Montana Ryan White Part B
Emergency Financial Assistance (EFA)
Service Standard

Important: Prior to reading service-specific standards, please read the HRSA/HAB National Monitoring Standards—Universal, HRSA/HAB National Monitoring Standards—Part B, and the Universal Standards outlined in this document.

Definition

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (e.g. groceries/food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. EFA must occur as a direct payment to an agency or through a voucher program.

** HRSA/HAB now recognizes that an emergency may require use of Ryan White funds before other financial resources can be researched and accessed.*

To establish the need for the service and demonstrate the emergency nature of the request, a proof of hardship will be conducted and demonstrated by one or more of the following:

- A significant increase in bills;
- A recent decrease in income;
- High unexpected expenses on essential items;
- The cost of shelter more than 30% of the household income;
- The cost of utility consumption more than 10% of the household income;
- Inability to obtain credit necessary to provide for basic needs and shelter; and
- A failure to provide emergency financial assistance that will result in danger to the
- physical health of client.

*Limitations

1. Direct cash payments to clients are not permitted.
2. No funds may be used for any expenses associated with home ownership or the ownership or maintenance of a privately-owned motor vehicle.
3. Short-term temporary housing and emergency rental assistance will be transitional in nature, no more than ten (10) days or $1,500 a year per client household. The purpose of assistance is to keep an individual or family in a long-term, stable living situation; therefore, the approval must be accompanied by a housing strategy plan that addresses transitioning to stable housing. Rent is limited to $1,500 in assistance within a contract year per client household. No funds may be used for any expenses associated with the ownership or maintenance housing (i.e. taxes, mortgage payments, etc.).
4. Essential Utilities is limited to $1,000 within a contract year per client household.
5. Medication is limited to $1,000 within a contract year per client who due to an emergency cannot access ADAP, or other RW medication programs in the state.
6. Food vouchers limited to $1,000 annually
7. Excluding the short-term or emergency housing assistance limit of $1,500, a combination of all other types of EFA is also limited to $1,000 annually

Purpose

To ensure that uniformity of service exists in Montana; consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a standard, the agency must document why the standard unmet and explain the steps it is taking to meet that standard.

Program Guidance

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Note: Requests for exceptions must be submitted to the Ryan White Part B Program Manager.

- Montana's Ryan White Part B Program allows for up to 90 days of EFA per assistance type (essential utilities, food, transportation, and medication) per client per year within the limitations stated above.
- If a client needs EFA for housing, a one-time payment may include up to 90 days or $1,500 of assistance per year.
- EFA should not be used for more than 90 days or $1,000 to pay for medication. If a client needs more than a 90-day supply, the RWPB/ADAP Manager should be contacted regarding adding the medication to the ADAP formulary and/or find additional medication coverage for the client.
- EFA may be used for emergency refills on medications while a client's ADAP application is pending.
- Clients must be made aware of allowable purchases for vouchers* and gas cards. If clients misuse vouchers or gas cards, they will no longer be permitted to receive them.

** Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general use prepaid cards, not store gift cards, and therefore are also unallowable.*

1.0 Client-Focused Standards

Standard	Measure	Documentation
1.1 Support for Emergency Financial Assistance (EFA) for essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time through either: • Short-term payments to agencies • Establishment of voucher programs ***REMINDER:*** Direct cash payments to clients are not permitted	1.1.a. Client eligibility and need for EFA 1.1.b Types of EFA provided 1.1.c. Date(s) EFA was provided	1.1.a. Eligibility requirements are noted in client file 1.1b. Maintain client records that document the type and date(s) of EFA provided

2.Distribution of EFA must follow agency-approved policy	2.1 Written policy to address priorities, waiting lists, and caps at the beginning of each fiscal year	2.1.a. Written policy on file 2.1.b. File review 2.1.c. Site visits

2.0 Client Intake and Eligibility

All sub-recipients are required to have a client intake and eligibility policy on file. It is the responsibility of the sub-recipient to determine and document client eligibility status as outline in the Montana Ryan White Part Be Eligibility Policy in accordance with HRSA/HAB regulations and must be completed and/or updated at least once every six months. The complete policy is on file in the state health department's Principles of Practice.

Eligible clients must:

- Provide proof of HIV diagnosis
- Live in the state of Montana and provide proof of residency
- Earn less than 500% of the federal poverty level
- Participate in the insurance option that best meets her/his needs
- Submit the Montana Ryan White and ADAP application and required supporting documentation. Support documents include:
    - Documented viral load labs within the six months
    - Medicaid program approval or denial for clients under 138% of the federal poverty level
    - Proof of income
    - Proof of residency
    - Proof of insurance (if applicable)

Standard	Measure	Documentation
2.1. Clients meet Ryan White eligibility requirements	2.1 – 2.4 Intake or application including a Care Plan approved by Ryan White Program	2.1 .a. Intake and/or application in client file
2.2 Agency shall have an intake or application process including a Care Plan with an assessment of EFA needs and medical care status		2.2 a. Intake and/or application including a Care Plan in client file
2.3 Clients are informed of available services and what to expect if client enrolls in services.		
2.4 Client information is collected to facilitate referrals and follow-up as necessary.		

3.0 Case Closure Protocol

Subrecipients must have a case closure protocol on file. The reason for case closure must be documented in each client's file. If a client chooses to receive services from another provider, the subrecipient must honor the client's request. This pertains to EFA services only, in contract to Ryan White Part B services overall.

4.0 Personnel Qualifications

A client's need for EFA should be determined by a qualified medical case manager, who must adhere to all guidelines outline in the case management standards of care.

Standard	Measure	Documentation
4.1 All EFA providers must meet EFA Standards of Ryan White Program.	4.1 EFA provider must have a bachelor's degree in Health or Human Services or related field* Or 4.1 Minimum one-year experience in HIV or social services related work or a combination of education and experience providing equivalent knowledge. * Or 4.1 Two years similar experience regardless of education.	4.1.a. Policy regarding provider qualifications is on file. 4.1.b. Provider qualifications are noted in personnel files, reflecting requisite experience and/or education

*Staff is knowledgeable about available resources to avoid duplication of services.

5.0 Quality Management Goals

Standard	Measure	Documentation	Goals
5.1 Client files include an assessment of presenting problem / need requiring EFA services.	5.1 Client meets eligibility requirements	5.1 Documentation of client eligibility in client file	100%
5.2 Client files include a description of the date and type of EFA provided.	5.2 Written description and date of EFA services rendered and/or distributed	5.2 Dated documentation of services in client file	100%
5.3 Drugs distributed under EFA are included on the approved local drug formulary or the agency has received	5.3 Distributed drug(s) is/are on the approved formulary and/or prior-approval	5.3 Documentation of drug status in client file	90%

prior-approval through the exception request process with the Recipient.			
5.4 A third-party payer application or screening establishes client need	5.4 Third-party payer application or screening has been completed or is pending approval	5.4Documentation of third-party payer application or screening in client file	90%
5.5 Client did not receive EFA services for longer than 90 days.	5.5 EFA services were limited to 90 days or less	5.5 Documentation and dates of service in client file	90%
5.6 Clients are linked to medical care	5.6 Client had at least one medical visit, viral load, or CD4 test within the measurement year	5.6 Documentation of located in client file and CAREWare	90%
5.7 Clients are retained in medical care.	5.7 Client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits	5.7 Documentation (including dates) of medical visits in client file, CAREWare	90%
5.8 Clients are virally suppressed	5.8 Viral load < 200 copies/mL at last test	5.8 Documentation of viral load less than 200 copies/mL in client file and CAREWare or other appropriate data system.	90%

6.0 Grievance Policy

Purpose

To ensure that consumers may voice a complaint or grievance

Procedures

All Ryan White providers must have a grievance policy that is posted in the facility. Additionally, all clients will receive a copy of the grievance procedure. The first step in filing a grievance is with the *agency providing the service*. Consumers may voice a complaint or grievance to their Case Manager. Clients are expected to attempt resolution at the local level. If, however, clients are unable to resolve the issue, they may pursue a second step—filing a grievance with the State Health Department. Within 30 days of the local determination, consumers may file the complaint or grievance in writing (See Appendix B for sample form) to:

Montana DPHHS
HIV/STD Program, Ryan White Part B
Attn: HIV Treatment Coordinator
1400 Broadway
Helena MT 59601

An applicant may submit a complaint on the following grounds:

- The client believes the sub-recipient is not treating them fairly.
- The client believes the sub-recipient is not providing quality services.
- The client was denied services.

The applicant (client) must state all the facts and arguments for the appeal in the form provided (Appendix A), to include detailed descriptions of the action the client is appealing and the relief or correction the applicant is requesting. The form *must* be signed by the client.

The Ryan White Part B Program Manager will respond in writing within 14 days of receipt of the grievance or complaint informing the client of the time and place of a meeting with the Ryan White Part B Program Manager and other appointed HIV/STD state staff.

Standard	Measure	Documentation
6.1.a. The Grievance Policy has been explained to each client. Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received. 6.1.b. Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines. 6.2 Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.	6.1.a. and b. Each client is given a copy of the Grievance Policy to sign, indicating understanding of the reasons for filing a grievance, as well as the process for doing so.	6.1.a Signed and dated Grievance Policy in client file. 6.1.b. Written Grievance Policy on file. 6.2. Policy is available in languages and formats appropriate to populations served.

7.0 Linguistic Competency

Collecting Culturally- and Linguistically-Specific Patient Data. Under the Affordable Care Act, to the extent practicable, federal health data collections will include culturally- and linguistically-specific data on populations served. Guidance and tools have yet to be developed. This information is included as an advisory for program planners.

Standard	Measure	Documentation
7.1. Health services are culturally and linguistically competent, client-guided and community based.	7.1.a. Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted; 7.1.b. Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; 7.1.c. List of cultural competency trainings completed by staff	7.1 a and b: Documentation of cultural and linguistic experience/competence 7.1.c. Completed trainings documented in personnel files.
7.2 Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language	7.2. Interpreter(s) is/are available.	7.2 A list of interpreters and contact information in program file.

8.0 Client Rights and Responsibilities

National Monitoring Standards: Provision of Part B-funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.

Standard	Measure	Documentation
8.1 Services are available and accessible to any individual who meets program eligibility requirements.	8.1.a. Written eligibility requirements, following federal standards 8.1.b. Non-discrimination policy	8.1.a Proof of client's eligibility documented in client file 8.1.b. Non-discrimination policy on file.
8.2 All providers shall comply with all applicable federal, state, and local anti- discrimination laws and	8.2 Written policies, including the federal	8.2.a. Policies are on file.

regulations, including but not limited to the American's with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting based on the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or AIDS/HIV.	ADA policy and specific MT laws	8.2.b. Policies are posted for clients to view.
8.3.a. Clients understand their rights, which include: •Be treated with respect, dignity, consideration, and compassion; •Receive services free of discrimination; •Be informed about services and options available. •Participate in creating a plan of services; •Reach an agreement about the frequency of contact the client will have either in person or over the phone. •File a grievance about services received or denied; •Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; •Voluntary withdraw from the program; •Have all records be treated confidentially; •Have information released only when: •A written release of information is signed; •A medical emergency exists;	8.3.a. Client's Rights and Responsibilities policy on file 8.3.b. Policy has been explained to client.	8.3.a and 8.3.b Current Client's Rights and Responsibilities form signed and dated by client and located in client's record.

• There is an immediate danger to the client or others; There is possible child or elder abuse; or • Ordered by a court of law. Client responsibilities include: • Treat other clients and staff with respect and courtesy; • Protect the confidentiality of other clients; • Participate in creating in a plan of service; • Let the agency know any concerns or changes in needs; • Make and keep appointments, or when possible to phone to cancel or change an appointment time; • Stay in contact with the agency by informing the agency of change in address and phone number, as well as responding to phone calls and mail and • Not subject the agency's staff to physical, sexual, verbal and/or emotional abuse or threats. • Explanation of Client's Rights and Responsibilities is provided to each client. 8.3.b. Explanation of Client's Rights and Responsibilities is provided to each client.		

9.0 Secure Client Records, Privacy, and Confidentiality

Standard	Measure	Documentation
9.1) Client confidentiality is ensured	9.1.a. Client confidentiality policy that includes a Release of Information (ROI)	9.1.a. Written client confidentiality policy on file at provider agency

	9.1.b. Health Insurance Portability and Accountability Act (HIPPA) compliance	9.1.b. HIPPA documentation is on file and posted where clients can view it.
9.2 Client's consent for release of information is determined.	9.2 Current Release of Information Form signed and dated by client and provider representative	9.2 Signed and dated ROI located in client file. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months.
9.3 Electronic patient records are protected from unauthorized use.	9.3 Each client file is stored in a secure location.	9.3.a. Files stored in locked file or cabinet with access limited to appropriate personnel. 9.3.b. Electronic files are password protected with access limited to appropriate personnel.
9.4 Annual submission of Verification of Receipt of Assurance of Key Requirements	9.4. All staff that handle client-identifying information document	9.4 Signed Verification of Receipt of Assurance of Key Requirement forms on file

References

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013.

HRSA Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds, 10/22/2018.

DSHS HIV/STD Program Policies Payer of Last Resort (Policy 590.001)