a patient has Medicare cause Medicare doesn't provide coordinated rides through insurance, but again only if people utilize bus passes as well
- It's hard to put a cap on transportation just because the dollar amount very so incredibly much
- Patient who no-show their coordinated lift or Uber rides more than five times annually will be restricted from using Lyft Uber that year unless prior authorization is made