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

Meeting Agenda:
March 5, 2024, 2:00 PM – 3:00 PM

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

Facilitator: Kelly Gluckman - Chair
Scribe: Angelina Olweny – Council Staff
Meeting Invitees:

- Committee Members: Richard Benavidez, Jake Bradley-Rowe, and Kristina Kendricks-Clark
- Open to the Public

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

*Action items

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

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Agenda Review*	Gluckman		
Minutes Review of December 2023*	Gluckman		
FY23 Quality Advisory Workplan	Caravella		
FY24 Quality Advisory Workplan – Draft*	Caravella		
FY23 QAC Self-Assessment	Caravella		
Oral Healthcare Service Standard Discussion	Gammell		
Housing Service Standard Discussion	Gammell		
Emergency Financial Assistance Service Discussion	Gammell		
Post-card Survey Discussion	Gammell		
Public Comments	Gluckman		
Technical Assistance	Gluckman		
Adjournment	Gluckman	3:00 PM	

*Action Items

Attachments:
Minutes of December 2023*
FY23 QAC Workplan
FY24 QAC Workplan – Draft*
FY23 QAC Self-Assessment
Oral Healthcare Service Standard Document
Housing Service Standard Document
Emergency Financial Assistance Service Document

Next Meeting: **June 4, 2024**

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

Sacramento County
Department of Health Services
HIV Health Services Planning Council
QAC Communities Committee
December 5, 2023

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

Meeting Minutes

December 5, 2023, 2:00 p.m. to 3:00 p.m.

Meeting Location:

4600 Broadway, Sacramento, CA 95820

Community/Conference Room 2020

Facilitator: Richard Benavidez, Chair

Scribe: Angelina Olweny, Council Staff

Committee Member Attendees:

- Richard Benavidez, Kelly Gluckman

Members Absent/Excused: Jake Bradley-Rowe

County Staff: Paula Gammell

Guests: Melissa Willett

Sacramento County
Department of Health Services
HIV Health Services Planning Council
QAC Communities Committee
December 5, 2023

Topic	Minutes
Welcome, Introductions and, Announcements	Welcome, and introductions began at 2:13PM The World AIDS day event was well received. Kelly Gluckman and Melissa Willett will be joining as voting members of the Quality Advisory Committee. Kelly Gluckman will be the new Quality Advisory Committee Chair. One Community Health is having food and diaper give away on January 15. American River College is having a health fair called CARE fest. Any agencies interested in participating can contact American River College.
Public Comments- Action Items	No announcements.
Agenda Review*	The December agenda was presented for review and approval. Melissa Willett motioned to accept the agenda as presented and Kelly Gluckman seconded the motion. The motion passed with a majority. The facilitator on the agenda should be changed to Richard Benavidez. Melissa Willett motioned to accept the agenda with the changes made and Kelly Gluckman seconded the motion. The motion passed with a majority. Accept: Kelly Gluckman, Melissa Willett, Richard Benavidez Oppose: N/A Abstain: N/A
June Minutes Review*	The June minutes were presented for review and approval. Richard Benavidez motioned to accept the minutes as presented and Melissa Willett Seconded the motion. The motion passed with a majority. Accept: Melissa Willett, Richard Benavides Oppose: N/A

Topic	Minutes
	Abstain: Kelly Gluckman
Client Satisfaction Survey Discussion	The client satisfaction survey results were sent to the agencies. A suggested strategy to increase survey participation included having an electronic version of the survey. Case managers could be encouraged to explain to clients that completing the feedback from the survey could also help the recipient receive more funding to help clients receive additional services. This information can be shared in a bullet point document. One suggestion to ensure the anonymity of responses was to have a drop box at the agency where clients can submit completed surveys in a sealed envelope. Client satisfaction surveys are distributed twice a year.
Postcard Survey Discussion	2,400 post-card surveys were distributed to clients and there were 504 responses. The 21.1% response rate is 4% higher than the previous year. However, postcard surveys for mental health and non-medical case management have the lowest response rates. The lack of information sharing across departments in large organizations results in low response rates. Additionally, some clients are not interested in completing surveys after receiving services. Suggestions to increase survey participation include explaining to clients the importance of their feedback. Case managers and providers need to be informed about how the survey provides valuable insights into unknown client needs. In addition to educating case managers, weekly reminders during team meetings in respective organizations could help increase the distribution of postcard surveys. Other avenues to create awareness about the post-card survey include the Positive Advocate newsletter and Community Conversations meetings where attendees can be encouraged to complete and share information about the postcard survey with their peers. QR Codes could be created to share electronic versions of the survey.

Sacramento County
Department of Health Services
HIV Health Services Planning Council
QAC Communities Committee
December 5, 2023

Topic	Minutes
Public Comments	There were no public comments.
Technical Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	2:55PM

HIV Health Services Planning Council
QUALITY ADVISORY COMMITTEE
FY 2023-2024 WORK PLAN

MEETING DATE	ACTIVITY	MATERIALS
March 2023	• Data Entry Update for Post Card Survey • Conduct Committee Self-Assessment • Approve 2023-2024 Work Plan	• Committee Self-Assessment
June 2023	• Review 2022 Performance Outcomes from the Recipient • Continue updating Service Standards • FY22 Client Satisfaction Survey Results Report • FY22 Service Post Card Survey Results Report • Begin Updating Service Standards	• 2022 Performance Outcomes • Draft Service Standards • FY22 Client Satisfaction Survey Results Report • FY22 Service Post Card Survey Results Report • Draft Service Standards
September 2023	• Quality Management Program Update from the Recipient • Continue Updating Service Standards • Determine FY23 Post Card Survey Sample Size	• Draft Service Standards • Service Survey letter and Post Card Services Worksheet
December 2023	• Prepare FY 2024 Work Plan • Review & Identify All Service Standards needing updates • Plan for Service Survey • Distribute FY23 Post Card Survey to Providers	• Draft 2024 Work Plan • Service Standards Service Survey

STRATEGIES (from the California Integrated HIV Surveillance, Prevention, and Care Plan)

The following Strategies from the California Integrated HIV Surveillance, Prevention, and Care Plan, known as, Laying a Foundation for Getting to Zero apply to the ongoing work conducted by the Quality Advisory Committee in the Sacramento Transitional Grant Area:

Strategy E: Improve Retention in Care

- Activity E1: Expand Provider Education to Improve Capacity to Retain Clients
- Activity E3: Increase the Number of California Living with HIV Who Are Enrolled in Health Insurance Coverage

- Activity E4: Improve Integrated of Basic Substance Abuse/Mental Health Interventions with HIV Care Settings

Strategy F: Improve Overall Quality of HIV-Related Care

- Activity F1: Improve Cultural Competency of Medical and Service Providers
- Activity F2: Expand the Use of Treatment Adherence Interventions
- Activity F3: explore Establishing Standards of Care for Services Provided through Ryan White HIV/AIDS Program Funding, and Take Other Actions to Ensure that High-Quality Care can be Measured and is Tracked
- Activity F4: Encourage Housing Evaluation as a Routine Part of Medical Assessment

Strategy I: Improve Case Management for PLWH with High Need

- Activity I1: Increase Case Management Services for PLWH with Demonstrated Need from Diagnosis through Viral Suppression
- Activity I2: Work with Transitional Case Management Programs for PLWH Leaving Correctional Facilities

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

- Activity K3: Implement Harm Reduction-based Models of HIV Prevention and Care Services that Integrate Other Health Services Critical to People Who Use Drugs
- Activity K4: Encourage Naloxone Programs throughout the State

Strategy N: Enhance Collaborations and Community Involvement

- Activity N5: Improve Partnerships Between Local Health Departments and Primary Care Providers

HIV Health Services Planning Council
QUALITY ADVISORY COMMITTEE
FY 2024-2025 WORK PLAN

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September 2024	• Quality Management Program Update from the Recipient • Continue Updating Service Standards • Determine FY24 Post Card Survey Sample Size	• Draft Service Standards • Service Survey letter and Post Card Services Worksheet
December 2024	• Prepare FY 2024 Work Plan • Review & Identify All Service Standards needing updates • Plan for Service Survey • Distribute FY24 Post Card Survey to Providers	• Draft 2024 Work Plan • Service Standards Service Survey

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HIV Health Services Planning Council
Quality Advisory Committee

#	*Rating Category*	*Standards*	**Progress** *(Date accomplished noted in parenthesis)*				**Accomplishments/Barriers** • What has been accomplished (by whom) • **What still needs to occur (by whom) in order to complete the task**
			NA	ND	IP	COM	
1	**Service Quality**	1. Council reviews utilization data, survey data, and other community input to gauge service quality.					
		2. Service Quality Outcomes are reported to PAC in advance of priority and allocations setting process.					
		3. Council assesses cost effectiveness in service standard development.					
		4. Council identifies and assesses barriers to service delivery and access in formulating standards of care.					
		5. Appropriate individuals were used to review and revise service standards.					
		6. PLWH are involved in designing, developing, and conducting standards and measures.					
		7. Service standards are reviewed and discussed by wide range of stakeholders, including clients, providers, Recipient and Council members prior to adoption.					

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

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

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. As such, any 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 client need and encourages self-reliance of clients. Clients 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 client 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. 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 Oral Health Program Operations Manual and Oral Health Rate Schedule, as published by the Sacramento County Department of

Health Services.

B. Providers 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:

1. 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.
2. Medical history taking
3. Comprehensive oral exam
4. A documented dental treatment plan including a referral system for urgent care matters and/or services needed by clients but not fundable through Ryan White.
5. Diagnostic dental care
6. Preventative dental care
7. Therapeutic dental care
8. Documentation of oral health education
9. Coordination of care with primary care provider and other services
10. Documented provision of at least one periodontal examination during the measurement year (March- February)
11. 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)
12. Documentation of progress, review and outcome of the dental treatment plan

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 client referral.

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

Monitoring

Appointment Times - Procedures for ensuring the first appointment for new clients 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.

Eligibility Screening and Intake

The Oral Health Care providers must ensure that the client has been deemed eligible for HCP services by the referring agency; HCP directly-contracted providers should verify that intake has been performed at the start of HCP service provision and if not, perform an intake. Providers should ensure that any consents and Releases of Information specific to dental care are completed and in the client's file; providers 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 provider shall perform a complete medical history for every new patient. This should include:
  - Client'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 client's presenting complaint
  - Medical and dental history
  - Caries (cavities) charting
  - X-rays: Full mouth radiographs or panoramic and bitewing x-rays
  - Complete oral hygiene and periodontal exam
  - Comprehensive head and neck exam

- Complete intra-oral exam, including evaluation for HIV-associated lesions or STIs
- Soft tissue exam for cancer screening
- Pain assessment
- Risk factors

Education: Clients should always be provided with information regarding prevention, early detection of oral disease, and preventive oral health practices, including what to do if having a dental emergency. See the *Preventative Care and Maintenance* section of this document for more details.

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

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

Treatment Plan

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

- Identify and prioritize the patient's dental care needs
- Incorporate client input
- Describe the proposed interventions and treatment schedule
- Include any referrals and linkages to specialty care or other needed services
- Be signed and dated by the provider

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

Preventative Care and Maintenance

Oral Health Care providers 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
- 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, clients should be scheduled for routine dental health maintenance visits, as follows:

- Routine examinations and prophylaxis twice a year
- Comprehensive cleaning at least once a year
- Other procedures, such as root planing/scaling as needed

Fiscal Management

- No Denti-Cal provider is located within 30 minutes or 15 miles of a client's residence or workplace. (Denti-Cal Provider Search)
- No Denti-Cal provider is accepting new patients within 30 minutes or 15 miles of a client's residence or workplace.
- A Denti-Cal eligible client who is having an oral health emergency and cannot get an appointment with a Denti-Cal provider.

Providers must show adequate documentation of the above-mentioned exceptions. In these situations, the subrecipient will submit negotiated fee schedule to HCP with the invoice. Providers cannot bill HCP for services billed to Denti-Cal.

HCP contractors are not required to enter into a contract with the fee-for service dentist. It is up to the contractor to ensure the dentist agrees to fee amounts allowed by HCP.

Monitoring

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

D. Reasonable efforts will be made to overcome any barriers to access and utilization, including efforts to accommodate linguistic and cultural barriers.

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

disease.

F. Dental Service providers 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.

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

4. **Provider 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.

Staff Orientation and Training

Initial: All HCP-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.

5. All Dental services shall be provided in a culturally and/or linguistically competent manner, which is respectful to the client's cultural health beliefs, practices and preferred language.

6. 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.

7. Providers at RW Agencies may at any time submit to the RW Recipient requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical/dental needs of a client or on unique barriers to accessing medical/dental care which may be experienced by a client.

8. RW Agencies shall provide a means by which providers can obtain in-servicing and on-call advice related to interpreting client medical/dental needs.

9. 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.

Signed: _____ Date: 06/22/22

Richard Benavidez, Chair

HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual

Subject: Housing Assistance Services

No.: SSC 15
Date Approved: 05/26/04
Date Revised: 06/22/22
Date Reviewed: 06/22/22

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

1. Ryan White CARE Act funding is to be used for HIV/AIDS medical care including, psychosocial and support services designed to significantly improve client access and adherence to such resources. Housing Assistance 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 maintaining a client's housing stability, thereby improving ability to maintain or access medical care.

2. Ryan White CARE Act funding is to be expended in a cost effective, equitable manner based upon client need verification. Referral to housing services is accomplished through medical case management providers, or by self-referral. Payment for housing assistance services through Ryan White funding are authorized only in circumstances where client eligibility is validated and no other payment guarantor has been identified.

3. In accordance with the above:
   A. Definition:

      Housing services provide transitional, short-term, or emergency housing assistance (including hotel/motel vouchers) to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment.

      Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and increase stability for clients, allowing them to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated at least every six months, to

guide the client's linkage to permanent housing. Housing services also can include housing referral services; assessment, search, placement, and advocacy services; as well as payment of fees associated with these services. Providers must have written policies and procedures that indicate the percentages of a client's monthly rent they can pay through this program.

Allowable activities in this service category include:

- Housing that provides some type of core medical or support services, such as:
  - Residential substance use disorder services
  - Residential mental health services
  - Residential foster care
  - Assisted living residential services
- Housing that does not provide direct core medical or support services, but is essential for a client or family to initiate or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. This includes paying or supplementing rent. In some cases this can include hotel/motel vouchers, when done on a limited basis as part of an overall plan to transition the client to permanent housing.
- Housing referral services to other (non-Ryan White) housing programs

NOTE: Utilities, including firewood, may be paid for under the Emergency Financial Assistance service category, but are not allowable in this service category.

Unallowable Activities

Housing services **may not:**

- Be used for mortgage payments
- Be in the form of direct cash payments to clients
- Be used for rental or security deposits. Such deposits are typically returned to clients as cash, which would violate the prohibition on providing cash payments to clients.

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 Common Standards of Care for detailed intake requirements. Providers should ensure that any consents specific to housing are completed and in the client's file.

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

Housing Plan
Housing Service providers should create an individualized housing plan for each client. The plan must include:

- Assess current housing needs
- Incorporate client input
- Guide the client's linkage to permanent housing
- Include any referrals and linkages to other needed services
- Be signed and dated by staff providing Housing Services

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

Service Characteristics
Eligibility Screening: If the Housing Services provider is the client's first contact with a Ryan White service provider, the client must be screened for eligibility as described in the Common Standards of Care.

Newly Identified Clients: Housing Services providers should work with other Ryan White-funded providers to ensure that newly-diagnosed clients and clients new to the Ryan White system are evaluated for and provided with Housing Services as needed.

Appointments: Initial Housing Services appointments should be made as soon as possible to avoid housing disruptions. Appointments must occur no later than 10 calendar days after the first client referral, which can be a self-referral. Subsequent non-urgent appointments must be scheduled as soon as feasible, but no more than 30 days after a request. As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours. Missed appointments and provider attempts at rescheduling must be documented in the file.

Duration: Services are intended to be temporary in nature. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as lasting up to 24 months. Providers may extend services beyond 24 months if necessary based on individual client assessment, which must include a transition plan to permanent housing with a concrete timeline. The Ryan White Recipient must be made aware of such an instance.

Documentation: All client contacts, as well as services, referrals, and other assistance provided to clients in order to help them obtain housing must be recorded in the client chart.

- If the client is not placed in housing that also provides some type of core medical or support services, the necessity of housing services to support treatment plan adherence must be documented.
- Documentation must include confirmed appointments to HIV-associated medical care, whether provided through their housing services provider or externally

B. Instructions:
Housing assistance may include rent subsidies, move-in costs other than deposits, or emergency shelter. All housing assistance will be provided through vendor paid dollars. Rental/shelter verification (rental agreement, receipt, etc.) is required.

Clients must deplete other housing resources dollars, including HOPWA, before receiving rent subsidies through Ryan White. At no time will total housing assistance, whether provided solely through rent subsidies, move-in costs, or emergency housing, or through a combination thereof, exceed the equivalent of two months' rent, unless specific contractual agreements with funding sources provide extensions.

i. Rent Subsidies
   a. Clients requiring rent subsidies will contribute as much of their monthly income to the cost of rent as is feasible. The actual percentage of the client's income to be used in this calculation shall be based upon what the client can reasonably dedicate to housing costs, as determined by the case management provider. The remaining balance between the client's contribution and their actual rent may be subsidized through Ryan White housing assistance.

   b. A Medical Case Manager will assess the housing situation of any client receiving a rent subsidy twice within a twelve month period. The assessment will be used to identify more affordable housing solutions, which might include relocating, or shared housing.

   c. Ryan White rent subsidies will not be provided to clients currently or simultaneously receiving any other federally subsidized housing assistance.

ii. Move-in Costs
    a. A one-time annual payment of move-in cost, i.e. the first month's rent, may be paid
    b. Client must have documentation of ongoing ability to maintain rental payments (e.g., check stub, disability income verification, etc.).
    c. No deposits shall be paid.

iii. Emergency Housing
    a. Emergency housing may include motels, hotels, rooming houses, etc.
    b. Emergency housing payments may be utilized on an emergency or transitional basis for no more than 14 nights per year, at the most reasonable rate available in the community for emergency per-diem housing which meets acceptability standards, unless specific contractual agreements with funding sources provide extensions.
    c. This assistance will be accompanied by a documented plan to obtain more permanent housing and such medical case management and advocacy as is needed to pursue the plan.

4. RW Agencies which provide Housing Assistance shall develop and adhere to budgets for housing 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 CARE Act funded housing services for critical needs. Agencies shall assure that all clients receiving any RW CARE Act funded services are 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 Recipient requests for interpretation and/or exceptions 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.

Education/Experience/Supervision
There are no minimum educational standards for Housing staff. Housing-related referrals must be provided by persons who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs.

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

Staff Orientation and Training
Initial: All staff providing Housing 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
- Local housing resources including HOPWA
- 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.

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.

Adopted:  Date: 06/22/22

Richard Benavidez, Chair

HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual

Subject: Emergency Financial Assistance

No.: SSC 16
Date Approved: 05/26/04
Date Revised: 06/22/22
Date Reviewed: 06/22/22

NOTE: Other Critical Needs is not a funded service category under Policy Clarification Notice (PCN) 16-02. Rather, it is a component of Emergency Financial Assistance. As such, the service standard for Other Critical Needs was re-named to Emergency Financial Assistance. Additionally, the TGA's previous Utilities Assistance Service Standard (SSC10) was inactivated and incorporated into the Emergency Financial Assistance Service Standard on May 27, 2020, as it too is a component of Emergency Financial assistance and not a funded service under PCN 16-02.

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Planning Council the following Emergency Financial Assistance will apply to all Ryan White (RW) contracted vendors that provide Other Critical Needs services.

Emergency Financial Assistance provides limited one-time or short-term payments to assist a client with an emergent need for paying for essential utilities, housing, food (including groceries and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

It is expected that all other sources of funding in the community for emergency financial assistance (i.e., general fund relief, local non-profit services) will be effectively used and that any allocation of Ryan White funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client may not be funded through Emergency Financial Assistance.

1. Ryan White CARE Act funding is to be used for HIV/AIDS medical services and for psychosocial and support services, which improves access and adherence to medical care. All such Other Critical Needs services initiated by agencies receiving Ryan White funding will be related to sustaining continuity of healthcare as defined by HRSA.

2. Ryan White CARE Act funding is to be expended in a cost effective, equitable manner that is based upon verified client need. Facilitating self-empowerment of the client's coordination of Other Critical Needs services shall be carried out through case management in accordance with the allocations, priorities and directives adopted by the Sacramento TGA HIV Health Services Planning Council (Planning Council), or through an alternative assessment process administered by a RW agency.

3. To be eligible for Other Critical Needs assistance, the requested service must directly assist the client in overcoming a barrier to accessing medical care or adhering to a medical regimen.

4. **Service Characteristics**
   Emergency Financial Assistance services are intended to provide emergency fiscal support for essential services to eligible clients for a limited time. Key characteristics include:

   Orientation
   Each new client enrolled in Emergency Financial Assistance must receive an orientation to the services at the first visit; document this orientation in the client file.

   Eligibility Screening: If the Emergency Financial Assistance provider is the client's first contact with a Ryan White-funded provider, the client must be screened for eligibility as described in the Common Standards of Care.

   Assessment: The Emergency Financial Assistance provider will determine the need for emergency financial assistance. Clients must submit proof of the need (i.e., a utility shut-off notice). Emergency Financial Assistance funds can only be used as a last resort for payment of services and items for a short period of time (i.e., not indefinitely/ongoing).

   Service Provision: Emergency Financial Assistance includes emergency payments for:
   - Utilities (water, electricity, gas, and firewood)
     - The term "utilities" shall be interpreted to include electric power, water and sewer service, natural gas and alternative heat sources such as propane, wood or fuel pellets for homes which use such fuels as the primary source of heating. Purchase of containerized water may be included for homes lacking either a piped water connection or a well.

    - Funds may not be used for utilities if the client lives in housing through programs that include the cost of utilities (e.g., Section 8 housing).
    - In order to preserve a client's access to utilities service in the most cost effective manner, utilities assistance will be granted one (1) time for a client who receives a notice of late payment, or a shut off notice.
    - Case Managers shall ensure that all clients who request housing related assistance of any kind, including utilities assistance, are made aware of and encouraged to access the weatherization subsidy programs available through utilities service providers or government agencies.
- Medications not covered by ADAP or Local Pharmaceutical Assistance Programs
- Prescription eye wear

All client contacts and other information pertinent to services must be recorded in the client chart.

Emergencies are defined as facing an imminent threat of losing basic utilities or access to needed medications. Funds are intended to help a client through a temporary, unplanned crisis to sustain a safe and healthy living environment.

When accessing Emergency Financial Assistance funds, clients must work with case managers or other service providers to develop a plan to avoid similar emergencies in the future. Changes should be made to the client's care plan, when relevant

Fiscal Management: Payments made on behalf of clients need to maintain client confidentiality and should not indicate "HIV" or "AIDS" on the check. If the name of the organization includes "HIV" or "AIDS", generic checks should be used.

Providers must have systems in place to account for disbursed funds under EFA. The systems must track the client's name, the staff person who distributed the funds, the date of the disbursement, the recipient of the funds and the dollar amount. These data elements can be tracked on the ARIES Services screen if no other tracking system is available.

Unallowable Activities

This emergency financial assistance may not be used for:

- Ongoing payments for any services or goods for clients
- Direct cash payments to clients

- Activities that can be paid for under another Ryan White service category including ADAP or another payer source

5. Agencies shall ensure that RW CARE Act funded services are provided only to such clients that meet eligible criteria as defined or stipulated within the Eligibility Standards as adopted by the Planning Council.

6. Standards applied include:

    a. Assistance that is intended to provide access to a range of services which address needs frequently encountered by People Living with HIV (PLWH) with emphasis on self-care health maintenance.

    b. All requests for funding will be accompanied by an assessment of the individual's need for the designated service, completed by a representative of the case management agency.

    c. Assessment findings must be documented in case notes.

    d. Services must be vendor or voucher based. Direct cash payments to clients are prohibited.

    e. Case managers will work with clientele to develop a budget that enables the individual to live within their existing resources.

7. RW Agencies which provide Other Critical Needs assistance shall develop and adhere to budgets that comply with the principles and standards described herein. When funding levels are anticipated to be less than the total need, agencies shall ensure that distribution of remaining funds will maximize number of clients who rely on RW CARE Act funded Other Critical Needs assistance.

8. Medical Case Managers at RW Agencies may at any time submit to the RW Recipient requests for interpretation and/or exception 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.

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

Education*/Experience/Supervision*
There are no specific education or licensing requirements for Emergency Financial Assistance providers. Services must be provided by persons who possess knowledge of:

- Sources of emergency funding in the local community, including those offered by local utilities
- AIDS Drug Assistance Program (ADAP)
- HIV and related issues
- Understanding of the Ryan White CARE Program

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

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

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

Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position. Training must be clearly documented and tracked for monitoring purposes.

10. 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.

Adopted:  Date: 06/22/22
Richard Benavidez, Chair