

ASSESSMENT DOMAINS COMPENDIUM

This appendix provides information and resources to assist the Medical Care Coordination (MCC) team in their assessment as they help patients address a broad spectrum of health-related needs. The following topics are domains covered in the MCC assessment, as well as other commonly identified health-related needs.

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Aging

As people with HIV (PWH) age, they face unique health challenges that require specialized care and support. With advances in antiretroviral therapy (ART), PWH can keep the virus suppressed and live long and healthy lives. By connecting older PWH to geriatric care specialists, community-based older adult programs, and social engagement opportunities, the MCC team can help ensure that older patients receive comprehensive, dignified, and person-centered care and have access to essential aging-related services.

The MCC team ensures aging patients receive tailored care and essential support by:

- **Conducting geriatric assessments** to identify mobility issues, cognitive impairment, and frailty risks.
- **Providing linkages to fall prevention programs and assistive device services** to support independent living and reduce risk of injury.
- **Coordinating financial and long-term care planning resources** to help patients secure age-appropriate and comprehensive care options.
- **Connecting patients to social engagement programs** to combat social isolation and promote mental well-being.
- **Educating patients on aging-related health risks** to ensure proactive care management.

MCC Team Member Spotlight	
The Medical Case Worker (MCM) is often the subject matter expert for aging-related health care assessments and services and can take the lead on supporting patients with these needs.	

Aging Resources	
<u>Los Angeles County Aging and Disabilities Department</u>	Serves the growing older adult, dependent adult, and adults with disabilities population in Los Angeles County.
<u>Los Angeles County Senior Resource Guide</u>	Provides comprehensive information on services for seniors.
<u>SAGE – Services and Advocacy for LGBT Elders</u>	Offers peer support groups and social activities for aging LGBTQ+ individuals, including those living with HIV.

Benefits and Insurance

Access to comprehensive health insurance and benefits is essential for people with HIV (PWH) to maintain uninterrupted access to medical care, ART, and supportive services. The MCC team collaboratively works to assess a patient's insurance status, help them navigate complex healthcare systems, and provide linkages to resources such as Ryan White-funded services, Medi-Cal, Medicare, ADAP, and private insurance options. Ensuring stable health insurance and benefits coverage is a cornerstone of MCC services, as it directly influences treatment adherence, financial security, and overall wellbeing for PWH.

The MCC team ensures comprehensive benefits and insurance assistance by:

- **Conducting insurance assessments** to determine coverage gaps and enrollment needs.
- **Providing application assistance** for Medi-Cal, Medicare, Covered California, and Ryan White services.
- **Educating patients on plan benefits** including provider networks, medication coverage, and cost-sharing structures.
- **Facilitating appeals and dispute resolution** for patients denied coverage for essential services.
- **Connecting patients to financial assistance programs** such as co-pay relief and premium subsidies.
- **Assisting with transitions between coverage options** to maintain continuous care access.

MCC Team Member Spotlight	
The Case Worker (CW) is often the subject matter expert in insurance and benefits and can take the lead on supporting patients with these needs.	

Health Insurance and Benefits Resources	
<u>AIDS Drug Assistance Program (ADAP)</u>	Provides medication coverage for eligible PWH.
<u>Benefits Specialty Services (BSS)</u>	LA County Ryan White service that helps patients with benefits assessment, enrollment, and management.
<u>Los Angeles County Department of Public Social Services (DPSS)</u>	Hub for programs and services for low-income individuals including Medi-Cal and CalFresh programs.

Child Care

Access to reliable and affordable child care is essential for PWH with children as it directly impacts their ability to free up time to attend medical appointments, adhere to treatment regimens, and engage in support services. Providing access to child care resources enhances health outcomes for both patients and their dependents, reducing treatment interruptions and barriers to care.

The MCC team plays a crucial role in helping patients navigate child care options by:

- **Assessing child care needs** by evaluating patients' child care requirements during intake and follow-up appointments.
- **Providing referrals** to child care subsidy programs and licensed providers.
- **Assisting with applications** for government-funded child care support.

Child Care Program and Services Resources	
<u>CalWORKs Child Care</u>	The CalWORKS Child Care Program offers multiple child care opportunities.
<u>Los Angeles County Department of Public Health – Office for the Advancement of Early Care and Education</u>	Offers resources for families and communities.

Education

Education plays a vital role in HIV care coordination by improving health literacy, employment opportunities, and overall quality of life. The MCC team is instrumental in helping patients overcome educational barriers by providing literacy assessments, referrals to adult education and vocational programs, and guidance on financial aid and career development.

To ensure equitable access to education and career development, the MCC team assists with:

- **Access to General Educational Development (GED), vocational, or college education** through referrals to adult education, job training, and other resources.
- **Literacy impacting health understanding and treatment adherence** by providing health information that is appropriate for the patient and makes navigation of the healthcare system and treatment adherence less difficult.

Education and Workforce Training Resources	
<u>High School Diploma and GED/HiSET (High School Equivalency Test) Programs</u>	Los Angeles Unified School District (LAUSD) Division of Adult and Career Education offers GED preparation, vocational training, and adult literacy programs.
<u>Los Angeles Community College District (LACCD) Noncredit Adult Education</u>	Provides tuition-free courses for adult learners seeking job skills and academic improvement.
<u>Los Angeles County Office of Education (LACOE)</u>	Offers a range of education services for adults, including literacy and career training.

Employment

Employment is a fundamental social determinant of health that directly impacts financial stability, healthcare access, and mental well-being for PWH. Unstable employment can lead to financial hardship and disruptions in healthcare access. By connecting patients to workforce development programs, vocational rehabilitation services, and workplace legal protections, the MCC team helps PWH achieve financial independence and long-term health stability.

The MCC team assists patients in navigating:

- **Unemployment or underemployment** through referrals to job training, career development, or stable employment opportunities.
- **Workplace stigma and discrimination** in hiring, promotion, or job retention due to a patient's HIV status.
- **Vocational rehabilitation and career advancement** for patients requiring career retraining, skill development, or employment readiness support.
- **Risk of job loss due to health issues** as frequent medical appointments, treatment side effects, or physical limitations can affect work performance for many patients.
- **Workplace accommodations** for patients needing reasonable accommodations to sustain employment while managing their health.

Employment and Job Training Resources	
<u>Los Angeles County America's Job Centers (AJCC)</u>	Provides job training, employment assistance, and career advancement support.
<u>Los Angeles Economic and Workforce Development Department (EWDD)</u>	Provides job training and employment readiness services.
<u>Trans Can Work</u>	LA County nonprofit organization that provides resources for transgender and gender diverse job seekers.

Engagement and Retention in Care

Engagement in ongoing HIV care is critical for achieving viral suppression, preventing disease progression, and improving overall well-being. Barriers to care, such as system navigation difficulties and concerns related to HIV stigma, can lead to disengagement from treatment, increasing the risk of poor health outcomes. The MCC team plays a key role in assessing a patient's history of care engagement, identifying barriers to retention, and developing strategies to ensure consistent medical follow-up. See Appendix F for more information and description of best practices to support engagement in care.

The MCC team efforts include:

- **Conducting the MCC assessment and developing individualized care plans** to identify and address barriers to care.
- **Providing linkage to peer support programs** to enhance community engagement and motivation.
- **Providing appointment reminders and follow-ups** to reduce missed visits.
- **Educating patients on the importance of retention in care** to improve long-term health.

Engagement and Retention in Care Resources	
<u>CDC – Patient-Centered Appointment Reminder Intervention</u>	Outlines an intervention designed to decrease the number of missed appointments.
<u>HealthHIV - Retention & Re-Engagement in HIV</u>	Offers a comprehensive collection of best practices, training modules, and tools to support healthcare providers in retaining and re-engaging PWH in care.
<u>PRIME - Promoting Re-Engagement in HIV Care</u>	Promotes re-engagement in HIV care by using an interactive community education toolkit to raise awareness, reduce stigma, and connect people to HIV testing, treatment, and support services.
<u>Target HIV – Retaining in Care*</u>	Contains multiple resources including webinars, tools, training materials, manuals, and guidelines that focus on retention in care.
<u>University of Washington AIDS Education & Training Center Program – Retention in HIV Care</u>	Describes key concepts, measures, influencing factors, and evidence-based strategies to improve and sustain retention in HIV care as part of the HIV care continuum.

*At the time of developing the MCC Program Guidelines, TargetHIV resources were temporarily unavailable. HRSA's HIV/AIDS Bureau (HAB) is in the process of restoring these resources and anticipates making them available again in the near future.

Financial

Financial insecurity significantly impacts the ability of PWH to meet basic needs such as housing, food, and transportation, all of which are essential for maintaining consistent medical care and treatment adherence. The MCC team plays a key role in assessing a patient's financial situation and connecting them to programs such as emergency financial assistance (EFA), guaranteed income, benefit programs, financial counseling, and budgeting resources to help reduce economic stressors that can hinder HIV care and treatment engagement.

To improve financial security for PWH, the MCC team assists patients with:

- **Financial counseling** to educate about program availability and eligibility criteria.
- **Assessing for financial needs** to identify patients needing financial and budgeting support.
- **Screening for financial abuse and exploitation** to help patients experiencing financial control, fraud, or exploitation impacting their well-being.
- **Linkage to financial assistance programs** so patients can take advantage of available financial aid and benefits programs.

Financial Resources	
<u>Get Ahead LA</u>	LA County's Department of Consumer and Business Affairs Center for Financial Empowerment created an online hub for information about free financial assistance programs.
<u>Ryan White HIV/AIDS Program – Emergency Financial Assistance</u>	Provides short-term emergency assistance for essential needs such as rent and utilities..

Health and Wellness

Maintaining overall wellness is essential for PWH as it directly supports treatment adherence, immune function, and quality of life. For many PWH, their HIV may be well controlled but they may have other comorbidities such as diabetes, hypertension, or insomnia, that would benefit from more wraparound services and support. The MCC team plays a key role in integrating health and wellness into HIV care, ensuring that patients have access to a full-spectrum of chronic disease management resources and community wellness programs.

To enhance holistic well-being for PWH, the MCC team focuses on addressing:

- **Physical inactivity** by helping patients connect with free or low-cost exercise programs in their area or online.
- **Unmanaged chronic conditions** that may confer increased risk of cardiovascular disease for PWH.

MCC Team Member Spotlight
The MCM can serve as subject matter expert for supporting patients with things like nutrition education and referrals to exercise programs.

Health and Wellness Resources	
<u>Los Angeles County Parks and Recreation – Free Fitness Programs</u>	Provides low-cost or free community fitness classes.
<u>Los Angeles Department of Public Health Diabetes Coalition Programs</u>	The Los Angeles Diabetes County Coalition fosters a network of sustainable programs that support Los Angeles County residents' health, particularly among high-risk populations, by helping them prevent and manage diabetes.
<u>Office of Disease Prevention and Health Promotion – Move Your Way</u>	The Move Your Way tools, videos, and fact sheets can be used to set activity goals and make individualized plans.

Health Literacy

Health literacy is a cornerstone of effective HIV management, empowering PWH to make informed decisions about their care, adhere to treatment regimens, and engage meaningfully with healthcare providers. HIV care can be very complex and requires a lot of patient engagement. Understanding HIV basics like the significance of viral loads, CD4 counts, and prevention strategies like U=U (Undetectable = Untransmittable) plays a vital role in treatment success and improved quality of life. By providing tailored, patient-centered health education and health literacy support, the MCC team ensures that patients navigate their treatment options effectively and develop self-care skills.

To improve health literacy, the MCC team assists patients with:

- **Understanding and using HIV information** such as the meaning of a CD4 count or viral load, and the benefits of achieving viral suppression and how to maintain it as a daily practice.
- **Navigating the health care system** to help patients find, access, and use health information and services to prevent health problems.
- **Becoming familiar and comfortable** with health information and services and building health literacy skills over time.
- **Accessing culturally and linguistically appropriate health materials** by ensuring use of preferred language or accessible formats (e.g., visual aids, videos, or plain-language guides).

Health Literacy Resources	
CDC – Health Literacy	Provides guidance and tools for how to develop a wide-array of health information resources for your patients.
TargetHIV – Health Literacy*	Contains best practices and resources related to HIV health literacy programs and activities.

**At the time of developing the MCC Program Guidelines, TargetHIV resources were temporarily unavailable. HRSA's HAB is in the process of restoring these resources and anticipates making them available again in the near future.*

Housing

Stable housing is a critical social determinant of health and provides a foundation for consistent medical care, medication adherence, and improved mental and physical health outcomes. The MCC team evaluates a patient's housing status, identifying those who are homeless, at risk of eviction, or experiencing unsafe or overcrowded living conditions. The MCC team helps patients navigate housing programs and rental assistance services to ensure that housing insecurity or homelessness do not become a barrier to medical care and treatment retention. By leveraging available housing programs, providing rental assistance referrals, and addressing legal housing barriers, the MCC team helps reduce homelessness, increase viral suppression rates, and improve overall well-being for PWH.

Recommended Approaches for Housing Coordination	
<p>The Homeless Management Information System (HMIS)</p> <p>To explore more or begin the process of partnering, visit: Join HMIS - LAHSA</p>	<p>The Homeless Management Information System (HMIS) is a secure, countywide database used by homeless service providers to coordinate care, track outcomes, and connect clients to critical housing resources. For the MCC team, accessing HMIS can help with locating out of care and lost to follow up clients and improving coordination with other providers, such as street medicine teams, who are involved in the care of your patients.</p> <p>While HMIS is required for HUD-funded providers, other providers who are not required to participate are also welcome to access this system. The MCC team is encouraged to speak with their agency leadership to determine whether signing-up for HMIS access is an option for your group.</p>
<p>The Coordinated Entry System (CES)</p> <p>To find a local CES access point, visit: CES Access Point Directory</p>	<p>The Coordinated Entry System (CES) is LA County's standardized process for assessing, prioritizing, and matching people experiencing homelessness to housing resources. CES ensures that individuals and families are connected to appropriate housing and supportive services based on their level of need, rather than on a first-come, first-served basis.</p> <p>In LA County, CES is regionally managed through Service Planning Areas (SPAs) and led by LAHSA (Los Angeles Homeless Services Authority), in partnership with community-based organizations. Clients are assessed using standardized tools—such as the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) or LA County Housing Triage Tool—to evaluate their vulnerability and determine eligibility for housing programs including permanent supportive housing, rapid re-housing, or emergency shelter.</p>

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	<p>The MCC team can play a crucial role in ensuring clients experiencing or at risk of homelessness are linked to the CES system. Because CES is often the required entry point for housing placements, referring a client to a CES access point or CES participating provider significantly increases their chances of securing stable housing.</p>
<p>Housing Opportunities for Persons with AIDS (HOPWA)</p>	<p>The Housing Opportunities for Persons with AIDS (HOPWA) program is a federally funded initiative administered by the U.S. Department of Housing and Urban Development (HUD). It is designed specifically to meet the housing needs of low-income PWH and their families.</p> <p>In LA County, HOPWA-funded services include tenant-based rental assistance, short-term rent, mortgage, and utility assistance, transitional and facility-based housing, and supportive services such as case management and housing navigation. These services help prevent homelessness, stabilize housing, and support treatment adherence and improved health outcomes for PWH.</p> <p>While some HOPWA providers participate in CES and HMIS, others may operate with their own intake processes. As such, the MCC team plays a critical role in ensuring PWH are referred to the most appropriate housing resource based on their eligibility and housing status.</p>
<p>Ryan White Part A-Funded Housing Programs</p>	<p>The local Part A Ryan White Program also offers housing opportunities for PWH. Transitional Residential Care Facility (TRCF) provides short-term housing with ongoing supervision and assistance with independent living skills for PWH. Residential Care Facility for the Chronically Ill (RCFCI) provides 24-hour care and supervision in a non-institutional, home-like environment for PWH. While these programs have less capacity than what is available through CES or HOPWA, they may offer a more direct route to housing placement for your patients.</p>

The MCC team plays a key role in connecting PWH to local housing supports by:

- **Engaging with various housing programs on a regular basis** to develop relationships with housing providers and stay up to date on their offerings and how best to refer your clients.
- **Referring PWH who are experiencing homelessness or unstable housing to CES access points** for assessment and prioritization.
- **Joining and updating HMIS** to search for patients and support coordination with other providers.

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- **Connecting eligible clients to HOPWA-funded housing programs**, especially for those who do not meet CES prioritization but need housing support.
- **Providing direct referrals to Ryan White Part A-funded housing programs** such as TRCF and RCFCI.
- **Supporting clients with gathering necessary documentation** (e.g., ID, disability verification, HIV diagnosis forms, TB testing results) often required for housing placements.
- **Educating clients** about what to expect from the housing program process and manage expectations around timelines and availability.
- **Tracking housing efforts** in MCC progress notes and following up with patients and housing providers frequently.

Housing Resources	
<u>Comprehensive Housing + Referrals For People with HIV/AIDS (CHIRP LA)</u>	A nonprofit, HOPWA-funded housing information and referral program dedicated to preventing homelessness and improving the quality of life of PLWHA.
<u>Housing Authority of the City of LA (HACLA)</u>	Offers Section 8 Department programs such as Family Self-Sufficiency and Rental Assistance services.
<u>Los Angeles Housing Department</u>	Offers rental assistance, permanent supportive housing, and case management for PWH.

Language and Culture

Culturally and linguistically appropriate services (CLAS) are essential to ensuring equitable healthcare access and improving health outcomes for diverse communities. The MCC team plays a crucial role in providing CLAS, ensuring that all patients receive equitable, high-quality care. The MCC team assesses a patient's language preferences and cultural needs which includes connecting patients to interpreter services, bilingual providers, and culturally tailored health education materials. Offering interpreter services, culturally competent health education, and training healthcare providers on bias reduction can help bridge communication gaps, reduce health disparities, and improve long-term HIV treatment outcomes.

The MCC team plays a key role in bridging language and cultural gaps in HIV care by:

- **Assessing language proficiency and communication preferences** to ensure patients receive services in their preferred language.
- **Providing access to professional interpreters and bilingual staff** to improve patient-provider interactions.
- **Offering culturally tailored health education materials** to enhance understanding of HIV treatment and prevention.
- **Training healthcare providers on cultural competency and bias reduction** to foster inclusive care environments.
- **Addressing stigma and cultural barriers** through peer support programs, advocacy, and tailored interventions.

Language and Culture Resources	
<u>National LGBTQIA+ Health Education Center</u>	Produces resources for providers and clinics to ensure they maintain welcoming and affirming clinic spaces and programs especially as it pertains to serving LGBTQ+ patient populations.
<u>TargetHIV – Cultural Competency*</u>	Resources to help clinics and other service providers identify and address bias to improve communication with diverse patients.

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Legal

Legal challenges, including HIV-related discrimination, immigration status issues, criminal justice involvement, and access to public benefits can create significant stressors that interfere with a patient's ability to engage in medical care and adhere to HIV treatment. By connecting patients to low or no-cost legal services as needed, the MCC team ensures that individuals can focus on their medical care without the burden of unresolved legal matters.

The MCC team helps reduce legal barriers by:

- **Screening for legal concerns** that impact a patient's healthcare access and well-being.
- **Referring patients to legal services** to address the broad-spectrum of issues that impact well-being.
- **Providing information on patient rights and legal protections** under laws such as the Americans with Disabilities Act (ADA) and the Ryan White HIV/AIDS program.
- **Assisting with advance directives and estate planning** to ensure medical and financial wishes are legally documented.
- **Advocating for patients facing discrimination** in healthcare, employment, or housing.

Legal Resources	
<u>Legal Aid Foundation of Los Angeles</u>	Program offering direct representation and community education for a wide array of legal concerns such as those tied to medical needs, housing, and immigration.
<u>Ryan White Program – Legal Services</u>	Ryan White Program offering legal services for PWH in LA County.

Medical Specialty

PWH often require specialty medical care beyond routine primary HIV treatment, particularly for managing co-morbid conditions such as cardiovascular disease, diabetes, kidney disease, and neurological disorders. The MCC team helps to ensure that patients are connected to appropriate specialty care providers and assist with coordination between primary and specialty care for comprehensive health management and to prevent gaps in care that may negatively impact treatment adherence and overall well-being.

To enhance comprehensive HIV care, the MCC team assists patients with:

- **Managing co-morbidities affecting HIV care** such as diabetes, hypertension, cancer, hepatitis B/C, kidney disease, and neurological conditions.
- **Increasing access to specialty care** to access needed specialists due to reduce insurance restrictions, long wait times, or provider shortages.
- **Improving health conditions requiring specialist intervention** for patients with progressive symptoms or conditions that require urgent specialty care referrals.
- **Addressing specialty care coordination challenges** for patients who require care coordination to prevent treatment conflicts and ensure continuity of care.

MCC Team Member Spotlight

The MCM can serve as subject matter expert for coordination with specialty care providers and services.

Specialty Medical Resources

The MCC team should work directly with their patient's primary care provider and with their agency's clinic support staff to coordinate referrals to medical specialists within their network.

Medication Adherence

Adherence to medications including HIV medication, also known as antiretroviral therapy (ART), is essential for achieving viral suppression, preventing HIV progression, and improving long-term health outcomes. However, medication adherence remains a challenge for many PWH due to trouble swallowing pills, financial barriers, unstable housing, or a busy schedule. The MCC team plays a critical role in identifying and addressing adherence barriers, ensuring that patients receive supportive interventions, adherence counseling, and pharmacy assistance to maintain optimal treatment outcomes.

The MCC team implements personalized strategies to ensure sustained medication adherence and treatment success, including:

- **Conducting adherence assessments** to identify barriers to medication consistency.
- **Providing individualized adherence counseling** to reinforce the importance of consistent ART use.
- **Offering pharmacy coordination support** to assist with prior authorizations, prescription refills, and financial assistance programs.
- **Educating patients on side effect management** to help mitigate symptoms that may impact adherence.
- **Implementing reminder systems and adherence tools** such as text alerts, pill organizers, or digital apps to enhance consistency.
- **Facilitating access to long-acting injectables** by coordinating clinic appointments, follow-up care, and transportation support.

Medication Adherence Resources	
HIV Info - Adherence	A compendium of HIV adherence resources.
HIV Info – Following an HIV Treatment Regimen	Provides an overview of adherence considerations and strategies.
TargetHIV - Adherence*	Provides an array of best practices and other resources related to HIV medication adherence strategies.

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Mental Health

Mental health is a critical component of comprehensive HIV care, as conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), severe mental illness and substance use disorders (SUDs) can significantly impact treatment adherence, retention in care, and overall quality of life. By integrating mental health support into HIV care, the MCC team helps improve emotional well-being, sustain engagement in treatment, and enhance long-term health outcomes for PWH.

The MCC team plays a critical role in integrating mental health care into HIV treatment by:

- **Conducting mental health screenings** to identify patients experiencing distress, depression, or anxiety.
- **Facilitating immediate referrals to crisis and suicide prevention services** for patients at high risk of self-harm.
- **Providing linkages to therapy and counseling services** to enhance emotional support and coping strategies.
- **Coordinating psychiatric care and medication management** for patients with severe mental health conditions.
- **Addressing stigma and barriers to mental health care** through patient education and peer support.
- **Implementing trauma-informed care approaches** to support patients with a history of abuse, violence, or PTSD.

MCC Team Member Spotlight

The Patient Care Manager (PCM) serves as the subject matter expert for services and interventions related to mental health needs.

Mental Health Resources

<u>Los Angeles County Department of Mental Health (LACDMH)</u>	LACDMH ensure access to mental health care and treatment for LA County residents and offers a broad spectrum of services.
<u>NAMI Los Angeles (National Alliance on Mental Illness)</u>	Offers support groups and education for individuals with mental health conditions.
<u>Ryan White Program – Mental Health</u>	Ryan White Program mental health services for PWH in LA County.

Nutrition and Food Access

Malnutrition and poor dietary intake can exacerbate co-morbidities such as diabetes, hypertension, and gastrointestinal issues, further complicating HIV management. The MCC team plays a vital role in assessing food insecurity, dietary habits, and nutritional needs to ensure that patients receive adequate food assistance, dietary counseling, and nutrition support services. By connecting patients to food pantries, CalFresh (SNAP), meal delivery programs, and nutrition specialists, the MCC team helps improve health outcomes, boost medication efficacy, and enhance overall well-being.

The MCC team integrates nutrition support into HIV care by:

- **Screening for food insecurity** to identify patients at risk of malnutrition.
- **Connecting patients to food assistance programs** such as CalFresh, food banks, and emergency meal services.
- **Facilitating access to nutrition counseling and dietitian services** by providing referrals for patients managing weight concerns or co-morbid conditions.
- **Providing education on patient-centered nutritional needs** and helping patients make informed dietary choices to support their health.
- **Advocating for improved access to healthy and affordable food options** through the support of initiatives that increase the availability of nutritious foods in underserved communities.

Nutrition and Food Access Resources	
Los Angeles County Department of Public Health – Nutrition Programs	Supports healthy eating initiatives and education for low-income residents.
Los Angeles Regional Food Bank	Offers emergency food assistance and nutrition resources.
Ryan White Program – Nutrition Services	Ryan White Program nutrition support services for PWH in LA County.

Oral Health

Oral health is directly linked to overall health outcomes. For PWH, the potential for immunocompromise may contribute to oral health problems. Untreated dental problems can lead to pain, infections, and difficulty maintaining a healthy diet, ultimately impacting immune function and medication adherence. The MCC team plays an essential role in assessing access to dental care, identifying oral health issues, and connecting patients to affordable oral health services.

The MCC team ensures timely access to dental care and preventive oral health services by:

- **Providing referrals to HIV-specialized dental clinics** to connect patients to low-cost or free dental care programs.
- **Educating patients on the importance of oral health** to prevent infections, oral pain, and other preventable dental health impacts.
- **Assisting with dental insurance enrollment** to ensure access to covered dental treatments.
- **Addressing barriers to care** and supporting patients so they can benefit from oral health services available to them.

Oral Health Resources	
<u>Denti-Cal (Medi-Cal Dental Program)</u>	Covers preventive, restorative, and emergency dental services for Medi-Cal recipients.
<u>Ryan White HIV/AIDS Program – Oral Health Services</u>	Ryan White Program providing oral health services for PWH in LA County.
<u>The Well Project – HIV and Your Mouth</u>	The Well Project webpage dedicated to oral health information for PWH.

Psychosocial Support

Psychosocial support is a fundamental aspect of overall health - helping reduce isolation, enhance emotional resilience, and improve one's sense of belonging and connectedness. Negative experiences faced by many PWH —stigma, depression, anxiety, isolation, and trauma—can significantly interfere with treatment adherence, access to services, and quality of life for PWH. The MCC team evaluates a patient's support network and access to community resources to identify those who may benefit from peer support groups, counseling, or social services.

The MCC team provides comprehensive psychosocial support by:

- **Conducting social support assessments** to identify opportunities for improving support networks.
- **Referring patients to peer support and counseling services** for emotional well-being and self-empowerment.
- **Providing access to group therapy and HIV support programs** to reduce isolation and foster a sense of belonging.
- **Connecting patients with spiritual and holistic wellness resources** to support emotional and spiritual well-being.
- **Helping patients navigate HIV stigma and disclosure challenges** by offering counseling and advocacy resources.

MCC Team Member Spotlight

The Patient Care Manager (PCM) leads in this domain by conducting psychosocial assessments, offering brief interventions, and linking patients to culturally responsive services that address their emotional and social needs.

Psychosocial Resources

<u>Being Alive</u>	Maintains multiple support groups for people with HIV that can help patients with psychosocial support needs.
<u>TargetHIV – Peer Programs*</u>	Information about peer programs as well as leadership development opportunities specifically for PWH.
<u>Trans Wellness Center</u>	The Trans Wellness Center provides comprehensive resources and services for transgender and non-binary people in LA County including social support groups.

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Sexual Health

Sexual health education and resources offer PWH the comprehensive support and tools needed for informed decision-making, STI prevention, and overall well-being. Sexual health is a fundamental part of holistic HIV care, ensuring that patients are empowered with sex positive information and options. By offering counseling, referrals, and harm reduction strategies, the MCC team helps patients navigate sexual health concerns while maintaining healthy and fulfilling sexual relationships.

The MCC team ensures comprehensive sexual health care by:

- **Providing sexual health education** to address knowledge gaps and promote safer sex practices.
- **Facilitating STI screening** to support access to early diagnosis and treatment.
- **Talking with patients about disclosure support** to help patients who want to share their status with their family, friends, or sex partners.
- **Addressing medication-related sexual dysfunction** by coordinating with providers to adjust treatment plans when needed.
- **Connecting patients to reproductive health and family planning services** for fertility counseling, contraception, and pregnancy support.
- **Supporting patients facing relationship or safety concerns** by providing resources for intimate partner violence (IPV), coercion, or transactional sex situations.

Sexual Health Resources	
<u>DHSP – DoxyPEP Action Kit</u>	Patient and provider resources about DoxyPEP, a safe, inexpensive, and highly effective biomedical prevention tool that can reduce chlamydia, gonorrhea, and syphilis infections.
<u>DHSP – U=U Action Kit</u>	Patient and provider resources about U=U, a simple, concise and impactful abbreviation for Undetectable = Untransmittable that empowers PWH in their sexual relationships.
<u>The Well Project – Sexual and Reproductive Health, Rights, Justice, Pleasure, and HIV</u>	Information about sexual and reproductive health as it pertains to pleasure and social justice from the perspective of women living with HIV.

Substance Use

Substance use disorders (SUDs) can affect medication adherence, increase mental health challenges, and reduce healthcare engagement for PWH. The MCC team plays a crucial role in screening for SUD and providing harm reduction services and referrals to substance use treatment programs. By offering non-judgmental support and individualized care, the MCC team helps patients access resources that align with their readiness for change, ultimately promoting improved HIV outcomes and overall well-being.

The MCC team ensures comprehensive SUD care by:

- **Conducting substance use screenings** to assess patterns of use and potential treatment needs.
- **Providing harm reduction education and support** to help patients reduce SUD-related health risks.
- **Referring patients to detox and medication-assisted treatment (MAT) programs** for alcohol and opioid dependence.
- **Connecting patients to inpatient and outpatient treatment programs** based on individual needs and readiness for treatment.
- **Integrating mental health and substance use treatment referrals** for co-occurring disorders.
- **Providing linkages to HIV-specific recovery programs** to ensure comprehensive care for PWH with SUDs.

MCC Team Member Spotlight

The Patient Care Manager (PCM) typically serves as the subject matter expert for SUD interventions.

Substance Use Resources

<u>Los Angeles County Department of Public Health – Engagement and Overdose Prevention (EOP) Hubs</u>	LA County contracted syringe service providers who provide harm reduction services, peer-led education, and peer-led support services.
<u>Los Angeles County Department of Public Health – Substance Abuse Prevention and Control, Service and Bed Availability Tool (SBAT)</u>	Web-based tool that provides a dashboard of available substance use services throughout Los Angeles County.
<u>MAT LA Clinical Directory</u>	List of clinics that offer MAT.

Transportation

Reliable transportation is a critical determinant of healthcare access for people with HIV (PWH). Transportation is a critical factor in ensuring continuous HIV care, particularly for low-income individuals, those with mobility impairments, and those requiring specialty medical services. The MCC team plays a crucial role in assessing transportation challenges, identifying available resources, and linking patients to transportation assistance programs. By incorporating transportation resources into HIV care coordination, the MCC team helps patients overcome logistical barriers, reduce missed appointments, and improve treatment adherence and overall well-being.

The MCC team ensures equitable access to transportation by:

- **Identifying barriers** impacting appointment attendance and healthcare engagement.
- **Referring patients to free or subsidized transit programs** for low-income individuals and PWH.
- **Connecting patients to non-emergency medical transportation (NEMT) services** to ensure reliable transport for medical visits.
- **Assisting with paratransit applications** for patients with mobility impairments requiring specialized transport.
- **Coordinating long-distance travel assistance** for patients needing specialty care outside their residential area.
- **Providing rideshare vouchers or bus passes** when funding resources allow.

MCC Team Member Spotlight

The CW member of the MCC team can take the lead on supporting patients with transportation-related needs.

Transportation Resources

Transportation Resources	
Los Angeles Metro LIFE Program	Offers reduced-fare TAP cards for low-income residents, including PWH.
Medi-Cal Nonemergency Medical Transportation (NEMT)	Provides free transportation for eligible Medi-Cal recipients who need assistance getting to medical appointments.
Ryan White Program - Transportation	Ryan White Program providing transportation services for PWH in LA County.

Utilities

For PWH, lack of access to utilities can exacerbate health conditions, impact medication storage (e.g., refrigeration for certain prescriptions), and create unsafe living environments. The MCC team plays an essential role in assessing utility insecurity among patients, preventing disruptions in services, and linking patients to financial assistance programs in order to ensure continuous access to essential services such as electricity, water, and heating/cooling services.

The MCC team ensures utility security for PWH by:

- **Conducting utility security assessments** to determine financial hardship and risk of disconnection.
- **Referring patients to utility assistance programs** that provide financial aid for low-income households.
- **Providing emergency energy and water support resources** for patients at risk of service disruptions.
- **Connecting patients to extreme weather relief programs** offering cooling centers, heating assistance, and shelter referrals.
- **Assisting patients with payment plans and advocacy services** to negotiate manageable repayment options.

Transportation Resources	
<u>Los Angeles Department of Water and Power (LADWP) Cool Centers and Heat Relief Information</u>	Provides information on air-conditioned spaces and cooling centers during extreme heat waves.
<u>LADWP EZ-SAVE Program</u>	Offers financial relief on water and electricity bills.
<u>SoCal Edison Energy Assistance Fund</u>	Provides one-time grants to cover overdue electricity bills.