

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

Meeting Agenda
September 12, 2024, 3:00 p.m. to 5:00 p.m.

Meeting Location –
4600 Broadway, Sacramento, CA 95820
2nd Floor Conference/Community Room 2020

Facilitator: Richard Benavidez – Council Chair
Scribe: Angelina Olweny– Council Staff

Meeting Invitees:

- Kristina Kendricks-Clark – Council Vice Chair
- Kelly Gluckman – QAC Chair
- Melissa Willett – AdAC Chair
- Zach B. - ACC Chair
- Chelle Gossett – Recipient
- Jake Bradley-Rowe – PAC Chair
- Ronnie Miranda - NAC Chair
- Jake Bradley-Rowe – Gov Chair

- 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 and Length
Welcome and Introductions	Benavidez	3:00 pm
Announcements	All	
Public Comments-Agenda Items	Benavidez	

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Department of Health Services
HIV Health Services Planning Council
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September 2024 Agenda*	Benavidez	
Minutes of June, 2024*	Benavidez	
Committee/Work Group Updates <ul style="list-style-type: none"> ➤ Administrative Assessment Committee ➤ Affected Communities Committee <ul style="list-style-type: none"> ➤ Community Outreach ➤ Reflectiveness ➤ Priorities and Allocations <ul style="list-style-type: none"> ➤ FY24 Reallocations* ➤ Quality Advisory Committee <ul style="list-style-type: none"> ➤ Oral Health Service Standard* ➤ Childcare Service Standard* ➤ Needs Assessment Committee ➤ Ad-Hoc Workgroup ➤ Governance 	Benavidez Benavidez Bradley-Rowe Gluckman Benavidez Benavidez Bradley-Rowe	As Needed
Set Planning Council Agenda for September 25, 2024*	All	As Needed
Public Comments-Non-Agenda Items	All	
Technical Assistance	Benavidez	
Adjournment	Benavidez	5:00 pm

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Attachments:

- Minutes of June 2024*
- Oral Health Service Standard*
- Childcare Service Standard*
- Planning Council Agenda for September 25, 2024* Draft

Next Meeting: January 9, 2025

HIV HEALTH SERVICES PLANNING COUNCIL Executive Committee

Meeting Minutes

June 13, 2024, 3:00 p.m. to 5:00 p.m.

Meeting Location:

Sacramento Sexual Health Center, 4600 Broadway, Conference Room 2020, Sacramento, CA 95820

Facilitator: Kristina Kendricks-Clark – Council Vice Chair

Scribe: Angelina Olweny – Council Staff

Committee Member Attendees:

Chelle Gossett – Recipient, Kristina Kendricks-Clark – Council Vice Chair, Jake Bradley-Rowe –PAC Chair, Kelly Gluckman – QAC Chair, Melissa Willett – AdAC Chair, Zach Basler – ACC Chair

County Staff: Danielle Caravella, Paula Gammell

Members Excused: Richard Benavidez – Council Chair, Ronnie Miranda – NAC Chair

Members Absent: N/A

Topic	Minutes
Welcome, Introductions, and Announcements	The meeting began at 3:04 p.m. AdAC had to be rescheduled because there wasn't a sufficient number of people to monitor the fiscal agent. It will be on June 20, 1:00 PM – 3:00 PM.
Public Comments-Agenda Items	N/A
May 2024 Agenda Review*	<p>The June agenda was presented for review and approval. Jake Bradley-Rowe motioned to accept the agenda as presented and Melissa Willett seconded the motion.</p> <p>The following changes were made:</p> <p>FY25 Allocation Discussion, FY25 Service Directives and FY24 Carryover Discussions are to be listed as action items.</p> <p>Zach Basler motioned to accept the agenda with the changes made and Kelly Gluckman seconded the motion. The motion passed with a majority.</p> <p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler</p> <p>Oppose: N/A Abstain: N/A</p>
March 2024 Minutes Review*	The May minutes were presented for review and approval. Melissa Willett motioned to accept the minutes as presented and Kelly Gluckman seconded the motion.

Topic	Minutes
	<p>Richard Benavidez should be removed from the attendee list in the previous meeting. Kelly Gluckman motioned to accept minutes with the changes made and Zach Basler seconded the motion. The motion passed with a majority.</p> <p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: N/A</p>
<p>Committee/Work Group Updates</p> <ul style="list-style-type: none"> ➤ Administrative Assessment Committee (AdAC) ➤ Affected Communities Committee (ACC) 	<p>The committee recommended accepting the mid-year findings as the year-end year findings. Melissa Willett motioned to accept recommendation and Jake Bradley-Rowe seconded the motion. The motion passed with a majority.</p> <p>Accept: Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: Chelle Gossett</p> <p>ACC plans to reach out to BIPOC communities to encourage participation in Community Conversation meetings. They plan to expand outreach to various LGBTQ organizations.</p> <p>Clients expressed concerns about changes to procedures when obtaining primary care. ACC is working to address these concerns.</p>

Topic	Minutes
<p>Mentorship Program</p> <p>➤ Reflectiveness</p> <p>➤ Priorities and Allocations (PAC) FY25 Service Allocations*</p> <p>➤ FY25 PAC Service Directives*</p>	<p>New members interested in having a mentor to help them understand their role on the Planning Council will be paired with members who have been on the Council for more than a year. Council members interested in volunteering as mentors will be asked to contact Zach Basler.</p> <p>Reflectiveness is at 29%. ACC is looking for Ryan White Part A clients to participate in the Planning Council. Additionally, they are interested in filling the pediatric consumer seat. The pediatric consumer is for a parent or guardian of a child ages 0-18.</p> <p>Kelly Gluckman motioned to accept the PAC FY25 Allocation recommendations and Zach Basler seconded the motion. The motion passed with a majority.</p> <p>Accept: Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: Chelle Gossett</p> <p>The executive committee recommended revising the FY24 Service Directives to include Medical Transportation Service Directive 1 and Medical Case Management Directive 1.</p> <p>Zach Basler motioned to accept the FY24 Service Directives with the changes discussed and Melissa Willett seconded the motion. The motion passed with a majority.</p>

Topic	Minutes
<p>➤ FY24 Carryover*</p> <p>➤ Quality Advisory Committee (QAC)</p> <p>Oral Health Standard*</p>	<p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: N/A</p> <p>PAC voted to approve the full FY24 carryover amount. Kristina Kendricks-Clark motioned to accept PAC’s recommendation and Kelly Gluckman seconded the motion. The motion passed with a majority.</p> <p>Accept: Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: Chelle Gossett</p> <p>The executive committee voted to submit the FY24 carryover request without forwarding it to the planning council. Kelly Gluckman motioned to accept the recommendation and Zach Basler seconded the motion. The motion passed with a majority.</p> <p>Accept: Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: Chelle Gossett</p> <p>Jake Bradley-Rowe motioned to accept the Oral Health Standard approved by</p>

Topic	Minutes
Housing Standard*	<p>QAC and Kristina Kendricks-Clark seconded the motion. A spelling error was identified at the beginning of the fourth page. Zach Basler motioned to accept the Oral Health Standard with the changes and Melissa Willett seconded the motion. The motion passed with a majority.</p> <p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: N/A</p> <p>Kelly Gluckman motioned to accept the Housing Service Standards approved by QAC and Zach Basler seconded the motion. The motion passed with a majority.</p> <p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: N/A</p>
EFA Standard*	<p>Zach Basler motioned to accept the EFA Service Standards approved by QAC and Kristina Kendricks-Clark seconded the motion. The motion passed with a majority.</p> <p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: N/A</p>

Topic	Minutes
<p>➤ Needs Assessment Committee (NAC)*</p> <p>Ad Hoc Workgroup</p> <p>Governance</p>	<p>The final draft FY23 HIV and Aging Needs Assessment was shared the with committee. Jake Bradley-Rowe motioned to accept the Needs Assessment as presented and Kristina Kendricks-Clark seconded the motion. The motion passed with a majority.</p> <p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler Oppose: N/A Abstain: N/A</p> <p>The AdHoc committee had its last meeting in June.</p> <p>Governance is working with the recipient to update the bylaws.</p>
<p>Set Planning Council Agenda for June 26, 2024</p>	<p>The June planning council agenda was presented for review and approval. Zach Basler motioned to accept the agenda as presented and Kelly Gluckman seconded the motion.</p> <p>The following changes were made:</p> <p>The month of the meeting should be changed to June. The section after the agenda should reflect that the May minutes will be reviewed.</p> <p>The QAC update will come before the PAC update. The FY24 Carryover and FY24 Service Directives will be action items under the PAC update. The mentorship discussion will be added under the ACC update.</p>

Topic	Minutes
	<p>Zach Basler motioned to accept the agenda with the changes made and Kristina Kendricks-Clark seconded the motion. The motion passed with a majority.</p> <p>Accept: Chelle Gossett, Jake Bradley-Rowe, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Zach Basler. Oppose: N/A Abstain: N/A</p>
Technical Assistance	Reach out to Kristina Kendricks-Clark if you need technical assistance.
Public Comment	N/A
Adjournment	The meeting adjourned at 4:58 p.m.

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

Subject: Oral Health

No.: SSC03

Date Approved: 06/98

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

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

Consistent with the United States Health Resources Services Administration's (HRSA), Policy Clarification Notice 16-02 and as directed by the HIV Health Services Planning Council established priorities, when funded, the following service standards will apply to ~~Ryan White HIV Care Services Program~~ contracted subrecipients.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve patient access and adherence to HIV/AIDS medical resources. As such, any Oral health services, which are provided by agencies and paid for using Ryan White Part A and Part B funding, shall be related to healthcare or other critical needs that present barriers to healthcare access or maintenance.
2. Ryan White CARE Act Part A and B funding is to be expended in a cost effective, equitable manner which is based upon verified patient need and encourages self-reliance of patients. Patients may be referred to Oral Health Services through medical case management services, their medical provider, or self-referral. Regardless of referral source, Oral Health Services, which are paid for with Ryan White Part A and Part B funds, shall be delivered only after verification of patient eligibility and payer of last resort, and shall be provided in accordance with the allocation priorities and directives which are adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council").
3. Coverage for patients is only good for twelve months and they must re-enroll to maintain coverage. Patient eligibility and status will be confirmed prior to the appointment. This will allow time for the subrecipient to contact the patient before their appointment if an update or various intake forms are needed. Updates and intake forms may include but are not limited to:
 - CD4 or Viral Loads within the past 12 months
 - Release of information,
 - Grievance,

- Rights and responsibilities,
- State ARIES/HIV Care Connect (HCC) forms, etc.

All oral health care services, either in-house or specialty referral, are capped at \$1,800 per person, annually. (Refer to Fiscal Requirements, Page 6)

Reimbursement for services can only be paid for active patients meeting eligibility.

4. The United States Health Resources Services Administration (HRSA) defines Oral Health Care as outpatient diagnostic, preventive, and/or therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

In accordance with the HRSA HIV Performance Measures and with the above:

- A. Ryan White-funded Oral Health services must conform to the ~~adopted-Ryan White most current Medi-Cal Dental Program Provider Handbook including Oral Health Program Operations Manual and Oral Health Rate Schedule~~the Manual of Criteria & Maximum Allowances, as ~~published-distributed~~ by the Sacramento County ~~Department of Health Services Public Health, Sexual Health Promotion Unit, HIV Care Services Program~~.
- B. Subrecipients shall provide oral health care to persons living with HIV, ensuring equal access across populations through direct service or referral processes that emphasize a full continuum of oral health care services including:
 - Service that is determined medically necessary, including diagnostic screenings, shall be paid for with Ryan White funds, as defined by the ~~Ryan White Program Dental Program Operations Manual and Dental Rate Schedule~~most current Medi-Cal Dental Program Provider Handbook including the Manual of Criteria & Maximum Allowances.
 - Medical history taking
 - Comprehensive oral exam
 - A documented dental treatment plan including a referral system for urgent care matters and/or services needed by patients but not fundable through Ryan White.
 - Diagnostic dental care
 - Preventative dental care
 - Therapeutic dental care
 - Documentation of oral health education
 - Coordination of care with primary care provider and other services

- Documented provision of ~~at least one periodontal~~ any oral examination during the measurement year (March- February for Part A) (April-March for Part B))
- Documentation of initial and updated health history including:
 - a. Current medications
 - b. Appropriate lab values
 - c. Name of primary medical care provider
 - d. Review of substance use (smoking/tobacco, alcohol, and drug use)
- Documentation of progress, review, and outcome of the dental treatment plan

Monitoring

Service- Develop scopes of work for the provision of oral health that:

- Specify allowable diagnostic, preventive, and therapeutic services.
- Define and specify the limitations or caps on providing oral health services.
- Ensure that services are provided by dental professionals certified and licensed according to state guidelines.
- Ensure that clinical decisions are informed by the American Dental Association Dental Practice Parameters.

C. Service Characteristics

Initial Oral Health Care Appointments: Initial Oral Health Care appointments should be made as soon as possible to avoid potential drop out. Emergency or urgent appointments should be provided as soon as possible, on the same day if feasible. Initial non-urgent appointments must occur no later than 90 calendar days after the first patient referral to a Ryan White oral health provider.

Subsequent non-urgent appointments must be scheduled as soon as feasible, but no more than 30 days after request ~~in order to~~ minimize the need for urgent or emergency services.

As patients may miss appointments, agencies must have a process in place to ensure timely follow-up with patients. Missed appointments and subrecipient attempts at rescheduling must be documented in the file.

Monitoring

Appointment Times - Procedures for ensuring the first appointment for new patients is offered within 90 days, as well as urgent/emergent appointments and subsequent non-urgent appointments, will be reviewed through submission of agency written procedures. Agencies will be asked to submit to the Ryan White Program, written procedures for client follow-up after missed appointments.

i

Eligibility Screening and Intake

The Oral Health Care subrecipients must ensure that the patient has been deemed eligible for Ryan White-funded services by the referring agency; subrecipients should verify that intake has been performed at the start of HCP service provision and if not, perform an intake. Subrecipients should ensure that any consents and Releases of Information specific to dental care are completed and in the patient's file; subrecipients must take the necessary steps to obtain these forms if missing.

Initial Assessment

At the start of Oral Health Care Services, a baseline dental evaluation must be conducted. This evaluation should include, at a minimum:

- **Medical history.** The subrecipient shall perform a complete medical history for every new patient. This should include:
 - Patient's chief complaint
 - HIV medical care provider
 - Current medication regimen(s) and adherence, including HIV medications
 - Alcohol, drug, and tobacco use
 - Allergies
 - Usual oral hygiene
 - Date of last dental examination, and name of last dentist if known

- **Oral examination.** Each patient should be given a comprehensive oral examination and assessment. This examination should include:
 - Documentation of the patient'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 STIs
- Soft tissue exam for cancer screening
- Pain assessment
- Risk factors

Patient Education: Patients 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. See the *Preventative Care and Maintenance* section of this document for more details.

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

Patient Treatment Plan

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

- Identify and prioritize the patient's dental care needs
- Incorporate patient 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 with patient input.

Preventative Care and Maintenance

Oral Health Care subrecipients should emphasize prevention, early detection of oral disease, and preventive oral health practices.

Education shall include:

- Instruction on oral hygiene, including proper brushing, flossing, 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
- Effects of poor oral health on overall health
- The effect of nutrition on oral health.

NOTE: Toothbrushes, toothpaste, dental floss, and mouth rinses may be purchased under the Food Bank/Home-Delivered Meals service category.

In addition, patients should be scheduled for routine dental health maintenance visits, as follows:

- Routine examinations and prophylaxis up to twice a year
- Comprehensive cleaning at least once up to twice a year, preferably twice a year
- Other procedures, such as root planing/scaling as needed as determined medically necessary by using criteria listed in the most current Medi-Cal Dental Program Provider Handbook and as stated in the Manual of Criteria & Maximum Allowances.

Patient Referral / Linkage: Patients requiring specialized care should be referred for and linked to such care via the patient's case manager and/or HIV care team, with documentation of that referral in the patient file and available upon request.

- A referral to specialty care does not guarantee coverage by the HIV Care Services Program.

Fiscal Requirements

- Subrecipient will make every reasonable attempt to provide patients with a referral to local, free, or low-cost non-Ryan White related grant, community partner or other service that may be available to the patient to access the service not provided by Ryan White Provider.
- The current Medi-Cal Dental Program's Manual of Criteria is followed when determining which services will be covered by the Sacramento TGA Ryan White HIV Care Services program.
- The current Medi-Cal Dental Schedule of Maximum Allowances is followed when determining the fee coverage maximum covered by the Sacramento TGA HIV Care Services program.
- No Medi-Cal Dental provider is located within 30 minutes or 15 miles of a patient's residence or workplace. (Medi-Cal Dental Provider Search)
- No Medi-Cal Dental provider is accepting new patients within 30 minutes or 15 miles of a patient's residence or workplace.
- A Medi-Cal Dental eligible patient who is having an oral health emergency and cannot get an appointment with a Medi-Cal Dental provider.
- The total cost for services per patient is capped at \$1,800 annually, regardless of HIV Care Services funding stream.
 - Uninsured: \$1,800 annual cap regardless of HIV Care Services Program funding stream.
 - Medi-Cal: Medi-Cal cap plus \$1,800 annual cap from HIV Care Services Program.

- o Private Insurance: Private Insurance cap plus \$1,800 annual cap from HIV Care Services Program.

To exceed this cap, a request for approval must be submitted to the Recipient. Dental providers must document the reason for exceeding the yearly maximum amount and must have documented approval from the Recipient.

Subrecipients must show adequate documentation of the above-mentioned exceptions. In these situations, the subrecipient will submit a usual and customary reduced negotiated fee-schedule rate to the Recipient with the invoice a Treatment Authorization Referral (TAR), prior to services being rendered for approval for utilization of Ryan White funding. Subrecipients cannot bill the HIV Care Services program for services billed, or eligible billable services, to the Medi-Cal Dental Program.

Subrecipients are not required to enter into a contract with the Medi-Cal Dental fee-for service dentist if the proposed dentist is using the Medi-Cal Dental Manual of Criteria & Maximum Allowances. It is up to the subrecipient to ensure the dentist agrees to fee amounts allowed-set by the Recipient HIV Services Planning Council. Subrecipients are required to enter into a subcontract/MOU with any Medi-Cal Dental fee-for service dentist or any dental provider not using the Medi-Cal Dental Manual of Criteria and Maximum Allowances. Subcontracts/MOUs must be reviewed and approved by the Recipient prior to execution.

In El Dorado, Placer and Yolo counties, when no Medi-Cal Dental Provider is available, the subrecipient will negotiate the best rate and request approval by the Recipient.

Monitoring

Fiscal Requirements - In cases where patients are eligible for Denti-Cal Medi-Cal Dental Program but no Medi-Cal Dental Program providers are available (i.e. the "time/distance exception" referenced above), providers must submit documentation to the Recipient that clearly demonstrates the absence of providers in this time/distance range per a recent review of Medi-Cal Dental Program providers listed on the DHCS website.

5. Provider/Staff Qualifications

Education/Experience/Supervision

Professional diagnostic and therapeutic services under this service category must be provided by clinicians licensed by the Dental Board of California.

Clinicians can include:

- General Dentists
- Endodontists
- Oral and Maxillofacial Surgeons
- Periodontists

Other professional and non-professional staff may provide services appropriate for their level of training/education, under the supervision of a clinician. These may include, but are not limited to:

- Dental Hygienists (RDH)
- Dental Assistants (RDA, RDAEF)
- Dental Students
- Dental Hygiene Students
- Dental Assistant Students

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 services will be provided in accordance with Public Health Service and American Dental Association Guidelines for treatment of HIV disease.

Dental Service subrecipients shall ensure and provide documentation that the dentists, hygienists, oral surgeons, nurses, and others providing oral health care are appropriately licensed/certified to practice within their area of practice, consistent with California laws.

Subrecipient staff must receive ongoing training/continuing education relevant to dental health assessment and treatment of persons living with HIV.

Provider/Staff Orientation and Training

Initial: All RW-funded staff providing Oral Health Care 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 HIV transmission, care, and prevention.
- Diagnosis and assessment of HIV-related oral health issues
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including access to dental insurance through ADAP

Ongoing: Staff must also receive ongoing annual HIV 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.

6. In an effort to overcome any barriers to access and utilization, all Dental services shall be provided in a culturally and/or linguistically competent manner, which is respectful to the patient's cultural health beliefs, practices, and preferred language.

7. Subrecipients shall assure that no patient receives any RW funded services unless such patient is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

8. Providers/Staff at subrecipient 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 medical/dental needs of a patient or on unique barriers to accessing medical/dental care which may be experienced by a patient.

9. Subrecipients shall provide a means by which providers/staff can obtain in-servicing and on-call advice related to interpreting patient medical/dental needs.

10. Patients 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-subrecipient shall be made available to each patient upon intake.

Signed: _____
Kristina Kendricks-Clark, Vice Chair

Date: 06/22/22

**HIV Health Services Planning Council
Sacramento TGA**

SERVICE STANDARDS

Subject: Child Care Services

No.: SSC 08

Date Approved: 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 Child Care Service Standard will apply to all Ryan White contracted vendors that provide child care services.

HRSA Definition:

The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)
- In accordance with California Department of Social Services, CalWorks Child Care (<https://www.cdss.ca.gov/calworks-child-care>), child care is provided for children through the age of 12, and for exceptional needs and severely disabled children up to age 21.

1. The provision of Child Care Services shall be consistent with Service Standards 05 (SSC05) and in accordance with the Child Care Services program as outlined herein:

Objective

Childcare Services are intended to maintain/improve a client's ability to maintain or access medical care.

Education/Experience/Supervision There are no minimum educational standards for staff providing childcare reimbursement services.

Individual supervision and guidance must be available to all staff as needed.

Staff Orientation and Training

Initial: All staff providing Childcare 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
- Navigation of the local HIV system of care including ADAP

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

Intake

The Housing Services provider must ensure that the client intake has been performed prior to Ryan White service provision and if not, perform an intake. See the Universal Standards for detailed intake requirements. Providers should ensure that any consents specific to childcare services are completed and in the client's file.

Orientation

Each new client receiving childcare services must receive an orientation to provided services; document this orientation in the client file.

Reassessment

The client's care plan must be updated at least every six months.

2. Payment for child care services through Ryan White Care Act funding are authorized only in circumstances where client eligibility is validated and no other payment guarantor has been identified.

A. Child care services payment(s) will only be issued to the child care services vendor. Reimbursement shall not be issued to the client receiving child care service.

- B. Reimbursement for child care services will be issued under the following stipulations:
- i. Client/parent or client/guardian must provide a receipt for service from a babysitter, family member, community member, or daycare agency.
 - ii. The receipt must contain the name, business ID or social security number of the agency/person who provided child care.
 - iii. Documentation of medical, social, or support service appointments must be on file, and must include the date and hours of service provided, including signature of the provider.
- C. The client must release the TGA Recipient and service authorizing agency from all liability for the welfare of the child and/or the quality of the childcare provided, including the responsibility for the provision of child care. Documentation of this release shall be consistent with the internal procedure(s) of the authorizing agency and in accordance with any requirements stipulated by the TGA Recipient.
- D. In the event of extended hospital stay, Ryan White CARE Act funds will be used only until alternative child care arrangements can be made, but shall not exceed seven (7) days for a single occurrence, unless granted an exception by the Recipient.
3. 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 Ryan White funded child care services for critical needs. Agencies shall assure that no client receives Ryan White CARE Act funded child care services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.
4. Case Managers at Ryan White Agencies may, at any time, submit to the Ryan White Recipient 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.
5. Ryan White Agencies shall provide a means by which Case Managers can obtain in-servicing and on-call advice related to interpreting client medical needs.

6. 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 Ryan White Agency shall be made available to each client upon intake. A copy of the grievance policy, signed by the client, shall be maintained in the client's file. Such policies and procedures shall include an explanation of the criteria and process for accessing the Planning Council's Client Advocacy Program.

Signed: 
Richard Benavidez, Chair

Date: 06/22/22

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

Meeting Agenda

September 25, 2024, 10:00 AM – 12:00 PM

Meeting Location –

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

Facilitator: Richard Benavidez – Council Chair

Scribe: Angelina Olweny - Council Staff

Meeting Invitees:

- HIV Health Services Planning Council Members
- 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 and Length
Welcome, Introductions, & Housekeeping	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments-Agenda Items 3 Minute Time Limit	All	
September 2024 Agenda*	Benavidez	
Minutes of August 2024*	Benavidez	

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State Office of AIDS September 2024 Update	Pulupa	As Needed	
Homelessness and Housing	Rodriguez		
CPG/HIV/STI Prevention Updates	All		
Recipient Report: <ul style="list-style-type: none"> ➤ FY24 Part A August Monthly Report* ➤ FY24 Part B August Monthly Report ➤ HRSA Ending the Epidemic Update 	Gossett		
Committee/Work Group Updates <ul style="list-style-type: none"> ➤ Administrative Assessment Committee ➤ Affected Communities Committee <ul style="list-style-type: none"> ➤ Community Presentations ➤ Reflectiveness ➤ Priorities and Allocations <ul style="list-style-type: none"> ➤ FY24 Reallocations* ➤ Executive Committee ➤ Quality Advisory Committee <ul style="list-style-type: none"> ➤ Oral Health Service Standard* ➤ Childcare Service Standard* ➤ Needs Assessment Committee ➤ Ad Hoc Workgroup ➤ Governance 	Benavidez Benavidez Bradley-Rowe Benavidez Gluckman Benavidez Benavidez Bradley-Rowe		
Binder Updates	Caravella		
Public Comments-Non-Agenda Items	All		
Technical Assistance	Benavidez		
Adjournment	Benavidez		12:00 pm

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Attachments:

- Minutes of August 2024*
- September 2024 OA Voice Update
- FY24 Part A August Monthly Report*
- FY24 Part B August Monthly Report
- FY24 Reallocations*
- Oral Health Service Standard*
- Childcare Service Standard*

NEXT MEETING: October 23, 2024