STD/HIV/Hepatitis Program (SHHP)

Ryan White Part B and HOPWA

Service Standards

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About

This document defines funded Ryan White B and HOPWA service activities and establishes minimum expectations that any provider must meet when providing a service to ensure optimal, consistent, and client-centered care for all clients. The provisions contained herein apply to all clients and all activities funded through bundled case management and support services contracts by the Louisiana Department of Health STD/HIV/Hepatitis Program.

The minimum expectations outlined herein complement other guidance materials issued by SHHP, such as contract provisions including Statements of Work, the HOPWA Manual, CAREWare Service Entry Guidance, as well as applicable state and federal regulations. This document is not intended to provide implementation strategies to meet all the agency models and any service delivery contingency, but rather provide a broad framework of quality care all agencies should be working towards.

The ongoing development and review of this document is maintained through a collaborative effort of case managers, agencies, and policymakers who come together to ensure these definitions and standards of service meet the needs of persons living with HIV.

Services Vision, Mission and Goals

Vision

We envision a Louisiana where, empowered through developing the knowledge and skills necessary to access quality services, people living with HIV can achieve optimal health outcomes and reduce the impact of HIV in their lives and to the Louisiana healthcare system. When HIV infections do occur, every person will have access to high quality care and supportive services, including stable housing, free from stigma and discrimination.

Mission

The mission of this program is to provide accessible and culturally competent HIV care to a highly diverse population of individuals living with HIV in Louisiana. Utilizing a holistic approach, these services are intended to assist clients to obtain some level of self-sufficiency and independence in navigating a complex system of healthcare and supportive services. These services specifically help clients access quality medical care and the supportive services necessary to help overcome barriers to adherence to HIV treatment to successfully manage HIV as a chronic disease, resulting in improved health outcomes.

Goals

Self-Management. Viral Suppression. Undetectable=Untransmittable (U=U). Better Health Outcomes. Reduced Community Transmission

> People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to their HIV-negative sexual partners.[1]

[1]Centers for Disease Control and Prevention. (2020, December 14). *Evidence of HIV treatment and Viral Suppression in Preventing the Sexual Transmission of HIV*. Centers for Disease Control and Prevention. Retrieved October 8, 2021, from https://www.cdc.gov/hiv/risk/art/evidence-of-hiv-treatment.html.

Client-Centered Approach

The client-centered model contains the key ingredients of a helping relationship: empathy, acceptance, warmth and genuineness. The fundamental tenet of this approach reflects that all people have an inherent tendency to strive toward growth, self-actualization, and self-direction. A client-centered approach places the needs, values and priorities of the client as the central core around which all interaction and activity revolve. Understanding how the client perceives their needs, resources, and priorities is essential if the relationship is truly going to be client-centered.

Each client has the right to personal choice though these choices may conflict with reason, practicality or the care team's professional judgment. The issue of valuing a client's right to personal choice is a relatively simple matter when the care team's and client's priorities are compatible. It is when there is a difference between the priorities the care team must make a diligent effort to distinguish between their own values and judgments and those of their client.

It is the HIV care team's responsibility to:

- Offer accurate information to the client;
- Assist the client in understanding the implications of the issues facing them, and of the possible outcomes and consequences of decisions;
- Present options to the client from which they may select a course of action or inaction; and
- Offer direction when necessary to make sure a client does not harm themselves or others.

Glossary

- Advocacy—Active support for a cause and effort to get others to support it as well; promoting or reinforcing a change in one's life or environment, or in a program, service, or policy.
- Agency—Organization funded to perform services; sub-recipient/project sponsor
- AIDS—Acquired immunodeficiency syndrome
- CBO—Community Based Organization
- Client—Person receiving services from an agency
- Collateral/advocacy encounters— A case manager's work with client support systems, not directly with clients
- EHR—Electronic Health Record
- FPL—Federal Poverty Level
- HHS—The Department of Health and Human Services
- HIP—Health Insurance Program
- HOPWA—Housing Opportunities for People with AIDS
- HQS—Housing Quality Standards, set for HUD funding
- HRSA—Health Resources and Services Administration
- HUD—The Department of Housing and Urban Development
- LAHAP—Louisiana Health Access Program
- LDH—Louisiana Department of Health
- L-DAP—Louisiana Drug Assistance Program

- Must, Shall, Will—Denotes a mandatory requirement
- OPH—Office of Public Health
- PLWH—People Living with HIV
- Providers—Individuals delivering services to clients
- RWHAP—Ryan White HIV/AIDS Program
- Service Provider or Provider—Individual providing services
- SHHP—STD/HIV/Hepatitis Program, located within OPH
- Should, May, Can-—Denotes a preference, but not a mandatory requirement
- STRMU – Short Term Rent, Mortgage, Utilities assistance
- TBRA – Tenant Based Rental Assistance

Universal Standards

Eligibility Verification and Intake Standards

1	Standard	Measure
1.1	*General Eligibility—Ryan White Part B*	
1.1.A	Each agency shall verify the eligibility for services under Part B of individuals presenting for services.	Each agency maintains a completed Client Eligibility form and all current supporting documentation for each client on file.
1.1.B	Self-attestation is allowable when necessary and consistent with SHHP and HAB policies.	Client's file includes full documentation or documentation of self-attestation.
1.2	*General Eligibility—HOPWA*	
1.2.A	Each agency shall verify the eligibility of services under HOPWA of individuals presenting for services.	Each provider maintains a completed Client Eligibility form and all current supporting documentation for each client on file.
1.2.B	Agency shall recertify eligibility for HOPWA services annually.	Annual recertification shall include updated household composition and updated income data.
1.3	*Eligibility for Ryan White and HOPWA Services*	
1.3.A	HIV Status: Verification of HIV status shall be in written form.	Client's file includes one of the following: LAHAP Proof of Positivity Form, Letter from MD, Medical Records, current CERV from New Orleans EMA
1.3.B	Income: Clients shall be documented to meet financial eligibility for all programs in which they are enrolled.	Client's file includes documentation of income including but not limited to: current LAHAP approval, Pay Stubs, Disability Determination Letter, W4, benefit award letter, Certification of No Income/Cash Only Income, current CERV from New Orleans EMA.

1.3.C	Residency: Clients should reside in service area covered by agency. Immigration status is irrelevant for the purposes of RWHAP eligibility for services. Clients may receive services at an agency outside of the service area of their residence with documentation they are not receiving services at more than one agency.	Client's file includes documentation of one of the following as proof of residency: current LAHAP approval, Louisiana Driver's License, utility bill, voter registration, Social Security Statement, current CERV from New Orleans EMA. If applicable, letter/form with client's signature stating they are not receiving services at more than one agency in clients file.
1.3.D	Insurance Status: Client will be informed of third party payer application requirements. Minimally, clients must apply for Louisiana Medicaid or a marketplace insurance plan – or have a documented denial from Medicaid dated within the prior year.	Client's file includes one or more of the following: Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval, CERV from New Orleans EMA.
1.3.E	Financial resources, insurance and/or Medicaid/Medicare status of all clients shall be documented.	Documentation in client's file.
1.3.F	Payment shall be sought from any and all third party payers before using Ryan White funds. Service categories typically billed to insurance will first seek payment from insurance before providing the service with Ryan White dollars. All providers must be able to bill insurance.	Documentation on file that providers are billing insurance and only clients without a payer source are utilizing the service.
1.4	*Intake and Assessment*	
1.4.A	All prospective clients who contact the agency outside of normal business hours or otherwise leave a message without talking to an agency staff person will be contacted by the agency within 3 business days of the initial contact to be scheduled for intake.	Logs with record of first contact and follow-up attempt/contact.
1.4.B	Each prospective client who is scheduled for an Intake appointment will be informed of the date and time of the Intake appointment and what documents should be brought to the appointment.	Documentation of first contact date in client file and notation of prospective client informed of scheduled intake and provided information on intake responsibilities in case notes.

1.4.C	Each client should be screened for additional supportive programs including but not limited to: Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Medicare/Medicaid, and Social Security Disability.	Applications for supportive programs are conducted within 30 days of first contact with an agency and documented in case notes. These applications should only be completed again when a client has a significant change in income or household size and may become eligible for the program.
1.4.D	All active clients should have a complete comprehensive biopsychosocial assessment as per Non-Medical Case Management and Medical Case Management Standards of Care. However, if client refuses case management services or is classified as 'Direct Service,' alternate assessment options exist to ensure client is able to access necessary services. In lieu of a full assessment for clients classified as 'Direct Service,' the use of the Direct Service Mini Screen and Supplemental Screening Tool is encouraged, especially for clients who have not had full assessment in the prior 12 months. Note: 'Direct Service' clients are clients who do not receive case management because their acuity score was determined between 0 and 15 or they have declined case management services.	Documentation in client's file.
1.5	*Documentation of services—Ryan White Part B and HOPWA*	
1.5.A	Documentation of services shall occur in the appropriate system within two business days of delivery.	Case notes and services entry reflect the date of service provision. Documentation is written in either SOAP (Subjective, Objective, Assessment, Plan) or DAP (Describe, Assess, Plan) format as demonstrated by case notes.
1.5.B	All documentation of services must be completed by the person providing the service.	Documentation contains all relevant information about service provided.
1.5.C	All documentation of services must reflect the actual date the service was provided.	Case notes and services entry reflect the date of service provision.
1.6	*Data Entry—Ryan White Part B and HOPWA*	

1.6.A	All data must be entered as described in "Field Requirements in LaCAN CAREWare."	Field requirements outlined in document are met in CAREWare.
1.6.B	SHHP will return invoices for missing data and provide a missing data report to the agency. Correction of all data errors and submission of a new invoice are required within 5 business days of the returned invoice.	Data corrections are made and processed per protocol outlined in SHHP Support Services Invoicing Policy & Procedures

Quality Improvement & Assurance

2	**Standard**	**Measure**
2.1	Agencies must participate in one Quality Improvement (QI) project per year that addresses improvement in service quality and delivery.	Quarterly reports submitted of the performance measures pertaining to the QI project
2.2	Agencies must have an Evaluation Plan updated biannually and approved by SHHP Services Quality Manager, to include the required yearly QI project.	Submission of Evaluation Plan to SHHP HIV Services Quality Manager, within first 90 days of the new contract.
2.3	Agencies must conduct a Client Satisfaction Survey annually, survey must be approved by SHHP Services Quality Manager to obtain input from the clients in the design and delivery of services.	Documentation of content, use and confidentiality of the Client Satisfaction Survey. Annual submission of results to the SHHP HIV Services Quality Manager
2.4	Agencies must structure an ongoing Consumer Advisory Board (CAB) **or** the existence of an ongoing suggestion box for client input.	Documentation of CAB meetings to include: meeting minutes, sign in sheets and meeting calendar. Documentation of content, use and confidentiality of the suggestion box.

Requirements for All Applicable Services

3	**Standard**	**Measure**
3.1	*Universal Requirements (see specific service categories for additional provisions)*	
3.1.A	All licenses held by direct service providers must be available. Providers must be in good standing with their licensing board. If disciplinary action occurs, it is the provider's responsibility to inform the Support Services Monitor.	Licenses, and resume or applications demonstrating relevant experience kept on file.
3.2	*Training Requirements for All Staff*	

3.2.A	All staff* are required to complete an orientation within the first 30 working days including but not limited to: • Agency policies and procedures • Information Security and Confidentiality • Documentation in case records • Client rights and responsibilities • Abuse and neglect reporting procedures • Emergency and safety procedures • Data management and record keeping • Infection control and universal precautions • Working with persons living with HIV • Undetectable=Untransmittable (U=U) • Professional ethics *Unless otherwise exempted by SHHP	Certificates of completion kept in personnel files. Curricula should be available to LDH upon request.
3.2.B	All new employees must receive an additional training during the first 90 working days of employment. This training must include the following, at a minimum: • Screening and assessment techniques and procedures • Care planning for people with complex medical and social service needs • Interviewing and interpersonal skills • Cultural awareness and antiracist frameworks	Certificates of completion kept in personnel files. Curricula should be available to LDH upon request.
3.2.C	All staff* must complete 20 hours of continuing education each calendar year. • At least one of these hours must be related to LAHAP applications, or other health insurance programs. *Unless otherwise exempted by SHHP	Certificates of completion kept in personnel files, and available to submit annually with auditing requirements.

3.2.D	All staff* must complete 1. Undoing Racism 2. Deconstructing Heterosexism and Transphobia and 3. Destigmatizing Drug Use within the first year of employment *Unless otherwise exempted by SHHP	Certificates of completion kept in personnel files.
3.3	*Subcontracting*	
3.3	All subcontractors shall adhere to all local, state and federal regulations within their field of service delivery, including all applicable Ryan White and HOPWA regulations.	Agency has a policy and documentation of adherence on site.
3.3.A	The Ryan White Part B funded agency must keep documentation from any subcontractor on file, including: current contracts, current professional licenses, and current board certifications.	Agency has a policy and documentation of adherence on site.
3.3.B	HIV training opportunities will be made known to non-HIV-specific subcontractors	Agency has a policy and documentation of adherence on site.

Access to Care

4	**Standard**	**Measure**
4.1	*Outreach and Communication*	
4.1.A	Each service provider should have structured and ongoing efforts to obtain input from clients about the design and delivery of services.	• Maintain documentation of outreach activities including Consumer Advisory Board, public meetings, or other method of input/feedback • At least annually implement client satisfaction tools • Documentation of CAB meetings to include: meeting minutes, sign in sheets and meeting calendar. • Documentation of content, use and confidentiality of the suggestion box and other feedback mechanisms.
4.1.B	Efforts to inform low-income individuals of availability of services should be ongoing.	• Maintain documentation of activities and informational materials such as: o Newsletters o Brochures o Posters o Social media promotion o Attendance of health fairs or other community events

		○ Ongoing communication and coordination with points of entry/diagnosis ○ Any other promotional materials
4.1.C	Refer the client to a service provider with the appropriate language capacity when necessary. If no such service provider exists, interpreter services will be provided at no cost to the client.	Service provider maintains updated documentation of staff's language capabilities, including the names and job titles of specific staff. Agencies should have an agreement for translation services in place.
4.1.D	All services will be provided in such a way as to overcome barriers to access and utilization, including efforts to accommodate linguistic and cultural diversity.	Provider maintains a list of interpreters and/or translators. There is documentation of staff training to explain information in plain language and with cultural sensitivity.
4.2	*Access to Services*	
4.2.A	Services must be provided regardless of an individual's ability to pay for the service or previous health condition.	Agencies must maintain and have the following policies and documentation on site: • Policy on service provision regardless of health history or ability to pay should be given to client on first visit. • Documentation of policies demonstrating ability to provide services regardless of ability to pay. • Files of eligibility determination and outcomes. • Files of individuals refused services with reasons, and documentation of referral.
4.2.B	Providers must be accessible to low income individuals with HIV.	• Facility is accessible by public transportation, ○ if not accessible by public transportation, provider has transportation policies and procedures that provide access to facility • Facility complies with Americans with Disabilities Act of 1990 requirements
4.2.C	In all cases, the provider shall ensure, to the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs.	Documentation in client's record indicating referrals or transition plan to other providers/agencies
4.2.D	All agencies funded for HOPWA services must have policies addressing the following:	Agency has a statement or policy onsite.

	• Requiring application to other affordable housing • Survivor grace periods • Termination • Waitlists for all services, particularly TBRA, STRMU, and Facility Based Housing (FBH) assistance	

Ethics

5	Standard	Measure
5.1	*Required Policies*	
5.1.A	All providers must have an Employee Code of Ethics including: • Conflict of Interest • Fair dealing • Protection and use of company assets • Compliance with laws, rules, and regulations • Timely and truthful disclosure of significant accounting deficiencies • Timely and truthful disclosure of noncompliance • Confidentiality • Anti-discrimination and affirmative outreach • Grievances	Agency has a statement or policy onsite.
5.1.B	Agencies must have a release of information available for clients to sign if they wish for their information to be released to another person or agency.	Agency has a release of information and policy onsite. All releases are updated annually.
5.1.C	All services provided must serve the best interests of the client emphasizing confidentiality, respect for the client's rights and protect the client's dignity and self-esteem.	Agency has a statement or policy onsite.
5.1.D	All providers must have internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected fraud and abuse activities.	Agency has a statement or policy onsite.
5.1.E	All providers must have a discrimination policy and a procedure for discrimination complaints.	Agency has a statement or policy onsite.

5.1.F	All providers shall maintain a grievance procedure, which provides for the objective review of client grievances and alleged violations of universal and service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for so doing.	Agency has a statement or policy onsite. Agency staff reviews grievance policy annually with all clients.
5.1.H	Agency will maintain a written policy, personnel procedures, and standard assessment that address stress, vicarious trauma and burnout.	Agency has policy and procedure on file.
5.1.I	Performance evaluations must be conducted annually for all staff members.	Evaluations are kept on file and available upon request to SHHP.
5.1.J	Agency must create and maintain a document outlining Client Rights and Responsibilities.	Agency has a statement or policy onsite.
5.2	*Training and Licenses*	
5.2.A	Provider(s) must demonstrate they will adhere to applicable Professional Standards of Practice and Code of Ethics of their licensure	Proof of at least 3 CEUs in ethics every two years must be kept in file.
5.2.B	Providers shall be in good standing with their licensure boards and not be under investigation for ethical or other violations.	Copies of valid license shall be kept on file. If a board violation occurs, the agency must disclose it to SHHP within 14 days.

Compliance

6	**Standard**	**Measure**
6.1	*Program Compliance*	
6.1.A	Agency shall monitor for programmatic compliance on a periodic basis.	Provider has documentation of self-monitoring for programmatic compliance. Agencies shall complete any SHHP regularly required compliance reports on time, and any additional requests within 30 days of request.
6.1.B	HOPWA funded agencies shall adhere to regulations set forth in 24 CFR Part 5 Subsection L that addresses changes under the Violence Against Women Act.	Have available HUD-5382 and 5380 forms for survivors of domestic violence, sexual assault, or stalking.

		Agency provides all landlords with the VAWA Lease Addendum to be added to all leases.
6.2	*Required Policies*	
6.2.A	All agencies must have a home visit safety protocol.	Agency has a policy and protocol on site. A copy of this written protocol must be available upon request to SHHP.
6.2.B	A written "Suicidal Ideation Protocol" is required for every agency.	Agency has a policy and protocol on site. A copy of this written protocol must be available upon request to SHHP.

HRSA Ryan White Part B Service Standards

All services provided through Ryan White Part B funding must adhere to the Universal Standards outlined in this document.

Ryan White Part B Service Categories

A. Emergency Financial Assistance Services
B. Food Bank or Food Voucher Services
C. Health Education & Risk Reduction Services (HERR)
D. Housing Services
E. Linguistic Services
F. Medical Case Management, including Treatment Adherence Services
G. Medical Transportation
H. Mental Health Services
I. Non-Medical Case Management Services
J. Oral Health Care
K. Other Professional Services- Income Tax Preparation
L. Outreach Services
M. Psychosocial Support Services
N. Referral for Health Care and Support Services
O. Substance Use Outpatient Care

Ryan White Part B Requirements to Participate

All services funded by the Ryan White Part B Program must meet the requirements to participate outlined below.

A. Services must be available to the entire Louisiana Department of Health region either by a sole provider or by multiple providers.

B. Providers must demonstrate adequate linkages with HIV and non-HIV service and community based organizations to allow for referrals to be made as needed.

C. Services shall be provided to all eligible clients in accordance with their needs. While case managers allow clients to advocate for themselves to the extent they can, there may be instances where advocacy decisions are made jointly between client and case manager whereby the case manager works/partners with client support systems, not directly with clients. Services provided to coordinate with support systems, medical systems, and other social service providers are collateral/advocacy encounters and shall be documented in service entries and case notes.

D. For all activities and services using Ryan White Part B funds agencies must maintain digital or physical individual files, which document:
   - Proof of residency
   - Proof of income
   - Proof of diagnosis
   - Client demographics
   - Services provided
   - Referrals made
   - Other agencies/services accessed
   - Copies of assessments completed
   - Plan of care

E. The service provider agency shall conform to the reporting requirements of the annual Ryan White Services Report (RSR) as well as STD/HIV/Hepatitis Program reporting requirements by implementation and use of the Ryan White CAREWare database, with timely submission of electronic data and invoices on a monthly basis.

General Ryan White Part B Program Eligibility Requirements

A. Client must be a person living with HIV;
B. Client must be a Louisiana resident;
C. Income must not exceed 400% of the federal poverty level guidelines;
D. Client may not receive Case Management services from more than one Ryan White funded service provider(s);
E. Client must not be able to access this service from any other payer sources.

No eligible person will be refused services. Services will be provided without regard to age, sex, gender, race, color, religion, national origin, sexual orientation, political affiliation or disability.

Recertification

To maintain eligibility for RWHAP services, clients must be recertified at least every twelve months. Clients may be recertified by the end of the calendar month in which their recertification is required.

Self-attestation allows flexibility in meeting the needs of clients and in reducing administrative burden. Self-attestation may be accepted during annual recertification and can be completed by phone, in person or via email. This process should reduce barriers to care by creating flexibility for clients while also ensuring eligibility compliance.

*__Client chart must include at least one proof for income and for residence which is verified independently at least once every 24 months. Self-attestation proofs can be used to reduce barriers to services, but should not be used two years in a row.__

Required Documentation

	Initial Verification	Yearly Recertification
HIV Status	LAHAP Proof of Positivity Form, Letter from MD, Medical Records, CERV from New Orleans EMA *Documentation is not required after intake	No documentation necessary *Documentation is not required after intake
Income	Pay Stubs, Disability Determination Letter, W2, benefit award letter, Certification of No Income/Cash Only Income, current LAHAP approval, current CERV from New Orleans EMA	Pay Stubs, Disability Determination Letter, W2, benefit award letter, Certification of No Income/Cash Only Income, current LAHAP approval with documented income at or below 400% FPL, current CERV from New Orleans EMA *****Current Self-attestation of no change, current Self-attestation of change
Residency	Louisiana Driver's License, Louisiana ID, utility bill, voter registration, Social Security Statement, current LAHAP approval, current CERV from New Orleans EMA	Louisiana Driver's License, Louisiana ID, utility bill, voter registration, Social Security Statement, current LAHAP approval, current CERV from New Orleans EMA *****Current Self-attestation of no change, current Self-attestation of change
Insurance Status	Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval, CERV from New Orleans EMA	Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval, CERV from New Orleans EMA *****Current Self-attestation of no change, current Self-attestation of change

HRSA Ryan White Part B Services

Emergency Financial Assistance

I. Definition of Service

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP 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. Payments should be limited in time and amount, and continuous provision of an allowable service to a client must not be funded through emergency financial assistance.

Direct cash payments to clients are not permitted.

II. Services Provided

Payments may be made on behalf of eligible clients who are unable to access assistance from other resources or other Ryan White categories; while awaiting intake to medical care or confirmation of HIV status; while awaiting intake or results from applications to Medicaid or other social services; or who have a case manager documented emergency not covered by another service category.

Services available through this category may include:

A. Essential Utilities (water, gas, electricity, phone)
B. Housing expenses (emergency housing assistance)
C. Medications
D. Food or food vouchers

III. Additional Client Eligibility/Referral Requirements

- Client may be referred for services by an approved case manager, direct assistance coordinator, or other approved personnel.

- Client must not be able to access this service from any other payer sources including other Ryan White programs.

IV. CAREWare Service Names

Expenditures must be reported under the relevant sub-service category.

- EFA: 1 medication dollar issued
- EFA: 1 housing dollar issued
- EFA: 1 food voucher dollar issued
- EFA: 1 essential utility dollar

V. Special Considerations

- Clients receiving Emergency Financial Assistance services may be documented as awaiting intake or reengagement into medical care or awaiting intake or

results from applications to Medicaid or other social services, or have an emergency documented by a case manager not covered by another service category.

- Cash payments to clients, mortgage payments and rental deposits are prohibited.

- Payments on behalf of clients must be made individually and not en masse (i.e., payments for each utility payment must be paid with separate checks for each client). This payment policy does not apply to medications that are purchased through a charge system.

VI. Service Standards

# 7	Standard	Measure
7.1	*Staff Credentials/Training Expectations*	
7.1.A	Provider(s) must demonstrate employees authorized to provide EFA have extensive knowledge of local, State and Federal resources and know how clients can access these services.	Training of providers is documented in employee file.
7.2	*Eligibility*	
7.2.A	Any client may utilize this service regardless of their eligibility for other services.	Documented in provider policies.
7.3	*Documentation*	
7.3.A	All completed requests for assistance shall be approved or denied as soon as possible but at least within two (2) business days. a. Provision of medication to client within one (1) business day of request approval. b. Payment to the vendor shall be issued in response to an essential utility, housing or transportation need (as identified by Case Manager and Agency) within three (3) business days of approval of request.	Documented in client's file by case notes and services.
7.3.B	Clients must be properly screened for other available assistance programs.	Case notes documenting need and attempts at locating other available resources signed by Case Manager.
7.3.C	Payments may be made on behalf of self-declared PLWH with the approval	Documented in client's file by case notes and services.

	of Case Management Supervisor, or agency CEO. Agencies must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual. Individuals found to be ineligible shall not be paid with Federal funds.	
7.3.D	Copies of client's bills, and proof of payment must be submitted with invoice to SHHP.	Documentation is submitted via Citrix with each invoice.

Food Bank or Food Voucher Services

I. Definition of Service

Food Bank refers to the provision of actual food items, or a voucher program to purchase food.

This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products;
- Household cleaning supplies;
- Water filtration/purification systems in communities where issues of water safety exist.

Unallowable costs include household appliances, pet foods, and other non-essential products. Additional guidance on allowable products is available on LouisianaHealthHub.org.

II. Services Provided

The establishment of a central distribution center (food bank) that provides a variety of food, hygiene items and household cleaning supplies.

Food vouchers may also be used to allow clients to purchase food and other approved items. Vouchers may be utilized to supplement an existing food bank, or as a standalone program.

III. Additional Client Eligibility/Referral Requirements

- Client must be properly screened for other available food assistance programs, such as Louisiana Supplemental Nutrition Assistance Program (SNAP) and WIC. New applications should be submitted annually. Participation in another food assistance program does not preclude a client from receiving food bank services.

IV. CAREWare Service Names

- Food bank: 1 food bag
- Food voucher: 1 food voucher dollar issued

V. Special Considerations

- Provider(s) must demonstrate the capacity to secure food donations for the food pantry.

- Provider(s) must maintain appropriate permits, which may include Food Dealer's Permit, Occupancy Permit and Fire Marshall's Permit. Copies of all permits must be posted on food bank premises.

- Food vouchers may not be used to purchase any item not explicitly described above, such as alcohol, tobacco, or pet supplies. Provider(s) must develop a mechanism to ensure that vouchers are not utilized to purchase these items.

VI. Service Standards

# 8	Standard	Measure
8.1	*Staff Credentials/Training Expectations*	
8.1.A	Provider(s) must demonstrate employees authorized to provide Foodbank or Food Voucher Services have extensive knowledge of local, State and Federal food resources and know how clients can access these services.	Training of providers is documented in employee file.
8.2	*General Requirements*	
8.2.A	Clients must be properly screened for other available food assistance programs, such as Louisiana Supplemental Nutrition Assistance Program (SNAP) and WIC. New applications should be submitted annually	Copies of annual application should be on file with agency.
8.2.B	Agencies must have in place a mechanism to ensure that food vouchers are not used on ineligible items including alcohol, tobacco and firearms.	Agency has written policy and procedures on utilization of services.
8.3	*Food Voucher Services*	
8.3.A	Agencies must specify criteria, policies and procedures for utilization of food bank and food voucher services.	Agency has written policy and procedures on utilization of services.
8.3.B	Clients must be provided with a list of eligible and prohibited items.	Agency has written policy and procedures on informing clients about eligible and prohibited items.

8.4	*Food Bank Services*	
8.4.A	Agencies must have a mechanism in place to secure donations of food, groceries, and additional funding for the food bank.	Provider written policy and procedures on donation of food
8.4.B	Agencies must maintain appropriate permits, which may include Food Dealer's Permit, Occupancy Permit and Fire Marshall's Permit.	Copies of all permits must be posted on food bank premises
8.5.C	Agencies must have acknowledgement of food borne illness documentation.	Acknowledgement signed by client is kept on file.

Heath Education & Risk Reduction

I. Definition of Service

Health Education and Risk Reduction includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission.

Topics covered may include but are not limited to:

- Education on health care coverage options (e.g. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education
- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention (TasP)

Health Education/Risk Reduction services cannot be delivered anonymously.

These services must be offered as an adjunct to Case Management and should demonstrate a specific program above and beyond the referrals and linkages to primary medical care and psychosocial support services that are routinely a component of Case Management. This service category may be used to support the salary of a health insurance advocate, benefits coordinator, or direct service provider.

II. Services Provided

Provision of educational curricula and programming designed to improve health status of individuals living with HIV. Services can be delivered individually or in a group setting.

III. Additional Client Eligibility/Referral Requirements: None

IV. CAREWare Service Names

- HERR: 15 min. individual counseling/education session
- HERR: 1 hour group counseling/education session

V. Special Considerations: None

VI. Service Standards

# 9	Standard	Measure
9.1	*Staff Credentials/Training Expectations*	
9.1.A	Providers must have a high school degree and two years of related experience.	Experience is documented in employee file.
9.1.B	Provider(s) must demonstrate topic-specific knowledge that will be used to provide these services.	Training of providers is documented in employee file.
9.2	*Assessment and Content*	
9.2.A	Agencies will assure educational materials and messages are relevant, and appropriate to age, language and culture.	Provider has sample copies of materials on file.
9.2.B	At the point of annual eligibility verification the agency should conduct an assessment of client's health education needs, including but not limited to: • Ability to identify one's own sources of assistance and coverage and describe their interactions, such as between a private insurer and LA HAP; • Self-efficacy in navigating tasks related to health coverage such as: identifying network providers, consulting a Summary of Benefits, filing a coverage determination appeal, etc. • Awareness of the different types of behavioral health providers, resources to help decide which provider type is right for them, and how to decide if the provider is right for them.	As documented in the client file.
9.3	*Documentation*	

9.3.A	Attendance records must be kept for group and individual sessions.	Logs of group attendance are maintained at agency. Individual sessions are documented in case notes.

Housing Services

I. Definition of Service

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. The State of Louisiana defines transitional housing as up to 24 months.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

II. Services Provided

Assistance includes negotiating housing payments, as well as providing financial assistance to maintain or obtain housing, which supports the client's ability to gain or maintain access to medical care.

All clients under RWHAP must be assessed for housing needs during their initial intake session. Providers must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Face-to-face and other encounters with or on behalf of the client as related to locating affordable housing or group housing (case management), accompanying the client to housing-related appointments, and resource development are not eligible in this category. Services provided to coordinate with support systems, medical systems, and other social service providers are collateral/advocacy encounters and shall be documented in service entries and case notes. This service category does not include travel, the actual provision of transportation, or clerical support. Time may not be counted more than once.

III. Additional Client Eligibility Required

- Client must be adequately screened for and apply to housing assistance programs, including Section 8 and Housing Opportunity for People with AIDS (HOPWA)
- Client must gain or be maintained in medical care as a result of the provision of this service

IV. CAREWare Service Name

- Housing: 1 housing dollar issued

V. Special Considerations

- If necessary, one payment may be made on behalf of self-declared people living with HIV before documentation of status is obtained. Agency must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual.

- Cash payments to clients, mortgage payments and rental deposits are prohibited.

VI. Service Standards

# 10	Standard	Measure
10.1	*Staff Credentials/Training Expectations*	
10.1.A	Provider(s) must demonstrate employees authorized to provide Housing Assistance have extensive knowledge of local, State and Federal housing resources and know how clients can access these services.	Training of providers is documented in employee file.
10.2	*Training and Documentation*	
10.2.A	Payments may be made on behalf of self-declared PLWH with the approval of Case Management Supervisor, or agency CEO. Agencies must obtain all necessary documentation regarding HIV status within thirty (30) days of the first payment made on behalf of the individual.	Documented in client's file by case notes and services.
10.2.B	Cash payments to clients are prohibited.	Documentation of the payment method, and payee, is kept in client file.
10.2.C	Copies of client's bills, and proof of payment must be submitted with invoice to SHHP.	Documentation is submitted via Citrix with each invoice.
10.2.D	All clients receiving Housing services must have a documented Housing Plan. This may be part of their current Individualized Service Plan if they have one.	As documented in CAREWare, and case notes.

Linguistic Services

I. Definition of Service

Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services

providers as a component of HIV service delivery between the healthcare provider and the client.
All individuals providing Linguistic services must keep a log of their activities.

II. Services Provided

Translation and interpretation services to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

III. Additional Client Eligibility/Referral Requirements: None

IV. CAREWare Service Name

- Linguistics: 15 min linguistic services provided

V. Special Considerations

- Agencies must establish and provide each client with a copy of reimbursement policies related to Linguistic Services.
- Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

VI. Service Standards

# 11	Standard	Measure
11.1	*Staff Credentials/Training Expectations*	
11.1.A	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Documented in employee/contractor file.
11.2	*General Requirements*	
11.2.A	Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	Documented in client's file by case notes and services.
11.2.B	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Documented in client's file by case notes and services.
11.2.C	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Provider has sample copies of materials on file.

Medical Case Management and Treatment Adherence Services

I. Definition of Service

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. An interdisciplinary team that includes other specialty care providers may prescribe activities. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs including medical needs;
- Development of a comprehensive, individualized service plan;
- Coordination of services required to implement the plan and client monitoring to assess the efficacy of the plan
- Re-evaluation every 6 months and adaptation of the plan as necessary over the life of the client. May include client-specific advocacy and/or review of utilization of services.
- Provide Undetectable=Untransmittable (U=U) education annually at minimum, but preferably as frequently as practical

Medical Case Management also includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV treatments.

II. Services Provided

Medical Case Management services have as their objective improving health care outcomes. Priority populations include but are not limited to individuals who are newly diagnosed, homeless, pregnant, have a mental health diagnosis, have a history of substance use, are out of care, have a language or cultural barrier, or have the absence of or limitations to speech, sight, hearing or mobility.

Essential functions include:

A. Intake into care;
B. Ongoing assessment of client needs;
C. Ongoing service planning;
D. Provision of treatment adherence counseling;
E. Coordination of and referral to primary care;
F. Coordination of and referral to other medical and support services;
G. Coordination with Ryan White Non-Medical Case Management
H. Monitoring and follow-up; and
I. Discharge/Transition planning.

III. Additional Client Eligibility/Referral Requirements: None

IV. CAREWare Service Names

- MCM: 15 min LPN face to face encounter
- MCM: 15 min other staff face to face encounter
- MCM: 15 min LPN other encounter

- MCM: 15 min other staff other encounter

Corresponding encounter topics must be well-documented.

V. Special Considerations

- Medical Case Management must be co-located with an existing medical facility or have an agreement in place with a medical facility that allows staff to access client level medical information.

- Medical Case Management shall be provided to all eligible clients with a demonstrated need for services.

VI. Service Standards

# 12	Standard	Measure
12.1	*Staff Credentials/Training Expectations*	
12.1.A	Medical Case Managers must be medical professionals who have access to client level medical information and the skills to understand the implications of that data. Medical Case Managers must be a Registered Nurse, or a Licensed Practical Nurse licensed to practice in the State of Louisiana.	Resume, applications, or licenses demonstrating relevant experience kept on file.
12.1.B	Case management supervisors must have achieved a graduate level degree in social work or a human services related field, or have 3 years case management experience.	Resume or applications demonstrating relevant experience kept on file.
12.1.C	A Case Management Supervisor may supervise full-time case managers or a combination of full-time case managers and other professional-level human services staff not to exceed 8.0 full time employees.	Organizational chart with clear lines of supervision must be available, and updated annually.
12.1.D	All case managers must complete 20 hours of continuing education each calendar year. At least one of these hours must be related to LAHAP applications, or other health insurance programs.	Certificates of completion kept in personnel files, and available to submit annually with auditing requirements.
12.1.E	All case managers must complete 1. Undoing Racism 2. Deconstructing Heterosexism and Transphobia and 3. Destigmatizing Drug Use within the first year of employment	Certificates of completion kept in personnel files.

12.2	*Enrollment/Assessment/Reassessment*	
12.2.A	Clients will be recertified every 12 months for changes in eligibility.	Recertification is documented in CAREWare.
12.2.B	Case managers will conduct face-to-face assessments every 6 months including but not limited to: service needs, depression, anxiety, substance use and housing needs.	Digital or physical copies of screenings are kept in client files.
12.2.C	Initial Assessment Within five (5) working days of first contact, a comprehensive biopsychosocial assessment shall be completed to evaluate the client's needs, including, but not limited to the following: • Medical history, current health/primary care status, all current prescriptions. • Available support systems • Substance use history and status • Emotional/mental health history and status • Available financial resources (including insurance status) with emphasis on securing 3rd -party insurance coverage, public benefits, and other resources. • Availability of food, shelter, and transportation • Need for legal assistance	Documentation in client's file.
12.2.D	At a minimum, Medical Case Management intervention activities must include assessment, education and counseling on: • Treatment adherence/disease progression • Nutrition health • Oral health • Liver health (Hepatitis in general and Hepatitis C in particular) • HIV transmission risk reduction including PrEP and PEP access and U=U Education.	Documentation in the case notes.
12.2.E	A full intake and eligibility assessment should be completed within 15 days of the first contact.	Documented in client's file.
12.2.F	If the Intake completion is delayed because of missing documents the	Client file case notes and a copy of the final written notification (if applicable.)

	client must be notified at least 3 times about what documents are missing. Agencies may keep the files open for up to 30 days waiting for complete documentation. The final notification must be in writing and include information that the client's file will be closed if the missing documentation is not produced.	
12.2.G	Contact with client should be based off the client's acuity score.	Documented in client's file.
12.2.H	An Individualized Service Plan, including a housing plan, based on client's goals is created within the 30 days of the first contact. They should be updated as needed and at the minimum as determined by the client's acuity score.	Digital or physical copies of screenings are kept in client files.
12.2.I	Face-to-face contact should be made at least quarterly.	Documented in client's file. *This standard may be waived due to public health emergencies like COVID-19 or other natural disasters.
12.2.J	Medical Case Manager will review documentation of monitoring client's current immunological parameters (for example, CD4 count, and HIV viral load) and appointment adherence at least quarterly.	Documented in client's file or EHR.
12.3	*Referral & Coordination*	
12.3.A	Medical Case Managers will refer clients for Non-Medical Case Management and any other necessary services within 10 business days. Medical Case Managers will follow-up on the outcomes of referrals made.	Documented in client's file.
12.3.B	Case consultations should be documented by supervisory staff and must be a formal meeting.	Document in case notes.
12.4	*Case Loads*	
12.4.A	Medical Case Management caseloads should not exceed thirty (30) medically case managed clients per full-time case manager.	Caseloads should be regularly audited by the agency's support services supervisors for compliance. Caseloads shall be available to SHHP.
12.5	*Termination/Graduation*	
12.5.A	Reasons for client termination: • Client completes all goals outlined in Individualized Service Plan	Reason for termination is documented in case notes.

	• Client's acuity assessment score indicates individual no longer in need of case management services • Client is no longer eligible for Ryan White Part B or HOPWA services • Client has requested for services to be terminated • Client has acted in a way that puts providers or staff in danger • Client cannot be contacted after repeated attempts over a 12-month period • Client dies	
12.5.B	A summary of termination (for all reasons) must be placed in each client's file within 30 days of inactivation.	Termination Summary in progress notes that include required elements from standards.
12.5.C	In the case of clients who are "lost to follow-up", the agency will make and document a minimum of four follow-up attempts within a 60-day period after the end of the client's reassessment month. Additional attempts at contact may be made through Outreach activities.	Documentation of attempted follow-up in progress notes.

Medical Transportation

I. Definition of Service

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

II. Services Provided

Transportation services for people living with HIV and accompanying significant others to access medical and/or support services. Transportation can include, but is not limited to, scheduled and unscheduled routes and destinations as supported by documented client need. This service does not include emergency transportation services.

Services may include distribution of bus tokens, one-way bus tickets, bus day passes, gasoline vouchers, contracts with providers of transportation services, subcontract of a van or other driving service, and single trip taxi services.

III. Client Eligibility

- Client must be ineligible for Medicaid transportation or other transportation services

IV. CAREWare Service Name

- Transport: 1 transportation dollar issued

V. Special Considerations

- Private insurance including Medicare and Medicaid should be billed first, with Ryan White Funding used as payer of last resort.

- All service provider drivers must hold, and maintain as current, all appropriate licensing for operating the service provider's vehicle/fleet of vehicles in the State of Louisiana.

- Service provider must maintain detailed records in legible form of mileage driven, name of individuals provided with transportation, origin, destination, and purpose for all trips provided.

- Provider's operation hours must accommodate transportation need to and from all appointments scheduled at primary medical and social service facilities within the region.

- Family members and significant others will be allowed to accompany people living with HIV on any trips in accordance with HRSA guidelines and policy.

- All drivers (volunteer or staff) who are transporting clients must possess a valid and appropriate driver's license, and proof of liability insurance. A copy of the current license and current insurance card must be included in the personnel record of the employee or volunteer providing this service.

- Agency procedures shall include use of seatbelts/restraint systems as required by law, including use of child safety seats as applicable.

- Reimbursement for mileage shall not exceed the State of Louisiana reimbursement rate set in PPM49.

- Transportation services shall be provided in the most efficient and cost effective method possible.

- Transportation services shall be provided with the utmost care and consideration given to confidentiality and the impacts of stigma.

- Cash payments to clients are prohibited.

VI. Service Standards

# 13	Standard	Measure
13	*Staff Credentials/Training Expectations*	

13.1	*Licensure Requirements*	
13.1.A	All service provider drivers must hold, and maintain as current, all appropriate licensing for operating the service provider's vehicle/fleet of vehicles in the State of Louisiana. All agency drivers (volunteer or staff) who are transporting clients must possess a valid and appropriate driver's license, & proof of liability insurance.	Documented in provider transportation policy. A copy of the current license & current insurance card must be included in the personnel record of the employee or volunteer providing this service.
13.2	*Documentation*	
13.2.A	Service provider must maintain detailed records in legible form of mileage driven, name of individuals provided with transportation, origin, destination, and purpose for all trips provided.	Documented in provider transportation policy.
13.2.B	Provider's operation hours must accommodate transportation need to and from all appointments scheduled at primary medical and social service facilities within the region.	Documented in provider transportation policy.
13.2.C	Family members and significant others will be allowed to accompany persons with HIV according to HRSA guidelines and policy.	Documented in provider transportation policy.
13.2.D	Agency procedures shall include use of seatbelts/restraint systems as required by law, including use of child safety seats as applicable.	Documented in provider transportation policy.
13.2.E	Reimbursement for mileage shall not exceed the State reimbursement rate set in PPM49.	Documented in provider transportation policy.

Mental Health Services

I. Definition of Service

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. This typically includes psychiatrists, psychologists, and licensed counselors or licensed clinical social workers.

II. Services Provided

Mental Health Services include intensive mental health therapy and counseling in individual, family or group settings. Mental Health Services can also include consultation or treatment with a psychiatrist. Counseling services may include general mental health therapy, counseling, education and bereavement support for clients.

III. Additional Client Eligibility/Referral Requirements

A. Client may be referred by a case manager or other approved personnel, including a physician. Clients may access services without a case management referral as well.

IV. CAREWare Service Names

- MH: 1 hr individual counseling session
- MH: 1 hr group counseling session

V. Special Considerations

- Private insurance including Medicare and Medicaid should be billed first, with Ryan White Funding used as payer of last resort.

- Eligible clients receiving mental health treatment must be linked to a primary medical care provider by the organization.

- Individual/family client case records shall include documentation of eligibility, assessment, treatment plans, progress notes and discharge summary. Therapy notes should be kept separate from any case notes and are not required to be in CAREWare. A case management note indicating type of service (group, individual) should be entered when the service is provided.

- Attendance records shall be kept for group sessions.

- Provider(s) must arrange for twenty-four (24) hour crisis response by a licensed professional for active clients who may experience emotional emergencies. This may be arranged by a contract or MOU with a local mental health hotline.

VI. Service Standards

# 14	Standard	Measure
14.1	*Staff Credentials/Training Expectations*	
14.1.A	Provider(s) must be state-licensed mental health professionals. In the absence of such license, direct service provider(s) must possess a graduate degree and be under the supervision of a professional licensed by the State of Louisiana. Counselors and social workers in the process of seeking	Documented in employee/contractor file.

	licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision.	
14.1.B	Appropriately licensed case managers may provide mental health services to their clients.	Documented in employee/contractor file.
14.1.C	Provider(s) must demonstrate they will adhere to applicable Professional Standards of Practice and Code of Ethics of their licensure.	Documented in employee/contractor file.
14.1.D	Providers shall be in good standing with their licensure boards and not be under investigation for ethical or other violations. If investigation of violation occurs, it is the provider's responsibility to inform the Support Services Monitor.	Copies of valid license shall be kept on file. If a board violation occurs, the agency must disclose it to SHHP within 14 days.
14.2	*Crisis Response*	
14.2.A	An appointment will occur within five (5) working days of a client's request for mental health services. In emergency circumstances, an appointment will occur within twenty-four (24) hours. If service cannot be provided within these time frames, the Agency will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Documentation in client's file.
14.2.B	Agencies must arrange for twenty-four (24) hour crisis response by a licensed professional for active clients who may experience emotional emergencies.	Agency must have a written protocol for crisis intervention, and have a contract or MOU with a local mental health hotline.
14.3	*Documentation*	
14.3.A	Individual/family client case records shall include documentation of eligibility, assessment, treatment plans, case management notes indicating type of service (individual, group) and discharge summary. Therapy notes should be kept separate from any case management notes and are not required to be in CAREWare.	Client case records must be available for monitoring if the service provider is a staff member at the agency. If the agency is using an outside contractor, case records do not have to be available.

Non-Medical Case Management

I. Definition of Service

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, the state AIDS Drug Assistance Program (ADAP), Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans.

Key activities include:

i. Initial assessment of service needs, including initial acuity assessment;
ii. Development of a comprehensive, individualized service plan;
iii. Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
iv. Continuous client monitoring to assess the efficacy of the service plan
v. Re-evaluation of the service plan at least every 6 months with adaptations as necessary; and
vi. Ongoing assessment of the client's and other key family members' needs and personal support systems
vii. Provide Undetectable=Untransmittable (U=U) education annually at minimum, but preferably as frequently as practical

The Non-Medical Case Management Services objective is to provide coordination, guidance and assistance in improving access to needed services. Non-medical case managers may collaborate with the support systems of clients as well as social service and medical systems; these are collateral/advocacy encounters and shall be documented in service entries and case notes.

II. Services Provided

Non-Medical Case Management services are home and community-based. Case Managers will encounter clients in their environment, which may include a residence, a public facility, in the streets, or in the facilities of the Case Management service provider agency.

Services will target individual clients who have difficulty functioning well in the community due to barriers which include, but are not limited to: lack of knowledge regarding available services, inability to maintain financial independence, homelessness, deteriorating medical condition, psychiatric illness, substance abuse, illiteracy, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, language/cultural barriers, and/or the absence of speech, sight, hearing, or mobility

Essential functions include:

- Continuation in care;
- Periodic assessment of client needs;
- Limited service planning;
- Limited monitoring and follow up; and
- Discharge and Transition planning into self-management

III. Additional Client Eligibility Requirements: None

IV. CAREWare Service Names

- NMCM: 15 min social work face to face encounter
- NMCM: 15 min other staff face to face encounter
- NMCM: 15 min social work other encounter
- NMCM: 15 min other staff other encounter

Corresponding encounter topics must be well-documented.

V. Special Considerations: None

VI. Service Standards

# 15	Standard	Measure
15.1	*Staff Credentials/Training Expectations*	
15.1.A	Non-Medical Case Managers must have achieved a Bachelor's Degree in Social Work (BSW) or a Bachelor's degree in a human services related field with at least one year of case management experience.	Resume or applications demonstrating relevant experience kept on file.
15.1.B	Case management supervisors must have achieved a graduate level degree in social work or a human services related field, or have 3 years case management experience.	Resume or applications demonstrating relevant experience kept on file.
15.1.C	A Case Management Supervisor may supervise full-time case managers or a combination of full-time case managers and other professional-level human services staff not to exceed 8.0 full time employees.	Organizational chart with clear lines of supervision must be available, and updated annually.
15.1.D	All direct service staff are required to complete an orientation within the first 30 working days including but not limited to: • Agency policies and procedures • Information Security and Confidentiality • Documentation in case records	Certificates of completion kept in personnel files. Curricula should be available to SHHP upon request.

	• Client rights and responsibilities • Abuse and neglect reporting procedures • Emergency and safety procedures • Data management and record keeping • Infection control and universal precautions • Working with persons living with HIV • Undetectable=Untransmittable (U=U) • Professional ethics	
15.1.E	All new employees must receive an additional training during the first 90 working days of employment. This training must include the following, at a minimum: • Screening and assessment techniques and procedures • Care planning for people with complex medical and social service needs • Interviewing and interpersonal skills • Cultural awareness and antiracist frameworks	Certificates of completion kept in personnel files. Curricula should be available to SHHP upon request.
15.1.F	All case managers must complete 20 hours of continuing education each calendar year. At least one of these hours must be related to LAHAP applications, or other health insurance programs.	Certificates of completion kept in personnel files, and available to submit annually with auditing requirements.
15.1.G	All case managers must complete 1. Undoing Racism 2. Deconstructing Heterosexism and Transphobia and 3. Destigmatizing Drug Use within the first year of employment	Certificates of completion kept in personnel files.
15.2	*Enrollment/Assessment/Reassessment*	
15.2.A	Within five (5) working days of first contact, a comprehensive biopsychosocial assessment shall be completed to evaluate the client's needs, including, but not limited to the following:	Documentation in client's file.

	• Medical history, current health/primary care status, all current prescriptions • Available support systems • Substance use history and status • Emotional/mental health history and status • Available financial resources (including insurance status) with emphasis on securing 3rd -party insurance coverage, public benefits, and other resources. • Availability of food, shelter, and transportation • Need for legal assistance	
15.2.B	Active case management clients must have their acuity score updated as needed and at minimum annually. Active case management clients must have initial Individualized Service Plans created within the first 30 calendar days of services. They should be updated as needed and at the minimum as determined by the client's acuity score.	Completed and current (within the last year) Acuity Scale in the client file. Completed and current (within timeframe determined by acuity score) Individualized Service Plan in the client file.
15.2.C	If the Intake completion is delayed because of missing documents, during the 30-day calendar period, someone must notify the client at least 3 times about what documents are missing. The final notification must include information that the client's file will be closed if the missing documentation is not produced.	Client file case notes and a copy of the final written notification (if applicable.)
15.2.D	Case managers will conduct eligibility recertification every 12 months.	Eligibility is documented in CAREWare.
15.2.E	For clients with an acuity score of 16-26 an Individualized Service Plan based on client's goals, including a housing plan, should be updated annually.	Completed and current (within the last twelve months) Individualized Service Plan in the client file.
15.2.F	For clients with an acuity score of 27 or higher an Individualized Service Plan based on client's goals, including a housing plan, should be updated every 6 months.	Completed and current (within the last six months) Individualized Service Plan in the client file.
15.2.G	If client presents with increased need, a full reassessment should occur, and contact information and Individualized	Documented in the program's policy.

	Service Plan updates should be aligned with the new acuity score.	
15.2.H	Home visits are required annually only for clients who have an acuity score at or above 37. May be conducted for clients who have an acuity score below 37 as needed.	Document in case notes.
15.2.I	Services provided to friends or family members of a client should be documented as collateral/advocacy encounters.	Documented in case notes and service entry.
15.3	*Referral & Coordination*	
15.3.A	Referrals to additional services are entered into CAREWare with date, time, and status.	Documented in referral tab of CAREWare.
15.3.B	Case conferences should be documented by supervisory staff and must be a formal meeting.	Document in case notes.
15.4	*Case Loads*	
15.4.A	Non-Medical Case Management caseloads must not exceed forty (40) non-medical case managed clients per full-time case manager.	Caseloads shall be regularly audited by the agency's support services supervisors for compliance. Caseloads shall be available to SHHP.
15.5	*Termination/Graduation*	
15.5.A	Reasons for client termination: • Client has achieved goals in Individualized Service Plan and is moved into self-management • Client is no longer eligible for Ryan White Part B or HOPWA services • Client has requested for services to be closed • Client has acted in a way that puts provider personnel in danger • Client cannot be contacted after repeated attempts over a 12-month period. The final written notification to client should explain case will be closed due to lack of contact (if client gave consent to receive mail). • Client dies	Documented in client's file.
15.5.B	A summary of termination (for all reasons) must be placed in each client's file within 30 days of inactivation.	Termination Summary in case notes that include required elements from standards.

15.5.C	In the case of clients who are "lost to follow-up", the agency will make and document a minimum of four follow-up attempts within 60 days after the end of the client's reassessment month. Additional attempts at contact may be made through Outreach activities.	Documentation of attempted follow-up in progress notes.

Oral Health Care

I. Definition of Service

Diagnostic, preventive, and therapeutic outpatient services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries.

II. Services Provided

Routine dental care examinations, prophylaxis, x-rays, fillings, replacements, treatment of gum disease and oral surgery.

Services do not include cosmetic dental care and non-medically required dental care. Services covered by an individual's existing plan are not considered eligible for Ryan White services.

III. Additional Client Eligibility Requirements: None

IV. CAREWare Service Name

- Oral Health: 1 dental care dollar issued

V. Special Considerations

- Private insurance including Medicare and Medicaid should be billed first, with Ryan White Funding used as payer of last resort.
- Referrals should be made to provider(s) who can demonstrate they will adhere to clinical standards of care accepted for the dental treatment of people living with HIV individuals and perform oral health care techniques approved by the American Dental Association.
- Referrals shall be made only to persons who are licensed by the State of Louisiana, including but not limited to:
  - Dentist
  - Dental Hygienist or
  - Dental Assistant with state radiology certification

VI. Service Standards

# 16	Standard	Measure
16.1	*Staff Credentials/Training Expectations*	

16.1.A	Referrals shall be made only to persons who are licensed by the State of Louisiana, including but not limited to dentists, dental hygienists or dental assistants with state radiology certification.	Copies of licensure should be requested and kept on file.
16.2	*Documentation*	
16.2.A	An oral health treatment plan should be created within 30 working days of first contact if required treatment exceeds regularly scheduled cleanings.	Providers should have a copy of the treatment plan available upon request.
16.2.B	Provider will have written policy for discharge, transition, and referrals for specialty care.	Provider written policy for discharge, transition, and referrals for specialty care.
16.2.C	Outcomes of oral health appointment should be noted in client's file.	Documented in client file.
16.2.D	Copies of client's bills, and proof of payment must be submitted with invoice to SHHP.	Documentation is submitted via Citrix with each invoice.

Other Professional Services—Income Tax Preparation

I. Definition of Services

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. These services include income tax preparation.

II. Services Provided

Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. Agencies are expected to contract with a CPA or other tax professional to provide services.

III. Additional Client Eligibility Requirements: None

IV. CAREWare Service Name

- Tax prep: 1 tax return prepared

V. Special Considerations

- Providers must be available to provide services to eligible clients through telephone contact, personal visits with the client in the appropriate setting, or in the offices of the agencies.
- Providers should keep a log of all activities on behalf of Ryan White Part B clients and submit it to the Agency monthly.

- Individuals providing services must be appropriately licensed Enrolled Agents, Certified Public Accountants, or appropriately Supervised Preparers, and/or Non-1040 Preparers. For additional information about the licensure of tax preparers see IRS Policy Notice 2011-6.

VI. Service Standards

# 17	Standard	Measure
17.1	*Contractor Requirements*	
17.1.A	Contractor must be available to provide services to eligible clients through telephone contact, personal visits with the client in the appropriate setting, or in the offices of the agency or contractor.	Documented in agency agreement with contractor.
17.1.B	Individuals providing services must be appropriately licensed Enrolled Agents, Certified Public Accountants, or appropriately designated Supervised Preparers, and/or Non-1040 Preparers.	Documented in agency agreement with contractor. For additional information about the licensure of tax preparers see IRS Policy Notice 2011-6.
17.2	*Documentation Requirements*	
17.2.A	Contractors should keep a log of all activities on behalf of Ryan White Part B clients and submit it to the Agency as needed.	Agency maintains logs of activity.

Outreach Services

I. Definition of Service

Outreach services should be focused on individuals who have been lost to care, and other reengagement activities. Outreach should be conducted for purposes of educating individuals living with HIV about treatment opportunities available within the community, reengaging clients in care, and following-up on a periodic basis to ensure the client is still in medical care or support services.

This category may be used to support the salary of a direct service provider.

II. Services Provided

Outreach Services include the provision of reengagement of people who know their status into health services.

Funds may not be used to pay for HIV counseling or testing under this service category. Outreach services may not be delivered anonymously.

III. Additional Client Eligibility Requirements: None

IV. CAREWare Service Name

- Outreach: 15 min PLWH reengagement effort

V. Special Considerations

- Outreach Services must meet the Ryan White Part B Requirements *to Participate* as outlined in this document and consistent with special provisions outlined in HRSA HIV/AIDS Bureau Policy 16-02.

- Provider(s) must demonstrate that employees hired to provide Outreach services have adequate knowledge of local primary care sites and agencies that provide supportive services, and are able to appropriately assist eligible people living with HIV in accessing these services.

- Outreach services should be conducted for six months following the Ryan White Part B eligibility expiration. After six months the case should be closed.

- Providers should work with SHHP's Linkage to Care Program to facilitate coordination and/or hand-off of case upon closure.

VI. Service Standards

# 18	Standard	Measure
18.1	*Staff Credentials/Training Expectations*	
18.1.A	Agencies must demonstrate that employees hired to provide Outreach Services have adequate knowledge of local primary care sites and other supportive service agencies, and are able to appropriately assist eligible people with HIV in accessing these services.	Resumes, or applications must be kept on file.
18.2	*Documentation Requirements*	
18.2.A	Agencies must have adequate consent to follow up with clients to perform outreach services.	Documented in client file.
18.2.B	Client will be considered discharged upon successful referral to case management provider or primary care provider.	1. With client consent, documentation of client contact with case management or primary medical care. OR 2. Written note indicating that client expressly refused referral services. OR 3. At least 4 documented follow-up attempts in CAREWare.
18.2.C	Any client may utilize this service regardless of their eligibility for other services.	Documented in provider policies.

18.2.D	Outreach activities may be conducted for up to 6 months after the client's eligibility has expired. After 6 months the case should be closed and handed off to SHHP Linkage to Care Program, as appropriate.	Documented in client file.

Psychosocial Support Services

I. Definition of Service

Psychosocial Support Services provide individual or group-counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

II. Services Provided

These services may include, but are not limited to:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups, including provision of U=U education
- Nutrition counseling provided by a non-registered dietician
- Pastoral care/counseling services

Ryan White-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliations. These funds may not be used for social/recreational activities or to pay for a client's gym membership.

III. Additional Client Eligibility Requirements: None

IV. CAREWare Service Names

- PSS: 1 hr individual counseling session
- PSS: 1 hr group counseling session

V. Special Considerations

- Services may be provided on a paid or volunteer basis.
- Services may benefit from being provided by people who share similar life experiences.

VI. Service Standards

# 19	Standard	Measure
19.1	*Staff Credentials/Training Expectations*	
19.1.A	Service Providers do **not** have to be mental health professionals to provide Psychosocial Support Services.	Proof of appropriate knowledge (i.e., resumes, curriculum vitae, and/or

	If provider(s) are mental health professionals (including but not limited to social workers, counselors, psychiatrists, and psychologists) the provider(s) are required to be appropriately licensed or under the supervision of a licensed provider.	licensure) of provider(s) must be maintained by service provider agency.
19.1.B	Provider(s) must demonstrate topic-specific knowledge prior to providing any of the eligible services funded under this category	Proof of appropriate knowledge (i.e., resumes, curriculum vitae) of provider(s) must be maintained by service provider agency.
19.2	*Documentation Requirements*	
19.2.A	Logs must be maintained for all group and individual activities.	Separate group logs, and case note documentation must be maintained for all services rendered.

Referral for Health Care and Support Services

I. Definition of Service

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through phone, written, or other type of communication.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported as per Ryan White Part B Service Entry Guidance. This category may be used for individuals who do not qualify for case management, do not want or need case management or who have graduated from case management. This category may be used to support the salary of a direct service provider.

II. Services Provided

Referral and direction of clients to medical, psychosocial and educational resources as deemed necessary.

This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

III. Additional Client Eligibility Requirements: None

IV. CAREWare Service Names

- Referral: 1 external referral
- Referral: 1 internal referral

V. Special Considerations

- Referrals must be added as services in to CAREWare with all fields completed.
- May be provided routinely or on an emergency basis.

VI. Service Standards

# 20	Standard	Measure
20.1	*Staff Credentials/Training Expectations*	
20.1.A	Agencies must demonstrate that employees hired to provide Referral for Health Care and Support Services have adequate knowledge of local primary care sites and other supportive service agencies, and are able to appropriately assist eligible people with HIV in accessing these services. Staff performing Referral for Healthcare/Supportive Services must have, at a minimum, a high school degree and at least two years of relevant experience.	Resumes, or applications must be kept on file.
20.2	*Documentation Requirements*	
20.2.A	Any client may utilize this service regardless of their eligibility for other services.	Documented in provider policies.
20.2.B	Referrals must be documented in the CAREWare Referral tab.	All referrals are entered into CAREWare Referral tab.
20.2.C	Agencies must maintain a resource inventory that is updated at least annually.	Resource inventory is available at agency upon request by SHHP.
20.2.D	Agencies shall have a documented referral system in place.	Agency's written referral procedure.
20.2.E	Agencies must document outcomes of referrals in case notes within 90 days.	Documented in agency policies and case notes.

Substance Use Outpatient Care

I. Definition of Service

Provision of medical treatment and/or counseling to address substance abuse problems (including alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the supervision of a physician or by other qualified personnel. Other qualified personnel may include nurses, mental health professionals, psychiatrists or psychologists.

II. Services Provided

Services include regular, ongoing substance abuse treatment and counseling on an individual and group basis by a state-licensed provider. Services may also include screening, assessment and diagnosis of drug or alcohol use disorders.

Services may include:

A. Pretreatment/recovery readiness programs
B. Harm reduction
C. Behavioral health counseling associated with substance use disorder
D. Outpatient drug-free treatment and counseling
E. Medication assisted therapy
F. Neuro-psychiatric pharmaceuticals
G. Relapse prevention
H. Acupuncture*

*Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented treatment plan.

III. Additional Client Eligibility/Referral Requirements: None

IV. CAREWare Service Names

- SU: 1 hr individual counseling session
- SU: 1 hr group counseling session

V. Special Considerations

- Eligible clients receiving substance use treatment should be referred to a primary medical care provider by the agency within one week of the first contact.
- Private insurance including Medicare and Medicaid should be billed first, with Ryan White Funding used as payer of last resort.
- Provider(s) must be licensed substance abuse counselors. In the absence of such license, direct service Provider(s) must possess a graduate degree and be under the supervision of a professional licensed by the State of Louisiana. Counselors in the process of seeking licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision. Qualified personnel also include rehabilitation counselors, substance use counselors, and peer navigators.
- Provider(s) must demonstrate they will adhere to applicable Professional Standards of Practice and Code of Ethics.
- Service provider agencies shall maintain linkages with one or more inpatient facilities and be able to refer a client to an inpatient treatment program or emergency department, in collaboration with the client, case manager and primary care physician as appropriate.

VI. Service Standards

# 21	Standard	Measure
21.1	*Staff Credentials/Training Expectations*	
21.1.A	Substance Use Service provider(s) must be fully licensed mental health professionals with the State of Louisiana. Counselors and social workers in the process of seeking full licensure must be supervised by a licensed therapist qualified by the State of Louisiana to provide clinical supervision.	Licenses, and resume or applications demonstrating relevant experience kept on file.
21.2	*Enrollment/Assessment/Reassessment*	
21.2.A	An appointment will occur within five (5) working days of a client's request for substance use services. In emergency circumstances, an appointment will occur within twenty-four (24) hours. If service cannot be provided within these time frames, the Agency will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Client file contains documentation of each item listed above
21.2.B	A substance use treatment plan should be created within 30 days of first contact.	Documented in client file.
21.3	*Referral/Coordination*	
21.3.A	Service provider agencies shall maintain linkages with one or more inpatient facilities and be able to refer a client to an inpatient treatment program or emergency department, in collaboration with the client, case manager and primary care physician as appropriate.	Agencies must have documentation of a formal or informal agreement with inpatient agencies.
21.3.B	Providers must refer clients seeking substance use services to a primary care provider within the first 14 days of care.	Documentation in client's file, and in the CAREWare referral tab.
21.4	*Termination*	
21.4.A	Reasons for client termination • Client achieves goals outlined in treatment plan	Documentation in client's file.

	• Client is no longer eligible for Ryan White Part B or HOPWA services • Client has requested for services to be closed • Client has acted in a way that puts provider personnel in danger • Client cannot be contacted after repeated attempts over a 12-month period • Client dies	

HUD HOPWA Service Standards

See also Housing Opportunities for Persons with AIDS: A program of the Louisiana Department of Health STD/HIV Program: Program Manual (HOPWA Program Manual LDH) for additional instruction regarding overview of the Louisiana Department of Health Housing Opportunities for Persons with AIDS (HOPWA) Program and its eligible activities and requirements.

HOPWA Service Categories

A. Permanent Housing Placement (PHP)
B. Resource Identification (RI)
C. Short-Term Rent, Mortgage, and Utility Assistance (STRMU)
D. Tenant-Based Rental Assistance (TBRA)

HOPWA Requirements to Participate

All services funded by the HOPWA Program must meet the requirements to participate outlined below.

- Services must be available to the entire Louisiana Department of Health region either through multiple providers or a single provider.

- Provider(s) must demonstrate adequate linkages with HIV and non-HIV services organizations and community-based organizations.

- Rent and utility payments are to be made on behalf of a client and not directly to the client. In no instance are checks to be given to the client for delivery of payment. Checks written from providers may not have wording that might inadvertently disclose a client's status.

- Payments on behalf of clients will be paid individually and not en masse (i.e., payments for each utility payment must be paid with a separate check for each client).

- Agency must maintain individual client files, which document the following information as required by HOPWA regulations:

- Documentation of need for HOPWA assistance;
    - Proof of HIV status;
    - Proof of residency;
    - Proof of income;
    - A current lease agreement;
    - Proof of application to other housing assistance programs including Section 8;
    - Signed disclosure form on the hard-wired or battery operated smoke detector warning statement;
    - Signed disclosure form on lead-based paint and lead-based paint hazards;
    - Copy of invoices (and check) for which payment is made;
    - Documentation of other forms of assistance that are provided by the agency; and
    - Housing Care Plan that pertains to developing/procuring long-term housing.

- Providers must work with clients to develop a housing plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.

- The service provider agency shall conform to the reporting requirements of the HOPWA Annual Progress Report as well as STD/HIV/Hepatitis Program reporting requirements by implementation and use of the Ryan White CAREWare database, with timely submission of electronic data and invoices on a monthly basis.

- Agencies must have policies in place to address the following issues
    - Program Eligibility
    - Tenant Selection/Occupancy Standards
    - Client Participation Agreement
    - Program/House Rules
    - Housing Search Process
    - Move In Procedures
    - Emergency Procedures
    - Termination of Assistance and Eviction
    - Surviving Family Members
    - Grievance Procedures
    - Shared Housing
    - Referral and Wait List Management

- Provider must demonstrate the services are in accordance with HUD's goals of:

    - Increasing the availability of decent, safe, and affordable housing for low-income people living with HIV/AIDS.
    - Creating and supporting affordable housing units for PLWH by matching HOPWA funds with other resources through community planning for comprehensive housing strategies

- Creating partnerships and innovative strategies among state and local governments and community-based non-profit organizations to identify and serve the housing and supportive service needs of PLWH.

- Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).

General HOPWA Eligibility Requirements

A. Client must be a Louisiana resident;
B. Client must be a person living with HIV;
C. Client must be screened for other housing assistance programs including Section 8;
D. Income guidelines shall be in accordance with those established by HUD with client income not exceeding 80% of the HUD established median for the area.

No eligible person will be refused services. Services will be provided without regard to age, sex, gender, race, color, religion, national origin, sexual orientation, political affiliation or disability.

Recertification

To maintain eligibility for HOPWA services, clients must be recertified at least every twelve months. Clients may be recertified by the end of the calendar month in which their recertification is required.

Self-attestation allows flexibility in meeting the needs of clients and in reducing administrative burden. Self-attestation may be accepted during annual recertification and can be completed by phone, in person or via email. This process should reduce barriers to care by creating flexibility for clients while also ensuring eligibility compliance. *__Client chart must include at least one proof for income and for residence which is verified independently at least once every 24 months. Self-attestation proofs can be used to reduce barriers to services, but should not be used two years in a row.__

Required Documentation

	Initial Verification	Yearly Recertification
HIV Status	LAHAP Proof of Positivity Form, Letter from MD, Medical Records, CERV from New Orleans EMA *Documentation is not required after intake	No documentation necessary *Documentation is not required after intake
Income	Pay Stubs, Disability Determination Letter, W2, benefit award letter, Certification of No Income/Cash Only Income, current LAHAP approval with documented income at or	Pay Stubs, Disability Determination Letter, W2, benefit award letter, Certification of No Income/Cash Only Income, current LAHAP approval with documented income at or below 80% AMI,

	below 80% AMI, current CERV from New Orleans EMA	current CERV from New Orleans EMA *Self-attestation of no change, Self-attestation of change with documentation
Residency	Louisiana Driver's License, Louisiana ID, utility bill, voter registration, Social Security Statement, current LAHAP approval, current CERV from New Orleans EMA	Louisiana Driver's License, Louisiana ID, utility bill, voter registration, Social Security Statement, current LAHAP approval, current CERV from New Orleans EMA *Self-attestation of no change, Self-attestation of change with documentation
Insurance Status	Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval, CERV from New Orleans EMA	Medicaid card, Medicaid denial letter, private insurance card, private insurance termination notice, Medicare card, LAHAP application or approval, CERV from New Orleans EMA *Self-attestation of no change, Self-attestation of change with documentation

HUD HOPWA Services

Permanent Housing Placement (PHP)

I. Definition of Service

PHP is intended to assist program participants to secure and move into permanent housing. PHP is used to place individuals into housing, and not assist individuals already in housing. PHP can be used in conjunction with Tenant Based Rental Assistance.

II. Services Provided

- Application fees and credit check expenses
- One-time utility connection fees and deposits
- Rental Security Deposits or First/Last Month's Rent

The total of any payments associated with the rental security deposit or first/last month's rent cannot exceed the value of 2 months' rent.

PHP funds cannot be used for moving costs, standard furnishings, or housekeeping/household supplies.

III. Additional Client Eligibility/Referral Requirements: None

IV. CAREWare Service Name

- H PHP: 1 PHP dollar issued

V. Special Considerations

- Units paid for through PHP should meet the basic Habitability Standards outlined at 24 CFR 574.310 (b) (2)

- Security deposits are program funds that must be returned to the program when the assisted tenant leaves the unit. A good faith effort must be made to recover program funds upon the departure of the beneficiary from the unit, and the expenditures must be tracked. These efforts should be documented in a case note.

- HUD requires organizations track and report costs separately as HOPWA housing subsidy assistance expenses.

- Copies of client's bill or lease, and proof of payment must be submitted with invoice to SHHP.

VI. Service Standards

# 22	Standard	Measure
22.1	*Staff Credentials/Training Expectations*	
22.1.A	Provider(s) must demonstrate employees authorized to provide PHP have extensive knowledge of local, State and Federal housing resources and know how clients can access these services.	Training of providers is documented in employee file.
22.2	*Required Documentation*	
22.2.A	Providers must work with clients to develop a housing care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.	Every client has a housing care plan created within the first 30 working days of service with a housing section completed.
22.2.B	All agencies must be able to assess funded units for their eligibility including: • Rent Reasonableness • Fair Market Rent • Lead Based Paint ○ Brochure must be provided. • Habitability Standards • Proof of Ownership • Proof of working smoke detector	Documentation is maintained in client file.
22.2.C	Copies of client's lease for all funded units must be submitted with the first invoice to SHHP. If no lease is in place agencies should work with clients to put one in place.	Documentation is submitted via Citrix with first invoice.

22.2.D	Copies of client's bill and proof of payment must be submitted with invoice to SHHP.	Documentation is submitted via Citrix with each invoice.
22.3	*Required Policies*	
22.3.A	Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000)	Agency has policy on site.

Resource Identification

I. Definition of Service

Resource Identification funds may be utilized to establish, coordinate, and develop housing resources for eligible persons. These activities may include conducting preliminary research and expenditures necessary to determine the feasibility of specific housing related initiatives for the eligible population.

II. Services Provided

Services provided may include outreach and relationship building with landlords, the creation of brochures, and identification and/or development of appropriate local resources on the Internet, and the location and identification of housing resources and/or vacancies.

III. Additional Client Eligibility/Referral Requirements: None

IV. CAREWare Service Name

- Not applicable

V. Special Considerations

- This service focuses on capacity building for housing resources. This service is not designed for direct client services.

VI. Service Standards

# 23	Standard	Measure
23.1	*Staff Credentials/Training Expectations*	
23.1.A	Provider(s) must demonstrate employees authorized to provide Resource Identification have extensive knowledge of local, State and Federal housing resources and know how clients can access these services.	Training of providers is documented in employee file.
23.2	*Required Activities*	
23.2.A	Provider shall ensure activities conducted utilizing resource identification funds will complement activities conducted under the other HOPWA programs including TBRA, STRMU and PHP.	Activities are in line with and move toward the goals set forth in Agency contract.

23.2.B	Provider(s) must demonstrate the capacity to expand housing resources in their service area (for all eligible clients living with HIV, not just clients of the service provider).	Activities are in line with and move toward the goals set forth in Agency contract.
23.2.C	Providers must develop and maintain a housing resource directory for the benefit of clients, staff, and collaborative agencies.	Activities are in line with and move toward the goals set forth in Agency contract.
23.3	*Documentation and Policy Requirements*	
23.3.A	Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).	Agency has policy on site.
23.3.B	Staff funded through Resource Identification will be required to submit monthly documentation on their activities.	Monthly report submitted to SHHP Support Services Monitor on the last Friday of each month.

Short Term Rent, Mortgage, Utility Services (STRMU)

I. Definition of Service

STRMU services are intended to assist PLWH from becoming homeless. This includes assistance with emergency short-term rent, mortgage and utility payments.

II. Services Provided

Payments for eligible persons who are in danger of becoming homeless to assist them with remaining in their home. Specifically, short-term rent, mortgage and utility payments may be made on behalf of eligible clients.

III. Additional Client Eligibility Requirements

- Clients may receive HOPWA assistance payments for a maximum of 21 weeks within a 52-week period. This translates to approximately five (5) payments within the client's year of eligibility.

IV. CAREWare Service Names

- H STRMU: Enrollment
- H STRMU: Update
- H STRMU: Exit

V. Special Considerations

- Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.

- Client eligibility is to be re-certified, at a minimum, on the anniversary of the client's 52-week eligibility period. The minimum time frame for determining client income shall be no more than the previous twelve months, but no less than the previous three months.

- Organizations must use the SHHP approved method to calculate the 21 weeks of eligible services. Guidance from HUD on how to calculate weeks of service can be found at LAHealthHub.org/Services.

- Copies of client's bill, and proof of payment must be submitted with invoice to SHHP.

VI. Service Standards

# 24	Standard	Measure
24.1	*Staff Credentials/Training Expectations*	
24.1.A	Provider(s) must demonstrate employees authorized to provide STRMU have extensive knowledge of local, State and Federal housing resources and know how clients can access these services.	Training of providers is documented in employee file.
24.2	*Required Activities and Documentation*	
24.2.A	Providers should ensure housing supported with STRMU assistance is safe, decent and sanitary.	Documentation of coordination/communication with client and assurance of adequacy of STRMU supported living arrangements documented in case notes.
24.2.B	Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.	Every client has a care plan created within the first 30 working days of service with a housing section completed.
24.2.C	Client eligibility is to be re-certified, at a minimum, on the anniversary of the client's 52-week eligibility period. The minimum time frame for determining client income shall be no more than the previous twelve months, but no less than the previous three months.	Agency has a policy in place.
24.2.D	Organizations must use the SHHP approved method as described in the LDH HOPWA Program Manual to calculate the 21 weeks of eligible services.	SHHP documents are completed and kept in client files.
24.2.E	Copies of client's bills, and proof of payment must be submitted with invoice to SHHP.	Documentation is submitted via Citrix with each invoice.
24.3	*Unit Requirements*	
24.3.A	Units must have a functioning smoke detector.	Client self-attestation documented in case notes.

Tenant-Based Rental Assistance (TBRA)

I. Definition of Service

Tenant-based rental assistance is a rental subsidy used to help participants obtain permanent housing in the private rental housing market that meets housing quality standards and is rent reasonable.

II. Services Provided

Under TBRA, funding is provided to an eligible client and the client selects a housing unit of his or her choice. If the client moves out of the unit, the contract with the owner ends and the client can move with continued assistance to another unit. In other words, TBRA is portable and moves with the client.

Clients may receive ongoing TBRA support for up to 24 months. In the case a client needs to extend their time with TBRA support, the case manager may request a waiver. The case management supervisor, in consultation SHHP monitoring staff, may grant the waiver.

III. Additional Client Eligibility/Referral Requirements: None

IV. CAREWare Service Names

- H TBRA: Enrollment
- H TBRA: Update
- H TBRA: Exit

V. Special Considerations: None

VI. Service Standards

# 25	Standard	Measure
25.1	*Staff Credentials/Training Expectations*	
25.1.A	Provider(s) must demonstrate employees authorized to provide TBRA have extensive knowledge of local, State and Federal housing resources and know how clients can access these services.	Training of providers is documented in employee file.
25.2	*Documentation and Program Requirements*	
25.2.A	Providers must work with clients to develop a care plan that addresses the clients' housing needs, and that demonstrates a plan for the procurement of long-term housing.	Every client has a care plan created within the first 30 working days of service with a housing section completed.
25.2.B	Documentation of Rent Payment Calculations must be kept on file.	TBRA Rent Worksheet and additional documentation as necessary is maintained in client file.

25.2.C	Copies of client's lease must be submitted with the first invoice to SHHP.	Documentation is submitted via Citrix with first invoice.
25.2.D	Copies of client's bill and proof of payment must be submitted with invoice to SHHP.	Documentation is submitted via Citrix with each invoice.
25.2.E	Provider shall demonstrate compliance with the HUD code of federal regulations 24 Part 574: Housing Opportunities for Persons with AIDS (HOPWA) (April 1, 2000).	Agency has policy on site.
25.2.F	Tenants should be reassessed for their appropriateness for the TBRA program annually. The current limit for TBRA housing in 2 years. After a client has reached 2 years on the program a waiver may be submitted for an additional two years. This waiver must include the updated care plan with any actions needed to move the client into long-term housing.	Assessments, waivers and care plans are on file.
25.3	*Housing Unit Requirements*	

25.3.A	TBRA funded units must be assessed for their eligibility including:
	• Rent Reasonableness
	• Fair Market Rent
	• Lead Based Paint
	  o Brochure must be provided.
	• Habitability Standards
	• Proof of Ownership
	• Proof of smoke detector
	• VAWA
	  o VAWA applies to TBRA services. See HOPWA Program Manual for required documents and procedures.
		Documentation is maintained in client file.

25.3.B	In housing built before 1978, and housing a family with children under the age of six or pregnant women require a visual inspection or landlord verification of lead based paint.	Visual inspection or landlord verification documentation is available on file.

Summary and Other Info

On behalf of people living with HIV, your attention to and compliance with Service Standards is both mandated and appreciated. Questions and comments about this document can be shared with SHHP Services Unit to attention of Support Services Supervisor: Brandi.Bowen@la.gov

Your input is valued and will be used to improve future document updates. SHHP Service Standards are based on federal regulations. Source documents can be found here: https://hab.hrsa.gov/ and https://www.hudexchange.info/