

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
HIV PLANNING GROUP**

**EMERGENCY FINANCIAL ASSISTANCE
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**

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Emergency Financial Assistance

Service Category Definition

Emergency financial assistance provides limited one-time or short-term payments to assist the Ryan White HIV/AIDS Program 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.

Purpose and Goals

The goal of emergency financial assistance is to prevent negative client outcomes as a result of emergency financial difficulties and assist in providing financially stable living situation which enables clients to access or maintain medical and other necessary care and treatment services, and improve compliance with medical regimens that improve health outcomes.

Intake

Case managers providing case management services are responsible for determining clients' need and eligibility for emergency financial assistance. Client will have to provide valid proof of the qualifying financial emergency during intake. Case managers will coordinate client intake and initiation of financial assistance services. Case managers may also provide information on other relevant services during the intake process. The complete Intake process is required for all clients. If required information and documentation is already on file for a client, extensive intake is not required.

Key Service Components and Activities

Emergency financial assistance provides fiscal support for essential services through either one-time or short-term payments to agencies or the establishment of voucher programs. Services include payments for:

- Utilities (water, electricity and gas)
- Food (including groceries and food vouchers)
- Medications, provided to clients with limited frequency and for limited periods of time

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

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any payment made by this service will be as the payer of last resort, and for limited amounts, uses, and periods of time. This emergency financial assistance does not provide ongoing payments for any services or goods for clients. Clients also cannot receive direct cash payments for their financial needs. Clients must work with case managers to develop a plan to avoid similar future emergencies to ensure they are better able to address ongoing basic needs.

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments all potential clients utilizing a standard client eligibility screening tool
Staff maintains records of eligibility, intake and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard emergency financial assistance form

Standard	Measure
	Maintain a single record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients with the dates of the services and descriptions of how they were provided
Staff will ensure that all services are administered appropriately to clients.	Documentation confirming that all services provided were: <ul style="list-style-type: none"> • The allowable types of assistance • Cases where Ryan White was the payer of last resort • Met specified limitations on amount and frequency of assistance to an individual client • Provided through allowable payment methods

Personnel Qualifications

Services are provided by a case manager who possesses a minimum of a high school diploma or GED equivalency and a minimum of two years professional or volunteer experience. The case worker should also have work or volunteer experience in the field of HIV/AIDS that demonstrates competency to provide case management to persons with HIV/AIDS.

Standard	Measure
Staff meet minimum qualifications	Documentation of appropriate education/experience
Staff have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Case managers will determine the need for emergency financial assistance. Clients will need to submit proof of the need (i.e., a past due electrical bill, shut-off notice). Emergency financial assistance funds can only be used as a last resort for payment of services and items.

Standard	Measure
Staff will ensure that all services provided are appropriate to meet each client’s needs and are provided for a limited period for a predetermined limited number of times	Documentation of services and payments to verify that: <ul style="list-style-type: none"> • All services provided 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

Standard	Measure
	medications <ul style="list-style-type: none"> • 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

Client Rights and Responsibilities

All case managers will have written policies and procedures for a complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Emergency financial assistance case managers will use relevant Federal, State and County regulations for investigating and resolving complaints. A copy of the complaint policy will be conspicuously displayed. Complaints and investigation results will be forwarded to the County within 24 hours of both the receipt and resolution of the complaint.

Standard	Measure
Case managers have policies regarding the rights and responsibilities of emergency financial assistance clients	Documentation of policies and procedures for a complaint process

Grievance Process

All case managers who establish emergency financial assistance services will maintain written grievance policies. The grievance policy will be posted in a prominent location with information on how clients may also contact the County of San Diego’s HIV, STD and Hepatitis Branch (HSHB) as an alternative to completing the form. Forms inadvertently collected by case managers will immediately be forwarded to the address on the form.

Case managers will also post a copy of the HSHB Client Service Evaluation form (“goldenrod”) in a prominent place. Copies of the form will be available for clients upon request with a mechanism for the clients to mail the form to HSHB for review.

Standard	Measure
Clients' rights are protected and clients have access to a grievance/complaint resolution process and are made aware	Documentation of a grievance policy
Clients have the ability to file a grievance or complaint	Verification of visible goldenrod (English and Spanish) placement in client sites

Cultural and Linguistic Competency

Cultural competency as defined by the HIV Planning Group is: “Recognizing the differences in physical and emotional life challenges, including disabilities of all kinds, culture and ethnicity, religion and spirituality, and in histories, traditions and languages. More specifically, all providers must have the ability to provide appropriate and acceptable services to all potential and current clients, including people of color, gay men, lesbians, transsexuals, transgender individuals, former and active substance abusers, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions.”

All providers must include a requirement in their policies that all staff, board members and volunteers possess knowledge of the Ryan White Part A program and the Americans with Disabilities Act. Program policies and procedures regarding cultural competency will address cultural sensitivity, diversity, and inclusiveness. Policies on cultural competency are given to clients at admission and posted in a prominent place. Provider’s admission procedures will assess client access issues, including cultural needs, physical accessibility, and service location.

Providers must assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff and volunteers transcend language barriers and avoid misunderstanding and omission of vital information. Staff and volunteers working directly with clients must receive a minimum of four hours of cultural sensitivity training each year.

Providers will also identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in Spanish. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available. Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

Standard	Measure
Agency policies will address cultural and linguistic competency	Documentation on policies on cultural competency
Staff will comply with American Disabilities Act (ADA)	Completed form/certification on file
Staff and volunteers will receive annual training on cultural competency	Documentation of all staff/volunteer trainings on cultural competency
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual people on staff, a plan is in place to ensure language needs are met	Copy of written plan to address
Provider will have written and posted materials in the appropriate languages for the communities being served are available and visible to clients	Posted documentation inspected and noted during routine site visits

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality, access and operations. In addition providers must ensure that:

- All physical case files are stored in a locked cabinet or room and electronic files are secured.
- All activities that relate to client data will have appropriate safeguards and controls in place to ensure information security.
- Case files not left unattended.
- Case files and records are not removed from the service site without the case management supervisor’s written agreement.
- Case files and records are locked at night and not left on desks or in unlocked desk drawers.
- When a case file is removed from the central filing area, it will be booked out via a clear administrative procedure that can be traced to its temporary location.

In addition, providers will also ensure that:

- All employees and volunteers working under this agreement have signed a confidentiality agreement.
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers.
- All training logs and personnel files demonstrate that staff and volunteers have received adequate training on privacy and confidentiality, upon initial hire and annually thereafter. Training will address HIPAA, security measures and other topics related to client confidentiality.

All providers must ensure that written policies regarding confidentiality are presented to and signed by clients and maintained in clients' case files. A release of Information form will also be signed by clients as needed. Prior to releasing any client information, providers must obtain written consent which includes:

- The name of the program or person permitted to make the disclosure;
- The name of the client;
- The purpose and content (kind of information to be disclosed) of the disclosure;
- Client's signature or legal representative's signature.

All providers will make available a private, confidential environment for clients to discuss their cases, especially when addressing fear and concern about their diagnosis and disclosure of their HIV status. Providers will inform clients that they will maintain confidentiality of other persons with HIV infection.

Standard	Measure
Staff will develop written policies and procedures that address security, confidentiality, access and operations	Copies of policies and procedures
All files are secured	Inspected and noted during routine site visits
All staff and volunteers have undergone a thorough background check	Documentation of background checks
Staff and volunteers will receive training on privacy and confidentiality	Documentation of all staff/volunteer trainings on privacy and confidentiality
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)

