

## ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES EMERGENCY FINANCIAL ASSISTANCE

### **Purpose**

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

### **Definitions**

Emergency Financial Assistance provides limited one-time payment to assist a Person Living with HIV with an urgent need for essential items or services necessary to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance. Ryan White funds are used for Emergency Financial Assistance only as a last resort. Allowable uses of Emergency Financial Assistance are for utilities such as household utilities including gas, electricity, propane, water. Ryan White Funds may not be used to pay for any administrative costs outside of the utility payment. Emergency Financial Assistance funds can be used once per fiscal year up to \$375.00 for individuals qualifying for assistance through an MAI Emergency Financial Assistance-funded agency. Individuals receiving Emergency Financial Assistance must be referred to a financial counseling provider, such as “Clear Point” or “Operation Hope”.

### **Standards Development Process**

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, other EMAs, and meetings with the Ryan White HIV/AIDS Program (RWHAP) Part A recipient.

### **Application of Standards**

These standards apply to any agency receiving Part A funds to provide Emergency Financial Assistance Services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain in quarterly reports the steps it is taking to meet that standard.

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<b>I. Policies and Procedures</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Grievance procedure posted in visible location</li> </ul>
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Clients rights and responsibilities</li> <li>✓ Release of information/confidentiality</li> <li>✓ Eligibility for services</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> <li>• Current licensure on file from appropriate city/county/state/federal agency</li> </ul>
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Physical agency safety               <ul style="list-style-type: none"> <li>• Meets fire safety requirements</li> <li>• Complies with Americans with Disabilities Act (ADA)</li> <li>• Is clean, comfortable and free from hazards</li> <li>• Complies with Occupational Safety and Health Administration (OSHA) infection control practices</li> </ul> </li> <li>✓ Crisis management and psychiatric emergencies               <ul style="list-style-type: none"> <li>• How to assess emergent/urgent vs. routine need</li> <li>• Verbal intervention</li> <li>• Non-violent physical intervention</li> <li>• Emergency medical contact information</li> <li>• Incident reporting</li> <li>• Voluntary and involuntary inpatient admission</li> </ul> </li> <li>✓ Refusal and/or termination of services</li> <li>✓ Personnel               <ul style="list-style-type: none"> <li>• Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio</li> </ul> </li> <li>✓ Client/Parent/Guardian Rights and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Site Visit/Program Monitoring</li> </ul>
E. Agency has a formal relationship with a mental health/substance abuse professional for consultation as needed if a mental health/substance abuse professional is not on staff.	<ul style="list-style-type: none"> <li>• Written letter of agreement on file</li> </ul>

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F. Agency has private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).	<ul style="list-style-type: none"> <li>• Site Visit/Program Monitoring</li> </ul>
G. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.	<ul style="list-style-type: none"> <li>• Site Visit/Program Monitoring</li> </ul>
<p>H. Agency is contractually required to maintain documentation demonstrating the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> <li>✓ Documentation of written policies/procedures of Emergency Financial Assistance</li> <li>✓ Documentation of assistance provided, including: <ul style="list-style-type: none"> <li>○ Number of clients and amount expended for each type of Emergency Financial Assistance</li> <li>○ Summary of number of Emergency Financial Assistance services received by client</li> <li>○ Methods used to provide Emergency Financial Assistance (e.g., payments to agencies, vouchers)</li> </ul> </li> <li>✓ Provide assurance that all Emergency Financial Assistance: <ul style="list-style-type: none"> <li>○ Was for allowable types of assistance</li> <li>○ Was used only in cases where Ryan White was the payer of last resort</li> <li>○ Met grantee-specified limitations on amount and frequency of assistance to an individual client</li> <li>○ Was provided through allowable payment methods</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Site Visit/Program Monitoring</li> </ul>
I. Emergency Financial Assistance staff at an agency must complete training necessary and required to perform job duties.	<ul style="list-style-type: none"> <li>• Job description</li> <li>• Training records in personnel files</li> </ul>
<b>II. Program Staff</b>	
<b>Standard</b>	<b>Measure</b>
A. Staff is trained and knowledgeable about HIV/AIDS and available resources.	<ul style="list-style-type: none"> <li>• Personnel records</li> </ul>
B. Staff has appropriate skills, relevant experience, cultural and linguistic competency, knowledge about HIV/AIDS and available health and social service related resources.	<ul style="list-style-type: none"> <li>• Resumes in personnel records</li> <li>• Personnel and training records</li> <li>• Documentation in personnel record with staff signature stating they have read, understood and will abide by the code of ethics</li> </ul>
C. Staff have a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> <li>• Job description on file</li> <li>• Statement on file, signed by staff and supervisor</li> </ul>

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<b>III. Access to Services</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none"> <li>✓ Proximity to community impacted by HIV</li> <li>✓ Proximity to mass transit</li> <li>✓ Proximity to low-income individuals</li> <li>✓ Proximity to underinsured/uninsured individuals</li> </ul>	Site Visit/Program Monitoring
B. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g. sign language interpreter).	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency demonstrates the ability to provide culturally and linguistically appropriate services according to the Atlanta EMA standards for desired target population.	<ul style="list-style-type: none"> <li>• Personnel and training records</li> <li>• Site Visit/Program Monitoring</li> <li>• Client satisfaction survey</li> </ul>
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> <li>• Client satisfaction survey</li> <li>• Existence of Consumer Advisory Board</li> </ul>
<b>IV. Eligibility Determination/Screening</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care. For those clients not in outpatient ambulatory health services, agency staff must note progress towards linking the client into outpatient ambulatory health services.	<ul style="list-style-type: none"> <li>• Client record – documentation of with whom staff are communicating and progress to linking client to primary care if appropriate</li> <li>• Agency client data report consistent with funding requirements</li> <li>• Policy on file</li> </ul>
B. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must include at a minimum: <ul style="list-style-type: none"> <li>✓ Proof of HIV status</li> <li>✓ Proof of income not greater than 400% of the Federal Poverty Level</li> <li>✓ Proof of residency</li> <li>✓ Proof of payor of last resort</li> <li>✓ Proof of active participation in primary care or documentation of the client’s plan to access primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Policy on file</li> <li>• Agency client data report consistent with funding requirements</li> </ul>

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<ul style="list-style-type: none"> <li>• At least 1 visit with a primary care provider every 6 months</li> <li>• For affected children &lt; 4, at least 1 primary care visit within 12 months.</li> </ul>	
<p>C. Client is informed of the client confidentiality policy and grievance policy at first face-to-face contact.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
<p>B. Client is informed of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for services.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
<p>C. Staff will provide client with referral information to other services, as appropriate.</p>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
<b>V. Assessment</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Agency staff will determine if client meets criteria for emergency needs, by certifying and assessing if client is experiencing a hardship for at least one of the following reasons:</p> <ul style="list-style-type: none"> <li>• A significant increase in bills</li> <li>• A recent decrease in income</li> <li>• High unexpected expenses on essential items</li> <li>• Unable to provide for basic needs and shelter</li> <li>• Failure to provide Emergency Financial Assistance will result in danger to the overall health of client or dependent children</li> <li>• Other emergency needs as deemed appropriate by the agency</li> </ul>	<ul style="list-style-type: none"> <li>• Client Record</li> </ul>
<p>B. Agency collects documentation including proof of past due bill, inability to pay bill, proof that client accessed other sources funding. Agency must collect documentation about any allowable, extenuating circumstances.</p>	<ul style="list-style-type: none"> <li>• Client Record</li> <li>• Site Visit/Program Monitoring</li> </ul>
<b>VI. Service Coordination</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Agency staff must have documentation that assistance was provided and that no funds were provided directly to the client.</p>	<ul style="list-style-type: none"> <li>• Client Record</li> </ul>
<p>B. Agency staff will maintain documentation of service coordination in client's record to include:</p> <ul style="list-style-type: none"> <li>✓ Client eligibility</li> <li>✓ Types of Emergency Financial Assistance provided</li> </ul>	<ul style="list-style-type: none"> <li>• Client Record</li> </ul>

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✓ Date(s) Emergency Financial Assistance was provided ✓ Method of providing Emergency Financial Assistance	
C. Clients must to a free financial counseling session (e.g. Operation Hope or Clearpoint).	• Client record
D. Agency staff will document the status and resolution of the emergency financial assistance.	• Client record
<b>VI. Clients' Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
A. Client confidentiality policy exists for all service settings.	• Policy on file
B. Grievance policy exists.	• Policy on file
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	• Client record
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	• Policy on file • Legal/medical consultation policy
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services.	• Client record initialed by client