

## **HIV Health Services Planning Council Sacramento TGA**

### **Policy and Procedure Manual**

**Subject:** Support Services

**No:** SSC 04

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As directed by the HIV Health Services Planning Council priorities, when funded, the following service standards will apply to Ryan White contracted service providers.

1. Ryan White funding is to be used for HIV/AIDS medical care including, psycho-social and support services designed to significantly improve client access and adherence to such resources. Any support services that are provided by agencies and paid for through Ryan White funding will be part of a comprehensive medical care plan that promotes the optimal state of health for the afflicted individual and shall be related to healthcare or other critical needs.
2. Ryan White funding is to be expended in a cost effective, equitable manner based upon client need verification. Therefore, clients may present to respite services through self referral or agency referral. Payment for support services through Ryan White funding are authorized only in circumstances where client eligibility is validated and no other payment guarantor has been identified.

**Policy:** The Support Services standards which follow will be applied uniformly by any contract agency which receives CARE Act funding for the various support services listed in the provision of services to people living with HIV/AIDS seeking assistance. These standards are to be coordinated with other service standards, such as the dental or respite care standards, as needed. The standards are to be implemented in the context of the approved Medical Case Management Model.

The support service categories are:

- Complementary Therapies
- Food Vouchers/Food Banks/Meals/Nutritional Supplements/Vitamins
- Housing
- Insurance Continuance
- Medical Transportation, Voucher and Non-voucher
- Utilities
- Other Critical Needs

### 3. In accordance with the above:

1. The following general guidelines will be applied to ALL areas of Support Services:
  - a Ryan White funds are intended to support only HIV related needs of eligible individuals. Grantees, planning councils, and consortia should be able to make an explicit connection between any service supported with Ryan White funds and the intended recipient's HIV status, or care-giving relationship to a person with HIV/AIDS.
  - c All requests for services will be accompanied by an assessment of the individual's need for the designated services, completed by a designated representative of the medical case management agency. The assessment must contain an annual budget completed with the client.
  - d Ryan White funds may not be given in the form of direct cash to clients.
  - e Ryan White funds may not be used to fund the following:
    - Pet foods or maintenance products/care
    - Local or state personal property taxes
    - Employment, vocational rehabilitation or employment readiness services
    - Clothing
    - Social outings
  
2. Exceptions and Emergencies may be handled as follows:
  - a Emergencies may be defined around the following specific support service categories only: housing, food, transportation and medication assistance. Other one-time needs are defined as exceptions.
  - b Exceptions and emergencies must be documented in the case record and signed by an authorizing person.
  - c All exceptions must be time limited.
  
3. Specific Support Service standards, by category, are to be applied as follows:
  - a Complementary Therapies
    - 1b Definition: Complementary Therapies includes Acupuncture, Massage, Chiropractic and Herbs. These are provided to supplement basic medical care and are intended to aid in the maintenance of a healthy life.
    - 2b Instructions:
      - a Payment for Complementary Therapies may be provided “upon written referral by the client's primary health care provider (or substance abuse counselor in the case of referrals for acupuncture associated with substance abuse treatment)”. Herbs do not require a written referral by the client's primary health care provider.
      - b “All Complementary Therapies are to be provided by certified or licensed practitioners and/or programs whenever State certification or licensure exists”.
      - c The provider shall complete an assessment of the consumer's needs and develop a plan for treatment. The plan for treatment should include number and type(s) of treatments required, length of proposed treatment plan, and an outline of goals to be achieved and cost of the treatment plan.
      - d The consumer, Medical Case Manager and/or MCM Supervisor or agency fiscal representative must approve the treatment plan. The treatment plan is not to be

implemented until approval is received from the case management/service agency. The approval/denial of the treatment plan shall be completed within a maximum of 10 business days, with the decision communicated between the case management agency and the requesting vendor.

- e NOTE: Approval of the treatment plan provides authorization for funding of the full number of treatments indicated and/or multiple treatment modalities as specified in the plan (e.g., for massage and acupuncture or for chiropractic and massage).
  - f The treatment plan is to be reviewed by the practitioner and health care provider to assure appropriate client services.
  - g Service agencies are encouraged to explore group treatment and/or group education as part of cost savings measures.
- b Food Vouchers, Food Banks, Meals, Nutritional Supplements, Vitamins
- 1 Definition: Assistance with food is to be provided according to local needs, in the form of food banks, home-delivered meals or vouchers. The overall intention is to help meet basic needs and to maintain health.
  - 2 Instructions: Medical Case managers will facilitate last resort determination for food assistance through identifying available resources for food in the community, as well as by providing documented referrals to these other resources.
    - a Medical Case Managers will then complete a budget with any client requesting food assistance, documenting a plan for maintaining their access to food/food resources.
    - b Voucher assistance for the purchase of food items shall be up to \$75.00 per month for an individual or \$100.00 per month for a family (more than one person living under the same roof).
    - c Food assistance shall be made available every month, in addition to other resources (e.g., food vouchers, SHARE boxes) which may be available to the client.
    - d Agencies providing food assistance in the form of food vouchers or boxes will make every effort to purchase quantities that provide for discounts.
- c Housing
- 1 Definitions:
 

Housing assistance is provided to enable individuals to remain in a stable environment, and/or gain or maintain access to medical care.

Short term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:

    - a Housing services that include some type of medical or supportive services: including, but not limited to, residential substance abuse or mental health services (not including facilities classified as a Institute of Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
    - b Housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access and compliance

with HIV-related medical care and treatment. Necessity of housing service for purposes of medical care must be certified or documented.

Short term or emergency assistance is understood as transitional in nature and for purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate and/or ensure the individual or family is moved to, or capable of maintaining, a long term stable living situation.

Emergency housing may include motels, hotels, rooming houses, etc.

## 2 Instructions:

- a Rent subsidies will be based on client's actual rent or current fair market rent, whichever is less, minus 0-30% of the client's income. The percentage of the client's income to be used in this calculation is to be determined by the provider. See the following **example** and equation:

Client's actual rent – \$475/month (1 bedroom apartment)

Client's income - \$1,000/month

Fair Market Rent – \$450 (1 bedroom apartment in Sacramento, CA. Fair Market Rent figures are calculated for different geographic regions, and are published annually by HOPWA.)

Percentage of client's income devoted to housing costs = 25%

Subsidy (\$) =  $450 - (1000 * 0.25) = 450 - 250 = 200$

The subsidy paid by the provider will be \$200; the client is responsible for \$275.

- b Rental agreement statement is required.
- c Third-party notifier to agency from the rental holder is required, except in cases where the client demonstrates reliability in early notification to the Medical Case Manager regarding payment difficulties, or in instances when such notification would result in client eviction.
- d Clients must deplete other housing resources dollars, if available (e.g., HOPWA).
- e At no time will payments exceed 26 weeks per year, regardless of source (e.g., Ryan White, HOPWA).
- f A one-time annual payment of move-in cost, not to exceed two month's rent at fair market rate, may be paid. In this instance, the client must have documentation of ongoing ability to maintain rental payments (e.g., check stub, disability income verification, etc.).
- g No deposits shall be paid.
- h Hotel/Motel payments may be utilized on an emergency or transitional basis for no more than 14 nights per year, at a maximum rate of \$45.00 per night. This assistance will be accompanied by a documented plan to obtain more permanent housing.

d Insurance

- 1 Definition: Health Insurance continuation shall be provided to support continued access to quality HIV medical care.
- 2 Instructions:
  - a Health Insurance continuation “...may be used to pay for public or private health insurance co-payments and deductible for low-income individuals only.”
  - b Health Insurance continuation payments shall be provided only as a transition from one source of insurance to another form of healthcare support, unless continuation is a less expensive alternative.
  - c Any assistance will assume the client and Case Manager have exhausted other options, and are actively engaging in efforts to enroll the client in alternative programs (e.g., CARE-HIPP).
  - d Support shall not exceed \$750.00 per year per HIV+ person.

e. Medical Transportation

- 1 Definition: Medical Transportation assistance is provided to enable individual’s access to medical or social service appointments and/or resources which address basic needs.
- 2 Instructions:
  - a Agency representative shall make every effort to verify the client has no other resource to obtain transportation support (e.g., General Assistance bus pass).
  - b No-cost, non-profit or volunteer transportation services should be used as often as possible. Agency representatives must identify such resources with clients prior to provision of other options.
  - c Taxi services may be used, but should be considered last resort.
  - d Transportation assistance shall not exceed \$50.00 per month for either bus or taxi services.
  - e “Funds...may not be used for direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance or license and registration fees.”
  - f “Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported...” This reimbursement is available to the medical transportation provider (such as a friend or family member who drives the client) only.

f. Utilities

- 1 Definition: Utility assistance is available to enable individuals to remain in a stable, healthy living situation and to aid in the prevention of homelessness.
- 2 Instructions:
  - a Utility payment subsidies (for electric, propane, kerosene, gasoline, and natural gas) shall not exceed \$100.00 per month for an individual or \$150.00 per month for a family and shall not exceed 3 payments per year.
  - b Fees for initiation of utility service, as well as transfers of utility service from another residence, may be paid one time per year.
  - c The number and amount of payments may be greater when wood and wood pellets are a client’s primary source of heat, not to exceed \$500.00 per year.

- d An additional one-time per year payment, not to exceed \$350.00, may be paid for an urgent/cut-off utility notice.
  - e Any utility assistance provided will result in the Medical Case Manager becoming a 3<sup>rd</sup> party notifier for that utility service for one year.
  - f Emergency telephone assistance shall be available for up to \$70.00 per year. In such an instance, the Medical Case Manager will educate and assist the client in obtaining Universal Lifeline Service, if the client is not already enrolled. Service providers throughout the TGA are expected to accept long-distance collect calls from clients as needed.
  - g No cell phone, pager, Internet or other non-basic telephone services will be subsidized.
- g Other Support Services
- 1 Definition: This assistance is intended to provide access to a range of service which addresses the needs frequently encountered by HIV+ individuals. The emphasis is on maintenance of health.
  - 2 Instructions:
    - a Vendor payment is required.
    - b Examples of what may be compensated are as follows:
      - Translation/Interpreter services for HIV+ individuals and their caregivers.
      - Glasses/Optician services (emergency only). Be sure to check for MediCal authorization and/or Lion's Club glasses availability.
      - Diapers or diaper rash ointment.
      - Medicated shampoos
      - Ointments
      - Disinfectant soaps
      - Pharmaceutical items (e.g., arm brace, durable medical equipment, syringes, etc.)
      - Other urgent needs, as determined between client and agency representative.
4. RW Agencies which provide Support Services shall develop and adhere to budgets for Support 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 Support Services. 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.
5. Medical Case Managers at RW Agencies may at any time submit to the RW Fiscal Agent requests for interpretation of these or any other service 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.

6. RW Agencies shall provide a means by which Medical Case Managers can obtain in-service training and advice related to interpreting client medical needs.

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.

*Kane R. Ortega*

Adopted:

Date: 4/27/11

Kane Ortega, Chair