

Service Category Definition (approved by SPA June 2021)

Emergency Financial Assistance is the provision of short-term payments to assist eligible clients with emergency expenses related to essential utilities, such as heat, electricity, water/sewer, and telephone service. These short-term payments must be carefully monitored to confirm eligibility, ensure that Ryan White is the payor of last resort, and to assure limited amounts, limited use, and for limited periods of time. Note: Direct cash payments to clients are not permitted. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Intake and Eligibility (HIV/AIDS BUREAU PCN #21-02)

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead, charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

REQUIRED ELIGIBILITY DOCUMENTATION TABLE

Eligibility Requirement	Initial Eligibility Determination	Recertification Once a Year/12 Month Period
HIV Status	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Confirmatory lab results • Lab results (including VL/CD4) • Lab request form signed by provider 	No documentation required
Income	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Paystubs • SSI, SSDI and DSS income determination forms • Zero income affidavit • Bank Statement • Self-Employment Letter 	<ul style="list-style-type: none"> • Recipient may choose to require a full application and associated documentation OR • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status
Residency	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Driver's License/ID • Utility Bill • Medical Bill • Bank Statement • Landlord Letter-Notarized • Copy of Lease/Mortgage • Letter from Shelter • Official Correspondence 	<ul style="list-style-type: none"> • Recipient may choose to require a full application and associated documentation OR • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status

All agencies are required to have a client intake and eligibility policy on file that adheres to the EMA's eligibility policy. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients in the New Haven & Fairfield Counties EMA must:

- Live in New Haven or Fairfield Counties in Connecticut.
- Have a documented diagnosis of HIV/AIDS.
- Have a household income that is at or below 300% of the federal poverty level.

Services will be provided to all clients without discrimination based on: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, prior medical history, or any other basis prohibited by law.

Guidance on Complying with the Payor of Last Resort Requirement:

- RWHAP Recipients and Subrecipients must ensure that reasonable efforts are made to use non RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payors to extend finite RWHAP funds.
- RWHAP Recipients and Subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.
- RWHAP Recipients and Subrecipients can continue providing services funded through RWHAP to a client who remains unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued.
- RWHAP Recipients and Subrecipients should conduct periodic checks to identify any potential changes to clients' healthcare coverage that may affect whether the RWHAP remains the payor of last resort and require clients to report any such changes.

Payor of Last Resort:

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made under:

1. Any State compensation program
2. An insurance policy, or under any Federal or State health benefits program
3. An entity that provides health services on a pre-paid basis

Personnel Qualifications (including licensure)

none

Care and Quality Improvement Outcome Goals

Program Outcome:

- 90% of clients are virally suppressed as evidenced by the last viral load test within the measurement year (<200 copies/mL) as documented in the reporting system.

Service Standards and Goals

HRSA/HAB Performance Measure: Viral Suppression (NQF#: 2082)		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
Clients are virally suppressed.	Documentation that the client is virally suppressed as evidenced by the last viral load test within the measurement year (<200 copies/mL) as documented in the reporting system.	90%
HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section C: Support Services		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the Recipient.	Provide assurance to the Recipient that all EFA: <ol style="list-style-type: none"> 1. Was for allowable types of assistance 2. Was used only in cases where Ryan White was the payor of last resort 3. Met Recipient- specified limitations on amount and frequency of assistance to an individual client 4. Was provided through allowable payment methods Agency has documented criteria to determine eligibility for financial assistance. Documentation in client chart of all payments made through a voucher program or short-term payments to the service entity, with no direct payments to clients.	100%
Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and food stamps), or medications.	Maintain and make available to the Recipient program documentation of assistance provided, including: <ol style="list-style-type: none"> 1. Number of clients and amount expended for each type of EFA 2. Summary of number of EFA services received by client 3. Methods used to provide EFA (e.g., payments to agencies, vouchers) Agency assists client in seeking at least 3 alternate funding sources and documents efforts in client chart. 	100%
Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients.		
Emergency funds are allocated, tracked, and reported by type of assistance.		
Ryan White is the payor of last resort.		

New Haven/Fairfield Counties EMA RWHP Part A Program Monitoring Standards for Emergency Financial Assistance		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
Agency provides orientation for staff members and follows written guidelines, without exception.	Client's chart documents adherence to guidelines.	100%
Agencies stay within the emergency financial assistance cap or inform the case managers when it will be exceeded.	Agency documents occurrences when case manager was informed that the emergency financial assistance cap was exceeded.	100%
Provider will establish collaborative relationships with other Emergency Financial Assistance providers.	Letter of collaboration in place between providers/case management agencies.	100%
Provider adheres to the Planning Council written guidelines that list the criteria, including allowable extenuating circumstances to determine if a client is eligible for financial assistance.	Agency has documented criteria to determine eligibility for financial assistance.	100%
Services are made available to all individuals who meet EFA program eligibility requirements.	Eligibility criteria include 30 days or more past due bill notice, inability to pay bill (lack of employment, no other source of funds, or no other funding program).	100%
Agency issues payment to ensure there is no service interruption.	Client chart shows payment made to ensure continuous service or note in chart when payment arrangement made.	100%

Clients Rights and Responsibilities

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer fully understands their rights and responsibilities.

Client Charts, Privacy, and Confidentiality

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

Cultural and Linguistic Competency

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (Please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

Client Grievance Process

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

Case Closure Protocol

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.