

## **INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING AGENDA**

**WEDNESDAY NOVEMBER 20, 2024 – 1:00PM TO 3:00PM**

**ONLINE MEETING VIA ZOOM**

**Note: all times are approximate**

1:05 pm	<ol style="list-style-type: none"> <li>1. Call To Order and Moment of Silence</li> <li>2. Welcome and Introductions</li> </ol>
1:10 pm	<ol style="list-style-type: none"> <li>3. Review and Approve the Agenda for November 20, 2024</li> <li>4. Review and Approve the Minutes from October 23, 2024</li> </ol>
1:15 pm	<ol style="list-style-type: none"> <li>5. Check-In – How are YOU!?</li> </ol>
1:30 pm	<ol style="list-style-type: none"> <li>6. EFA Discussion</li> </ol>
2:00 pm	<ol style="list-style-type: none"> <li>7. Aging and HIV Discussion</li> </ol>
2:30 pm	<ol style="list-style-type: none"> <li>8. Other Business               <ul style="list-style-type: none"> <li>- EHE Discussion</li> </ul> </li> </ol>
2:45 pm	<ol style="list-style-type: none"> <li>9. Future Agenda</li> </ol>
2:55 pm	<ol style="list-style-type: none"> <li>10. Announcements/Adjourn</li> </ol>
<b><u>NEXT INTEGRATED STRATEGIES            COMMITTEE (ISC) MEETING:</u></b>	<b>DECEMBER 18, 2024            1PM – 3 PM            ELECTRONIC MEETING VIA ZOOM</b>

# **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES**

**WEDNESDAY, OCTOBER 23, 2024 – 11:00AM**

**ZOOM CONFERENCE AND VIDEO CALL**

**ELECTRONIC – ONLINE MEETING**

<b>ATTENDEES/ROLL CALL</b>					
<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMITTEE MEMBERS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Carney, Misty		X	Dyson, Casey	X	
Clark, Lamont (Gov. Co-Chair)	X				
DeMartino, Peter		X			
Lewis, Jason	X				
Palmer, Kentrell (Kenny)		X	<b>COMMUNITY PARTNERS/GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Ramos, Claudia	X		Lewis, Rodney	X	
Stuckey, Christopher		X			
Shaw-Richarson, Re'ginald	X				
<b>RYAN WHITE RECIPIENT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>CONSULTANTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Edmonds, Jason	X				
Price, Ashley	X				
Smith, Avemaria	X				
<b>HAHSTA STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION SUPPORT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
			Bailey, Patrice		X
			Johnson, Alan	X	

**HIGHLIGHTS**

*NOTE: This is a draft version of the October 23, 2024, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the November 20, 2024, meeting and made available thereafter.*

<b>AGENDA</b>	
<b>ITEM</b>	<b>DISCUSSION</b>
<b>Call to Order</b>	Lamont C. called the meeting to order at 11:05 am, followed by a moment of reflection and introductions.
<b>Review and Adoption of the Agenda</b>	With no additions to the October 23, 2024, CPC Meeting Agenda noted, Lamont assumed the motion to adopt the agenda as presented.

<p><b>Review and Approval of the Minutes</b></p>	<p>With no revisions noted on the September 25, 2024, Meeting Minutes, Lamont assumed the motion to approve the meeting minutes as presented.</p>
<p><b>Ryan White HIV/AIDS Program (RWHAP) Reports &amp; Financial Oversight</b></p>	<p><u>Avemaria S. presented the Recipient Report</u>          The Part A and Part A MAI GY'34 report is being presented for the month of August. The total award is \$33,326,752 which includes carryover funds.</p> <p><u>FISCAL STATUS</u>          Twenty-seven (25) of twenty-eight (28) providers have submitted payment requests that were processed for Part A and Part A MAI in August 2024.</p> <p>There were no service delivery challenges in DC, Maryland or Virginia.</p> <p><u>PART A FISCAL SUMMARY</u>          Part A expenditure was at 39% and should have been at 50%.</p> <p>Services affected by an unprocessed invoice were Early Intervention Services (EIS), Housing Services (HS), Medical Case Management (MCM), Medical Transportation Services (MT), Non-Medical Case Management (NMCM), Outreach Services (OS), and Psychosocial Support Services (PSS).</p> <p>Services spending 30% below expected were Early Intervention Services (EIS), Housing Services (HS), and Oral Health Services (OH).</p> <p>There were no services spending 30% above expected.</p> <p><u>PART A MAI FISCAL SUMMARY</u>          Part A MAI expenditures were at 43% and should have been at 50%.</p> <p>Service areas affected by unprocessed invoices were Early Intervention Services (EIS), Mental Health Services (MH), Medical Case Management (MCM), Outpatient/ Ambulatory Health Services (O/AHS), Substance Abuse Outpatient Care (SAOC), and Psychosocial Support Services (PSS).</p> <p>There was no service spending at 30% below expected.</p> <p>Services spending 30% above expected were Medical Transportation (MT), and Non-Medical Case Management (NMCM).</p> <p>Avemaria noted that grants management staff and fiscal tracking staff are working double duty processing the closure of fiscal year 24 and the implementation of fiscal year 25.</p> <p><u>RECIPIENT REPORT</u>          On October 1, 2024, the Recipient successfully applied for the maximum amount of \$34 million in the HRSA Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program Notice of Funding Opportunity for FY25.</p> <p>The Recipient published the FY 2025 Ryan White Part A HIV/AIDS Program Request For Application (RFA) on October 11, 2024. The full RFA is available</p>

	<p>on the DC Community Grant Program, Mayors Office of Community Affairs website. Applications are due December 3, 2024. An email was sent with the RFA information along with postings on social media. The Recipient convened the Ryan White Part A pre-application conference on October 22, 2024. The meeting provided an overview of the RFA requirements and addressed specific questions and concerns during an open question period. Once that period is closed, no more questions will be answered. A compilation of FAQ's will be emailed to the participants and the those who have submitted letters of intent. The presentation from the pre-app meeting and the recording, if there is enough space, will be available on the HAHSTA website under Ryan White Part A Notice of Request for Applications website where you'll also find the application.</p> <p>The Recipient has initiated the process of awarding a sole source award to one of the interested Maryland health departments. This funding will support activities from November 2024 to February 2025.</p>		
Other Business	<p><u>EFA Service Standard Update</u>          Lamont asked the Recipient if there was any information or tips, he could forward to the ISC committee before they begin their work on the EFA services standard. The Recipient responded that the \$3,000,000 voted on during the PSRA process and authorized by the COHAH will meet the current needs. No other information has been obtained from any of the jurisdictions that would assist in reviewing the standard. The Recipient plans to have representatives at the ISC meeting to make recommendations of all considerations in making any potential modifications.</p>		
<b>ANNOUNCEMENTS/OTHER DISCUSSION</b>			
Lamont announced that early voting starts October 28 <sup>th</sup> . He encouraged everyone to do their research and be sure to vote.			
<b>HANDOUTS</b>			
<ul style="list-style-type: none"> <li>• October 23, 2024, Comprehensive Planning Committee (CPC) Meeting Agenda</li> <li>• September 25, 2024, Comprehensive Planning Committee (CPC) Meeting Minutes</li> <li>• Recipient Reports for July 2024</li> </ul>			
<b>MEETING ADJOURNED</b>	<b>11:25 AM</b>	<b>NEXT MEETING</b>	<b>WEDNESDAY, NOVEMBER 21, 2024 11:00 AM to 1:00 PM ZOOM CONFERENCE AND VIDEO CALL</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> <p><i>Note: Brand name formulations may be paid for with Ryan White funds only if generic formulation is not available</i></p>	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

<b>Standard</b>	<b>Measure</b>
<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>	
<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	
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>

<ul style="list-style-type: none"> <li>● Exhibits pattern of abuse as defined by agency's policy</li> <li>● Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program</li> <li>● Is deceased</li> </ul>	
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## V. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

EFA service staff must have a minimum of a high school diploma or general education development (GED) equivalent, and at least one year of customer-related experience, one year of customer service experience, one year of administrative support experience; and/or have worked at least three years within a related health services field. Experience providing customer service and working with people in some capacity is a crucial requirement for all EFA service staff.

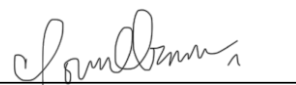
At minimum, all EFA service staff will be able to provide linguistically and culturally appropriate care for people living with HIV and complete documentation as required by their positions. EFA service staff will complete an agency based orientation before providing services. EFA service staff will also be trained and oriented regarding customer confidentiality, linguistic and cultural competency, stigma and Health Insurance and Accountability Act (HIPAA) regulations. EFA service staff must attend training on budgeting and money management skills, such as Consumer Credit Counseling. All agency staff providing EFA must undergo comprehensive training regarding the policies, procedures and documentation requirements.

## VI. CLINICAL QUALITY MANAGEMENT

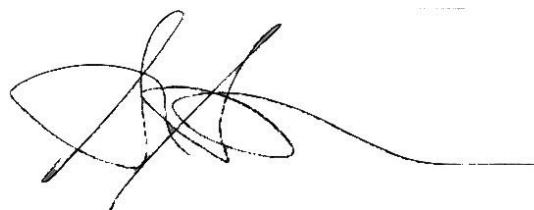
A continuous Clinical Quality Management Program for HIV patient care. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018).

## VII. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on March 24, 2021. The next annual review is March 24, 2022.



Clover Barnes  
 Division Chief  
 Care and Treatment Division  
 DC Health/HAHSTA



Sarcia Adkins  
 Community Co-Chair  
 Washington DC Regional Planning Commission on Health and  
 and HIV (COHAH)

We believe the recommended increases are warranted as the last increase in EFA payment standards occurred 5-6 years ago. Recent studies have shown that across the U.S. in the last 5 years, the cost of food has increased by approximately 25% as well as rent costs have increased by nearly 20%. HCS recommendations would address clients' increased costs/needs but please keep in mind that any increase in EFA payment standards, without additional EFA funding, will result in a reduction in the number of clients that can be served annually.

We did an analysis of how many clients we could serve with our current EFA Client Costs budget line item using our recommended increases in the EFA payment standards AND how much our current EFA Client Costs budget line item would need to be increased to meet current service demand.

- In HCS' current EFA Budget, we have \$1,465,000 budgeted in our Client Cost line item. If we were to utilize our recommended increases to the EFA payment standard. we estimate we would only be able to serve approximately 1,000 clients during this great year.
- Over the past 3 years HCS has experienced an approximate 28% increase in the number of unduplicated clients served through the EFA Program. With the continued demand for EFA Program services, we estimate that we will serve at approximately 1,700 unduplicated clients this grant year. If we were to use our recommended EFA Payment Standards we estimate that we would need to have a total of \$2,480,000 in our Client Cost line item to meet the service demand.

The current EFA payment standards and HCS recommendations are below:

<b>EFA Service Category</b>	<b>Current Payment Standard</b>	<b>Recommended Payment Standard</b>	<b>Comment</b>
Rental Assistance	Annual cap of 3 times HUD Fair Market Rent (FMR)	Annual cap of 4 times HUD FMR	Observing higher level of need especially for lower income households. Helps fill void of reduction in ERAP and loss of Stay DC Program

	Room rent FMR is \$800	Room rent FMR of \$1329	Average room rentals in the region exceed \$800/month. HUD established that FMR for single-room occupancy units are 0.75 times the zero efficiency FMR. For DC region this equates to \$1329
Utility	Annual cap of \$1,500	Annual cap of \$2000	Due to increased cost of utilities in the region
Telephone	Annual cap of \$300	Annual cap of \$400	Due to increase in service costs
Food	Individual: Cap of \$300 per application and \$900 per year.  Family: \$300 per applicant PLUS additional \$100 per dependent with maximum of 4 dependents – Cap of \$700 per application and \$2100 per year	Individual: Cap of \$400 per application and \$1200 per year.  Family: \$400 per applicant PLUS additional \$150 per dependent with maximum of 4 dependents – Cap of \$900 per application and \$2700 per year	Due to increase cost of food in the region
Medication	Annual cap of \$4000	Annual cap of \$4000	No Change
Moving	Annual cap of \$2000	Annual cap of \$2500	Due to increased cost of providing moving services. Supports the provision of service to larger households.