

Virginia's Alternative Housing and Incentive (AHIP) Program

Laura R. Young, MPH, CIC



Background

AHIP is administered through VDH's state TB Program with the goal of protecting the public by financially assisting clients who would be at risk for non-adherence to their TB treatment plan.



Criteria

To qualify for assistance, TB clients must:

- Have presumptive or confirmed active TB
- Not be able to work due to isolation related to TB diagnosis to receive housing assistance
- Be under medical management by VDH, even if in collaboration with a private physician
- Agree to DOT and sign the DOT agreement
- Demonstrate financial need for assistance



Types of assistance

- Food
 - Up to \$150/month
 - Must meet one of the following:
 - Under isolation
 - Need groceries for nutritional supplement while recovering
 - Lost employment or income sources due to illness
 - Able to pay for housing instead of food
 - Lack of access to any food resources
 - Check made out to nurse case manager or designee; client must sign and date receipts





Types of assistance



- Funds for hotel/motel room or funds to assist with current rent/mortgage payment
 - Criteria for hotel placement::
 - Experiencing homelessness
 - Health department requests relocation of client from home due to living situation
 - Health department request relocation of client from home de to household with high-risk occupants
 - Process
 - Hotel must meet minimum housing standards
 - Hotel must complete a W-9 form prior to payment processing
- Fund for current residence
 - Check is made out to nurse case manager, not directly to the client
- Phone assistance
 - Purchase of prepaid smartphone for VET purposes
 - \$100 for first month and \$50 for subsequent months
 - Client keeps smartphone upon completion of treatment







Types of assistance



- Transportation assistance via Lyft with up to four rides per month for clinic visits
- Rides are scheduled through the Lyft platform by the nurse case manager

Gift Cards

- Primarily for use as incentives to encourage compliance with treatment for TB or TB infection
 - Purchase small gifts to encourage children on treatment, etc.
 - Gift cards distributed in \$10 increments and use is logged

Special Assistance

- Insurance related drug copayments
- Other unique scenarios





Approval Process

- Requests for assistance are made by the client's nurse case manager either directly by phone in emergencies or via a REDCap survey.
- Requests are reviewed by one of the two nurse consultants and assistance is initiated if approved.

AAA

+ -

reset



Monwealth of Virginia Here's how you know

ENHANCED BY Google

About How Do I A-Z Index Locations Data Clinicians Newsroom Contact

Tuberculosis TUBERCULOSIS

The mission of the Tuberculosis (TB) Program is to control, prevent, and eventually eliminate TB from the Commonwealth of Virginia. The program aims to detect every case of TB in Virginia, assure that every case is adequately and completely treated, and prevent transmission of TB in communities.

VDH TB Central Resource Hub

Report Latent Tuberculosis Infection (LTBI)

VIRGINIA DEPARTMENT OF HEALTH

Please select your af intion and what you would like to do from the drop down below. You will then be rompted to click a link to take you to the appropriate form.

Pase do not click the check mark at the bottom of this screen.

Please choose your affiliation:

* must provide value

What would you like to do?

Submit an Alternative Housing and Incenti

Health Department

Non-Health Department

* must provide value

Click here to submit an Alternative Housing and Incentive Program (AHIP) Request Form.

Humanitarian Parolee Programs

Data & Reports

Education

Community Engagement

Forms for Local Health Departments

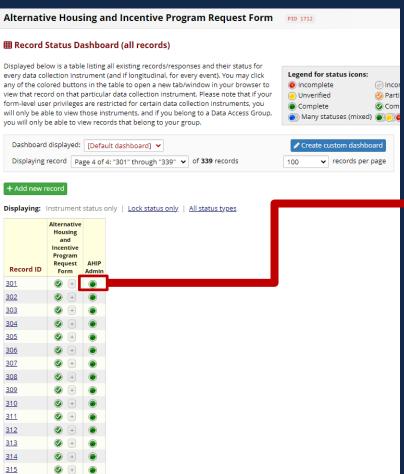
Special Populations



Alternative Housing and Incentive Progra	m Request Form AAA ⊕ 😑
Requests for Alternative Housing and Incentive Program (AHIP) partic This form should be completed by the Nurse Case Manager or design assistance will be provided.	
Is this an urgent request for assistance? If approval is needed immediately, please check this box and call the TB Main Line (804-864-7906).	Yes
Complete as much information as possible. You will receive a res TB program.	ponse within 1-2 business days after review by the
Client Name: * must provide value	
Explain what resources have been explored for assistance locally: * must provide value	
Criteria for Participation	
Criteria for Participation: * must provide value	Diagnosis of presumptive or confirmed TB Requires isolation (Required for housing assistance) VDH supervising or consulting on medical management Signed Directly Observed Therapy Agreement and compliant with DOT Client at risk for unstable or unsafe housing Demonstrates financial need
Health Department Information	
Name of health department employee to whom check should be mailed: * must provide value	
The assistance check(s) will be mailed to the health department. I health department.	Please enter the complete mailing address for the
Health Department Name: * must provide value	

Address: * must provide value				
City/State/Zip Code: * must provide value				
I have checked and am verifying that the address health department above is correct. * must provide value	for the		The address for the health department listed above is correct.	reset
Assistance Needed				
Is housing assistance requested?		0	Yes No	reset
Is food assistance requested?	-))	Yes No	reset
Is drug co-pay assistance requested?		0	Yes No	reset
Is special assistance requested?		0	Yes No	reset
Client Summary				
Please briefly describe client's situation and need assistance: * must provide value	1 for		· ·	Expand
Nurse Case Manager or Designee: * must provide value				
Nurse Case Manager or Designee Phone Number * must provide value				
District: * must provide value			•	
	Submit			





AHIP Admin	
Editing existing Record ID 339.	
Record ID	339
Approver Name * must provide value	Adwoa Sam
Date * must provide value	(H) (19-14-2023) (33) (Today) M-D-Y
Approval Actions	 ☐ Letter Sent to Health Brigade ☐ Client entered on spreadsheet
Housing Amount Approved * must provide value	\$2218.02
Food Amount Approved * must provide value	⊕
Special Assistance Amount Approved * must provide value	⊕
Drug Co-Pay Assistance Approved Amount * must provide value	(H) (O)
Transportation Authorization Code	⊕ N/A
Comments	H
Form Status	·
Complete?	Complete 🗸



Use and Funding

- In 2022
 - 31 clients received \$46,690.19
 - 18.5% food assistance
 - 81.5% in housing assistance
- First 6 months of 2023
 - 26 clients received \$22,140.53
 - Food, housing, phone assistance
- Budget for this program through COAG funding
 - \$77,487 for assistance funds
 - \$7,748 for service fees paid to Health Brigade of Richmond, an FQHC, which provides fiduciary services for the program
 - Typical annual program costs are \$60-90k
- Drug copay costs come out of general funds, not grant funds



Challenges and Successes

- Hugely helpful for clients and case management team
- Ability to adapt and expand program as needs are identified (i.e., transportation)
- Supplements locally available resources such as food banks

- Cumbersome process for issuing checks
- Challenges with obtaining agreements and documents from hotels and landlords
- Still gaps in addressing housing needs for clients also experiencing mental health crisis



Resources

- Alternative Housing Incentive Program Manual
 - Outlines assistance types, criteria, process, and includes appendices on items like housing standards, participant forms, gift card logs, etc.



Alternative Housing and Incentive Program Requirements	
letroduction.	,
Program Criteria	
Procedure for Participation	
Food	3
Housing	4
Special Assistance	6
Phone Assistance	6
Transportation Assistance	7
Continued Assistance	8
Gift Cards	8
Appendix A	10
Role of the AHIP Program Manager	10
Appendix B	11
Role of the Nurse Case Manager or Designee	11
Appendix C	12
Alternative Housing and Incentive Program Request Form	12
Appendix D	14
AHIP Participant Agreement Form	14
Appendix E	
AHIP Housing Standards	
Appendix F	
Gift Card Log	
Appendix G	
Client Gift Card Receipt	18
VDH TB 3/2022	1

Appendix G				
	Client Gift Card Receipt			
Health District	Date	_		
This form serves as confirmation tha receipt/distribution, both the Nurse	t the client has received the gift card(s) listed below. Upon Case Manager/designee and the client are required to sign.			
Car	d Number(s) Card Amount			
	5			
	\$			
	\$			
	s			
	s			
	\$			
	s			
	\$			
	\$			
	s			
Client Name	Signature	_		
Nurse Case Manager/Design	ee Name Signature			



Questions?

laura.r.young@vdh.virginia.gov