

## Care and Treatment Committee Service Definitions Development December 14, 2023

### Purpose

At their September 2023 meeting, the Care and Treatment Committee (Committee) approved five new support service categories for consideration for the next Ryan White Program Part A/MAI Request for Proposals cycle. This document is intended to assist the Committee in the development of service descriptions for the new service categories. Today's materials focus on **emergency financial assistance (EFA)** service category.

The Health Resources and Services Administration (HRSA) service definitions and samples from other Ryan White-funded jurisdictions are included in this document.

The service description and financial breakdown under Part B are included.

### Considerations for Emergency Financial Assistance (EFA)

- Currently funded under Part A/MAI but restricted to supporting Test and Treat Rapid Access (TTRA) medication in the event the Department of Health runs out of funding. *See service description for details.*
  - There are **two** additional funders for EFA-Part B and General Revenue, both of which expend the majority of funding on TTRA medications.
  - This service falls under the 25% expenditure cap unless a waiver is requested.
  - Should the restrictions on this service be reconsidered?
  - Is the service intended for a specific population?
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## 1. Emergency Financial Assistance

**Status:** Currently funded support service

**Other Funders (based on 2023 Needs Assessment):** General Revenue \$147,358; Part B \$520,191

### HRSA 16-02 Definition (pg. 17)

#### *Description:*

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

#### *Program Guidance:*

EFA funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the EFA category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

#### **Other Sample Services:**

- Washington, DC EMA
- Los Angeles County, CA EMA
- Texas, Part B

HIV/AIDS,

Hepatitis, STD and TB Administration

# Emergency Financial Assistance (EFA)

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers and will be used as contract requirements, in program monitoring, and in quality management.

## I. SERVICE CATEGORY DEFINITION

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

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, oil and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication

## II. INTAKE AND ELIGIBILITY

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

## A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting viral load. .
2. **Residency:** The following are acceptable methods of meeting the burden for residency:
  - Current lease or mortgage statement
  - Deed settlement agreement
  - Current driver's license
  - Current voter registration card
  - Current notice of decision from Medicaid
  - Fuel/utility bill (past 90 days)
  - Property tax bill or statement (past 60 days)
  - Rent receipt (past 90 days)
  - Pay stubs or bank statement with the name and address of the customer (past 30 days)
  - Letter from another government agency addressed to customer
  - Active (unexpired) homeowner's or renter's insurance policy
  - DC Healthcare Alliance Proof of DC Residency form
  - If homeless, a written statement from case manager or facility
3. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is your income or a household member's from each source.

The following are acceptable forms of proof of income:

  - Pay stubs for the past 30 days. The pay stub must show the year to date earnings, hours worked, all deductions, and the dates covered by the paystub
  - A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
  - Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the customer projecting current annual income must be included
  - Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
  - SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
  - Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer

## B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer self-report)

7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

### **C. MAINTENANCE OF ELIGIBILITY**

To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer's income and/or residency status has changed. RWHAP providers are permitted to accept a customer's self-attestation of "no change" when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

## **III. IMPLEMENTATION GUIDELINES**

Emergency Financial Assistance (EFA) programs are intended to address emergency needs that could result in eviction for non-payment of rent, disconnection of utilities or telephone service, or lack of sufficient food.

Direct cash payments to customers are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a customer should not be funded through emergency financial assistance.

Provision of EFA should be part of a larger plan to address barriers to HIV care and treatment. Therefore, EFA is a collaborative effort between case managers and EFA provider staff and all applications must be submitted by the customer's case manager. Case management and EFA provider staff must ensure that they are familiar with these Service Standards and all other EFA related policies and procedures to ensure the effective implementation of EFA services. If a customer (potential EFA customer) does not have a case manager, the EFA provider staff will refer the customer to an agency that provides access to case management services.

1. Application Tracking System: EFA provider agencies must develop, implement and maintain a comprehensive tracking system that documents a customer's EFA application status from start to finish; i.e., incomplete draft, complete, submitted, pending, approved, denied, error, requested service provided, etc.
2. EFA provider agencies must establish frequent communication guidelines for staff to communicate application status at each stage with the case manager who submitted the application.
3. EFA provider agencies must also maintain effective methods of communication with other HIV providers in the jurisdiction to ensure that there is widespread knowledge and understanding of the EFA benefits available for customers.
4. Incomplete Applications: EFA provider staff must contact the case manager who submitted the application within 24 hours of receipt to convey the incomplete status. EFA provider staff and case managers must work together to ensure that the application is completed. If the application is incomplete over seven business days, the EFA provider agency can deny the application and the case manager must re-submit.
5. EFA provider agencies must develop policies, procedures and forms that reflect all requirements of the EFA Service Standards.

6. Supervisor(s) must conduct quarterly audits of EFA customer records to ensure that EFA applications are processed in accordance with agency policies and procedures, particularly the policies regarding eligibility, documentation, and timeliness of application processing.
7. Timeline for Processing EFA Application and Providing EFA: The emergency nature of this benefit requires that the application processing and the subsequent provision of the benefit be done in a timely manner, to avoid any harmful consequences brought on by the initial need. In jurisdictions where EFA is provided directly by case managers, completed EFA applications must be processed within three business days of receipt. In jurisdictions where EFA is provided centrally, completed EFA applications must be processed within five business days of receipt.
8. Customers that require receipt of a specific voucher must be notified of the availability of their approved voucher within 24 hours of its approval and arrangements for the expeditious provision of that voucher to the customer must be made. If case managers are picking up vouchers on the customer's behalf, it must be done within 24 hours of its approval.

#### IV. KEY SERVICE COMPONENTS & ACTIVITIES

<b>ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES</b>	
<b>Standard</b>	<b>Measure</b>
A application for EFA needs to be completed prior to the provision of assistance	Signed and dated application for EFA in the customer's record
A brief needs assessment for case management services is to be completed prior to the provision of assistance	Documentation of needs assessment for case management services in customer's record signed and dated
For those customers determined to need case management services, develop an emergency assistance plan within 24 hours of providing emergency assistance	For customers in need of case management services, signed and dated documentation of emergency assistance plan
Review the emergency assistance plan and reassess needs every 30 days for 3 months	Signed and dated emergency assistance plans reassessed every 30 days in customer's record
Provide Emergency Financial Assistance (EFA) for essential services including: <ul style="list-style-type: none"> <li>● Utilities</li> <li>● Housing (Emergency Housing 1-14 days and Short-term Housing 15-30 days)</li> <li>● Transportation</li> <li>● Food (including groceries, food vouchers, and food stamps)</li> <li>● Non-ADAP formulary medications</li> </ul> <i>Note: Brand name formulations may be paid for with Ryan White funds only if generic formulation is not available</i>	Signed and dated documentation of assistance provided for essential services with frequency and duration outlined in customer's record
<b>EMERGENCY RENTAL ASSISTANCE (FIRST MONTH'S/PAST DUE RENT)</b>	
<b>Scope of Service:</b> Provides emergency rental payments for customers with critical delinquency, or first month's rent for new dwelling, made by the EFA provider directly to landlord	
<b>Standard</b>	<b>Measure</b>
<b>Additional Eligibility Criteria</b> <ul style="list-style-type: none"> <li>● Customers must be at least one month past due to submit an application for delinquent rent unless a summons or writ of eviction has been received</li> </ul>	<ul style="list-style-type: none"> <li>● Approval letter with monthly rent amount for first month's rent</li> <li>● Delinquency notice or itemized statement for emergency rent from landlord</li> </ul>

<ul style="list-style-type: none"> <li>● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance</li> </ul> <p><b>Maximum Benefit</b></p> <ul style="list-style-type: none"> <li>● Annual cap for rental assistance is based on Fair Market Rents (FMR) established by HUD</li> <li>● For customers renting rooms, the annual cap for rental assistance will be based on an \$800.00 FMR</li> <li>● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed the equivalent of three times one month's rent at the fair market rate.</li> </ul>	<ul style="list-style-type: none"> <li>● A copy of a current lease agreement</li> <li>● W-9 Form with the landlord's Tax Identification Number. The EFA provider is required to report all rental payments to the IRS each year.</li> <li>● Documentation that cap has been exceeded for the year</li> </ul>
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**EMERGENCY UTILITY PAYMENTS**

**Scope of Service:** Provides payment of electricity, water, oil, or gas bills, made by the EFA provider directly to utility company

Standard	Measure
<p><b>Additional Eligibility Criteria</b></p> <ul style="list-style-type: none"> <li>● Customers must have a disconnection notice to be eligible to apply</li> <li>● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance</li> </ul> <p><b>Maximum Benefit</b></p> <ul style="list-style-type: none"> <li>● Maximum benefit for a 12-month period is \$1,500.00</li> <li>● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed \$1,500.00</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>● Customers living in subsidized housing are not eligible for utilities assistance</li> </ul>	<ul style="list-style-type: none"> <li>● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information</li> <li>● Documentation that cap has been exceeded for the year</li> </ul>

**EMERGENCY TELEPHONE SERVICES PAYMENT**

**Scope of Service:** Provides for the payment of telephone bills made by the EFA provider directly to the telephone company

Standard	Measure
<p><b>Additional Eligibility Criteria</b></p> <ul style="list-style-type: none"> <li>● Customers must have a disconnection notice to be eligible to apply</li> <li>● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance</li> </ul> <p><b>Maximum Benefit</b></p> <ul style="list-style-type: none"> <li>● Maximum benefit for a 12-month period is \$300.00</li> </ul>	<ul style="list-style-type: none"> <li>● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information</li> <li>● Documentation that cap has been exceeded for the year</li> </ul>

<ul style="list-style-type: none"> <li>Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed \$300.00</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>If telephone service is provided as part of a bundled package with other services such as cable TV or internet service, application and billing document must clearly identify the telephone charges for which payment is requested</li> </ul>	
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**EMERGENCY FOOD VOUCHERS**

**Scope of Service:** Provides food vouchers in the form of supermarket gift cards given by the EFA provider directly to case managers, who thereafter distribute the vouchers to customers

Standard	Measure
<p><b>Additional Eligibility Criteria</b></p> <ul style="list-style-type: none"> <li>Customers must document effort to seek food resources elsewhere before accessing food vouchers</li> </ul> <p><b>Maximum Benefit (Individual)</b></p> <ul style="list-style-type: none"> <li>The maximum benefit for a single application for an individual is \$300.00</li> <li>Customers may access this service three times in each 12-month period, at intervals of at least three (3) months.</li> <li>Total 12-month cap for individual customers is \$900.00</li> </ul> <p><b>Maximum Benefit (Family)</b></p> <p>The maximum benefit for a single application for families is \$700</p> <ul style="list-style-type: none"> <li>Family cap of \$700 is computed as follows: \$300.00 for the PLWH, plus \$100.00 per dependent for a maximum of four dependents</li> <li>Customers may access this service three times in each 12-month period, at intervals of at least three (3) months</li> <li>Total 12-month cap for families is \$2,100.00</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>Dependents can only be included in a food voucher application if they are 18 or younger</li> <li>Vouchers are intended for food purchases only and shall not be used to purchase alcohol, tobacco products, or lottery tickets</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of effort to seek food from other resources is provided through a referral certification form,</li> <li>(For customers seeking food vouchers for dependents) proof of dependency through birth certificates, tax returns, or court documentation of guardianship</li> <li>Signed voucher policy reflecting agreement to comply with voucher use restrictions</li> <li>Documentation that cap has been exceeded for the year</li> </ul>

**EMERGENCY MEDICATION**

**Scope of Service:** Provides HIV medications that are not included in the ADAP formulary; medications when the ADAP financial eligibility is restrictive; and medications if there is a protracted State ADAP eligibility process (such as a wait list) and/or other means of accessing medications are not available (i.e., pharmaceutical company assistance programs)

Purchase of pharmaceuticals must be directly linked to the management of HIV disease that is consistent with the most current HIV/AIDS Treatment Guidelines; coordinated with the State’s Part B AIDS Drug Assistance



Program (ADAP); and implemented in accordance with requirements of the 340B Drug Pricing Vendor Program and/or Alternative Methods Project.	
Standard	Measure
<p><b>Additional Eligibility Criteria</b></p> <ul style="list-style-type: none"> <li>Customers with insurance and other third-party payer sources are not eligible for EFA assistance unless there is documentation on file that the medication is not covered by their prescription benefits</li> </ul> <p><b>Maximum Benefit</b></p> <ul style="list-style-type: none"> <li>The maximum benefit is \$4,000.00</li> <li>Service may be accessed no more than twice in a 12-month period. Any extenuating circumstances require recipient/administrative agent approval</li> </ul> <p><b>Program Rules</b></p> <ul style="list-style-type: none"> <li>EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use is not subject to the \$4,000.00/customer/year cap.</li> <li>EFA can be used to reimburse dispensing fees associated with purchased medications</li> <li>Dispensing fees are not subject to the \$4,000.00/customer/year cap</li> <li>Agency may reimburse the pharmacy a minimal dispensing fee per prescriptions as outlined in a MOU</li> </ul> <p><i>Purchasing Medications during ADAP application period:</i></p> <ul style="list-style-type: none"> <li>No more than a 30-day supply of medication on the ADAP formulary can be purchased at a time for each customer. If more than 30 days is needed, the medication can be refilled for another 30 days</li> <li>If the ADAP denied the coverage, the agency staff should work with the customer and the customer's attending physician to find alternate funding sources which may include manufacturer's compassionate/patient assistance programs, religious groups, or other community resources</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of enrollment in insurance or other third-party payer source</li> <li>Evidence that medication is not covered by existing prescription benefits</li> <li>Documentation that cap has been exceeded for the year</li> </ul>
<b>EMERGENCY MOVING ASSISTANCE</b>	
<p><b>Scope of Service:</b> Provides payment of moving services for applicants that are moving to a new dwelling. The EFA provider may obtain a contract with a moving company for no more than one year, or obtain quotes from various companies per job to obtain the most cost-effective service</p>	
Standard	Measure
<b>Required Documentation</b>	<ul style="list-style-type: none"> <li>Inventory of items to be moved</li> <li>Addresses of pick-up and delivery location</li> <li>Customer name and contact information</li> </ul>
<b>Maximum Benefit</b>	<ul style="list-style-type: none"> <li>Maximum benefit is \$2000</li> <li>Service may be accessed once in a 12 month period</li> </ul>

<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Service cannot be used to move applicant outside of the Eligible Metropolitan Area (EMA)</li> </ul>
<b>CASE CLOSURE</b>	
<b>Standard</b>	<b>Measure</b>
<p>Case will be closed if customer:</p> <ul style="list-style-type: none"> <li>• Has met the service goals</li> <li>• Needs are more appropriately addressed in other programs</li> <li>• Moves out of the EMA</li> <li>• Fails to provide updated documentation of eligibility status thus, no longer eligible for services</li> <li>• Can no longer be located</li> <li>• Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan</li> </ul>	<p>Documentation of case closure in customer's record with clear rationale for closure</p>

# Emergency Financial Assistance (EFA) for Ryan White Program Clients



## ELIGIBILITY:

- Los Angeles County Resident
- HIV-positive
- Current income  $\leq$  500% FPL
- Not currently receiving any other form of emergency financial assistance

## SERVICES:

Assistance with paying:

- Rent\*
- Utilities\*\* (including Cell Phone and Wi-Fi)
- Food

**You can apply for \$5,000 (maximum) over a 12-month period**

## TO LEARN MORE OR APPLY:

Please contact your HIV Medical Care Coordination (MCC) Team **OR** an HIV Benefits Specialist (BSS) **OR** your LAFAN Case Manager for an application. Please refer to the list of contacts on back.

\*Must provide a rental agreement in your name.

\*\*Must provide a utility bill in your name.

*All financial assistance payments are made on the client's behalf while maintaining confidentiality and protecting personal health information. No direct payments are made to clients.*



# Emergency Financial Assistance Service Standard

## Health Resources & Service Administration (HRSA)

### Description:

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

### Program Guidance:

It is expected that all other sources of funding in the community for EFA will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer-of-last-resort, and for limited amounts, uses, and periods of time. EFA funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the EFA category.

### Limitations:

Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through EFA.

### Services:

RWHAP Part B/State Services funds may be used to provide services in the following categories:

1. ADAP eligibility determination period; and
2. Emergency Financial Assistance (EFA).

EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use are not subject to the \$800/client/calendar year cap.

EFA can be used to reimburse dispensing fees associated with purchased medications. Dispensing fees are not subject to the \$800/client/calendar year cap.

EFA is an allowable support service with an \$800/client/calendar year cap.

- The agency must set priorities, delineate, and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.
- Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer-of-last-resort, and for limited amounts, limited use, and limited periods of time.

EFA provides funding through:

- Short-term payments to agencies
- Establishment of voucher programs

EFA to individual clients is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used.

EFA funds used to pay for otherwise allowable RWHAP services must be accounted for under the EFA category.

EFA funds may be used on the following essential items or services:

- Utilities (may include household utilities such as gas, electricity, propane, water, and all required fees)

- Housing (may include as rent or temporary shelter. EFA can only be used if HOPWA assistance is not available or if client is not eligible for HOPWA services)
- Food (groceries or food vouchers)
- Transportation
- Prescription medication assistance such as short-term, one-time assistance for any medication and associated dispensing fee as a result or component of a primary medical visit (not to exceed a 30-day supply)
- Other RWHAP allowable costs needed to improve health outcomes.

### **Universal Standards:**

Service providers for Emergency Financial Assistance must follow [HRSA/DSHS Universal Standards](#) 1-46 and 137-139.

## Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p><b>Assisting Clients during ADAP Eligibility Determination Period:</b> RWHAP-eligible clients with documentation of an emergency need for HIV medications are able to receive short-term medication assistance (30-day supply) with limited use of EFA for no more than 60 days (two months or less).</p> <p><b>Assisting Clients with Short-Term Medications:</b> RWHAP-eligible clients with documentation of pending health insurance medication plan approval are able to receive short-term HIV medication assistance through EFA.</p>	<ol style="list-style-type: none"> <li>1. Percentage of clients with documentation of short-term HIV medication assistance provided during the ADAP application period.</li> <li>2. Percentage of clients with documentation of short-term HIV medication assistance provided during the health insurance application period.</li> </ol>
<p><b>Client Determination for Emergency Financial Assistance:</b> Applicants must demonstrate an urgent need resulting in their inability to pay their utility bills or prescriptions without financial assistance for essential items or services necessary to improve health outcomes. For example, need may be demonstrated by, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>• A significant increase in bills</li> <li>• A recent decrease in income</li> <li>• High unexpected expenses on essential items</li> <li>• They are unable to provide for basic needs and/or shelter</li> <li>• A failure to provide EFA will result in danger to the physical health of the client or dependent children</li> <li>• Other emergency needs as deemed appropriate by</li> </ul>	<ol style="list-style-type: none"> <li>3. Percentage of clients with documentation of determination of EFA needs.</li> <li>4. Percentage of clients with documentation of a service plan for EFA that indicates the emergent need, other resources pursued, and outcome of EFA provided.</li> <li>5. Percentage of clients with documentation of resolution of the emergency status and referrals made (as applicable) with outcome results.</li> </ol>

the agency

Agency staff will conduct an assessment of the presenting problems/needs of the client with the emergency financial issue.

A service plan will be developed documenting the client's emergent need resulting in their inability to pay bills/prescriptions without assistance, and other resources pursued noted prior to using EFA funding for assistance.



**Care and Treatment Committee  
December 14, 2023  
Part B Information Requested**

**Part B Service Descriptions Emergency Financial Assistance and Non-Medical Case Management:**

**Emergency Financial Assistance (EFA)** provides limited, one-time, or short-term payments to assist eligible clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (groceries and food vouchers), transportation, or medication not covered by ADAP or the APA service category. Additionally, the EFA service category may be used to provide limited, one-time, or short-term payments to assist clients with an urgent need to pay for allowable costs required to improve health outcomes that are associated with other approved service categories. EFA *must* occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are *not* permitted. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of funds to the EFA service category will be as the payer of last resort and for limited amounts, uses, and periods of time. EFA funds used to pay for otherwise allowable services on a short-term basis must be accounted for under the EFA service category. Continuous provision of an allowable service to a client *must not* be funded under the EFA service category.

**Please note: APA funds may not be used for EFA services, whereas EFA may assist with medications not covered by the APA service category**

**Non-Medical Case Management** provides coordination, guidance, and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services. Please note: Effective October 1, 2019, the HIV/AIDS Section limits the use of the non-medical case management service category to fund eligibility specialists only. All eligibility staff should be funded exclusively under non-medical case management. For further clarification and definitions, refer to the Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual at [floridaaids.org/patientcare/\\_documents/eligibility-information/eligibility-manual-6-28-16-c.pdf](http://floridaaids.org/patientcare/_documents/eligibility-information/eligibility-manual-6-28-16-c.pdf).

Positions that have responsibilities spanning the non-medical case management and medical case management service categories should be split-funded based on the proportion of time spent on each. If a staff member does both eligibility determination and case management, the time spent on duties associated with eligibility determination should be funded under nonmedical case management, and time spent on duties associated with case management should be funded under medical case management.

Part B expenditures for Y22-23

Medications (TTRA)	\$481,258	92.52%
FPL	\$2,399	0.46%
Transport	\$28	0.01%
Rent	\$24,366	4.68%
Food Vouchers	\$12,140	2.33%
<b>Total EFA</b>	<b>\$ 520,191</b>	<b>100.00%</b>