

## **Background on Emergency Financial Assistance and Housing Standards of Care**

The Denver Office of HIV Resources (DOHR) has developed a proposal for consideration by the Denver HIV Resources Planning Council (DHRPC) pertaining to Emergency Financial Assistance (EFA) and Housing in Fiscal Year (FY) 2016 (March 1, 2016 to February 28, 2017). The proposal includes a description of the service, participant eligibility, the amount of financial and housing assistance available per eligible client, limitations to the service, as well as allowable usages.

**What happened to the vote from the February 4, 2016 Denver HIV Resources Planning Council (DHRPC) meeting on this topic?** At the February 19, 2016 Leadership Committee DHRPC members raised concerns to challenge the February 4, 2016 DHRPC vote on EFA and Housing standards. Some felt DHRPC members' questions were not adequately answered before the vote. A motion was made and approved to re-vote on the EFA and Housing standards. The motion to re-vote was made by Lili C. and seconded by Debi B. and Tammy G-W, with eight "Yes" votes, three "No" votes and two abstentions (Imani L. and Brent D.). The request for a re-vote may be added to the March 3, 2016 DHRPC meeting agenda, upon the DHRPC's consideration of the Leadership vote.

**Why isn't the Metro Denver AIDS Services Coalition (MDASC) working on these Standards of Care changes?** DOHR and DHRPC Leadership are engaged in a discussion of their respective roles and responsibilities as they pertain to the standards of care development and revision. Until that is resolved MDASC cannot work on the standards of care because its role in doing so is in question.

**Why does this vote need to occur now and why can't it wait till the responsibilities for standards of care development are determined?** DOHR is unable to execute contracts until the EFA and Housing standards are finalized because some of the information in the standards are included in all the contracts.

### **Emergency Financial Assistance Standard of Care**

**What is DOHR's proposal for EFA?** DOHR's proposal for consideration by the DHRPC at the March 3, 2016 meeting is:

*Participants between 0-400 percent of Federal Poverty Level (FPL) are eligible for EFA not to exceed \$1,000 for the FY (March 1, 2016 – February 28, 2017). Working collaboratively with the client, the provider conducts eligibility determination and assists clients with **short-term** financial assistance to meet emergency needs when all other options have been exhausted. No payment may be made directly to clients, family or household members. EFA services must be limited to **short-term** support of the following allowable usages:*

- *Utility assistance (includes past due balances) to include: 1) phone—both land line & mobile; 2) electric; 3) internet; 4) cable; 5) water; 6) sewer; and 7) Trash.*
- *Housing related application fees;*
- *Colorado Bureau of Investigation (CBI) background investigation fees;*

- ID cards;
- Dental co-pays;
- HIV-related medications, e.g., single occurrence and short term duration;
- Food and essential household supplies;
- Health insurance (e.g., premiums, co-payments, deductibles, and coinsurance) and pharmacy copayments<sup>1</sup>;
- HIV-related outpatient/ambulatory care (including clinical and diagnostic services, medical evaluations, and laboratory testing to diagnose the extent of immune deficiency or to provide information on appropriate therapeutic measures)<sup>1</sup>;
- Transportation, if there is no separate medical transportation service available at the provider;
- Vision care – Funds may be used to purchase corrective prescription eye wear for conditions related to HIV infection through either of these allowable services: 1) to cover the co-pay for prescription eye wear; and 2) to pay the cost of corrective prescription eye wear; and
- Child care services – Funds may be used to provide intermittent child care through a licensed or registered child care provider that will enable an HIV positive adult or child to secure needed medical or support services, or to participate in Ryan White HIV/AIDS program-related activities.

Source: February 24, 2016 Email from Anthony Stamper

**What is EFA?** According to the Health Resources and Services Administration (HRSA), the funder of Ryan White Programs, EFA is the provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be the payer of last resort, and for limited amounts, use, and periods of time. No payment may be made directly to clients, family or household members.

Source: September 11, 2015 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual

**Who is eligible for EFA?** People living with HIV who are between 0-400 percent of FPL are eligible for financial assistance in the current fiscal year. If DOHR projects a shortfall for this service category, those at 186-400% of FPL will be placed on hold. If a participant is denied services they should be prioritized for funds, once funds become available (Please see p.3; bottom paragraph for clarification).

Source: Part A Standards of Care, October 2015.

**How much money is available to assist an eligible person living with HIV?** The amount of money available to assist an eligible person was \$800 in FY 2015. This was increased to

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<sup>1</sup> Emergency financial assistance for health insurance should be short term (two months or less). The Health Insurance Assistance Program (HIAP) and Bridging the Gap (BTGC) within ADAP are the priority programs for covering health insurance and Medicare costs. Clients should first apply through ADAP. Emergency financial assistance for health insurance must not be used to exceed, overrule or contradict the guidelines or decisions of CDPHE ADAP.

\$1,000 with the December 18, 2015 vote by DHRPC, retroactive to March 1, 2015 to February 29, 2016.

*Source: Part A Standards of Care, October 2015 and Motion approved at December 18, 2015 DHRPC/Leadership Meeting.*

**What Does EFA Cover?** This has changed recently. During 2015, EFA was covered by standards of care with the following allowable expenses:

1. Phone: \$35 per month maximum;
2. Water: Charges may not be in collections;
3. Utilities: Charges may not be in collections;
4. Medical: Payments can be made for medical premiums and pharmacy copayments secondary to ADAP, but charges may not be in collections;
5. Insurance: Payments can be made for medical premiums and pharmacy copayments secondary to ADAP, but charges may not be in collections;
6. Hotel Stays: \$400 maximum may be used for hotel stays.

*Source: Part A Standards of Care, November 2014.*

The December 18, 2015 vote by the DHRPC expanded this list of allowable expenses retroactively throughout fiscal year 2015 to include “any eligible payment consistent with the HRSA guidelines.” This action was time limited and ended February 29, 2016. The eligible payments included in the time-limited December 18, 2015 vote are consistent with Option 1 presented at the February 4, 2016 DHRPC meeting by Anthony Stamper and in the EFA proposal included in this document.

**How much funding is available to support EFA in the TGA?** The estimated amount of funding available to support EFA in FY 2016 is \$190,262, which is 2.92 percent of Part A service dollars. This is the same percentage of funds as in FY 2015 and is expected to be the same dollar amount. EFA ranked 11 out of 16 service categories in the 2016 Priority Setting and Resource Allocation (PS&RA) process and 8 out of 16 in the 2015 process.

*Source: August 21, 2015 Resource Allocation Meeting, RA Spreadsheet 2016 V3-Final Percentages.*

**What happens if DOHR fully expends all the money for EFA?** Per the Colorado Department of Public Health (CDPHE) “Part B will utilize pharmaceutical rebate funding to address any potential shortfalls in EFA or housing funding in the TGA (*transitional grant area or Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson Counties*). Our budget projections show that there should be sufficient funding from this source to cover any foreseeable shortfall. The sooner that the TGA informs CDPHE about a potential shortfall, the more effectively we can budget for it and address it.”

*Source: EFA and Housing Info for PC Meeting, February 3, 2016 email communication between Bob Bongiovanni and Anthony Stamper, Carol Lease, Jean Finn, Todd Grove and Lisa Straight.*

At the February 4, 2016 DHRPC meeting, Todd Grove indicated that CDPHE would backfill EFA and housing in the TGA if Part A ran out of money, but to do so, the Part A and B EFA and Housing standards of care (dollar amounts available to clients and items eligible for payments) would need to be parallel. The eligible payments covered by Part B EFA standards of care are more limited than those allowed in the December 18, 2016 vote, Option

1 presented by DOHR on February 4, 2016, and the EFA proposal included in this document. However, on February 29, 2016, Todd clarified that CDPHE's concerns about the differences between Part A and B standards of care are primarily related to the different amount of money available to assist an eligible person for housing services, \$1,000 versus \$1500.

*Source: Conversation with Todd Grove, February 29, 2016.*

**What are the relevant votes on Emergency Financial Assistance (EFA)?** The relevant votes from the Leadership Committee and DHRPC meetings are described below.

### **November 20, 2015 Leadership Committee Meeting**

The Leadership Committee voted to place the motions, listed below, on EFA and Housing in FY 2015 before the Planning Council in December. The approved changes were to increase the amount of financial and housing assistance available per eligible client, change the allowable usage of the funds and apply these changes retroactively to the beginning of the 2015 fiscal year. In addition, a vote was made to update the EFA and Housing standards of care prior to March 1, 2016. The votes were:

- **A motion was made** by Todd G. to recommend to the Planning Council that they change the parameters of the EFA and Housing Standards of Care so that EFA could offer \$1,000, Housing could offer \$1,500, and restrictions on specific items could be removed. This would be in effect till February 28, 2016. **The motion was seconded by:** Debi B. and **passed** with 11 "yes" votes, zero "no" votes, and zero abstentions.
- **A motion was made** by Kari H. to recommend to the Planning Council that the EFA and Housing Standards of Care be reviewed before March of 2016; **seconded by:** Carol L. **The motion passed** with 11 "yes" votes, zero "no" votes, and zero abstentions.

*Source: Leadership Committee Meeting Minutes, November 20, 2015*

### **December 18, 2015 DHRPC/Leadership Meeting**

The December 3, 2015 planning council meeting was cancelled for safety reasons, however the full planning council was invited to the Leadership committee to vote on the EFA motion approved by the Leadership Committee. DOHR proposed to amend the EFA standard of care and its implementation retroactive to March 1, 2015 through February 29, 2016 time period so:

1. Participants between 0-400 percent of Federal Poverty Level (FPL) are eligible for financial assistance not to exceed **\$1,000** for the current fiscal year.
2. Funds may be used for any eligible payment consistent with the Health Resources and Services Administration guidelines.

**A motion was made by** Todd G. to accept DOHR's proposal with the following edits: in 1) delete "Of this amount up to \$400 maximum may be used for hotel stays."; in 2) change language so it reads "Funds may be used for any eligible payment consistent with the Health Resources and Service Administration guidelines." and delete other text. **Seconded by** Lili C. **The motion passed unanimously with 0 "no" votes, and 0 abstentions.**

*Source: December 18, 2015 DHRPC/Leadership Meeting Minutes and the document, Motions approved at December 18, 2015 DHRPC/Leadership Meeting*

### **February 4, 2016 DHRPC Meeting**

DOHR staff presented two options for the DHRPC to consider, Option 1 was consistent with the list of allowable expenses approved on December 18, 2015 and Option 2 mirrors the Part B standards. A **motion** was made by Brent D. to revise the FY2016 EFA and Housing Standards to allow a yearly maximum of \$1,000 for both categories, per client, and to have a single payer monthly review of EFA and Housing. After discussion, Brent D. **restated his original motion**, and it was **seconded** by Philip D. The motion passed with 18 “yes” votes, six “no” votes, and one abstention (Debi B.)

*Source: Draft February 4, 2016 DHRPC Meeting Minutes*

### **February 19, 2016 Leadership Committee Meeting**

At the February 19, 2016 Leadership Committee, DHRPC members raised concerns to challenge the February 4, 2016 DHRPC vote on EFA and Housing standards. Some felt DHRPC members’ questions were not adequately answered before the vote. A motion was made and approved to re-vote on the EFA and Housing standards. The **motion** to re-vote was made by Lili C. and **seconded** by Debi B. and Tammy G-W; with eight “Yes” votes, three “No” votes and two abstentions (Imani L. and Brent D.). The request for a re-vote may be added to the March 3, 2016 DHRPC meeting agenda, upon the DHRPC’s consideration of the Leadership vote.

*Source: Jean F. notes from the February 19, 2016 Leadership Committee Meeting*

## **Housing Services Standard of Care**

**What is DOHR’s proposal for Housing Services?** DOHR’S proposal for consideration by the DHRPC at the March 3, 2016 meeting is:

*Participants between 0-400 percent of FPL are eligible for housing services not to exceed \$1,000 for the fiscal year (March 1, 2016 – February 28, 2017). Housing assistance services must be limited to **short-term** support of emergency, temporary or transitional housing (including hotel/motel stays) to enable an individual or family to gain or maintain medical care. Working collaboratively with the Client, the provider conducts Eligibility Determination and assists clients with housing assistance to meet **short-term** emergency needs when all other options have been exhausted. No payment may be made directly to clients, family or household members and cannot be used for mortgage payments.*

**What are housing services?** HRSA describes **housing services** as short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that provides some type of medical or supportive services (such as residential substance abuse or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment.

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

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

*Source: September 11, 2015 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual*

**Who is eligible for Housing Services?** People living with HIV who are between 0-400 percent of FPL are eligible for financial assistance in the current fiscal year. If DOHR projects a shortfall for this service category, those at 186-400 percent of FPL will be placed on hold. If a participant is denied services they should be prioritized for funds, once funds become available (Please see, “What happens if DOHR expends all of the money for housing services?” for clarification.).

*Source: Part A Standards of Care, October 2015.*

**How much money is available to assist an eligible person living with HIV?** The amount of money available to assist an eligible person was \$800 in FY 2015. This was increased to \$1,500 with the December 18, 2015 vote by DHRPC, retroactive to March 1, 2015 to February 29, 2016. The most recent DOHR proposal would make \$1,000 available to assist an eligible person in housing services in FY 2016. The \$1,000 is consistent with the Part B standards of care.

*Source: Part A Standards of Care, October 2015 and Motion approved at December 18, 2015 DHRPC/Leadership Meeting.*

**How much funding is available to support housing services in the TGA?** The estimated amount of funding available to support housing services in FY 2016 is \$493,912 or 7.71 percent of the Part A service dollars. This is the same percentage of funds as in FY 2015 and is expected to be the same dollar amount. Housing services ranked 7 out of 16 service categories in the 2016 PS&RA process and 10 out of 16 in the 2015 process.

*Source: August 21, 2015 Resource Allocation Meeting, RA Spreadsheet 2016 V3-Final Percentages.*

**What happens if DOHR expends all of the money for housing services?** CDPHE has offered to support housing services in the TGA if the funds are expended. See documentation in the EFA section.

**What are the relevant votes on housing services?** The relevant votes from the Leadership and DHRPC meetings are described below.

#### **November 20, 2015 Leadership Committee Meeting**

- **A motion was made** by Todd G. to recommend to the Planning Council that they change the parameters of the EFA and Housing Standards of Care so that EFA could offer \$1,000, Housing could offer \$1,500, and restrictions on specific items could be removed. This would be in effect till February 28, 2016. **The motion was seconded by:** Debi B. and **passed** with 11 “yes” votes, zero “no” votes, and zero abstentions.

- **A motion was made** by Kari H. to recommend to the Planning Council that the EFA and Housing Standards of Care be reviewed before March of 2016; **seconded by:** Carol L. **The motion passed** with 11 “yes votes, zero “no” votes, and zero abstentions.

*Source: Leadership Committee Meeting Minutes, November 20, 2015*

### **December 18, 2015 DHRPC/Leadership Meeting**

A proposal to amend the housing services standards of care was presented by DOHR. The changes are to be implement retroactively to March 1, 2015 through February 29, 2016. The proposed changes are:

1. Participants between 0-400 percent of FPL are eligible for financial assistance not to exceed **\$1,500** for the current fiscal year.
2. For this time period the following provision has been revised: The \$400 maximum for hotel/motel stays has been eliminated.
3. Application fees, Colorado Bureau of Investigation report fees, and trash and sewer feeds may also be paid through February 29, 2016.

**A motion was made by Philip D.** to accept proposed changes with the exception of number 3, which was to be deleted. **Seconded by** Kari H. **The motion passed unanimously with 0 “no” votes, and 0 abstentions.**

*Source: December 18, 2015 DHRPC/Leadership Meeting Minutes and the document, Motions approved at December 18, 2015 DHRPC/Leadership Meeting*

### **February 4, 2016 DHRPC Meeting**

DOHR staff presented two options for the DHRPC to consider, Option 1 was consistent with the list of allowable expenses approved on December 18, 2015 and Option 2 mirrors the Part B standards. A **motion** was made by Brent D. to revise the FY2016 EFA and Housing Standards to allow a yearly maximum of \$1,000 for both categories, per client, and to have a single payer monthly review of EFA and Housing. After discussion, Brent D. **restated his original motion**, and it was **seconded** by Philip D. The motion passed with 18 “yes” votes, six “no” votes, and one abstention (Debi B.)

*Source: Draft February 4, 2016 DHRPC Meeting Minutes*

### **February 19, 2016 Leadership Committee Meeting**

At the February 19, 2016 Leadership Committee, DHRPC members raised concerns to challenge the February 4, 2016 DHRPC vote on EFA and Housing standards. Some felt DHRPC members’ questions were not adequately answered before the vote. A motion was made and approved to re-vote on the EFA and Housing standards. The motion to re-vote was made by Lili C. and seconded by Debi B. and Tammy G-W; with eight “Yes” votes, three “No” votes and two abstentions (Imani L. and Brent D.). The request for a re-vote may be added to the March 3, 2016 DHRPC meeting agenda, upon the DHRPC’s consideration of the Leadership vote.

*Source: Jean F. notes from the February 19, 2016 Leadership Committee Meeting*

# Emergency Financial Assistance Proposal

FY 2016

Participants between 0-400 percent of Federal Poverty Level (FPL) are eligible for emergency financial assistance not to exceed \$1,000 for the fiscal year (March 1, 2016 – February 28, 2017). Working collaboratively with the client, the provider conducts eligibility determination and assists clients with **short-term** financial assistance to meet emergency needs when all other options have been exhausted. No payment may be made directly to clients, family or household members. Emergency financial assistance services must be limited to **short-term** support of the following allowable usages:

- Utility assistance (includes past due balances) to include: 1) phone—both land line & mobile; 2) electric; 3) internet; 4) cable; 5) water; 6) sewer; and 7) Trash.
- Housing related application fees;
- Colorado Bureau of Investigation (CBI) background investigation fees;
- ID cards;
- Dental co-pays;
- HIV-related medications, e.g., single occurrence and short term duration;
- Food and essential household supplies;
- Health insurance (e.g., premiums, co-payments, deductibles, and coinsurance) and pharmacy copayments<sup>1</sup>;
- HIV-related outpatient/ambulatory care (including clinical and diagnostic services, medical evaluations, and laboratory testing to diagnose the extent of immune deficiency or to provide information on appropriate therapeutic measures)<sup>1</sup>;
- Transportation, if there is no separate medical transportation service available at the provider;
- Vision care – Funds may be used to purchase corrective prescription eye wear for conditions related to HIV infection through either of these allowable services: 1) to cover the co-pay for prescription eye wear; and 2) to pay the cost of corrective prescription eye wear; and
- Child care services – Funds may be used to provide intermittent child care through a licensed or registered child care provider that will enable an HIV positive adult or child to secure needed medical or support services, or to participate in Ryan White HIV/AIDS program-related activities.

## Housing Services Proposal

FY 2016

Participants between 0-400 percent of Federal Poverty Level (FPL) are eligible for housing services not to exceed \$1,000 for the fiscal year (March 1, 2016 – February 28, 2017). Housing assistance services must be limited to **short-term** support of emergency, temporary or transitional housing (including hotel/motel stays) to enable an individual or family to gain or maintain medical care. Working collaboratively with the Client, the provider conducts Eligibility Determination and assists clients with housing assistance to meet **short-term** emergency needs when all other options have been exhausted. No payment may be made directly to clients, family or household members and cannot be used for mortgage payments.

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**(Pulled from the March 3, 2016 Planning Council Minutes)**

**Reconsideration of February EFA and Housing Amendment Vote:**

- At the last Leadership meeting, Lili C. rose concerns about the circumstances surrounding the vote. She noted that the Council did not follow process and that not all members were clear about what was being voted on. She requested that the vote be revisited.
- Leadership voted to ask the Planning Council to reconsider the February Vote.
- The Council discussed the pros and cons of listing the allowable expenses within the Standards of Care.
- After lengthy deliberation, **a motion was made by** Tom R. to reconsider the vote, and to amend it to include the list of allowable expenses. **This was seconded by** Larry T. **The motion passed with** 27 “yes” votes, zero “no” votes, and one abstention; Tammy G-W.