Metropolitan Washington Regional RYAN WHITE PLANNING COUNCIL

SERVICE STANDARDS
FOR
EMERGENCY FINANCIAL ASSISTANCE (EFA)

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HRSA Ryan White & Global HIV/AIDS Programs

The Ryan White HIV/AIDS Program (RWHAP) is funded by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and is administered by the U.S. Department of Health and Human Services (HHS) in the Health Resources and Services Administration (HRSA) within the HIV/AIDS Bureau (HAB).

I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC EMA such that clients of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all clients and will be used as contract requirements, in program monitoring, and in quality management.

II. GOAL

The goal of Emergency Financial Assistance (EFA) is to support persons living with HIV (PLWH) focus on their health (becoming or remaining virally suppressed) by temporarily providing assistance that addresses emergency needs and plans for longer-term solutions.

III. SERVICE DESCRIPTION

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist the client with an emergent need in 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.

Program Guidance:

Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP 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 should not be funded through emergency financial assistance.

IV. TYPES OF ELIGIBLE SERVICES

Emergency Financial Assistance (EFA) activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent);
2. Emergency utility payments (gas, electric, oil and water)
3. Emergency telephone services payments;
4. Emergency food vouchers;
5. Emergency hygiene vouchers;
6. Emergency moving assistance; and
7. Emergency medication

V. IMPLEMENTATION GUIDELINES

Emergency Financial Assistance (EFA) programs are intended to address emergency needs that could result in eviction for non-payment of rent, disconnection of utilities or telephone service, lack of sufficient food, or lack of hygiene products. Provision of EFA should be part of a larger plan to address barriers to HIV care and treatment. Therefore, EFA is a collaborative effort between case managers and EFA provider staff and all applications must be submitted by the client's case manager. Case management and EFA provider staff must ensure that they are familiar with these Service Standards and all other EFA related policies and procedures to ensure the effective implementation of EFA services. If a client (potential EFA applicant) does not have a case manager, the EFA provider staff will refer the client to an agency that provides access to case management services.

1. *Application Tracking System:* EFA provider agencies must develop, implement and maintain a comprehensive tracking system that documents a client's EFA application status from start to finish; i.e., incomplete draft, complete, submitted, pending, approved, denied, error, requested service provided, etc.
2. EFA provider agencies must establish frequent communication guidelines for staff to communicate application status at each stage with the case manager who submitted the application.
3. EFA provider agencies must also maintain effective methods of communication with other HIV providers in the jurisdiction to ensure that there is widespread knowledge and understanding of the EFA benefits available for clients.
4. *Incomplete Applications:* EFA provider staff must contact the case manager who submitted the application within 24 hours of receipt to convey the incomplete status. EFA provider staff and case managers must work together to ensure that the application is completed. If the application is incomplete over seven business days, the EFA provider agency can deny the application and the case manager must re-submit.
5. EFA provider agencies must develop policies, procedures and forms that reflect all requirements of the EFA Service Standards.
6. All agency staff providing EFA must undergo comprehensive training regarding the policies, procedures and documentation requirements.
7. Supervisor(s) must conduct quarterly audits of EFA client records to ensure that EFA applications are processed in accordance with agency policies and procedures, particularly the policies regarding eligibility, documentation, and timeliness of application processing.
8. *Timeline for Processing EFA Application and Providing EFA*: The emergency nature of this benefit requires that the application processing and the subsequent provision of the benefit be done in a timely manner, to avoid any harmful consequences brought on by the initial need. In jurisdictions where EFA is provided directly by case managers, completed EFA applications must be processed within three business days of receipt. In jurisdictions where EFA is provided centrally, completed EFA applications must be processed within five business days of receipt.
9. Clients that require receipt of a specific voucher must be notified of the availability of their approved voucher within 24 hours of its approval and arrangements for the expeditious provision of that voucher to the client must be made. If case managers are picking up vouchers on the client's behalf, it must be done within 24 hours of its approval.

VI. HRSA NATIONAL MONITORING STANDARDS AND PERFORMANCE MEASURE/METHOD

The National Monitoring Standards are designed to ensure that Ryan White service providers meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Ryan White service providers will work with the recipient/administrative agent in their respective jurisdiction to further discuss the implementation of the National Monitoring Standards and the required performance measures. For this service category, the following performance measures are required:

Documentation of services and payments to verify that:

- EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the grantee
- Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and food stamps), or medications
- 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 payer of last resort

VII. PROVIDER AGENCY POLICIES & PROCEDURES

A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency, **if required.**
B. Staff must meet minimum qualifications detailed in the job description and service standards.
C. Services will be provided through the facility or through a written affiliation agreement.
D. **Records Retention** – Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
E. **Confidentiality Policy -** All providers must assure the client that information provided by the client or information obtained on behalf of the client is confidential. All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance to HIPAA (Health Insurance Portability and Accountability Act) requirements.
F. There will be a private confidential office space for seeing clients.
G. **Cultural and Linguistic Appropriateness** – The agency will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Further information on the National CLAS Standards are located at www.thinkculturalhealth.hhs.gov . Agencies are to ensure that culturally sensitive and linguistically appropriate services are available in the client's preferred language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
H. **Americans with Disabilities Act Compliance** – The agency must demonstrate that the needs of disabled clients are met.
I. **Client Consent** – Signed consent must be obtained from client prior to initiating services.
J. **Release of Information** - Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid.
K. **Grievance Policy**- All providers must review the policy with the client and provide a copy in a language and format the client can understand.
L. The Agency must have a written **Emergency Continuity of Operation Plan (COOP)** that includes procedures for service provision during a wide range of emergencies, including localized acts of nature, fire, bomb threat, evacuation, accidents, technological or attack-related emergencies and natural disasters.
M. Service providers must receive training/education annually in relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as "Prevention with Positives".
N. A **Quality Management Plan** shall be developed for HIV-specific patient care. This plan must be updated annually.
O. Agencies must maintain linkages via detailed Memoranda of Understanding/Agreement (MOUs/MOAs) among other agencies to enhance the coordination of service provision.
P. The agency must demonstrate input from clients via a client satisfaction survey or similar method at least annually.
Q. **Continuity of Care -** Agencies must ensure that service provision occurs regardless of staffing changes, shortages and closures. Clients must also be made fully aware of business operating hours and any changes, as needed.

VIII. ACCESSIBILITY IN SERVICE DELIVERY

A. There will be no barriers due to client disability. The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
B. The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate in accordance to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
C. There will be no barriers due to language differences between the provider and clients. Agencies must have the ability to provide native language speakers for services when twenty percent (20%) or more of their clients prefer another language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
D. Eighty percent (80%) of all persons initially seeking services will be established into the care system of the provider within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

IX. RIGHTS AND RESPONSIBILITIES

AGENCY/PROVIDER

A. Agencies funded for Ryan White services shall have the ability to provide service in non-English languages when twenty percent (20%) or more of the clients speak a specifically identified language and must provide information for clients in that language or arrange for a certified interpreter.
B. All written materials must be printed in a language that is understandable to the client and must be written at no higher than a 5th grade reading level.
C. The agency will have a Clients Rights Statement posted and available to the client upon request.
D. The agency will have a Consent for Services Form, which is dated and signed by the client or person legally able to give consent. This form will be signed by the client upon initial intake, and at least annually thereafter.
E. The agency will have a Release of Information Form that is specific to the type of information released/exchanged, the agency to which the information will be shared, and the length of time during which the consent is valid. This form is used as needed and is signed by the client or person legally able to give consent.
F. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand as stated in A.
G. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
H. Agencies must provide clients with complete and accurate information about services provided.

CLIENT

I. Clients have the right to be treated with dignity and respect. Clients have the responsibility to treat other clients and agency staff/volunteers with dignity and respect.
J. Clients have the right to refuse services and receive a full explanation of the consequences of refusing services.
K. Clients must be an active participant in the development, implementation, coordination and monitoring of their individual service plans. Clients must be provided with complete and accurate information about services received.
L. Clients are responsible for providing complete and accurate insurance, medical, financial and other eligibility information.
M. Clients are responsible for respecting the confidentiality of other clients receiving services.
N. Clients have the right to file a grievance if they feel their rights are being violated. Clients are responsible for following the proper procedures as outlined for grievances against any services, organization, or employee of organization.
O. Clients have the responsibility to keep illegal drugs, alcohol and weapons off agency property.

SERVICES MAY BE DISCONTINUED OR DENIED WHEN:

P. The client refuses to sign a Consent for Services and Release of Information Form.
Q. The client violates the rights of other clients or staff/volunteers
R. The client is involved in illegal activities on agency property
S. The client does not provide accurate insurance, medical, financial or benefits information
T. The client is receiving duplicate services from multiple providers.
U. The client is no longer eligible for Ryan White Services.

X. SERVICE DELIVERY COMPONENTS AND ACTIVITIES

A. INITIAL ELIGIBILITY DETERMINATION & ANNUAL RECERTIFICATION REQUIREMENTS

1. Proof of HIV diagnosis (Confirmatory HIV test [multi-spot, P24antigen, western blot], Viral load within 6 months, or written statement from treating physician).
2. Proof of residence (Current lease mortgage statement or deed settlement agreement, current driver's license/government identification, current voter registration card, current notice of Decision from Medicaid, Fuel/utility bill (past 90 days), property tax bill or statement (past 60 days), rent receipt (past 90 days), pay stubs or bank statement with your name and address (past 30 days), letter from another government agency with your name and address, active (unexpired) homeowners or renters insurance policy, DC Healthcare Alliance Proof of DC Residency Form, if homeless; letter from service provider on agency letterhead or homeless verification form.
3. Verification of income/gross annual income (must be less than or equal to 500% of the Federal Poverty Level [FPL]) as required by the Recipient.

4. Insurance verification as proof of un-insured or under-insured status.
5. Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare. Providers are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.
6. For under-insured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare.
7. Proof of compliance with eligibility determination as defined by the jurisdiction.
8. Living arrangements/Household size
9. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White services

B. INTAKE

To collect demographic information and establish a care relationship. Intake may be done by an Intake specialist or non-medical case manager. The client intake must include the following:

1. Date of intake
2. Name and signature of person completing intake
3. Client name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (client self-report)
7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data.
13. Documented explanation about the services available within the provider agency and within the Ryan White Program.

C. FINANCIAL ASSESSMENT

The purpose of the Financial Assessment is to identify the client's severity of need for emergency financial assistance and therefore ensure that the most urgent needs are addressed prior to less urgent needs. The Financial Assessment may be performed concurrently with the client intake but must be done by the case management provider.

D. FINANCIAL PLAN

The Financial Plan is to ensure that the client applying for services will be able to achieve financial stability. The Financial Plan provides a structured, accountable approach by which the client may achieve a degree of stability so the EFA will not be required in the future. This plan must be feasible and created with the client by the case manager. The Financial Plan must be developed and documented in the client file as well as submitted with the EFA Application. The Financial Plan must be updated with each application for EFA.

The Financial Plan must include the following components:

1. Description of the emergency necessitating the need for financial assistance;
2. Identification of agreed upon client needs and individualized goals;
3. Identification of barriers;
4. Designated individuals who will perform each activity;
5. Timeline for each activity, with start and targeted end date; and
6. Date and signature by the client or their legal representative as well as the case manager or appropriate EFA provider staff member.

E. PRIORITIZATION

EFA is not meant to be a continuous means of support; rather, it is meant to be provided with limited frequency and for limited periods of time and is based on the availability of funds. To maintain this directive, the EFA provider must prioritize EFA applications based on the severity of need identified in the Financial Assessment. The prioritization process must be based on the following criteria, dependent on the type of financial assistance requested:

1. Health status;
2. Recent hospitalizations due to opportunistic infections or other sickness;
3. Homelessness or imminent risk of homelessness,
4. Families with dependent children;
5. Poverty; and
6. Other situations indicating urgent need.

F. MONITORING OF FINANCIAL PLAN

The Financial Plan is to ensure that the client applying for services will be able to achieve financial stability. The Financial Plan provides a structured, accountable approach by which the client may achieve a degree of stability so that hopefully, EFA will not be required in the future. The Financial Plan is monitored by the case manager.

G. REFERRALS & LINKAGES

Referrals & Linkages is a two-step process of connecting a client to appropriate services, whether within the same agency providing EFA or another agency, in order to support the client's successful completion of the goals and objectives in the Financial Plan. After the client is referred to the service, follow-up is necessary to ensure that the client makes a connection, or linkage, with the other service provider.

The purpose is two-fold: 1) to ensure that the client has multiple sources of assistance to address the emergency financial crisis and therefore contribute to stability and 2) to ensure that RWHAP funds are used as the payer of last resort.

H. REASSESSMENT OF FINANCIAL NEED

A reassessment of the client's financial need is required every time the client presents with an emergency need and desires to apply for EFA. This reassessment is to determine if additional EFA is needed and to monitor the progress of the client's previous Financial Plan.

During the reassessment, the case manager will:

1. Examine the client's progress (or lack thereof) toward achieving the goals and objectives described in the client's Financial Plan and
2. Determine if additional EFA is needed.

As part of this process, the case manager must follow-up on the client's linkage to referrals made during previous EFA applications, if this has not occurred already.

For clients in need of further assistance due to continuing emergency situations, the case manager will submit a new EFA application for the client.

EFA funds are limited, so it is essential that case managers reassess client's needs for these services at regular intervals. This reassessment will enable the case manager to determine any financial obstacles interfering with the client's stability and resulting ability to maintain or achieve viral load suppression.

I. RECERTIFICATION (six months) REQUIREMENTS

To maintain eligibility for Ryan White services, the client (while active), must complete the sixth-month recertification process to verify the following information:

- Proof of residence
- Low income documentation
- Un-insured or under-insured status (Insurance verification as proof)

- Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare

Note: *At six month recertification one of the following is acceptable: full application and documentation, self-attestation of no change or self- attestation of change with documentation.*

J. PROCEDURE FOR MISSED APPOINTMENTS

- The client must be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
- The provider must attempt to reach the client no less than 2 times during a one-week period using the client-identified preferred contact method.
- Documentation of attempts to contact client must be noted in case file.

K. TRANSITION & DISCHARGE/CASE CLOSURE

Case Closure/Discharge

1. Reasonable efforts must be made to retain the client in services by phone, letter and/or any communication method agreed upon by the client. These efforts must be documented in the client's record.
2. The provider will make appropriate referrals and provide contacts for follow-up.
3. The provider must document date and reasons for closure of case including but not limited to:
    a. Attainment of goal(s)/service provided as planned
    b. Non-compliance with stipulations of written plan and client compliance agreement
    c. Change in status resulting in program ineligibility
    d. Client termination request
    e. No contact
    f. Client moves out of service area
    g. Client died
4. A summary of the services received by the client must be prepared for the client's record.

Case Transfer

1. If the client is being transitioned, the provider must facilitate the transfer of client records/information, when necessary.
2. The client must sign a consent to release of information form to transfer records which is specific and dated.

L. DOCUMENTATION

Documentation must be kept for each client, which includes:

1. Completed EFA Application with client's name, demographic info, and referring case manager's name and contact info. *(Case Manager and EFA provider's chart)*
2. Proof of HIV-positive status. *(Case Manager's chart)*
3. Initial Intake and Financial Assessment forms. *(Case Manager's chart)*
4. Signed, initial and updated Financial Plan. *(Case Manager and EFA provider's chart)*
5. Consent for services. *(Case Manager and EFA provider's chart)*
6. Progress notes detailing each contact with or on behalf of the client. These notes must include date of contact and names of person providing the service. *(Case Manager and EFA provider's chart)*
7. Documentation that the client received rights and responsibilities information. *(Case Manager and EFA provider's chart)*
8. Signed "Consent to release information" form. This form must be specific and time limited. *(Case Manager and EFA provider's chart)*
9. Discharge and/or case closure information including person completing discharge and/or case closure, date and reason for discharge and/or case closure. *(Case Manager and EFA provider's chart)*

XI. EFA SERVICE AREA REQUIREMENTS

1. Emergency Rental Assistance (first month's rent, past due rent)	
Scope of Service	• Provides emergency rental payments for applicants with critical delinquency, or first month's rent for new dwelling. The EFA provider makes payment directly to landlord.
Additional Eligibility Criteria	• Applicant must be at least one month past due to submit an application for delinquent rent unless a summons or writ of eviction has been received. • Applicants whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance.
Required Documentation	• Approval letter with monthly rent amount for first month's rent. • Delinquency notice or itemized statement for emergency rent from landlord. • A copy of a current lease agreement. • A W-9 Form with the landlord's Tax Identification Number. The EFA provider is required to report all rental payments to the IRS each year.
Maximum Benefit	• Annual cap for rental assistance is based on Fair Market Rents (FMR) established by HUD. • For applicants renting rooms, the annual cap for rental assistance will be based on an $800 FMR. • Applicant can receive assistance on multiple occasions in a 12 month period, as long as the total amount of assistance in the 12 month period does not exceed the equivalent of three times one month's rent at the fair market rate.

Final FY 2018 FMRs By Unit Bedrooms

Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2018 FMR	$1,504	$1,561	$1,793	$2,353	$2,902
FY 2017 FMR	$1,440	$1,513	$1,746	$2,300	$2,855

NOTE: This is a 50th Percentile Final FY 2018 FMR area as established by HUD regulations.

Exclusions	• Cannot make mortgage payments. • Cannot pay security deposits. • Residents of subsidized housing may not receive rental assistance unless assistance is requested to move to a new unit which is not subsidized.

2. Emergency Utility Payments (gas, electric, oil and water)	
Scope of Service	• Provides payment of electric, water, or gas bills. • The EFA provider makes payment directly to utility company.
Additional Eligibility Criteria	• Applicant must have a disconnection notice to be eligible to apply. • *Applicants whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance.*
Required Documentation	• Applicant must provide a copy of a bill that includes a disconnection notice. • Bill must be dated within 30 days of the application date to ensure current billing information.
Maximum Benefit	• Maximum benefit for a 12 month period is $1500. • Applicant can receive assistance on multiple occasions in a 12 month period, as long as the total amount of assistance in the 12 month period does not exceed $1500.
Exclusions	• Residents of subsidized housing are not eligible for utilities assistance.

3. Emergency Telephone Services Payments	
Scope of Service	• Provides for payment of telephone bills. • The EFA provider makes payment directly to telephone company.
Additional Eligibility Criteria	• Applicant must have a disconnection notice to be eligible to apply. • *Applicants whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issue to provide assistance.*
Required Documentation	• Applicant must provide a copy of a bill that includes a disconnection notice. • Bill must be dated within 30 days of the application date to ensure current billing information.
Maximum Benefit	• Maximum benefit for a 12 month period is $300. • Applicant can receive assistance on multiple occasions in a 12 month period, as long as the total amount of assistance in the 12 month period does not exceed $300.
Exclusions	• If telephone service is provided as part of a bundled package with other services such as cable TV or internet service, application and billing document must clearly identify the telephone charges that payment is requested for.

4. Emergency Food Vouchers	
Scope of Service	• Provides food vouchers in the form of supermarket gift cards. • The EFA provider gives vouchers to case managers, who distribute the vouchers to applicants.
Additional Eligibility Criteria	• Applicant must document effort to seek food resources elsewhere before accessing food vouchers.
Required Documentation	• Documentation of effort to seek food from other resources is provided through a referral certification form, • Applicants seeking food vouchers for dependents must provide proof of dependency through birth certificates, tax returns, or court documentation of guardianship. • Vouchers are intended for food purchases only and shall not be used to purchase alcohol, tobacco products, or lottery tickets. Clients must sign a statement agreeing to the aforementioned policy.
Maximum Benefit- INDIVIDUAL	• The maximum benefit for a single application for an individual is $300. • Applicants may access this service three times in each 12 month period, at intervals of at least three (3) months. • Total 12 month cap for individual applicants is $900.
Maximum Benefit – FAMILY	• The maximum benefit for a single application for families is $700. • Family cap of $700 is computed as follows: $300 for the PLWH, plus $100 per dependent for a maximum of four dependents. • Applicants may access this service three times in each 12 month period, at intervals of at least three (3) months. • Total 12 month cap for families is $2100.
Exclusions	• Dependents can only be included in a food voucher application if they are 18 or younger.

SPECIAL CRISIS $25 FOOD VOUCHER PROGRAM

NOTE: Only to be used while awaiting approval on submitted Emergency Financial Assistance (EFA) and Supplemental Nutrition Assistance Program (SNAP) applications.

Emergency Food Voucher Program Rules

- This program does not replace the standard emergency financial assistance (EFA) food voucher program; rather, the two programs work together.
- Eligible participants are provided one $25 food voucher (grocery store gift card) by their case manager while waiting for approval of their EFA food voucher and Supplemental Nutrition Assistance Program (SNAP) applications.
- The $25 emergency food voucher will be subtracted from the final maximum food voucher allocation (or "cap") for the client receiving the benefit.
- One emergency food voucher may be provided per client twice in each 12-month period, at intervals of at least 6 months apart.
- The EFA provider will distribute the $25 emergency food vouchers to HAHSTA/Ryan White HIV/AIDS Program (RWHAP)-funded agencies with case management services according to the following formula based on the agencies' number of Ryan White case management clients:
    - Agencies will receive one $25 food voucher for each client up to five percent of clients.
    - Regardless of the number of clients, agencies will receive a minimum of five $25 food vouchers.
    - Example: According to Agency X's reports, it served 100 case management clients in grant year 24. In March 2015 (the beginning of the Ryan White Part A grant year), Agency X will receive $125 in food vouchers ($25 X 5 clients).
- The EFA application will contain a section where the case manager will report providing the emergency food voucher to the client, as well as attest that the client has submitted a SNAP application. The case manager MUST fill this section out and sign it, along with the client, so the EFA provider may track the provision of the food vouchers.
- Case managers providing emergency food vouchers must also keep a hard copy log of the emergency food vouchers provided, containing, at a minimum, the following information: client's unique identifier, client's date of birth, client's gender, amount of voucher, barcode/serial number of voucher, and date provided. The log must be certified (signed) by a case management supervisor.
- When the emergency food voucher supply has been exhausted by the provider, the provider will provide a copy of the log in order to receive an additional supply in the same amount as the initial supply.
- HAHSTA will determine the amount of food vouchers to be distributed to RWHAP-funded agencies according to each agency's number of medical case management clients served (see above).
- The EFA provider will notify agencies when the food vouchers are available for pick-up. Once the vouchers are picked up, the EFA provider will record receipt with the signature of the agency representative that received the vouchers.
- The page requiring signature will indicate that the receiving agency is responsible for storing the food vouchers in a secure location. Lost or stolen food vouchers will not be replenished.

Enrollment Process

- Clients must be eligible for the EFA food voucher program (see Eligibility section above).
- The case manager must submit an EFA application and verify that the SNAP application has been submitted by the client as well. A record of these submissions must be recorded in the client's file.
- The client must indicate that he or she has an urgent need for food assistance.
- The case manager will provide the client with one $25 food voucher (grocery store gift card).
- After supplying the emergency food voucher, the case manager must indicate that he or she has done so on the EFA application and record the voucher in the log (see above).
- The client will sign for receipt of the emergency food voucher.
- Case managers shall NOT provide an emergency food voucher without submitting an EFA application and a verifying with the client that a SNAP application has been submitted.

5. Emergency Hygiene Vouchers	
Scope of Service	• Provides hygiene vouchers in the form of pharmacy gift cards. • The EFA provider will provide vouchers to case managers, who distribute the vouchers to applicants.
Additional Eligibility Criteria	• No additional criteria
Required Documentation	• Vouchers are intended for the purchase of personal hygiene items only and shall not be used to purchase food, alcohol, tobacco products, or lottery tickets. Clients must sign a statement agreeing to the aforementioned policy.
Maximum Benefit	• The maximum benefit for a single application is $75. • Applicants may access this service three times (3) in a 12 month period, at intervals of at least four months. • The maximum benefit during a 12 month period is $225.
Exclusions	• Only persons living with HIV (PLWH) are eligible for hygiene vouchers. Family members are not eligible.

6. Emergency Moving Assistance	
Scope of Service	• Provides payment of moving services for applicants that are moving to a new dwelling. • *The EFA provider may obtain a contract with a moving company for no more than one year, or obtain quotes from various companies per job to obtain the most cost-effective service.*
Additional Eligibility Criteria	• No additional criteria
Required Documentation	• Inventory of items to be moved • Addresses of pickup and delivery location; client name and contact info for applicant.
Maximum Benefit	• Maximum benefit is $2000. • Service may be accessed once in a 12 month period.
Exclusions	• *Service cannot be used to move applicant outside of the Eligible Metropolitan Area (EMA).*

7. Emergency Medication	
Scope of Service	EFA Medication provides: • HIV medications that are not included in the ADAP formulary • Medications when the ADAP financial eligibility is restrictive • Medications if there is a protracted State ADAP eligibility process (such as a wait list) and/or other means of accessing medications are not available (i.e., pharmaceutical company assistance programs) Purchase of pharmaceuticals must be directly linked to the management of HIV disease that is: • Consistent with the most current HIV/AIDS Treatment Guidelines • Coordinated with the State's Part B AIDS Drug Assistance Program (ADAP) • Implemented in accordance with requirements of the 340B Drug Pricing Vendor Program and/or Alternative Methods Project
Additional Eligibility Criteria	• Clients with insurance and other third-party payer sources are not eligible for EFA assistance unless there is documentation on file that the medication is not covered by their prescription benefits.
Maximum Benefit	• Maximum benefit is $4000. • Service may be accessed no more than twice in a 12 month period. Any extenuating circumstances require recipient/administrative agent approval.

	Purchasing Medications during ADAP application period No more than a 30 day supply of medication on the ADAP formulary can be purchased at a time for each client. If more than 30 days is needed, the medication can be refilled for another 30 days. -If the ADAP denied the coverage, the agency staff should work with the client and the client's attending physician to find alternate funding sources which may include manufacturer's compassionate /patient assistance programs, religious groups, or other community resources.
	EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use is not subject to the $4000/client/year cap. *EFA can be used to reimburse dispensing fees associated with purchased medications. Dispensing fees are not subject to the $4000/client/year cap.* *Agency may reimburse the pharmacy a minimal dispensing fee per prescriptions as outlined in a MOU.*
REGULATIONS	• EFA medication must be purchased at the lowest possible cost, such as the HRSA 340B/Prime Vendor or Alternative Methods Project Program pricing. • Where possible clients need to obtain their medications through a 340B covered entity or pharmacy that is under contract with the 340B Program. • Another alternative for purchasing medication is to establish a cost reimbursement system with pharmacies licensed to distribute medications in the jurisdiction. • Contracts/Memorandums of Understanding (MOU) must be set up to purchase medications at wholesale or another below retail price. • Over-the-Counter medications to include vitamins may be purchased with EFA Medication funds if the medication is listed on the ADAP formulary and the provider has deemed that the medication is needed for prevention and treatment of opportunistic infections or to prevent the serious deterioration of health.

XII. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

EFA service staff must have a minimum of a high school diploma or general education development (GED) equivalent, and at least one year of client-related experience, one year of customer service experience, one year of administrative support experience; and/or have worked at least three years within a related health services field. Experience providing customer service and working with people in some capacity is a crucial requirement for all EFA service staff.

At minimum, all EFA service staff will be able to provide linguistically and culturally appropriate care for people living with HIV and complete documentation as required by their positions. EFA service staff will complete an agency-based orientation before providing services. EFA service staff will also be trained and oriented regarding client confidentiality, linguistic and cultural competency, stigma and Health Insurance and Accountability Act (HIPAA) regulations. EFA service staff must attend training on budgeting and money management skills, such as Consumer Credit Counseling.