

# Ryan White Part B Housing Services 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.

HRSA Program Monitoring Standard: Support for Housing Services that involve the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/Housing\\_FAQs\\_Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/Housing_FAQs_Final.pdf)

## HRSA Service Definition

Housing services provide limited, short-term assistance to support emergency, temporary or transitional housing for people living with HIV (PLWH) and/or their family. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance abuse or mental health services, residential foster care, or assisted living residential services). Assistance can also include housing that does not provide direct medical or supportive services but is essential for PLWH or family to obtaining medical care, staying in medical care, remaining adherent to treatment, or achieving expected health outcomes.

Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments. Short-term or emergency assistance is understood as transitional in nature and for the purpose of moving or maintaining an individual or family in a long-term stable living situation.

- Note: HRSA/HAB refers to the U.S. Department of Housing and Urban Development (HUD) definition of transitional housing, which is limited to no more than 24 months.

## Program Guidance

- Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.
- Provider must have mechanisms in place to allow newly identified clients access to housing services.
- Provider must complete an individualized written housing plan, consistent with each client receiving short term, transitional, and emergency housing services.
- Ryan White Housing services must be coordinated with HOPWA to ensure that RW clients are not receiving HOPWA and Ryan White assistance simultaneously.
- Assistance must support housing options that are feasible for the client to sustain beyond support provided through Ryan White funding.

- Housing services funds cannot be in the form of direct cash payments to clients.
- Housing services funds cannot be used mortgage payments.
- Housing services cannot be used to make rental deposit payments unless the payment is made to a property management company/landlord with a written agreement that the money returns to the agency, and not the client.

### Purpose

Short-term or emergency assistance is understood as transitional in nature and for moving or maintaining an individual or family in a long-term stable living situation. As such, assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation. For more information, see the policy “The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs” at <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>.

### Key Components and Activities

- Eligibility determination
- Client assessment
- Search for housing options
- Completion of housing application
- Development of a long-term housing placement plan
- Housing placement
- Expenditure monitoring

### Units of Service

- Bed nights of hotel/motel vouchers provided
- Bed nights of transitional housing days
- Bed nights in an emergency shelter
- Bed nights in permanent supportive housing
- Total cost of rental assistance provided
- Total cost of utility assistance provided
- Total cost of deposit assistance provided
- Total cost of application fee assistance provided

## 1.0 Eligibility and Assessment

### Purpose

Providers of housing assistance services will first determine, follow, and disseminate eligibility criteria. If a client is eligible, the provider will conduct a complete assessment. The sub-recipient has policies and procedures regarding housing that defines the following:

- Documentation in client records of following established policies and procedures
- Use of funds that include time limits, the maximum amount per contract year, and reapplication periods

- Funds that pay no more than the Fair Market Rent (FMR) in assistance
- Emergency Housing, including what documentation is necessary for validating the conditions
- Funds that do NOT cover all incidental charges such as food and beverages, telephone, liquor, tobacco products, movies, entertainment, etc. for short-term or emergency lodging
- Funds paid for housing should be used to secure long-term, stable funding for persons living with HIV, which are different than Emergency Financial Assistance.

<https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>

Standard	Measure	Documentation
1.1 Providers arrange for housing services to HIV positive persons who need services to reduce housing insecurity and improve health outcomes.	1.1 Completed assessment demonstrating the client needs help with housing services to reduce shelter insecurity and improve health outcomes.	1.1 Completed assessment is in client file.
1.2 Eligibility for services will include FPL used by RWHAP	1.2 RW provider arranges services to eligible clients under the FPL guideline.	1.2 Proof of income in client file.
1.3 Eligibility for services require Montana residency.	1.3 Clients demonstrate any of the following: <ul style="list-style-type: none"> <li>• Named tenant on the lease or account</li> <li>• Resident in the dwelling</li> <li>• Responsibility to pay rent</li> <li>• Utility bill in client's name that shows address</li> </ul>	1.3 Proof of residency is in client file.
1.4 Eligibility for services are provided to clients with an HIV diagnosis.	1.4 Medical diagnosis of HIV status	1.4 Proof of diagnosis in client file.
1.5 Housing services are limited to the following types of needs: <u>Rent</u> <ul style="list-style-type: none"> <li>• Regular rent</li> <li>• Past-due rent</li> <li>• Rental deposit</li> <li>• First month's rent</li> <li>• Rental application or background check fees</li> <li>• Lot rent</li> </ul>	1.5.a. RW provider will follow limitations on usage guidelines.  1.5.b. Rent bill, utility bill(s) and/or hotel/motel/shelter vouchers	1.5.a. Expenditure reports and other notes or reports on file with the agency and/or in client file, as needed.  1.5.b. Voucher(s) in client file.

<p><u>Utilities</u></p> <ul style="list-style-type: none"> <li>• Essential utilities (gas, electric, water, propane)</li> <li>• Essential utility deposit</li> <li>• Past-due essential utilities (cannot exceed 90 days)</li> <li>• Hotel, motel or shelter</li> </ul>		
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## 2.0 Application Completion

### Purpose

All clients receiving housing assistance must have a completed application present in their file for each request.

Standard	Measure	Documentation
2.1 RW providers will assist clients to complete Short-Term Housing Assistance Application for each housing assistance request.	2.1. Provider has a procedure to complete application.	2.1. Complete short-term application in client file.
2.2. Providers must collect all required supporting documents.	<p>2.2.a. For rent, past-due rent, rental deposit, first months' rent, lot rent, or rental application, or background check fees:</p> <ul style="list-style-type: none"> <li>• Rental agreement or lease</li> <li>• Any additional forms your financial department requires (e.g. W-9)</li> </ul> <p>2.2.b. For hotel/motel vouchers:</p> <ul style="list-style-type: none"> <li>• Statement including costs</li> <li>• Any additional forms your financial</li> </ul>	2.2.a. and b. Required proof (items listed in 2.2.a and 2.2.b) in client file.

	department requires (e.g. affidavit of financial status)	
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### 3.0 Housing Plan

**Purpose:** Housing assistance is limited to 24 months. To help clients transition to long-term housing placement, providers must work with client to develop a long-term housing placement plan. Providers must monitor client progress in reaching goals and objectives established in the long-term housing placement plan.

Standard	Measure	Documentation
3.1 Housing services must be limited to short-term support of the allowable usage categories.	3.1 RW provider limits housing assistance to 24 months.	3.1 RW provider will track usage in CAREWare or other appropriate tracking system
3.2 RW provider must assist the client in developing long-term housing placement plan	3.2 RW provider assists clients in developing a long-term housing placement plan that includes: <ul style="list-style-type: none"> <li>• List of client service need</li> <li>• Establishment of short and long- term objectives for housing assistance</li> <li>• Establishment of objectives to secure employment or public benefits for financial planning</li> <li>• Establishment of objectives for obtaining or staying in medical care</li> <li>• Establishment of objectives to address other issues identified in the assessment as barriers to stable housing</li> </ul>	3.2 RW provider includes long-term housing placement plan in client's overall Care Plan.

	<ul style="list-style-type: none"> <li>• Objectives and action steps to meet short and long-term goals</li> <li>• Schedule of medical and supportive service appointments that client must keep to continue receiving housing services</li> <li>• Resources to be used to meet client goals</li> <li>• Documentation of clients' participation in long-term housing placement planning process</li> </ul>	
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#### 4.0 Reassessment

Standard	Measure	Documentation
4.1 RW provider will regularly monitor and reassesses client need for housing.	<p>4.1.a Provider will track assessment of client's ongoing needs.</p> <p>4.1.b. Provider will complete a reassessment to establish renewal of services.</p> <p>4.1.c. Provider must complete renewals every six months at minimum.</p> <p>4.1.d. For motel, hotel, shelter, deposit and/or utilities assistance, the RW provider must complete renewals on a weekly basis.</p>	4.1. Provider tracks additional assessments and/or renewals within the comprehensive assessment in the client Care Plan.

#### 5.0 Expenditure Monitoring

##### Purpose

Housing Assistance requires careful monitoring of expenditures to ensure funding will be available throughout the program year. Funded providers must be able to track the total amount of housing assistance provided.

Standard	Measure	Documentation
5.1 Providers will effectively use and allocate expenditures.	5.1 Provider has a procedure to monitor or manage expenditures of Housing Assistance that ensures funding will be available throughout the program year.	5.1. Provider has payment and tracking systems that verify expenditures.
5.2 Providers cannot make payment directly to clients, family, or household members.	5.2. Mechanism through which providers can make payment on behalf of the client.	5.2. Provider tracks, keeps on file and maintains documentation that ensures payments are made to appropriate vendors.

### 6.0 Records Management

Part B and C service providers are responsible for documenting and keeping accurate records of Ryan White Program dates, client information, and units of service to ensure client received Housing Assistance.

Standard	Measure	Documentation
6.1 Housing Assistance records will reflect compliance with the Housing Assistance Standards outline in this document.	6.1 Record maintenance for each client	6.1 Housing Assistance records include: <ul style="list-style-type: none"> <li>• Date client received assistance</li> <li>• Documentation that client meets eligibility criteria</li> <li>• Copy of check or voucher</li> </ul>
6.2 Records must be complete, accurate, confidential, and secure.	6.2. Provider will track utilization of assistance.	6.2 Using CAREWare, provider will document Housing Assistance services in case notes with corresponding service units (equal to bed nights for all rent, motel, or hotel subsidies) and dollar amount(s).
6.3 Providers must be able to provide quantified program reporting activities.	6.3. Quantified program reporting activities must	6.3. Reports are on file

	accommodate evaluation of effectiveness.	
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## 7.0 Staff Qualifications

Standard	Measure	Documentation
7.1.a. Staff must have a minimum of a high school diploma, but a college degree is preferred.	7.1.a. High school diploma or college degree(s)	7.1.a. Copies of diploma and/or degree(s) in personnel file.
7.b. Staff must have HIV-related and/or HUD experience.	7.1.b. Previous job and/or job-related duties that dealt with HIV-clients or housing assistance administration.	7.1.b. Resume's and/or curriculum vitae in personnel file.

## 8.0 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 A for sample form) to:

Montana DPHHS  
HIV/STD Program, Ryan White Part B  
Attn: HIV Treatment Coordinator  
1400 E. Broadway  
Room C-211  
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
8.1.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.	8.1.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.	8.1.a Signed and dated Grievance Policy in client file. 7.1.b. Written Grievance Policy on file.
8.1.b. Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.		
8.2 Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.		8.2. Policy is available in languages and formats appropriate to populations served.

## 9.0 Cultural and Linguistic Competency

The National Standards on Culturally and Linguistically Appropriate Services (CLAS) requires agencies to make available easily understood patient-related materials. Providers must post signage in the languages of the commonly encountered group(s) represented in the service area.

Purpose: Providers will reduce barriers to care or increase access to care through the provision of culturally and linguistically appropriate services.

Standard	Measure	Documentation
9.1.a. Health services are culturally and linguistically competent, client-guided and community based.	<p>9.1.a. Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted;</p> <p>9.1.b. Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services;</p> <p>9.1.c. List of cultural competency trainings completed by staff.</p>	<p>9.1. a. and b. Notes regarding staff cultural and linguistic experience/competence</p> <p>9.1.c. Completed trainings documentation in personnel files.</p>
9.2 Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language	9.2. Interpreter(s) is/are available.	9.2. A list of interpreters on file.

### 10.0 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
10.1 Services are available and accessible to any individual who meets program eligibility requirements.	<p>10.1.a. Written eligibility requirements, following federal standards</p> <p>10.1.b. Non-discrimination policy</p>	<p>10.1.a Proof of client's eligibility documented in client file</p> <p>10.1.b. Non-discrimination policy on file.</p>
10.2.a. All providers shall comply with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with Disabilities Act.	10.2.a. and b. Written policies, including the federal ADA policy and specific MT laws	10.3.a and 10.3.b Current Client's Rights and Responsibilities form signed and dated by client and located in client's record.

<p>10.2.b. 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.</p> <p>10.2.c. Each provider shall make available to clients the process for requesting interpretation services, including American Sign Language.</p>	<p>10.2 The process is explained to the client.</p>	
<p>10.3.a. Clients understand their rights, which include:</p> <ul style="list-style-type: none"> <li>•Be treated with respect, dignity, consideration, and compassion;</li> <li>•Receive services free of discrimination;</li> <li>•Be informed about services and options available.</li> <li>•Participate in creating a plan of services;</li> <li>•Reach an agreement about the frequency of contact the client will have either in person or over the phone.</li> <li>•File a grievance about services received or denied;</li> <li>•Not be subjected to physical, sexual, verbal and/or emotional abuse or threats;</li> <li>•Voluntary withdraw from the program;</li> </ul>	<p>10.3.a. and b. Policy has been explained to client.</p>	<p>10.3.a. and b. Client's Rights and Responsibilities policy on file</p>

<ul style="list-style-type: none"> <li>• Have all records be treated confidentially;</li> <li>• Have information released only when:             <ul style="list-style-type: none"> <li>• A written release of information is signed;</li> <li>• A medical emergency exists;</li> <li>• There is an immediate danger to the client or others;</li> <li>• There is possible child or elder abuse; or</li> <li>• Ordered by a court of law.</li> </ul> </li> </ul> <p>Clients understand their responsibilities, which include:</p> <ul style="list-style-type: none"> <li>• Treat other clients and staff with respect and courtesy;</li> <li>• Protect the confidentiality of other clients;</li> <li>• Participate in creating in a plan of service;</li> <li>• Let the agency know any concerns or changes in needs;</li> <li>• Make and keep appointments, or when possible to phone to cancel or change an appointment time;</li> <li>• 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</li> <li>• Not subject the agency's staff to physical, sexual, verbal and/or emotional abuse or threats.</li> </ul>		
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10.3.b. Explanation of Client's Rights and Responsibilities is provided to each client.		
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### 11. Secure Client Records, Privacy, and Confidentiality

Standard	Measure	Documentation
11.1. Client confidentiality is ensured.	<p>11.1.a. Client confidentiality policy that includes a Release of Information (ROI)</p> <p>11.1.b. Health Insurance Portability and Accountability Act (HIPPA) compliance</p>	<p>11.1.a. Written client confidentiality policy on file at provider agency</p> <p>11.1.b. HIPPA documentation is on file and posted where clients can view it.</p>
11.2 Client's consent for release of information is determined.	11.2 Current Release of Information Form signed and dated by client and provider representative	11.2 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.
11.3 Electronic patient records are protected from unauthorized use.	11.3 Each client file is stored in a secure location.	<p>11.3.a. Files stored in locked file or cabinet with access limited to appropriate personnel</p> <p>11.3.b. Electronic files are password protected with access limited to appropriate personnel.</p>
11.4 Annual submission of Verification of Receipt of Assurance of Key Requirements.	11.4. All staff that handle client-identifying information document.	11.4 Signed Verification of Receipt of Assurance of Key Requirement forms on file.

## 12.0 Quality Management

- 90% of clients receiving RW Housing Assistance will have undetectable viral loads
- 90% of clients receiving RW Housing Assistance will have two or more documented medical visits in the last 12 months
- 90% of clients receiving RW Housing Assistance report having a stable housing arrangement

Appendix A

**CLIENT COMPLAINT FORM**

I, \_\_\_\_\_ (grievant), am requesting resolution of a complaint filed under the grievance procedures outlined by MT State Health Department, Ryan White Program regarding \_\_\_\_\_ (name of agency), located in \_\_\_\_\_ (city/county).

**Statement of Grievance:**

Be sure to include relevant parties, action, specific occurrences—dates and times—and location(s). Attach documentation if appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Attempts to Resolve** (please include dates and parties involved): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Resolution Sought** (clearly describe the relief or corrective action you are requesting): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Contact Info** (phone and/or email). Please include the best time(s) to reach you. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. *Submit the original of this form and copies of any supporting documentation to the agency.*
2. *Maintain a complete copy for your personal records.*

