

Housing Services Standardsⁱ

Description

Housing services provide time-limited transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and time-limited transitional, short-term, or emergency housing assistance.

Time-limited transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated at a minimum 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.

Eligible housing can include:

- Provides some type of core medical and/or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

Program Guidance

RWHAP recipients and sub-recipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and sub-recipients must assess every client's housing needs at minimum annually to determine the need for new or additional services. In addition, RWHAP recipients and sub-recipients must develop an individualized housing plan for each client receiving housing services and update it at a minimum annually. RWHAP recipients and sub-recipients must provide HIV/AIDS Bureau (HAB) with a copy of the individualized written housing plan upon request.

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RWHAP Part A, B, C, and D recipients, sub-recipients, and local decision-making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and Health Resources and Services Administration (HRSA)/HAB recommends that recipients and sub-recipients consider using HUD’s definition as their standard.

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

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health Service Standards for people living with HIV, including the following:

1.0 Intake and Eligibility	
<i>National Monitoring Standards: Eligibility determination process requiring documentation in client medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual’s HIV-positive status, residency. Determination and documentation of client eligibility every six months.ⁱⁱ</i>	
<i>Health Resources and Services Administration (HRSA), the funder for Ryan White HIV Services, prohibits continued HIV services, including medications to clients who are not recertified for eligibility of services by their specified date; therefore, if a client has not completed their annual certification or recertification at six months they may not be eligible for Ryan White services.ⁱⁱⁱ</i>	
Standard	Measure
Referral	
1.1.) Referral for Housing Services by a Part B provider is documented prior to initiation of the service.	1.1) Documentation of referral for Housing Services is present in the client’s record, signed and dated.
Eligibility	
1.2) The client’s eligibility for Ryan White Part B services is determined.	1.2) Documentation of the client’s eligibility is present in the client’s record.
1.3) To be eligible for this service applicants must: <ul style="list-style-type: none"> a) Be diagnosed with HIV b) Live in Virginia c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL) d) Ryan White Part B is the payer of last resort and other funding sources must be vigorously pursued. Providers are responsible to ensure that clients are 	1.3) Documentation is present in files that verifies: <ul style="list-style-type: none"> a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines d) Client Medicaid status (gap of services) e) Recertification for continued eligibility for Part B services every six months f) Client agrees to participate in insurance option that best meets their

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<p>screened and deemed ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid, all other forms of insurance or third party payers such as private and commercial insurance plans, and other payers.</p> <p>e) Provide recertification every six months with proof of income, changes in insurance coverage, or any changes in residency</p> <p>f) Client eligibility ensures Part B services are used as the payer of last resort. Client must agree to participate in the insurance option client is eligible and that best meets the client’s medical needs regardless of preference.</p> <p><i>Note:</i> The Part B Program is the payer of last resort. This is interpreted as "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source.^{iv}</p> <p>Apply through the VDH Central Office or through agency’s eligibility services</p>	<p>medical needs and for which the client is eligible.</p>
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Intake

<p>1.4) Eligibility screening and intake to be completed within: a) 48 hours for individuals that are entering the emergency shelter; b) 10 days of initial contact with client for individuals entering time-limited short-term or transitional housing.</p>	<p>1.4) Documentation of intake and eligibility screening in client record signed and dated.</p>
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Recertification

<p>1.5) Client must be recertified every six months to continue to receive Ryan White services. There is no grace period.</p>	<p>1.5) Documentation of recertification of the client’s eligibility every six months is present in the client’s record.</p>
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2.0 Key Services Components and Activities
National Monitoring Standards: Support for Housing Services that involve the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Funds received under the Ryan White

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HIV/AIDS Program may be used for the following housing expenditures: a) Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed; b) Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either: 1) Housing services that include some type of medical or supportive service: including, but not limited to, residential substance treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or 2) Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment; necessity of housing services for purposes of medical care must be certified or documented. ^v

Standard	Measure
Documentation	
2.1) Documentation of mechanism to allow newly identified clients' access to housing services.	2.1) Documentation of process to access housing services for newly identified clients.
2.2) Provision of all housing services is documented by: <ul style="list-style-type: none"> • Number of clients served • Duration of housing services • Types of housing provided • Housing referral services provided • Assistance provided to help clients obtain stable, long-term housing • Assurance that no Ryan White funds were used to provide direct payments to clients for rent or mortgages. 	2.2) Documentation of housing services provided.
2.3) Client records must contain, at a minimum: <ul style="list-style-type: none"> • Housing and referral services provided • Individualized written housing plans that are consistent with RWHAP' s Housing Policy^{vi} • Individual service plan must updated annually • Assistance provided to clients to help obtain stable long-term housing • Method of providing housing services (e.g. payment to agencies). <i>Note: Housing services cannot be in the form of direct cash payment to client and</i> 	2.3) Signed, dated reports located in the client's record.

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<i>cannot be used for mortgage payments.^{vii}</i>	
All reports must be signed and dated.	
Assessment/Service Plan/Provision of Services	
2.4) An initial assessment of client’s housing needs to be completed within seven business days of initial contact with client and prior to the provision of service. A triage process needs to occur to determine if emergency housing is needed.	2.4) Documentation of assessment in client’s record signed and dated. Individualized written housing plan will be developed within 48 hours of initial assessment.
2.5) Within seven (7) business days after the initial assessment, an individualized written housing plan will be developed consistent with the RWHAP Housing Policy. ^{viii} The housing plan is designed to help the client obtain or transition to stable long-term housing, through a strategy to identify, re-locate, and/or ensure the individual or family is moved to or capable of maintaining a stable long-term living situation.	2.5) Documentation of housing plan in client’s record signed and date.
2.6) Individualized housing plan is reassessed quarterly or at a minimum every three months to determine the need for new or additional services.	2.6) Documentation of housing plan reviewed and revised quarterly or at a minimum every three months in client’s record signed and dated.
2.7) Housing-related referral services may include: <ul style="list-style-type: none"> • Housing assessment • Search, placement and/or advocacy • Fees associated with any of these activities. 	2.7) Documentation of housing-related referral services provided to enable the client or family gain or maintain outpatient/ambulatory health services and treatment.
2.8) Housing Services provide time-limited transitional, short-term, or emergency housing assistance. Eligible housing can include either housing that: <ul style="list-style-type: none"> • Provides some type of core medical and/or support services (such as residential substance use disorder services or mental health services, residential foster care, and assisted living residential services); or 	2.8) Documentation of necessity of housing services for purposes of medical care in client’s record signed and dated.

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<ul style="list-style-type: none"> Does not provide direct medical or support services, but is essential for a client or family to gain or maintain access and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.^{ix} 	
<p>2.9) Housing funds may be used for application fees and rent payments. VDH approved duration of housing services includes:</p> <ul style="list-style-type: none"> Emergency Housing 1-14 days Short term Housing 15-30 days Transitional Housing 31 days to 24 months. 	<p>2.9) Documentation of housing assistance type provided within defined limits in client's record.</p>
<p>Transition and Discharge</p>	
<p>2.10) Client discharged when Emergency Housing Services are no longer needed, goals have been met, upon death or due to safety issues. (<i>see 2.11</i>)</p> <p><u>Prior to discharge:</u> Reasons for discharge and options for other service provision should be discussed with client. Whenever possible, discussion should occur face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter must be sent to client's last known address. If client is not present to sign for the letter, it must be returned to the provider.</p> <p><u>Documentation:</u> Client's record must include:</p> <ul style="list-style-type: none"> Date services start Special client needs Services needed/actions taken, if applicable Date of discharge Reason(s) for discharge Referrals made at time of discharge, if applicable. 	<p>2.10) Documentation of discharge plan and summary in client's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable.</p>

Transfer: If client transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If client moves to another area, transferring agency will make referral for needed services in the new location.

Unable to Locate: If client cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the client's last known mailing address within five business days after the last attempt to notify the client. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made.

Withdrawal from Service: If client reports that services are no longer needed or decides to no longer participate in the Service Plan, client may withdraw from services. Because clients may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the client's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.

Administrative Discharge: Clients who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a client for this reason, the case must be reviewed by leadership according to that agency's policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge, and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources

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<p>must be mailed to the client's last known mailing address within five business days after the date of discharge, and a copy must be filed in the client's chart.</p>	
<p>Case Closure</p>	
<p>2.11) Case will be closed if client:</p> <ul style="list-style-type: none"> a) Has met the service goals; b) Decides to transfer to another agency; c) Needs are more appropriately addressed in other programs; d) Moves out of state; e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services; f) Fails to maintain contact with the housing assistance staff for a period of three months despite three (3) documented attempts to contact client; g) Can no longer be located; h) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan; i) Exhibits pattern of abuse as defined by agency's policy. j) Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program; or k) Is deceased. 	<p>2.11) Documentation of case closure in client's record with clear rationale for closure.</p>

3.0 Client Rights and Responsibilities

National Monitoring Standards: Provision of Part B funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.^x

Standard	Measure
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<p>3.1) Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>All providers shall be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering service on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or AIDS/HIV diagnosis.</p> <p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</p>	<p>3.1) Written eligibility requirements and non-discrimination policy on file.</p>
<p>3.2) Clients Rights and Responsibilities policy exists which requires each client to sign & date a form indicating they has been offered: a) explanation of the policy, and b) copy of <i>'Client's Rights and Responsibilities</i> and to communicate client's understanding of the policy.</p>	<p>3.2) Written policy on file.</p>
<p>3.3) Explanation of <i>Client's Rights and Responsibilities</i> is provided to each client.</p> <p>Client rights include:</p> <ul style="list-style-type: none"> ○ Be treated with respect, dignity, consideration, and compassion; ○ Receive services free of discrimination; ○ Be informed about services and options available; ○ Participate in creating a plan of services; ○ Reach an agreement about the frequency of contact the client will have either in person or over the phone; ○ File a grievance about services received or denied; 	<p>3.3) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record.</p>

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<ul style="list-style-type: none"> ○ Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; ○ Voluntary withdraw from the program; ○ Have all records be treated confidentially; <p>Have information released only when:</p> <ul style="list-style-type: none"> ○ A written release of information is signed; ○ A medical emergency exists; ○ There is an immediate danger to the client or others; ○ There is possible child or elder abuse; or ○ Ordered by a court of law. <p>Client responsibilities include:</p> <ul style="list-style-type: none"> ○ Treat other clients and staff with respect and courtesy; ○ Protect the confidentiality of other clients; ○ Participate in creating a plan of service; ○ Let the agency know any concerns or changes in needs; ○ Make and keep appointments, or when possible, phone to cancel or change an appointment time; ○ Stay in contact with the agency by informing the agency of change in address and phone number, respond to phone calls and mail and ○ Avoid subjecting the agency's staff to physical, sexual, verbal and/or emotional abuse or threats. 	
<u>4.0 Grievance Process</u>	
Standard	Measure
4.1) Grievance policy exists which requires each client to sign and date indicating they has been offered: a) explanation of the policy, and b) copy of <i>Grievance Procedure</i> and c) communication of client's understanding of the policy.	4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.

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<p>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p> <p>Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.</p>	
<p>4.2) Explanation of <i>Grievance Procedure</i> is provided to each client.</p> <p>Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received.</p>	<p>4.2) Current <i>Grievance Procedure</i> form signed and dated by Client and located in client's record.</p>
<p>4.3) Grievance process shall be fair and expeditious for resolution of client grievances.</p>	<p>4.3) Documentation of client grievances, status and resolution.</p>
<p>4.4) Review of grievance policy yearly with client signature.</p>	<p>4.4) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record.</p>

5.0 Personnel Qualifications (including licensure)

Standard	Measure
<p>5.1) All staff who provide Housing-related referrals will be case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs</p>	<p>5.1) Documentation of qualifications in personnel file.</p>
<p>5.2) All housing staff must complete six (6) hours of continuing education in HIV/AIDS annually.</p>	<p>5.2) Documentation of continuing education credits in personnel file.</p>

6.0 Cultural and Linguistic Competency

Standard	Measure
<p>6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider's documentation should include:</p> <ul style="list-style-type: none"> • Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted; 	<p>6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report.</p>

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<ul style="list-style-type: none"> Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; List of cultural competency trainings completed by staff. 	
6.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available. ^{xi}	6.2) Culturally and linguistically appropriate materials and signage accessible.
<u>7.0 Privacy and Confidentiality (including securing records)</u>	
Standard	Measure
7.1) Client confidentiality policy exists which include: 1) Release of information requirements, and b) Health Insurance Portability and Accountability Act.	7.1) Written Client confidentiality policy on file at provider agency.
7.2) Client's consent for release of information if applicable.	7.2) Current <i>Release of Information Form</i> signed and dated by client and provider representative and located in client's record. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months from date of signature.
7.3) Each client file is stored in a secure location. Electronic client records are protected from unauthorized use.	7.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password protection and access is limited to appropriate personnel.
7.4) Annual submission of <i>Verification of Receipt of Assurance of Key Requirements</i> document by all staff that handle client identifying information.	7.4) Documentation of signed <i>Verification of Receipt of Assurance of Key Requirement</i> forms.
<u>8.0 Quality Management</u>	
<i>National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.^{xii}</i>	
Standard	Measure
8.1) Measure and report client health outcomes using Housing Services measures approved by VDH.	8.1) Performance measurement data on the following indicators: <ul style="list-style-type: none"> Percentage of people living with HIV and receiving Housing Services, regardless of

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	<p>age, who will have at least two care markers in a 12 month period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <ul style="list-style-type: none"> • Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Housing Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
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ⁱ HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18).

ⁱⁱ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 23.

ⁱⁱⁱ HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Ryan White Program Eligibility Determinations and Recertification Requirements Policy Clarification Notice #13-02

^{iv} Public Health Service Act; Sections 2605(a)(6), 2617 (b) (7) (F), 2664 (f) (1), and 2671 (i).

^v HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 33-34.

^{vi} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 32.

^{vii} HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 12/05/16), p. 17.

^{viii} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 34.

^{ix} HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 12/05/16), p. 17.

^x HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 61-62.

^{xi} National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Available at:

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

^{xiii} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 71.

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