

Division of Disease Prevention

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# GUIDEBOOK FOR THE HOMELESS INCENTIVE AND PREVENTION (HIP) PROGRAM

Virginia Department of Health  
Division of Disease Prevention-Tuberculosis  
Surveillance and Epidemiology Unit  
Revised June 2006

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*

## **The Homeless Incentive and Prevention Program**

### Purpose

The Division of Disease Prevention-TB (DDP-TB) has designed the Homeless Incentive and Prevention Program (HIP) to provide temporary housing assistance for tuberculosis (TB) patients who are homeless, or where current living conditions represent a barrier to adherence or completion of treatment. Its secondary purpose is to prevent the at-risk patient from becoming truly homeless by enabling him/her to remain in the current housing arrangement.

### Background

Prior to the creation of the HIP Program, homeless persons with suspected or confirmed TB disease were often discharged from hospitals while infectious, frequently without notifying the health department. Many of these individuals were lost to medical supervision shortly after hospital discharge. Still others were non-compliant with prescribed treatment or could not be located for Directly Observed Therapy (DOT). The HIP Program offered an alternative for case managers who used the housing option as an incentive for patients to show up for DOT. HIP increased the successful utilization of DOT in a population group at high risk for defaulting.

Based on a record of success, the HIP Program was expanded to include those patients under isolation orders and those too sick to work. For example, rent or mortgage payments and food vouchers were provided on a one time or limited time basis. The assistance allowed the patient to use his remaining money to cover other bills that may have caused him to default on a loan or lose basic utility service. This shorter-term intervention during the critical infectious period prevented the patient from becoming truly homeless as a result of his TB disease.

### Eligibility Criteria

Basic criteria and guidelines are intended for the districts to identify if there is a need for financial assistance from the HIP program. The patient is someone who is suspected or diagnosed as having infectious pulmonary TB disease based on laboratory findings. The patient should be homeless with no permanent housing available and have no disposable income to pay for housing.

Directly Observed Therapy (DOT) is a requirement for receiving financial support from this program. DOT results in higher completion of treatment rates as well as achieving a cure in a hard to reach population. Non-compliance with the DOT requirement will result in the termination of HIP assistance.

The case manager should assess patient eligibility for other Social Services housing, food stamps, medical, general relief, and other social security benefits. To access the services provided through the HIP Program, call the Division of Disease Prevention -TB in Richmond at (804) 864-7906. Information can be faxed to (804) 371-0248.

**Virginia Department of Health  
Division of Disease Prevention-TB  
Homeless Incentive and Prevention Program (HIP)  
Policy TB01-002  
Overview of Policy**

**PURPOSE :** To provide temporary housing for patients with tuberculosis whose living conditions represent a barrier to adherence to treatment.

**I. Basic Criteria: ALL Criteria Must be Met**

- A. The patient must have confirmed or suspected tuberculosis disease.
- B. The diagnosis or suspicion of TB disease must be supported by a VDH physician, who is on staff or under contract with VDH.
- C. The case or suspect has been reported to DDP-TB.
- D. Medical management of the patient is supervised by Virginia Department of Health. If the patient has a private physician, a local health department physician should be consulting on the case. This supervision or consultation assures that established DDP-TB standards of care are followed.
- E. Patient agrees to directly observed therapy (DOT).
- F. Patient must agree to participate in the HIP Program and abide by its guidelines.
- G. Patient has no source of income, insurance, or other resources.

**II. Placement Criteria: One Criterion Must be Met**

- A. Patient is currently homeless and willing to accept placement in a facility that provides housing to HIP participants.
- B. Public health request that patient be removed from a living situation that has or could impact negatively on continuing TB treatment.

**III. Criteria for Support in Current Residence: ALL Criteria Must be Met**

- A. Unable to work because of the TB diagnosis resulting in a loss of income and that individual is the source of income for the household.
- B. Financially incapable of continuing to pay for housing
- C. Current housing meets DDP-TB's standards to be eligible

**IV. Conditions for Continued Participation: ALL Criteria Must be Met**

- A. Patients must continue to show a financial need for assistance.
- B. Patients must adhere to directly observed therapy as prescribed.
- C. Patients must keep scheduled clinical appointments.
- D. Patients must observe all the conditions of isolation while infectious.
- E. Patients must obey all rules and regulations of the facility in which they are housed.

**Virginia Department of Health  
Division of Disease Prevention-TB  
Homeless Incentive and Prevention Program (HIP)  
Policy TB01-002  
Detailed Version**

**PURPOSE :** To provide temporary housing for patients with tuberculosis whose living conditions represent a barrier to adherence to completion of treatment.

**I. Basic Criteria: ALL Criteria Must be Met**

- A. The patient must have confirmed or suspected tuberculosis disease.
  - 1. Tuberculosis Suspect: Patient is suspected of having TB disease based on positive bacteriology (smears positive for acid-fast bacilli “AFB”), abnormal chest x-ray, and/or clinical symptoms indicative of active tuberculosis disease.

OR
  - 2. Laboratory confirmation of *Mycobacterium tuberculosis complex* from a clinical specimen.

OR
  - 3. Clinical diagnosis of TB based on a positive tuberculin skin test, radiological evidence or patient symptoms, and current treatment with two or more anti-TB medications.
- B. The diagnosis of confirmed or suspected TB disease must be affirmed by a VDH physician who is on staff or under contract with VDH. This affirmation is to assure that a uniform and consistent definition of TB suspects and cases is being followed and that adequate and appropriate treatment is initiated.
- C. The case or suspect has been reported to DDP-TB or to the local jurisdiction. This step assures that the reporting procedures are being followed and the local health department is receiving timely reports.
- D. Medical management of the patient is supervised by Virginia Department of Health. If the patient has a private physician, a local health department physician should be consulting on the case. This supervision or consultation assures that established DDP-TB standards of care are followed.
- E. Patient must agree to directly observed therapy (DOT). DOT is the standard of care for pulmonary cases of tuberculosis and essential for an individual who is at risk of losing or has lost housing.
- F. Patient must agree to participate in the HIP Program and abide by its guidelines. If the patient cannot abide by the housing guidelines, the patient cannot be supported by this program. The patient must also be medically well enough to care for himself.

**II. Placement Criteria: One Criterion Must be Met**

- A. Patient is currently homeless and willing to accept placement in a facility that provides housing to HIP participants. Homeless means that the patient lacks stable housing or housing that meets

the minimum housing standards. Homeless may also include those individuals who sleep in different places on a nightly basis and may be unavailable for DOT due to uncertainty as to where they will find shelter.

- B. The health department requests that the patient be removed from a living situation that has or could impact negatively on continuing TB treatment. These situations may include an adult who lives in a household where young, previously unexposed children also reside, roommates who are immuno-compromised, or the unit is a congregate living setting.

### **III. Criteria for Support in Current Residence: ALL Criteria Must be Met**

This Program will offer assistance to a patient who is living in his own residence in an effort to keep the patient there to prevent homelessness. The objective is to have a consistent location for the outreach worker to meet the patient for DOT.

- A. The patient is unable to work because of the TB diagnosis. TB disease often involves a hospital stay and during this time, patients may lose their jobs or not be paid for work not performed due to illness. If the TB disease directly results in a loss of income for the individual and he is receiving no other income and is not eligible for other financial assistance, the patient may be eligible for this program.
- B. The patient is deemed financially incapable of continuing to pay for housing. This means that the patient has no money to cover the rent and will be evicted from the place of current residence.
- C. Current housing meets DDP-TB's standards to be eligible

### **IV. Conditions for Continued Participation: ALL Criteria Must be Met**

- A. Patients must continue to show a financial need for assistance.
- B. Patients must adhere to directly observed therapy as prescribed.
- C. Patients must keep scheduled clinical appointments.
- D. Patients must observe all the conditions of isolation while infectious.
- E. Patients must obey all rules and regulations of the facility in which they are housed.

## HIP: Requesting Housing Assistance

TB Case Manager:

1. Review the eligibility criteria to determine if patient qualifies. **Requests for housing assistance are evaluated on a case-by-case basis; HIP functions as a fund of last resort. Allow 1-2 days to process the request and make arrangements.**
2. Call the HIP Coordinator at 804-864-7906 and review the case for eligibility.
3. If requesting housing assistance, locate and identify an appropriate place that meets the minimum housing standards and medical needs. **No patient will be housed in a motel if the patient is not medically well enough to be in an unsupervised environment.**
4. Determine the cost of the housing and the approximate length of stay.
5. Obtain name, address, phone, and contact name of the housing location so DDP-TB can negotiate a rate and send billing information to them.
6. If rental assistance is requested, determine who is the appropriate recipient of the rent payment. Review previous rental agreements or cancelled checks to verify the amount. Money is not given directly to the patient under any circumstances.
7. If the landlord cannot accept a check or if the patient is part of a group that pays rent, a check can be sent to the case manager who can obtain a money order for the patient's portion of the rent.
8. The HIP Coordinator faxes a copy of the authorization letter to the case manager and to the American Lung Association of Virginia (ALA-V) or motel vendor. The case manager will immediately notify DDP-TB of any errors or changes from what is contained in the letter.
9. Notify the HIP Coordinator if the time period covered is shortened or needs to be extended. Extensions are based on continued need and patient eligibility. A patient is not automatically entitled to continued support from the HIP Program.
10. **For rental assistance, the case manager makes a copy of the check when it arrives in the mail. Have the patient sign the copy to acknowledge receipt of the assistance and maintain this copy in the patient's record.**

Note: If a check is received and the money is not used for any reason, the case manager writes "VOID" on the check and returns it to ALA-V, attention: David DeBiasi.

DDP-TB HIP Coordinator:

1. For direct payment from DDP-TB to the vendor: DDP-TB will fax an authorization letter to the vendor for the specified patient. This letter also serves as verification that the request has been approved. The case manager is also faxed a copy of this letter.
2. For indirect payment from DDP-TB through ALA-V: DDP-TB will fax a letter to ALA-V requesting that they issue a check. This letter contains the amount requested, the time period covered, and the vendor information. This letter is also faxed to the case manager. DDP-TB will have the check sent to the case manager who will document receipt of the check.

# HOMELESS INCENTIVE PROGRAM PARTICIPATION AGREEMENT

This participation agreement is between the

Virginia Department of Health, Division of Disease Prevention-TB

and

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(client's name)

The Virginia Department of Health, Division of Disease Prevention-TB has agreed to provide housing assistance during the time period this client meets the HIP Program eligibility criteria. Failure to abide by this agreement will result in the client being ineligible for continued assistance. This agreement is in addition to the standard Directly Observed Therapy (DOT) Agreement. The client agrees to the following:

- Client will be available to the healthcare workers on a regular schedule for DOT;
- Client will **not** be under the influence of alcohol or any other illegal controlled substances during the healthcare worker's visits or while attending clinic;
- Client will not be verbally or physically abusive to any health care worker;
- Client will submit sputum samples and keep clinic appointments as requested;
- Client will keep the housing unit clean and neat;
- Client will abide by the rules and regulations set by the housing management.
- Client will not have overnight guests or share the room with others unless approved by the case manager.

Client signature \_\_\_\_\_ Date: \_\_\_\_\_

VDH Representative \_\_\_\_\_ Date: \_\_\_\_\_

# Direct Observed Therapy Agreement

## Virginia Department of Health \* Tuberculosis Control

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Health District \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**It has been explained to me that the most effective way to treat tuberculosis (TB) is by taking medication on a regular basis to kill the infection.**

**It has been explained to me that the most effective way to take tuberculosis medicine regularly is to be placed in a Direct Observed Therapy (DOT) program. In this program, a TB worker helps you take your TB medicine according to the plan ordered by your doctor and answers your questions.**

I, \_\_\_\_\_ understand and agree to the following:  
Name of Client

1. I will be at: \_\_\_\_\_ Home  
\_\_\_\_\_ Work (Responsibility: \_\_\_ LHD \_\_\_ Interjurisdictional \_\_\_\_\_)  
\_\_\_\_\_ Clinic/LHD  
\_\_\_\_\_ Other (specify) \_\_\_\_\_  
between the hours of \_\_\_\_\_ and \_\_\_\_\_ to receive my tuberculosis medicine.
2. If, for any reason, I cannot be present to take my medicine at the normal place and time, I will call \_\_\_\_\_ at \_\_\_\_\_ to \_\_\_\_\_  
Name of Person Phone Number  
change the appointment.
3. If I do not call to change the appointment or call too close to the scheduled time, I understand that I may have to go to \_\_\_\_\_  
Name of Place  
before the end of business hours \_\_\_\_\_ to take my medicine.  
Time
4. I will tell my DOT worker of any complaints, questions or problems that I have. I understand that if I am having side effects to the medicine, I may be asked to go to \_\_\_\_\_ to meet with a doctor or nurse and/or have laboratory tests.  
Name of Place
5. I understand that if I miss my appointments and do not take my medicine regularly, legal action may be taken.

The \_\_\_\_\_ agrees to provide the following:  
Name of Health District/Case Manager

1. The DOT assignee will be available to assist the client at the assigned location during the time period arranged. If the DOT worker needs to change the appointment time or place, every effort will be made to give the client adequate information in advance.
2. The DOT assignee will maintain patient confidentiality.
3. The DOT assignee will respond to all questions and concerns raised by the client and assist with referrals to other service agencies as appropriate.
4. The DOT assignee will immediately notify the Case Manager of client concerns and provide feedback as necessary.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Signature of ORW/DOT Assignee

## **HIP: District Procedure for Obtaining Food Assistance**

Food assistance is offered as an incentive for patients who meet all HIP eligibility criteria and need food to continue therapy, but have insufficient funds. **Requests for food assistance are evaluated on a case-by-case basis; HIP functions as a fund of last resort.**

The patient should fall into one of these categories:

- Patient under public health isolation orders
- Patient needs groceries for nutritional supplement while recovering
- Patient lost employment or income source as a result of illness
- Patient can pay for housing instead of food
- Patient has no access to any other food sources

The case manager calls the HIP Coordinator and they determine if the patient meets the eligibility criteria.

DDP-TB will send a check for no more than \$150 per month to the designated case manager. This check will be issued by the ALA-V. The case manager will do one of the following:

1. Patient under public health isolation orders: Purchase the necessary grocery items and deliver them to the patient so he does not have to go out in public. **These funds are restricted to food items only.**
2. Non-infectious, ambulatory patient: Purchase gift certificates from a local grocery store and deliver the certificates to the patient. **These funds are restricted to food items only.**

Food assistance is restricted to the purchase of food items only. Prohibited items include any type of alcohol, tobacco in any form, and other items not specifically for the patient.

Upon delivery of the groceries or gift certificates, the patient must sign a receipt to acknowledge receipt of the groceries or certificates. The receipt will detail the total of all purchases made. All store receipts will be attached to the signed receipt and a copy of the checks issued by ALA-V on behalf of VDH.

**If the check is sent in the case manager's name, make a copy of the check and have the supervisor sign off to verify that the case manager cashed the check and purchased the gift certificates or groceries for the patient. Each receipt is to be reviewed for accuracy and completeness by a designated individual in each district within two weeks. The reviewer should initial and date the document indicating his/her review.**

The case manager includes the original copies of the receipts for the purchase as well as a copy of the acknowledgement receipt in the patient's record. These receipts will be made available on request for auditing purposes.

## **HIP: Role of the Case Manager**

1. The case manager takes an active role in the process of discharge planning of TB cases and suspects, prior to their release from hospitals. This interaction is especially critical for infectious patients who may have just initiated treatment.
2. The case manager performs a needs assessment on the patient and determines housing status.
3. The case manager identifies food banks, soup kitchens, and emergency food services to meet the basic need for food.
4. The case manager will assist in locating appropriate housing with relatives, assisted living, adult homes, single room occupancy or shelters.
5. If the patient has no housing resources available, the case manager contacts DDP-TB for participation in the HIP Program.
6. The case manager determines if continued assistance is needed beyond the initial period. If so, the case manager verifies the need and notifies DDP-TB.
7. The case manager provides ongoing case management of the patient including DOT.
8. The case manager notifies DDP-TB when the HIP participant is able to seek employment or return to work, thereby negating the need for continued assistance.
9. The case manager notifies DDP-TB of any problems and/or questions regarding the HIP program.
10. For documentation purposes, the case manager makes a copy of any check received and has the supervisor sign off to verify that the case manager cashed the check and purchased the gift certificates or groceries for the patient. Each receipt is to be reviewed for accuracy and completeness by a designated individual in each district within two weeks. The reviewer should initial and date the document indicating his/her review.

## **HIP: Housing Standards**

When HIP participants are to be placed in housing, the case manager will locate and identify a suitable facility. The case manager talks with the manager and determines if a vacancy exists for the time period needed. If so, the case manager notifies the HIP Coordinator. If the minimum standards are met and the place approved, an authorization letter will be faxed to the vendor indicating that VDH will be responsible for payment.

When the case manager is looking for housing, it is a good idea to find someplace that is convenient to perform daily DOT. The location should also provide a safe environment for the patient. The case manager will determine room availability, negotiate a rate, and assure that the room meets the minimum housing and safety standards. The HIP participant will not be supported by the HIP Program until the minimum standards have been reviewed and met.

Since TB workers are not certified housing inspectors, TB case managers are asked to assess the potential housing unit to assure that it is clean, free of obvious dangers or hazards, and that the unit itself does not pose a health risk. The items listed in bold provide a baseline of items to consider. The suggested health and safety standards are a partial listing of other things to be aware of, but are also items that TB case managers are not specifically trained to assess.

### **Infection control measures when smear positive:**

- **No shared air between rooms (window air conditioning and heat is best)**
- **Suspended housekeeping services**
- **No roommates or visitors.**

### **Minimum housing standards:**

- **Hot and cold running water**
- **Heat during the colder months.**
- **Locks on the door and the door should open and close with ease.**
- **Access to cooking facilities (i.e. microwave oven, stove, or hotplate).**

### **Minimum patient responsibilities:**

- **Keep the room clean and orderly**
- **Abide by the rules and regulations of the property owner**
- **No noisy visitors in the room when medically cleared to have visitors**
- **No alcohol or illegal drugs in the room.**

### **Other General Health and Safety Standards**

- Should be able to enter the housing unit without having to go through another unit.
- Fire exit from the building should be readily available and not blocked in any way.
- Free from rats or severe infestation by mice or other vermin.
- Free from heavy accumulation of garbage or debris inside and outside of the unit.
- Adequate covered facilities for temporary storage of food wastes or other garbage.
- Interior and exterior stairs and hallways free from hazards to the occupant due to loose, broken, or missing steps on stairways, absent or insecure railings, inadequate lighting, or other hazards.
- Interior of the housing unit is free from any other potentially hazard not specifically mentioned.
- All elevators should have a current inspection certificate and be in good, safe working condition.
- Housing unit should be free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants.
- Interior and exterior paint should be lead-free.

## **HIP: Counties Not Covered by the DDP-TB HIP Program**

The following list of the districts and the counties are not covered by the DDP-TB HIP Program. These are covered through the TB Foundation Endowment. If you are in one of the listed counties and services are needed, contact the American Lung Association of Virginia. Call 804-267-1900 and ask for David Debiasi. ALA-V generally follows the HIP policies as a guide in approving funds.

### **Alleghany District**

- Alleghany County
- Botetort County
- Craig County
- Roanoke County
- Clifton Forge
- Covington
- Salem

### **Cumberland Plateau District**

- Buchanan County
- Dickenson County
- Russell County
- Tazewell County

### **Lenowisco District**

- Lee County
- Scott County
- Wise County
- Norton County

### **Mount Rogers District**

- Bland County
- Carroll County
- Grayson County
- Smyth County
- Washington County
- Wythe County
- Bristol
- Galax

### **New River District**

- Floyd County
- Giles County
- Montgomery County
- Pulaski County
- Radford City

### **Roanoke City**

**DDP-TB DECISION ANALYSIS FORM**  
**Homeless Incentive and Prevention Program (HIP)**  
**Criteria for Participation**

**PURPOSE:** To provide temporary housing for patients with tuberculosis whose living conditions represent a barrier to adherence to treatment.

**PROCEDURE:** To request coverage for your patient in the HIP Program, please verify that the patient meets the basic eligibility criteria and determine the type of assistance needed. Contact the Division of Disease Prevention-TB at (804) 864-7906. DDP-TB will complete this form based on the designated case manager's input and advise you of the Program's ability to support the patient.

**A. Basic Criteria**

- 1. Diagnosis of tuberculosis or tuberculosis suspect.
- 2. Diagnosis affirmed by a VDH physician
- 3. Reported to DDP-TB.
- 4. VDH supervising or consulting on the medical management.
- 5. Patient is on Directly Observed Therapy (DOT).
- 6. Patient demonstrates financial need; other resources investigated.
- 7. Patient agrees to participate in HIP Program and abide by the Program guidelines.

**B. Placement Criteria**

- 1. Patient is currently homeless.
- 2. Patient is in danger of becoming homeless
- 3. Public health request or isolation restriction

**C. Nature of requested assistance**

Recipient: \_\_\_\_\_

1. Rent assistance: Payment: \$ \_\_\_\_\_

Time period to be covered: \_\_\_\_\_

2. Food assistance: Payment: \$ \_\_\_\_\_

3. Other: Payment: \$ \_\_\_\_\_

**D. Disposition**

\_\_\_\_\_ Approved, criteria met

\_\_\_\_\_ Not Approved (see Comments)

COMMENT:

PHN/ORW: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

**DDP-TB DECISION ANALYSIS FORM**  
**Homeless Incentive and Prevention Program (HIP)**  
**Criteria for Continued Participation**

**PURPOSE:** To provide temporary housing for patients with tuberculosis whose living conditions represent a barrier to adherence to treatment.

**PROCEDURE:** To request continued coverage for your patient in the HIP Program, please verify that the patient needs continued assistance and the type of assistance needed. Contact the Division of Disease Prevention-TB at (804) 864-7906. DDP-TB will complete this form based on the designated case manager's input and advise you of the Program's ability to continue support for the patient.

**A. Verification of continued need and compliance with program guidelines**

- \_\_\_1. Patient continues to adhere to directly observed therapy as prescribed.
- \_\_\_2. Patient continues to keep scheduled clinical appointments.
- \_\_\_3. Patient continues to obey all conditions of isolation while infectious or under court order.
- \_\_\_4. Patient continues to obey all rules and regulations of the facility providing housing.
- \_\_\_5. Patient still meets all financial and need eligibility standards.

**B. Nature of requested assistance**

Recipient: \_\_\_\_\_

\_\_\_1. Rent assistance: Payment: \$ \_\_\_\_\_

Time period to be covered: \_\_\_\_\_

\_\_\_2. Food assistance: Payment: \$ \_\_\_\_\_

\_\_\_3. Other: Payment: \$ \_\_\_\_\_

**C. Disposition**

\_\_\_ Approved, criteria met

\_\_\_ Not Approved (see Comment)

COMMENT:

PHN/ORW: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_