

HIV Health Services Planning Council Sacramento TGA Policy and Procedure Manual

Subject: Housing Assistance Services

No.: SSC 15

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Consistent with the United States Health Resources Services Administration's (HRSA), Policy Clarification Notice 16-02 and the funded Service Priorities established by the Sacramento TGA HIV Health Services Planning Council, the following Housing Assistance Standard will apply to all County HIV Care Services Program 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 verification of client need. Referral to housing services is accomplished through medical case management providers, or by self-referral. Payment for housing assistance services through Ryan White funding is authorized only in circumstances where client eligibility is validated, and no other payment guarantor has been identified.

3. Coverage for patients is only good for twelve months and they must re-enroll to maintain coverage. Patient eligibility and status will be confirmed prior to the appointment. This will allow time for the subrecipient to contact the client before their appointment if an update or various intake forms are needed. Updates and intake forms may include but are not limited to:

- CD4 **or** Viral Loads within the past 12 months
- Release of information,
- Grievance,
- Rights and responsibilities,

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

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

4. 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 subrecipients 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 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 for 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-eligible clients, 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 may receive rent subsidy assistance services once each fiscal year, not to exceed \$1,000, unless additional assistance is authorized by the Recipient. Eligible Ryan White clients must meet the following criteria for eligibility for rent subsidy assistance:
 1. Be in medical care and compliant with their case management plan.
 2. Provide proof of pending eviction or 3-day notice of eviction.
 3. Provide landlord name and tax identification information.
- b. 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.
- c. A Medical Case Manager will assess the housing situation of any client requesting 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.
- d. 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 as deposits are refundable to the client as a cash payment.

iii. Emergency Housing

- a. Authorization to place a client in Emergency Housing must be approved by a licensed clinician or contracted subrecipients' Executive Director. Written documentation must be placed in the client's file.

- b. No more than \$1,800 per client, per year, for Emergency Housing can be used. Additional assistance must be approved by the TGA's Recipient.
 - c. Emergency housing may include motels, hotels, rooming houses, etc.
 - d. 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 or in the state or federally designated emergencies when additional nights are approved by the state or federal funder.
 - e. 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.
5. Subrecipients 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. Subrecipients 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.
6. Medical Case Managers at HIV Care Services program subrecipients may at any time submit to the 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.
7. Subrecipients 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 people 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.

8. 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 subrecipient shall be made available to each client upon intake.



Adopted: _____
Kristina Kendricks-Clark, Vice Chair

Date: 06/26/2024