

# Ryan White Part A: Housing Program Manual

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*Manual developed by:*



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COLUMBUS  
PUBLIC HEALTH

## Purpose

The purpose of the Ryan White Part A: Housing Program Manual (Manual) is to provide information and documentation protocols for Ryan White Part A housing case managers. It is intended to serve as a resource and to assist programs/staff with meeting grant compliance requirements, along with providing client-centered support and service. The Manual is a “living” document; as updates are made to forms and/or procedures, the Manual will be updated accordingly.

The Ryan White Part A housing forms were developed with input from representatives from the following agencies: Columbus Public Health, Equitas Health, Nationwide Children’s Hospital – FACES, and Southeast, Inc. Special thanks is given to those who served in the Housing Work Group and provided valuable input regarding the housing forms and processes. Special appreciation is extended to Katie Kerr, Epidemiologist, Columbus Public Health for lending time, talent, and edits to the Manual and forms.

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**The following resources were used in the development of this manual:**

1. Center for Financial Social Work. *Empower Your Clients to Achieve Financial Success with S.M.A.R.T. Goals*. Accessed from: <https://www.financialsocialwork.com/blog/empower-clients-achieve-financial-success-s-m-r-t-goals>.
2. Health Resources & Services Administration. *Ryan White Program Legislation*. Accessed from: <http://hab.hrsa.gov/about/hab/legislation.html>.
3. Ohio Department of Health. *Drafted Standards of Care*.
4. Project Smart. *Stepping Up Smart Goals*. Accessed from: <https://www.projectsmart.co.uk/stepping-up-smart-goals.php>.

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Central Ohio HIV Case Management Network Release

Central Ohio HIV Housing Network Release Form

Ryan White Part A Housing Intake Form

Ryan White Part A Housing Plan

Ryan White Part A/HOPWA-STRMU Housing Service Limit Exception Form

Ryan White Part A Bus Pass/Gas Card Request Form

Ryan White Part A Transportation Assistance Form

# **Section I:**

## **Ryan White Program**

## Background

The Ryan White HIV/AIDS Program is the largest federal program focused exclusively on providing HIV care and treatment services to people living with HIV. The program provides a comprehensive system of care for people living with HIV who are uninsured or underinsured.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first authorized by the United States Congress in 1990 and then re-authorized in 1996, 2000, 2006 and 2009. The legislation provides federal funds for the treatment of HIV/AIDS in the medically uninsured or underinsured population. The legislation consists of five parts that serve different populations and regions based on HIV incidence rates.

## Overview of Program Parts

Ryan White HIV/AIDS Program legislation is divided into five parts: A, B, C, D, and F. Dividing the legislation into parts provides a flexible structure to address HIV care needs on the basis of:

- different geographic areas;
- varying populations hardest hit by the HIV epidemic;
- types of HIV-related services; and
- service system needs.

### Ryan White Part A

Ryan White Part A provides funding to locations that are most severely affected by the HIV/AIDS epidemic. These locations are called Eligible Metropolitan areas (EMAs) and Transitional Grant Areas (TGAs). Grants are awarded to the CEO of the city or county that provides health care services to the greatest number of people living with HIV/AIDS in the EMA or TGA.

Due to rising numbers of new infections, Columbus was identified in 2013 as an eligible recipient for Part A of the Ryan White Treatment Extension Act of 2009. Columbus Public Health is the recipient of Part A funding for the Columbus TGA, which includes Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties.

### Ryan White Part B

Ryan White Part B provides funding to States and Territories to improve the quality, availability, and organization of HIV healthcare and support services. All 50 states, the District of Columbia, Puerto Rico, Guam, the US Virgin Islands, and the six US Pacific Territories/Associated Jurisdictions are eligible for Part B funding. In Ohio, the Ohio Department of Health is the recipient of Part B funding.

### Ryan White Part C

Ryan White Part C provides funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. In Central Ohio, for FY2017, Equitas Health and the Nationwide Children's Hospital FACES Program are the recipients of Part C funding.

### Ryan White Part D

Ryan White Part D provides funding to local community-based organizations to support outpatient ambulatory and family-centered primary medical care for women, infants, children, and youth living with HIV. Part D funds both family-centered primary and specialty medical care and support services. In Central Ohio, there are currently no agencies funded under Part D.

### Ryan White Part F

Ryan White Part F (Special Projects of National Significance Program) provides funding to public and private non-profit organizations that serve people living with HIV for the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by Ryan White HIV/AIDS Programs. In Central Ohio, the Midwestern Aids Education and Training Center (AETC), located at The Ohio State University Wexner Medical Center, Division of Infectious Diseases, utilizes Part F funding to deliver clinical education to providers and direct service professionals who serve individuals living with HIV/AIDS.

## **Payer of Last Resort**

The Ryan White HIV/AIDS Program is the “payer of last resort”. This means all funded service providers, regardless of which Part they are funded under, must make reasonable efforts to identify and secure other funding sources outside of Ryan White legislation funds, whenever possible. Funded service providers are responsible for verifying an individual's eligibility by investigating and eliminating other potential billing sources for each service, including public or private insurance programs.

# **Section II:**

## **Ryan White Part A**

## Ryan White Part A

Ryan White Part A provides funding to locations (Eligible Metropolitan areas {EMAs} and Transitional Grant Areas {TGAs}) most severely affected by the HIV/AIDS epidemic. Grants are awarded to the Chief Executive Officer (CEO) of the city/county that provides health care services to the greatest number of people living with HIV/AIDS in the EMA or TGA. Funding for the Columbus TGA is awarded to the Mayor of Columbus, as the CEO of the city, who then directs Columbus Public Health to administer the grant.

### Part A Eligibility Requirements

Ryan White Part A funded services are available to any individual who meets the following guidelines:

- diagnosis of HIV/AIDS;
- resides within the Columbus TGA (Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway or Union county); and
- low-income as defined as less than 300% of federal poverty level (FPL), (or with Columbus Public Health exception, less than 500% of FPL).

Eligible clients may have health insurance through public and private sources. Ryan White services are available to meet unmet medical and support service needs, as payer of last resort.

### Part A Services

Part A services must be used to provide medical and support services to people living with HIV. Columbus Public Health funds the following Ryan White service categories:

- Core Medical Services:
  - *Outpatient/Ambulatory Medical Care*: provision of professional diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.
  - *Early Intervention Services*: provision of a combination of service categories including:
    - ❖ referral services to improve HIV care and treatment services at key points of entry;
    - ❖ access and linkage to HIV care and treatment services such as HIV outpatient ambulatory health services, medical case management, and other support services;
  - *Mental Health Services*: provision of outpatient psychological and psychiatric treatment and counseling services offered to clients with a diagnosed mental illness (conducted in a group or individual setting) and provided by a mental health professional licensed or authorized within the State of Ohio to render such services.

- *Medical Case Management, including treatment-adherence services*: provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.
- **Support Services:**
  - *Case Management (Non-Medical - Housing)*: provision of guidance and assistance to clients with securing and maintaining safe and appropriate housing with the ultimate goal of ensuring HIV infected persons are able to maintain stable housing arrangements and remain within the care system.
  - *Non-Medical Case Management–Support Services*: provision of guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.
  - *Emergency Financial Assistance*: provision of limited one-time or short-term payments to assist clients with an emergent need for paying for essential utilities and housing.
  - *Housing Services*: provision of limited, short-term housing assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services.
  - *Medical Transportation Services*: provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.
  - *Food Bank/Home-Delivered Meals*: provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

## Grievance Procedures

### Part A:

All Ryan White Part A service providers must adhere to their established system for grievances about the operation of the service program. Complaints and grievances against the service provider related to Ryan White Part A grant supported services should be properly recorded and communicated to Columbus Public Health upon request. Additionally, case management service providers are required to inform clients that unresolved grievances related to Ryan White Part A grant-supported services can be directed to 614.645.2273 (CARE) for further instructions.

Part A Providers

<b>Outpatient Ambulatory</b>		
Provider Name	Address	Phone/Fax
AHF	815 West Broad Street; Columbus, OH 43222	614.223.1532 Fax: 614.223.1732
Equitas Health	4400 North High Street; Columbus, OH 43214	614.299.2437 Fax: 614.572.0859
Nationwide Children’s Hospital	700 Children’s Drive, Rm H138; Columbus, OH 43205	614.722.6061 Fax: 614.722.6770
OSU Infectious Disease	410 West 10 <sup>th</sup> Avenue; Columbus, OH 43210	614.293.3004 Fax: 614.293.8102
Fairfield Healthcare Professionals	1253 East Main Street; Columbus, OH 43130	740.687.8854 Fax: 740.687.8803
<b>Laboratories</b>		
Fairfield Medical Center	401 North Ewing Street; Columbus, OH 43130	740.687.8235
James Cancer Hospital	300 West 10 <sup>th</sup> Avenue; Columbus, OH 43210	614.293.2201
Laboratory Corporation of America	6370 Wilcox Road; Columbus, OH 43210	614.210.2862
OSU Hospital	410 West 10 <sup>th</sup> Avenue; Columbus, OH 43210	614.293.2201
OSU Reference Lab	680 Ackerman Road, Bldg. 4, RM D405; Columbus, OH 43202	614.293.2201
<b>Early Intervention Services (Linkage to Care)</b>		
Columbus Public Health	240 Parsons Avenue; Columbus, OH 43215	614.645.2273
<b>Mental Health</b>		
AHF*		
Equitas Health	4400 North High Street; Columbus, OH 43214	614.299.2437
Nationwide Children’s Hospital	700 Children’s Drive, Rm H138; Columbus, OH 43205	614.722.6061
<b>Medical Case Management/Non-Medical Case Management-Support</b>		
AHF	815 West Broad Street; Columbus, OH 43222	614.223.1532
Columbus Public Health	240 Parsons Avenue; Columbus, OH 43215	614.724.2030
Equitas Health	4400 North High Street; Columbus, OH 43214	614.299.2437
Nationwide Children’s Hospital	700 Children’s Drive, Rm H138; Columbus, OH 43205	614.722.6061
<b>Housing Services/Emergency Financial Assistance/Case Management (Non-Medical – Housing)</b>		
Equitas Health	4400 North High Street; Columbus, OH 43214	614.299.2437

\* Address and phone number will be updated once the position is filled.

# **Section III:**

## **Housing Opportunities for Persons with AIDS (HOPWA)**

Columbus Public Health distributes federal funding for housing services, emergency financial assistance, and housing case management through two different funding streams: Ryan White Part A and Housing Opportunities for Persons with AIDS (HOPWA). Funded service providers from both Ryan White Part A Housing and HOPWA work together to assure clients are served by the program that is best suited to meet their needs.

## HOPWA Program Overview

The Housing Opportunities for Persons with AIDS (HOPWA) Program was established by the U.S. Department of Housing and Urban Development (HUD) to fund services that specifically benefit low-income persons medically diagnosed with HIV/AIDS and their families. Columbus Public Health receives HOPWA funding from HUD and currently distributes it to two organizations: Equitas Health and Lancaster-Fairfield Community Action Agency. The focus on providing housing assistance and related support services for HOPWA-eligible clients serves to reduce the risks of homelessness for this population and increase access to appropriate healthcare and support.

Many people living with HIV/AIDS face multiple life challenges that present unique barriers towards accessing housing, medical care, and other services. By providing assistance with housing and related services, the HOPWA program helps people living with HIV/AIDS enter into housing, access and remain in care, and adhere to complex treatment regimens, which reduces the use of emergency care and hospital services. Additionally, individuals receiving services through the HOPWA program will demonstrate viral loads, resulting in a significant reduction in HIV transmission and improved health outcomes.

## Eligibility Requirements

- Diagnosis of HIV/AIDS;
- Low-income as defined as household income at or below 80% of the Area Median Income (AMI); and
- Living in the Columbus Metropolitan Statistical Area (MSA): Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, or Union county.

Additionally, eligible STRMU clients must be residing in housing where they are either a tenant or mortgager, and should be able to maintain payments independently after the STRMU period ends.

## Short-Term Rent, Mortgage, and Utility Assistance (STRMU)

STRMU provides short-term stabilizing interventions to eligible households experiencing a financial crisis as a result of their HIV/AIDS health condition or a change in their economic circumstances. Financial assistance for rent, mortgage, and/or utilities can be provided for up to 21 weeks per twelve month period. Maximum assistance available is \$1,500 per client per twelve month period. Eligible clients must be residing in housing where they are either a tenant or mortgager, and should be able to maintain payments independently after the STRMU period ends.

## **Tenant-Based Rental Assistance (TBRA)**

TBRA provides a non-development approach to creating affordable housing for individuals with an HIV/AIDS diagnosis who are low-income and reside within the service area. The program provides a monthly rental subsidy that stays with the client in housing of their choice within the service area. The subsidy covers the difference between the Fair Market Rent and the client's contribution.

## **Supportive Services**

Supportive services provide housing assistance to clients and helps promote housing stability, reduce the risk of homelessness, and improve access to healthcare. Supportive services are provided by housing case managers to all clients receiving TBRA or STRMU. TBRA clients work with their housing case manager to develop and implement a housing plan and meet with their housing case manager on a regular basis. STRMU clients also work with their housing case manager to develop and implement a housing plan, but check in with their housing case manager as needed until their case is closed.

# **Section IV:**

## **Ryan White Part A-Funded Housing Service Categories**

## **Housing Need**

Housing is healthcare. Affordable and safe housing offers the best opportunity for persons living with HIV/AIDS to access drug therapies and treatments and supportive services that will improve their quality of life. When people are housed, they can access and adhere to drug treatments and therapies and require fewer hospitalizations and less emergency room care. It has been estimated that as many as half of all people living with HIV/AIDS will need housing assistance at some point in their illness.

## **Housing Services Definition**

Housing Services is the provision of transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Short-term or emergency housing provides temporary assistance to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan to guide the client's linkage to permanent housing. Housing services may include rental assistance, hotel assistance, or shelter assistance along with referral services, assessment, search, placement, and advocacy services.

## **Non-Medical Case Management – Housing Definition**

Non-medical case management – housing (housing case management) is the provision of guidance and assistance to clients with securing and maintaining safe and appropriate housing with the ultimate goal of ensuring HIV infected persons are able to maintain stable housing arrangements and remain within the system of care.

## **Emergency Financial Assistance Definition**

Emergency Financial Assistance is the provision of limited one-time or short-term payments to assist eligible clients with an emergent need for paying for essential utilities, moving expenses, and/or application fees. Any household receiving emergency financial assistance shall have a specific need documented by a medical case manager, non-medical case manager-support, or Linkage to Care coordinator.

## **Non-Medical Case Management – Housing Service Unit**

One unit of service is defined as fifteen (15) minutes, e.g. one hour of service equals four units. A service unit includes direct client or client-specific advocacy service either face-to-face or non-face-to-face.

## Cultural Competency

Housing case managers should be aware of and responsive to cultural and demographic diversity of the population and specific client profiles. It is the goal of the Ryan White Part A housing program to provide culturally competent care, including interpretation services, with a corresponding policy and procedures.

## Privacy and Confidentiality

Client confidentiality refers to the responsibility of housing case managers to protect information for and/or about their clients. Maintaining client confidentiality helps build trust between the client and professional.

Housing case management service providers must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations. Additionally, all federal and state laws concerning confidentiality of consumers' Personal Health Information (PHI) must also be adhered to when collecting client information.

Housing case management service providers are required to have a client release of information policy in place. Housing case managers must review the limitations of the release of information prior to service delivery and have it completed and signed by the client or an authorized representative before information can be released/exchanged. Housing case managers are responsible for following their agency's protocol on confidentiality and working with clients to complete any agency associated paperwork.

## Central Ohio HIV Case Management Network Release

A standardized Central Ohio HIV Case Management Network Release Form has been developed for the Central Ohio HIV Network, which includes the following organizations: AIDS Healthcare Foundation, Columbus Public Health, Equitas Health, Nationwide Children's Hospital, Ohio Department of Health, Ohio State University Wexner Medical Center, and Southeast, Inc.

It is the responsibility of Linkage to Care coordinators, medical case managers, and/or non-medical case manager-supports<sup>1</sup> to complete this form with clients. Completed/signed forms allow for client information to be maintained in electronic data systems, e.g. CAREWare, that are accessed by all agencies within the Central Ohio HIV Network, as well as enable the agencies in this network to release and/or exchange information related to the client's HIV status, physical, financial, chemical dependency, and/or mental health condition for the purpose of assisting the client to receive/gain access to services related to their needs.

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<sup>1</sup> In this section, when referring to all three professional positions - Linkage to Care coordinators, medical case managers, and non-medical case manager-supports, the term "referral source or referral sources" will be used.

The Central Ohio HIV Case Management Network Release Form is valid for one year from the date the form is signed, unless an earlier date is requested by the client and documented on the form.

Referral sources will retain the original, completed Central Ohio HIV Case Management Network Release Form in the client's file. The Ryan White Part A housing provider (Equitas Health) may request a copy of the referred client's completed Central Ohio HIV Case Management Network Release Form as needed.

Referral sources will complete and submit to Equitas Health an agency release of information form, along with the Ryan White Part A Housing Referral Form, for clients who do not sign the Central Ohio HIV Case Management Network Release Form.

## **Best Practices for Maintaining Privacy and Confidentiality**

The following are best practices for maintaining privacy and confidentiality:

### Clinical Records:

- ✓ Records must be kept in a locked, secure location.
- ✓ Records must be stored and accessible for seven years after closing the case; after which, records can be destroyed in a way that will maintain confidentiality.
- ✓ All case management service provider employees and volunteers with access to client records are encouraged to sign a statement adhering to the practice of confidentiality set forth by the agency.

### Electronic Records:

- ✓ Do not share your password with anyone.
- ✓ Exit or lock the computer system when you leave your workstation.

### Telephone:

- ✓ Leave a voicemail greeting that does not identify you as an HIV housing case manager to help prevent others from obtaining knowledge of a client's status.
- ✓ When a message is left for a client (if the client permits you to do so), leave only the information the client permitted as indicated on their intake form.

### Fax:

- ✓ If possible, the fax machine should be located in a locked, secure location, away from unauthorized personnel.
- ✓ Released confidential information should not be left unattended.

## Orientation, Training, and Networking Opportunities

Each housing case management agency shall follow its own protocol for hiring and orienting new housing case managers to their organization and new position. In addition to the individual agency on-boarding process/training, it is recommended that new housing case managers do the following:

- Read and utilize the Ryan White Part A: Housing Program Manual to understand the Ryan White Program and the responsibilities of a housing case manager.
- Observe a housing case manager working with a client(s).

Knowing how and where to seek guidance, assistance, and support is critical to a housing case manager's ability to provide the best care possible to clients. Each housing case manager is assigned to a supervisor. The supervisor is a valuable resource with expertise in housing and case management, along with knowledge of the organization. When in doubt, housing case managers are always encouraged to seek guidance and direction from their supervisor.

The Ryan White Part A network includes a diverse group of medical case managers, non-medical case manager-supports, non-medical case manager-housing, outpatient/ambulatory, mental health, and Linkage to Care professionals. Professionals within the network bring knowledge, skill, and experience. Housing case managers are encouraged to share with each other community resources, strategies for engaging clients, and knowledge of how to complete tasks associated with the position.

Columbus Public Health established the Housing Network Quarterly Meetings, which brings together Ryan White Part A housing providers, HOPWA providers, and Columbus Public Health. The purpose of the meetings is to bring housing providers together for ongoing training, information exchange, networking, and support. Meetings are organized by Columbus Public Health with agenda items selected by housing case managers. Housing case managers are informed of upcoming Housing Network meetings through an email invitation.

# **Section V: Referral and Client Case Assignment**

The purpose of the housing referral process is to link clients in need of financial assistance (with rent, utility, application fee, and/or moving expense) and/or housing case management with the Ryan White Part A Housing program (Equitas Health) and/or financial assistance (with rent, mortgage, or utility expenses) with the Housing Opportunities for Persons with AIDS (HOPWA) program (Equitas Health and Lancaster-Fairfield Community Action Agency).

# RYAN WHITE PART A/HOPWA-STRMU HOUSING REFERRAL

## Universal Forms and Referral Process

Due to the similarities between Ryan White Part A housing and emergency financial assistance and HOPWA-STRMU, a universal referral form and process has been developed.

## Client Engagement

Clients access Ryan White Part A housing services, emergency financial assistance, and/or non-medical case management—housing and HOPWA-STRMU through a referral process. Linkage to Care coordinators, medical case managers, or non-medical case manager-supports<sup>2</sup> are responsible for referring clients who they have determined are in need of assistance from Ryan White Part A Housing (Equitas Health) and/or HOPWA-STRMU (Equitas Health and Lancaster-Fairfield Community Action Agency).

Referral sources are employed by the following organizations:

- AIDS Healthcare Foundation
- Columbus Public Health
- Equitas Health
- Lancaster-Fairfield Community Action Agency
- Nationwide Children’s Hospital, FACES Clinic
- Southeast, Inc.

## Form

A standardized Ryan White Part A/HOPWA-STRMU Housing Referral Form has been developed for the Ryan White Part A and HOPWA-STRMU programs. It is the responsibility of referral sources to complete all sections of the Housing Referral Form and submit it, along with a copy of the most current Ryan White Part A Eligibility Form and Central Ohio HIV Housing Network Release Form or agency release of information form, to Equitas Health (the Ryan White Part A housing service provider<sup>3</sup>).

Each section of the form provides valuable information about the client and request for service, and will be used to help determine the housing program—Ryan White Part A or HOPWA-STRMU—best suited to assist the client. Based upon the availability of

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<sup>2</sup> In this section, when referring to all three professional positions - Linkage to Care coordinators, medical case managers, and non-medical case manager-supports, the term “referral source or referral sources” will be used.

<sup>3</sup> In this section, when referring to the Ryan White Part A Housing provider, Equitas Health, the term “Ryan White Part A Housing provider” will be used.

funding, the majority of clients will be served by the Ryan White Part A Housing program.

Communication between housing case managers (Ryan White Part A Housing program and HOPWA-STRMU program) and referral sources is vital to meeting the needs of clients. The Housing Referral Form is the first step in the communication process. A timeline and flow for communication has been developed to reduce misunderstanding and better assure client needs are met (see page 22 for more information).

Date:

This section contains the date the Housing Referral Form was completed.

Referral Source Information:

This section provides contact information for the referral source, including the name of the referring professional, agency name, phone number and email address.

Additionally, this section provides information on the referrals sources interest in attending the intake meeting and any concerns about the housing case manager meeting independently with the client. This section also serves as verification of client eligibility for Ryan White Part A services and requires a handwritten signature of the referring professional, along with the client's Ryan White Part A eligibility expiration date.

Client Contact Information:

This section provides contact information for the client, including preferred method of contact and determination if a confidential message may be left on voicemail.

Client Housing Information:

This section provides important information about the client's housing situation, including income, size of the household, active subsidies, and risk factors including eviction and/or utility disconnection.

Request Information:

This section provides information regarding the request for assistance, including (1) the type of request: housing case management (including services requested, e.g. budgeting, obtaining housing, etc.) and/or financial assistance (including the type, e.g. rent and/or utility, etc., the amount of financial assistance requested, and the number of months assistance is needed), (2) detailed description of the client's unexpected hardship experiences arising from the client's HIV health condition or change in economic circumstances, and (3) an explanation of how the client will maintain their housing following receiving financial assistance, if approved.

Additionally, this section provides indication if the client attempted to access assistance from the community to address the need, the name(s) of the agency(ies) contacted and indication if the client made the contact independently and/or with the assistance of a professional (referral source), if applicable, and a description of the outcome of the effort, if applicable.

### Additional Information:

This section provides information about the client, including primary language spoken, need for an interpreter and/or transportation, and mental health and/or substance use, concerns. This section also provides any additional information that would be helpful to providing housing assistance.

### Office Use Only:

This section is to be completed initially by the Ryan White Part A Housing provider and provides information on the referral received, missing information, confirmation of receipt of referral to referral source, determination of the housing service provider, Ryan White Part A Housing or HOPWA-STRMU, and information on the assigned housing case manager.

This section also includes information on the referral being forwarded and received by HOPWA-STRMU, if applicable, along with information on the client's primary health care provider and medical insurance, for clients to be served by HOPWA-STRMU.

## **Form Validity**

The Ryan White Part A/HOPWA-STRMU Housing Referral Form is valid from the date the form is completed until the Ryan White Part A Housing provider or HOPWA-STRMU provider closes the client's case. Typically, cases are closed within six months.

- If the client has additional housing needs while their case is open with Ryan White Part A Housing or HOPWA-STRMU, it will not be necessary for a new Housing Referral Form to be completed (referral sources may send an email request to the assigned housing case manager).
- If the client has additional housing needs and the case has been closed by Ryan White Part A Housing or HOPWA-STRMU, a new Housing Referral Form should be completed.

## **Accessing the Ryan White Part A/HOPWA-STRMU Housing Referral Form**

The Ryan White Part A/HOPWA-STRMU Housing Referral Form is a fillable Microsoft Word document that may be accessed through this link:

<https://sites.google.com/site/ryanwhitepartacolumbustga/>. Referral sources are responsible for completing this form with typed responses.

### **Referral Sources:**

#### **Housing Referral Form Documentation and Submission Procedures**

- Referral sources are responsible for responding to all questions/sections on the Housing Referral Form with typed responses.

- Referral Source Information:
  - Consider if the client would benefit from having the referring professional participate in the intake meeting (for support, assistance with responding to the questions during the intake meeting, etc.).
  - Document any concerns about the housing case manager meeting one-on-one with the client so that Ryan White Part A Housing or HOPWA-STRMU can arrange in advance for multiple professionals to be present, if necessary.
  
- Client Housing Information:
  - If the client does not have any income and a plan to gain income is not identified, it is likely that Ryan White Part A Housing and HOPWA-STRMU will not be able to provide financial assistance. In this instance, the Ryan White Part A Housing provider would offer housing case management, which may include budgeting, benefits assistance, linkage to employment services, referral to the shelter system, etc.
  - Clients who receive certain housing subsidies, e.g. HOPWA-TBRA, may not be eligible for rent or utility assistance through Ryan White Part A Housing or HOPWA-STRMU.
  - Both Ryan White Part A Housing and HOPWA-STRMU programs strive to provide the requested assistance in a timely manner. Sometimes, the short-term solution to the client's situation is entering the shelter system. This could be due to the client's need to secure housing in a shorter timeframe than can reasonably be met, the client's housing history, etc.
  
- Request Information:
  - If financial assistance is needed, be sure to document the type AND amount of assistance requested. In the event that the financial request is greater than the client's income, it is likely the financial assistance requested will not be provided. In this instance, housing case management would be offered, which may include a referral to mediation services to end the lease early.
  - Be sure to describe the unexpected hardship experiences arising from the client's HIV health condition or change in economic circumstances that led to the need for assistance. If rent, utility, or mortgage assistance is requested, be sure to also describe how the client will maintain their housing after receiving financial assistance. These details will assist in determining which program is best suited to meet the client's need.
  - It is not required that the client seek, and/or the referral source assist the client with seeking, community resources prior to being referred for housing or emergency financial assistance. However, as a payer of last resort, the Ryan White Part A Housing provider is responsible for determining if community resources have been exhausted prior to providing financial assistance to the client.
    - ❖ If it is indicated that the referral source assisted the client with seeking community resources related to a financial request, the

Ryan White Part A Housing provider will use this documentation as payer of last resort. Assistance from the referral source is defined as the referral source leading/participating in a phone call and/or meeting with a community resource to address the financial request. If the referral source strictly provided the client contact information for a community resource, this would not be considered assisting the client with seeking community resources.

- ❖ If it is indicated that the client independently attempted to access community resources related to a financial request, the Ryan White Part A Housing provider will explore with the client what this entailed to determine if a referral and/or assistance with seeking community resources is necessary to comply with payer of last resort requirements.
- In order to provide financial assistance for rent, utilities, or mortgage, Ryan White Part A Housing and/or HOPWA-STRMU must verify the client resides in the unit. Clients are required to provide a copy of the lease, utility bill, and/or mortgage statement featuring their name.
- For clients who are approved to receive financial assistance for rent or mortgage, the client's portion will be paid. For example, if the client resides with one other person, the Ryan White Part A Housing provider will pay the client's portion of up to 50% of the total rent.
- Additional Information:
  - Be sure to indicate if an interpreter is needed. If indicated, the Ryan White Part A Housing provider or HOPWA-STRMU will arrange for translation services for housing services.
  - If it is indicated that the client needs transportation for housing services:
    - ❖ The Ryan White Part A Housing provider is responsible for either providing the client with bus passes/gas cards and/or arranging to meet the client at an agreed upon location convenient for the client, e.g. the client's home, library, etc.
    - ❖ HOPWA-STRMU is responsible for meeting the client at an agreed upon location convenient for the client.
  - Be sure to document any additional information relevant to working with and reaching the client and/or the situation, along with the best method and time to reach the referring professional.
- Prior to submitting the form to the Ryan White Part A Housing provider (Equitas Health), referral sources must document an original signature on the form.
- Housing Referral Forms, along with a copy of the Ryan White Part A Eligibility Form and Central Ohio HIV Housing Network Release Form or agency release of information form, should be sent via secure email to the Ryan White Part A Housing provider, Equitas Health, at [columbushousing@equitashealth.com](mailto:columbushousing@equitashealth.com).

- Incomplete Housing Referral Forms will be returned to the referral source. Missing Ryan White Part A Eligibility Forms and/or Central Ohio HIV Housing Network Release Forms (or agency release of information form) will delay the start of services.
- Communication: While communication should occur following the timeframe outlined in the table below, be aware that the timeframe is directly impacted by factors, including completeness of the Housing Referral Form, submission of a copy of the Ryan White Part A Eligibility Form and Central Ohio HIV Housing Network Release Form or agency release of information form, level of detail to determine the program best suited to meet the client’s need, Ryan White Part A Housing’s or HOPWA-STRMU’s ability to reach the client, the client’s availability to participate in an intake appointment and/or follow-up calls/meetings, etc.

In the event that timely communication is not provided, referral sources are responsible for contacting the assigned housing case manager to try to resolve the issue. If the issue is not resolved satisfactorily, consult a supervisor to determine if the concern should be escalated:

(1) to the Ryan White Part A Housing Program (Equitas Health):

- program supervisor at Equitas Health [courtneyelrod@equitashealth.com](mailto:courtneyelrod@equitashealth.com))

or

(2) to the HOPWA-STRMU Program:

- program supervisor at Equitas Health [courtneyelrod@equitashealth.com](mailto:courtneyelrod@equitashealth.com))
- program supervisor at Lancaster-Fairfield Community Action Agency ([LWilson@faircaa.org](mailto:LWilson@faircaa.org)).

The table below outlines the timeline and flow of required communication:

Professional Responsible for Initiating Communication	Individual Responsible for Receiving Communication	Purpose of Communication	Timeframe
Ryan White Part A (Equitas Health)	Referral Source	To request missing/additional information regarding the Housing Referral Form and/or to inform referral source the client is ineligible due to reaching the service unit limit for Ryan White Part A Housing.	Within two business of receiving the Housing Referral Form.
Most clients will be served by Ryan White Part A Housing through Equitas Health. Regardless of the housing service provider, Equitas Health will confirm receipt of the completed referral and accompanying forms within two business days. Clients who may be served by HOPWA-STRMU will receive an additional email from a HOPWA supervisor indicating conditional eligibility within four business days total from receipt of a complete housing referral and accompanying forms.			
Ryan White Part A Housing (Equitas Health) Program Coordinator/HOPWA-STRMU Supervisor	Housing Case Manager	To assign a case.	Upon final determination of the service provider.
Housing Case Manager	Referral Source	To provide name and contact information of the assigned housing case manager.	Within two business days of receiving a case assignment.

Professional Responsible for Initiating Communication	Individual Responsible for Receiving Communication	Purpose of Communication	Timeframe
Housing Case Manager	Client	To schedule and provide information about the intake appointment.	Within two business days of receiving case assignment.
Housing Case Manager	Referral Source	To inform referral source of any challenges with contacting the client to schedule an intake appointment, if applicable.	Following three attempts to reach the client using methods documented on the Housing Referral Form.
Housing Case Manager	Referral Source	To provide an overview of key information exchanged during the intake appointment and provide a copy of the housing plan.	Within two business days of documenting the housing plan.
Referral Source	Housing Case Manager	To ask questions/seek clarification on information exchanged during the intake appointment and/or the housing plan.	Within two business days of receiving the housing plan.
Housing Case Manager	Referral Source	To provide an update on progress towards meeting goals documented in the housing plan.	Every two weeks through case closure. If the client is served by HOPWA-STRMU, communication is much more limited and will instead send a minimum of two emails, including the housing plan and case closure.
Referral Source	Housing Case Manager	To inform housing case manager of any updates/changes to the client's situation, relevant to housing.	Within two business days of becoming aware of changes.
Referral Source	Housing Case Manager	To ask questions and/or seek clarification on progress towards meeting goals documented in the housing plan.	Within two business days of receiving an update from the housing case manager.

## Referral Sources: Best Practices

- ✓ Be sure to document an original signature on the Housing Referral Form before submitting it to the Ryan White Part A provider.
- ✓ Prior to submitting the Housing Referral Form, confirm accuracy of client contact information.
- ✓ It is recommended that the description for the client's circumstances and the reason for the request:
  - illustrates a demonstrated need for housing to gain or maintain access to HIV-related medical care, stay adherent to treatment regimes, prevent loss of housing, or alleviate homelessness; and
  - indicates the precipitating factors leading to the need for housing assistance.
- ✓ Be sure to indicate if the client independently, or with the aid of a referral source, attempted to access assistance to address their need. If it is indicated the referral source assisted the client with seeking community resources to assist with a financial request, the Ryan White Part A Housing provider will use this

documentation as payer of last resort. Assistance from the referral source is defined as the referral source leading/participating in a phone call and/or meeting with a community resource to address the financial request.

- If the client either did not attempt or independently attempted to access community resources, the Ryan White Part A Housing provider will explore with the client what this entailed to determine if a referral and/or assistance with seeking community resources is necessary to comply with payer of last resort requirements. If so determined, this could be the first goal on the housing plan before financial assistance will be provided.
- ✓ Referral sources are encouraged to provide to housing case managers any updates to the client's situation pertaining to housing.
  - ✓ In the event that timely communication is not provided by Ryan White Part A Housing or HOPWA-STRMU, referral sources should contact the assigned housing case manager as soon as possible to try to resolve the issue. If the issue is not resolved satisfactorily, consult a supervisor to determine if the concern should be escalated to the Ryan White Part A Housing supervisor or a HOPWA-STRMU supervisor.

## Determining the Housing Service Provider

The Ryan White Part A Housing program supervisor and HOPWA-STRMU supervisors are responsible for determining the program best suited to meet the client's need (documentation procedures are outlined in the sections that follow). Due to the uniqueness of each client request and the similarities between Ryan White Part A Housing and HOPWA-STRMU programs, communication between the supervisors is strongly encouraged. The following considerations are provided to assist with making a determination.

1. Does the client need financial assistance with application fees and/or moving expenses?
  - If YES: Client will likely be served by Ryan White Part A Housing (Equitas Health).
  - If NO: Go to question two (2).
2. Is the client currently housed?
  - If NO: Client will likely be served by Ryan White Part A Housing (Equitas Health).
  - If YES: Go to question three (3).
3. Does the client need financial assistance with a mortgage payment?
  - If YES: Client will likely be served by HOPWA-STRMU (Equitas Health or Lancaster-Fairfield Community Action Agency).
  - If NO: Go to question three (4).

4. Will the client be able to maintain payments independently after receiving financial assistance?  
If NO: Client will likely be served by Ryan White Part A Housing (Equitas Health).  
If YES: Go to question five (5).
5. Is the financial request greater than \$1,500?  
If YES: Client will likely be served by Ryan White Part A Housing (Equitas Health).  
If NO: Go to question six (6).
6. Is the financial request less than \$1,500 for rent, mortgage, and/or utilities, but for more than one month of assistance?  
If YES: Client will likely be served by HOPWA-STRMU (Equitas Health or Lancaster-Fairfield Community Action Agency).  
If NO: Go to question seven (7).
7. Does the client currently have a reduced rent, mortgage, or housing subsidy with a private landlord or other public entity such as Section 8/Public Housing Authority?  
If YES: Client will likely be served by Ryan White Part A Housing (Equitas Health).  
If NO: Go to question eight (8).
8. Did the client have an unexpected hardship?  
If YES: Client will likely be served by HOPWA-STRMU (Equitas Health or Lancaster-Fairfield Community Action Agency).  
If NO: Client will likely be served by Ryan White Part A Housing (Equitas Health).

### **Ryan White Part A Housing (Equitas Health): Housing Referral Receipt Procedures**

The Ryan White Part A Housing provider has a staff member who is responsible for receiving and reviewing completed Housing Referral Forms, determining preliminary eligibility for housing services, and assigning eligible clients to a housing case manager accordingly. Based upon the availability of funding, the majority of clients will be served by Ryan White Part A Housing.

- The Ryan White Part A Housing program (Equitas Health) supervisor is responsible for receiving the Housing Referral Forms, Ryan White Part A Eligibility Forms, and Central Ohio HIV Housing Network Release Forms (or agency release of information forms) by checking the [columbushousing@equitashealth.com](mailto:columbushousing@equitashealth.com) email daily.

- In the absence of the supervisor, the director of client services (Equitas Health) will be responsible for all supervisor functions.
- Upon receipt of the completed Housing Referral Form, the supervisor will review the document to ensure all sections/questions are complete and that a Ryan White Part A Eligibility Form, along with a Central Ohio HIV Housing Network Release Form or agency release of information form have been submitted (see page 32 for more information).
- Upon receipt of the Housing Referral Form, the Ryan White Part A Housing supervisor is responsible for documenting and doing the following:
  - date the referral is received and email the referral source to confirm receipt of referral.
  - indicate on the form if anything is missing, and contact the referral source to request missing information/forms within two business days of receiving the referral. Document the date of the email request for missing information, along with a description of the missing information/interaction with the referral source and the date the information was received.
- Review the Housing Referral Form to make a preliminary determination of the housing service provider, Ryan White Part A Housing or HOPWA-STRMU, best suited to meet the client's need (see page 24 for more information).
- Enter required information into CAREWare.

**Determination Ryan White Part A Housing (Equitas Health) will be the Housing Service Provider**

- If it is determined that Ryan White Part A Housing will be the housing provider, within two business days:
  - Identify if the referral is for a new or returning client.
    - ❖ Review case file of returning clients to determine if the client is eligible (has not received three units of service in the Ryan White grant year (March 1 – February 28) for requested assistance.
      - If the client is ineligible (due to receiving three units of service in the Ryan White grant year {March 1 – February 28}), contact the referral source and provide a service limit exception form.
  - Assign eligible clients to a housing case manager. Determine case assignment by utilizing the following criteria:
    - ❖ Housing case manager's current case load size.
    - ❖ Client need and expertise of the housing case manager.
  - Document the name of the assigned housing case manager and the date of email confirmation to the referral source.
  - Provide the completed Housing Referral Form, Ryan White Part A Eligibility Form, and Central Ohio HIV Housing Network Release Form or

agency release of information form to the assigned housing case manager within two business days of receiving the Housing Referral Form.

### **Determination HOPWA-STRMU will be the Housing Service Provider**

- If the determination of the housing service provider is HOPWA-STRMU, within two business days:
  - Determine if the HOPWA-STRMU provider will be Equitas Health or Lancaster-Fairfield Community Action Agency and document accordingly. Based upon the availability of funding, the majority of HOPWA-STRMU clients will be served by Equitas Health.
  - Send via secure email to Equitas Health ([courtneyelrod@equitashealth.com](mailto:courtneyelrod@equitashealth.com)) or Lancaster-Fairfield Community Action Agency ([lwilson@faircaa.org](mailto:lwilson@faircaa.org)) the completed Housing Referral Form, Ryan White Part A Eligibility Form, Central Ohio HIV Housing Network Release Form or agency release of information.
  - Document the date the forms were forwarded to HOPWA-STRMU.
  - Maintain the completed Housing Referral Form, Ryan White Part A Eligibility Form, Central Ohio HIV Housing Network Release Form or agency release form in the client's file.

### **Ryan White Part A Housing (Equitas Health): Best Practices**

- ✓ Review all sections of the completed Housing Referral Form to ensure completeness. If any information is missing and/or the Ryan White Part A Eligibility Form and/or the Central Ohio HIV Housing Network Release (or agency release of information form) is not provided, immediately reach out to the referral source and request missing information.
- ✓ Pay particular attention to the client's Ryan White Part A eligibility expiration date. If the client's eligibility has expired and/or is going to expire in the very near future, bring this to the attention of the referral source as soon as possible.
- ✓ Contact the referral source with any questions regarding the referral and request for assistance.
- ✓ Use the tools provided in the manual to assist with making a determination on the service provider best suited to meet the client's need (see page 24 for more information).
- ✓ Be sure to follow the required timeline for communication:
  - Within two days of receiving the Housing Referral Form, confirm with the referral source receipt of referral, review for completeness, and, if anything is missing, reach out to the referral source.
  - Within two business days of receiving complete forms, make a determination on the housing service provider.

- If the determination is for HOPWA-STRMU to be the service provider, secure email the completed Housing Referral Form, Ryan White Part A Eligibility Form, and the Central Ohio HIV Housing Network Release (or agency release of information form) to the HOPWA-STRMU provider within two business days of receiving the complete forms.
  - If Ryan White Part A Housing will be the provider, assign the case within two business days of receiving complete forms.
- ✓ Develop a tracking form to ensure equity in assigned caseloads for housing case managers. This may also be used as a quick reference tool.

### **HOPWA-STRMU: Housing Referral Receipt Procedures**

- Both Equitas Health and Lancaster-Fairfield Community Action Agency have a supervisor who is responsible for receiving and reviewing completed Ryan White Part A/HOPWA-STRMU Housing Referral Forms submitted by the Ryan White Part A Housing provider.
- Upon receipt of the completed, Housing Referral Form, Ryan White Part A Eligibility Form, and Central Ohio HIV Housing Network Release Form or agency release of information form, the HOPWA-STRMU supervisor will review the documents.
- HOPWA-STRMU is responsible for documenting the date the referral was received.
- Review the Housing Referral Form:
  - Identify if the referral is for a new or returning client.
    - ❖ Review case file of returning clients to determine if the client is eligible (has not received financial assistance through HOPWA-STRMU for 21 weeks during the 52-week period and/or received \$1,500 assistance through HOPWA-STRMU during this same time period).
      - If the client is ineligible (due to receiving the maximum amount of financial assistance in the year), contact the referral source and provide a service limit exception form.
  - Contact the client within two business days to complete an eligibility screening call to determine conditional acceptance or denial of HOPWA-STRMU assistance. At the end of the call, inform the client of eligibility status and next steps.
  - If the client is going to be served by HOPWA-STRMU, email the referral source following the eligibility screening call with the client to indicate conditional approval and explain the next steps in process, including

timeframe for determination and the possibility that the referral may ultimately be handled by the Ryan White Part A Housing provider.

### **Conditional Determination: HOPWA-STRMU will be the Housing Service Provider**

- If the conditional determination is for HOPWA-STRMU to be the housing service provider, within two business days:
  - Assign conditional eligible clients to a housing case manager. Determine case assignment by utilizing the following criteria:
    - ❖ Housing case manager's current case load size.
    - ❖ Client need and expertise of the housing case manager.
  - Document the date of email confirmations to the referral source.
  - Provide the completed Housing Referral Form, Ryan White Part A Eligibility Form, and Central Ohio HIV Housing Network Release Form or agency release of information form to the assigned housing case manager within two business days of receiving the Housing Referral Form.

### **HOPWA-STRMU: Best Practices**

- ✓ Review all sections of the completed Housing Referral Form and contact the referral source with any questions regarding the referral and request for assistance.
- ✓ Consider eligibility requirements, including the amount of the request, the unexpected financial hardship experience, and how the client will maintain their housing following receiving financial assistance.
- ✓ Use the tools provided in the manual to assist with making a preliminary determination on the service provider best suited to meet the client's need (see page 24 for more information).
- ✓ Be sure to follow the required timeline for communication:
  - Within two business days of receipt of the housing referral and accompanying paperwork:
    - Contact the client to complete a phone screen.
    - Contact referral sources to indicate conditional approval and explain the next steps in the process
- ✓ Develop a tracking form to ensure equity in assigned caseloads for housing case managers. This may also be used as a quick reference tool.

## Ryan White Part A Housing (Equitas Health) Case Managers: Case Assignment Receipt Procedures

- Review all information documented on the Housing Referral Form. Direct questions related to information contained on the form to the referral source.
- Upon receipt of case assignment, enter required information into CAREWare.
- Within two business days of case assignment, provide the referral source, via secure email, confirmation of case assignment, including the housing case manager's contact information.
- Document the date the email confirmation was sent to the referral source.
- Contact the client within two business days to schedule an intake appointment.
  - If the referral source indicated a desire to attend the intake appointment, be sure to schedule it on a date/time that works well for the housing case manager, referral source, and client.
  - If the referral source indicated that the housing case manager should not meet one-on-one with the client, be sure to arrange for a supervisor or another housing case manager to also attend the intake appointment.
  - If the referral source indicated an interpreter is needed, be sure to arrange for translation services for all communication with the client, including the scheduling of the intake appointment.
  - If the referral source indicated that transportation is needed for housing services, be prepared to meet the client at a location convenient for them and/or provide a bus pass/gas card in advance of the intake appointment.
  - In the event the housing case manager is unable to reach the client after a combination of three attempts using the client's preferred method of contact as indicated on the Housing Referral Form, an email update should be sent to the referral source and a case note detailing the efforts should be documented.
- Communication: Communication between the housing case manager and the referral source is vital to meeting the needs of clients. Housing case managers are responsible for following the communication timeframe outlined in the table on page 22. In the event the housing case manager experiences any difficulty reaching the referral source, consult a supervisor to determine if the referral source's supervisor should be contacted to try to resolve the issue.
- The Ryan White Part A/HOPWA-STRMU Housing Referral Form, copy of the client's Ryan White Part A Eligibility Form, and Central Ohio HIV Housing Network Release or agency release of information form should be maintained in the client's file.

## Ryan White Part A Housing (Equitas Health) Case Managers: Best Practices

- ✓ Become familiar with the information documented by the referral source on the Ryan White Part A/HOPWA-STRMU Housing Referral Form prior to meeting with the client.
  - Utilize the information on the Form as the starting point for communication, e.g. contact the referral source with questions, for clarification about any information contained on the form, and/or for guidance in preparing to work with the client.
- ✓ Provide open, clear communication to the client. Inform the client of the following:
  - role of the housing case manager,
  - length of time for the intake appointment, e.g. if the request is for financial assistance with rent or utilities, inform the client that they will need to provide a copy of their lease and/or most recent utility bill to confirm their name is present,
  - documentation to bring to the intake appointment, and
  - typical timeframe for financial assistance to be provided, if applicable.
- ✓ Communication: Follow the communication timeline outline in the table on page 22. Ryan White Part A Housing (Equitas Health)/housing case managers are responsible for initiating much of the communication and following the schedule provided will reduce misunderstanding and better assure client needs are met.
  - In the event that timely communication is not provided by the referral source, consult a supervisor to determine if the concern should be escalated to the referral source's supervisor.
- ✓ Be sure to contact the client using the client's preferred method(s), as documented on the Housing Referral Form. In the event the housing case manager is unable to reach the client after a combination of three attempts, an email update should be sent to the referral source and a case note detailing the efforts should be documented.
- ✓ Interpretation Services: If the referral source indicated that an interpreter is needed, be sure to arrange for this service to be present/available during all communication with the client.
- ✓ Transportation Services: If the referral source indicated transportation is needed for housing services, be prepared to meet the client at a location convenient for them and/or provide a bus pass/gas card in advance of the intake appointment.

# CENTRAL OHIO HIV HOUSING NETWORK RELEASE

## Form

A standardized Central Ohio HIV Housing Network Release Form has been developed for Ryan White Part A. It is the responsibility of Linkage to Care coordinators, medical case managers, and/or non-medical case manager–supports<sup>4</sup> to explain to clients all information contained on this form. Completed/signed forms allow for client information to be maintained in electronic data systems, e.g. CAREWare, that are accessed by all agencies within the Central Ohio HIV network, as well as enabling the agencies in this network to release and/or share information related to the client’s HIV status, financial situation, and housing status for the purpose of determining eligibility for Ryan White Part A and/or HOPWA-STRMU housing services related to their needs.

### Authorization of Appropriate Staff:

This section provides the client’s legal name and date of birth.

### Network Agencies:

This section provides a list of the network agencies that a client may select to release/share information.

### Automatic Expiration:

In the last line of the third paragraph on the form, the client has the opportunity to indicate if they would like the authorization for the release of information to expire in less than 365 days. If the client indicates a desire to shorten the length of the authorization, a number of less than 365 should be documented in the space provided.

### Date of Expiration:

This section provides the date the authorization will expire. The maximum amount of time the authorization may be valid is 365 days (one year from date of signature).

### Reason and Date of Earlier Expiration:

The reason for and date of early expiration should be documented in this section, if the client has selected a date of less than 365 days for the authorization to expire.

### Client’s Signature and Date:

This section contains the client’s signature and date.

### Agency Representative’s Signature and Date:

This section contains the referral source’s signature and date.

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<sup>4</sup> In this section, when referring to all three professional positions - Linkage to Care coordinators, medical case managers, and non-medical case manager–supports, the term “referral source or referral sources” will be used.

## Form Validity

The Central Ohio HIV Housing Network Release Form is valid for one year from the date the form is signed, unless an earlier date is requested by the client and documented on the form. It is recommended that medical case managers and/or non-medical case manager–supports are proactive in obtaining the client’s signature every six months when they complete eligibility renewal paperwork.

## Accessing the Central Ohio HIV Housing Network Release Form

The Central Ohio HIV Housing Network Release Form is a PDF document that may be accessed through this link: <https://sites.google.com/site/ryanwhitepartacolumbustga/>. Referral sources are responsible for completing this form with handwritten responses.

## Central Ohio HIV Housing Network Release Form Procedures

- Referral sources are responsible for explaining to the client all information contained on this form, including the revocation process, prior to completing the form with the client.
- The Central Ohio HIV Housing Network Release may not be altered in any way. In the event that the client does not want to complete the form:
  - and the client has signed the Central Ohio HIV Case Management Network Release, the housing referral may still be submitted to the Ryan White Part A Housing provider (Equitas Health)<sup>5</sup>, however, only Ryan White Part A will be considered for providing housing services to the client.
  - the referral source may complete their agency’s release of information form for Ryan White Part A Housing (Equitas Health) and/or HOPWA-STRMU (Equitas Health and/or Lancaster-Fairfield Community Action Agency).

Without a signed Central Ohio HIV Housing Network Release and/or releases of information specifically for Ryan White Part A Housing (Equitas Health) and/or HOPWA-STRMU (Equitas Health and/or Lancaster-Fairfield Community Action Agency), clients may not be served for housing services.

- To assure the client may be considered for receiving assistance through Ryan White Part A Housing and HOPWA-STRMU, it is important that, at a minimum, the referral source’s agency, Equitas Health (the Ryan White Part A housing provider/HOPWA-STRMU provider), and Lancaster-Fairfield Community Action Agency (HOPWA-STRMU provider) are selected. This will allow for Ryan White

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<sup>5</sup> In this section, when referring to the Ryan White Part A Housing provider, Equitas Health, the term “Ryan White Part A Housing provider” will be used.

Part A Housing and/or HOPWA-STRMU to assist the client with housing services and keep the referral source informed.

- Referral sources are responsible for ensuring the form is both documented correctly and includes the client's and referral source's signatures.
- Upon completion of the Central Ohio HIV Housing Network Release Form, a copy should be provided/offered to the client and the original should be maintained in the client's file.
- A brief description of the interaction with the client should be documented as a case note.
- Once the Central Ohio HIV Housing Network Release Form is completed and signed, the referral source may exchange or release information to the staff and/or volunteers from the agencies selected by the client.

### **Best Practices**

- ✓ Provide to the client an explanation of the purpose and contents of the form. This will help prevent confusion and protect the client, referral source, medical case management agency, and the network agencies to which information will be exchanged or released.
- ✓ Develop a tracking system of when this form will expire and be sure to renew this form with the client at least annually.
- ✓ It is recommended that medical case managers and/or non-medical case manager-supports are proactive in obtaining the client's signature prior to the form's expiration date, e.g. six months prior.
- ✓ Make sure that the Central Ohio HIV Housing Network Release is not altered in any way.

# Section VI:

## Intake

The purpose of the intake process is to build rapport and collect information from and about the client including contact, housing status, vocational, and need for services.

# INTAKE

## Form

A standardized Ryan White Part A Housing Intake Form has been developed for the Ryan White Part A housing program (Equitas Health, the Ryan White Part A Housing service provider)<sup>6</sup>. It is the responsibility of the assigned housing case manager to complete this form while meeting in-person with the client. This form should be documented following the completion or review of the agency's program policies and client rights/responsibilities form. Each section on the form provides valuable information about the client and request for service.

### Date of Intake:

This section contains the date the Housing Intake Form was completed.

### RWA Eligibility Expiration Date:

This section contains the date the client's Ryan White Part A eligibility will expire. This date should match the date documented on the Ryan White Part A Housing Referral Form and Ryan White Part A Eligibility Form.

### Client Contact Information:

This section provides contact information on the client, including preferred method of contact and determination if a confidential message may be left on voicemail.

### Housing Status Information:

This section provides information on the client's current living situation. Additionally, this section contains information on the client's access to utility assistance.

### Vocational Information:

This section provides information on the client's education and employment status.

### Requested Service Information:

This section provides information on the service assistance requested.

### Community Resource Assistance Information:

This section provides verification if the client has exhausted community resources enabling the Ryan White Part A Housing provider to be the payer of last resort (if financial assistance is requested), based upon the housing case manager's review and information provided on the Ryan White Part A Housing Referral Form, along with discussion with the client.

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<sup>6</sup> In this section, when referring to the Ryan White Part A Housing provider, Equitas Health, the term "Ryan White Part A Housing provider" will be used.

### Client Agreement:

This section contains the client's name, signature and date, which confirms client agreement that the information documented on the form is accurate. Additionally, this section contains the housing case manager's signature and date.

## **Form Validity**

The Ryan White Part A Housing Intake Form is valid for the entire duration of time the client is engaged with the housing program and until the Ryan White Part A Housing provider closes the case. The Ryan White Part A Housing provider is responsible for closing cases within six months.

## **Accessing the Housing Intake Form**

The Ryan White Housing Intake Form is a PDF document that may be accessed through this link: <https://sites.google.com/site/ryanwhitepartacolumbustga/>. Housing case managers are responsible for following their agency's protocol on the format in which this form should be documented, e.g. typed or handwritten.

## **Housing Intake Form Documentation Procedures**

- Housing case managers are responsible for meeting in-person and interviewing clients along with documenting the Housing Intake Form.
- Housing case managers are responsible for completing all sections/questions of the Housing Intake Form following their agency's protocol on the format in which the form should be documented, e.g. typed or handwritten, following the completion or review of the agency's program policies and client rights/responsibilities form.
- RWA Eligibility Expiration Date: Housing case managers are responsible for documenting the Ryan White Part A eligibility expiration date, which should match the date documented by the referral source on the Housing Referral Form.
  - The Ryan White Part A Housing provider may only assist clients whose Ryan White Part A eligibility is current.
  - In the event that a client's Ryan White Part A eligibility has expired and/or is close to expiring, housing case managers are responsible for sending a secure email to the referral source.
- Client Contact Information: Although client contact information is documented on the Housing Referral Form, housing case managers are also responsible for documenting client contact information on the Housing Intake Form. This

provides housing case managers with an opportunity to confirm if there have been changes from the time the Housing Referral Form was documented.

- In the event that the client provides different contact information than what is present on the Housing Referral Form, the housing case manager is responsible for sending a secure email to the referral source.
- Housing Status Information: Housing case managers are responsible for checking the box that best correlates with the client's current housing situation.
  - If the "other" category is selected, make sure to document the type of housing next to "other".
- Requested Service Information: The housing case manager is responsible for discussing and determining with the client the need for service. It is possible that client need(s) has changed from the time the Housing Referral Form was submitted. The housing case manager should check all boxes that apply to the type of assistance needed by the client.
- Community Resource Information: The Ryan White Part A Housing provider is responsible for ensuring that Ryan White Part A funding is used as the payer of last resort. Housing case managers are responsible for reviewing information from the Housing Referral Form to determine if the client has exhausted community resources, if financial assistance is requested.
  - If it is indicated on the Housing Referral Form that the client attempted to access assistance to address their need (for financial assistance) with the assistance of the referral source, the Ryan White Part A Housing program would be the payer of last resort.
    - ❖ The Ryan White Part A Housing provider would be able to provide financial assistance, if appropriate.
  - If it is indicated on the Housing Referral Form that the client did not attempt to access assistance to address their need, the Ryan White Part A Housing program would NOT be the payer of last resort.
    - ❖ The housing case manager would be responsible for assisting the client with attempting to access community resources to meet their need prior to providing financial assistance. In this instance, the housing case manager would document this as a goal on the Ryan White Part A Housing Plan.
  - If it is indicated that the client attempted to access assistance to address their need, but did so independently, the housing case manager would need to review the Housing Referral Form – "outcome of the effort to obtain assistance" – provided by the referral source and/or screen the client to determine if the effort put forth assures that the Ryan White Part A Housing program is the payer of last resort to meet the client's need.
    - ❖ If it is determined that the Ryan White Part A Housing program is the payer of last resort, financial assistance may be provided, if appropriate.

- ❖ If it is determined that the Ryan White Part A Housing program is not the payer of last resort, the housing case manager would be responsible for assisting the client with attempting to access community resources to meet their need prior to providing financial assistance. In this instance, the housing case manager would document this as a goal on the Ryan White Part A Housing Plan.
- The housing case manager is responsible for ensuring the client and case manager signatures are present on the form following their agency's protocol on the format of the signature, e.g. typed or handwritten.
  - In the event that the client is unable or unwilling to sign the form, the housing case manager should still sign the form and document a case note describing the reason for the client's denial.
- Completed Ryan White Part A Housing Intake Forms should be maintained in the client's file.

## Best Practices

- ✓ Utilize information contained on the completed Ryan White Part A Housing Referral Form to guide interactions with and assistance provided to clients.
- ✓ Housing case managers are encouraged to familiarize themselves with the Ryan White Part A Housing Intake Form prior to meeting with the client. Familiarity with the Form will enable housing case managers to be more conversational in their approach to completing the form.
- ✓ Pay attention to the eligibility expiration date. If the client's eligibility has expired and/or is going to expire very soon, bring this to the attention of the referral source as soon as possible.
- ✓ If the client provides different contact information than what is documented on the Housing Referral Form, confirm accuracy of information provided and send a secure email to the referral source with updated information.
- ✓ Be prepared to assist clients with seeking community resources to meet the emergency financial need. Have written information prepared for the client on commonly used community resources, including phone numbers, addresses, hours of operation, contacts, materials to bring, and description of services.
- ✓ Determine with the client, and respond accordingly, the type of assistance needed with obtaining community resources, e.g. does the client have access to a phone, is the client comfortable making the call independently, does the client have access to transportation to the community resource, etc.

# Section VII: Housing Plan

The purpose of the housing plan is to create goals, action steps, and timeframe for achievement. It is the responsibility of housing case managers and clients to work together to develop the plan.

# HOUSING PLAN

## Form

A standardized Ryan White Part A Housing Plan has been developed for the Ryan White Part A housing program (Equitas Health, the Ryan White Part A housing service provider<sup>7</sup>). The Housing Plan is designed to provide specific activities towards obtaining needed services and support to meet client goals to overcome an emergency housing need. It is the responsibility of the assigned housing case manager to complete the Housing Plan while meeting in-person with the client, following the completion of the Ryan White Part A Housing Intake Form.

### Date of Housing Plan:

This section contains the date the Housing Plan was completed.

### # of Service Units Used YTD:

This section contains the number of service units provided to the client in the current Ryan White grant year (March 1 – February 28), not including service units to be provided to the client through the housing plan being developed.

### Client Information:

This section contains identifying information about the client, including client name and date of birth.

### Presenting Problem:

This section provides a brief statement describing the client's situation and reason for the request for assistance.

### Housing Goals:

The Ryan White Part A Housing provider provides services in three categories: housing services, emergency financial assistance, and non-medical case management–housing. Based upon the client's presenting problem, at least one goal should be selected from at least one of the service categories or "other", if none of the pre-populated goals apply to the presenting problem. Multiple goals may be selected on the Housing Plan.

- Goal: This section contains the goal to be achieved that will address the presenting problem.
- Action Steps: This section contains the activities to be performed by the client and/or the housing case manager towards meeting the goal to address the presenting problem.
- Target Date: This section contains the anticipated date the goal will be achieved.
- Attainment: This section contains indication of whether or not the goal was achieved (this section should be completed on or around the target date).

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<sup>7</sup> In this section, when referring to the Ryan White Part A Housing provider, Equitas Health, the term "Ryan White Part A Housing provider" will be used.

### Referrals:

This section provides information on services recommended for the client to access to address their need and includes information on the service provider such as name, phone number, hours of operation, and services provided.

### Housing Case Manager Information:

This section provides contact information on the assigned housing case manager, including name, phone number, fax number, email address, and mailing address.

### Budget Information:

This section provides information on the client's monthly income, current expenses, and proposed new expenses, along with a plan to address how the household will be maintained if the client's income is insufficient. This section is required if financial assistance is needed and optional if financial assistance is not needed.

### Client Agreement:

This section contains the signatures of both the client and housing case manager, along with the date, which confirms understanding of, and agreement with, the information documented on the Housing Plan.

## **Form Validity**

The Ryan White Part A Housing Plan form is valid for a maximum of six months from the date the form is signed.

## **Accessing the Ryan White Part A Housing Plan**

The Ryan White Part A Housing Plan is a fillable PDF document that may be accessed through this link: <https://sites.google.com/site/ryanwhitepartacolumbustga/>. Housing case managers are responsible for following their agency's protocol on the format in which this form should be documented, e.g. typed or handwritten.

## **Housing Plan Documentation Procedures**

- Housing case managers are responsible for working with clients to develop the Housing Plan, following the completion of the Ryan White Part A Housing Intake Form.
  - Review with the client the number of units of service they have received during the current Ryan White grant year (March 1 – February 28) and provide a reminder of the service unit limit, if appropriate.
- Housing Case Managers are responsible for documenting all sections/questions on the Housing Plan following their agency's protocol on the format in which the

form should be documented, e.g. typed or handwritten, following the completion of the Intake Form.

- Housing Case Managers are responsible for ensuring the client and case manager signatures are present on the form following their agency's protocol on the format of the signature, e.g. typed or handwritten.
  - In the event that the client is unable or unwilling to sign the Housing Plan, the housing case manager should still sign the form and document a case note describing the reason for the client's denial.
- If it is documented on the Ryan White Part A Housing Intake Form that the Ryan White Part A Housing program is not the payer of last resort, the housing case manager is responsible for assisting the client with attempting to access community resources to meet their need prior to providing financial assistance. In this instance, the housing case manager would document this as a goal and include action steps and a target date (and indication of attainment) on the Housing Plan.
- After the goal(s) have been agreed upon, document the action steps to be taken by the client and/or housing case manager to assist with achieving the goal(s).
  - Strongly consider, and determine with the client, the housing case manager's role and responsibility with action steps and the client's role and responsibility with action steps.
  - It is likely the client and housing case manager will each have responsibility for completing action steps, however, it is possible that the responsibility could fall upon only the housing case manager OR the client.
- Be mindful when establishing target dates. As a reminder, the target date should fall within, or by the end of, six months.
- Upon completion of creating the Housing Plan, a copy should be provided/offered to the client and the original should be maintained in the client's file.
- Within two business days of documenting the Housing Plan, send a copy of the completed Housing Plan to the referral source, via secure email, along with a brief description of what occurred at the intake appointment with the client and indication of the housing case manager's role in assisting the client with the completion of action steps.
  - Send to the referral source, via a secure email, an update on the client's progress towards attaining goals at least every two weeks until the case is closed from the Ryan White Part A Housing program.
- Follow-up with the client during the time period following the completion of the Housing Plan and the target date regarding progress towards goal attainment.

- Only document attainment information after the housing case manager determines if the goal has or has not been achieved (typically on or around the target date).
  - Housing case managers may request clients contact them to provide an update on progress, however, it is ultimately the responsibility of the housing case manager to follow-up with the client on progress towards achieving goals.
  - Be sure to verify that payment has been received by the vendor, if financial assistance was provided, prior to documenting goal attainment and closing the case.

## Best Practices

- ✓ When documenting the Housing Plan, remember that all sections should correlate with each other so that the goal(s) addresses the presenting problem, the activities connect to the goal(s), and the timeframe for goal attainment is reasonable to complete the activities.
- ✓ Consider using the “SMART” method for goal setting:
  - Specific: Identifies who/what the goal is about. Consider if another housing case manager would be able to execute the work, if necessary.
  - Measurable: Identifies how progress and goal achievement will be determined.
  - Achievable: Identifies the action to be done. Consider if the goal can be accomplished at this time. If it is not likely and/or impractical, create a smaller, more manageable goal.
  - Realistic: Identifies the relevance of the goal to the presenting problem. Consider how the goal connects to the client’s presenting problem and is practical and within the client’s capabilities to be reached.
  - Timely: Identifies the timeframe the goal is to be reached. Consider an appropriate deadline to achieve the goal. If it is unlikely the action steps can be achieved within six months, create a more reasonable activity.
- ✓ Discuss with the client the action steps to be taken and who should be responsible for each action step prior to documenting this section of the Housing Plan. Be mindful of the client’s resources when documenting action steps.
  - If the client needs to make phone calls to different service providers and does not have a working phone, it would not be appropriate to list this action step for the client to complete independently.
  - If transportation and/or interpretation services are listed as client needs on the Ryan White Part A Housing Referral Form, be sure to provide these services with the action steps the client is responsible for (and document the arrangement of transportation and/or interpretation under the housing case manager’s action steps), if applicable. For example, if the client needs to meet with mediation services, be sure to arrange for

interpretation services to assist with scheduling and participating in the meeting, if the client is agreeable.

- If locating/obtaining housing is a client need, be sure to consider what action steps are appropriate for the client to complete independently versus with direct assistance from the housing case manager. For example, consider with the client if they are able to manage being provided with a list of properties and independently determining the property that will work best for them. For many clients, it will be necessary for the housing case manager to:
  - ❖ Narrow the number of properties down with the client to three or four properties to visit.
  - ❖ Assist the client with contacting the properties to schedule a time to meet with the property manager and view the property.
  - ❖ Assist the client with understanding the financial obligation with a particular property, including rent and utilities.
- ✓ Be sure to document clear, concise, reasonable action steps for both the client and the housing case managers.
- ✓ It is strongly recommended that housing case managers periodically contact agencies/providers to ensure accuracy of information before providing a referral to a client. Whenever possible, find a point of contact within the agency, this may help with expediting assistance provided to clients.
- ✓ When completing the “budget information” section, use the tool to assist clients with identifying ways in which they can reduce expenses to avoid the need for emergency financial assistance in the future.
  - Use professional judgement to determine if the client should be referred for professional budget/financial counseling.
- ✓ Follow-up with clients is critical to providing quality housing case management and assisting clients with reaching their goals. Make sure to document case notes regarding any communication with and/or on behalf of clients.
- ✓ Be sure to document on the Housing Plan goal attainment information on or around the target date.
- ✓ Consider using a paper or electronic calendar for reminders on when to follow-up with clients and/or communicate with referral sources.
- ✓ Communication between the housing case manager and the referral source is vital to meeting the needs of clients. Housing case managers are responsible for following the communication timeframe outlined in the table on page 22.

# **Section VIII:**

## **Agency-Specific Forms**

## **NON-MEDICAL CASE MANAGEMENT – HOUSING: AGENCY-SPECIFIC FORMS**

Ryan White Part A-funded housing agencies may have additional forms that housing case managers are required to complete with clients in addition to the forms contained in this Manual. These forms may include:

- Agency-specific release of information,
- Confidentiality,
- Health Insurance Portability and Accountability Act (HIPAA),
- Expectations of Care (Program Policies/Client Rights/Responsibilities);
- Grievance; and/or
- Check Request.

Housing case managers are responsible for following their agency's protocol on completing agency-specific forms.

# Section IX:

## Case Note Documentation

The purpose of case notes is to:

1. Be accountable for providing appropriate housing case management services;
2. Be legally responsible – client files may be subpoenaed by a court of law.
3. Provide the housing case manager, supervisor and/or outside reviewer the details of all activities performed with or on behalf of the client to assure highest quality in the continuity of care.

# CASE NOTES

The following information is intended to be general guidance on the documentation of case notes. Each housing program has protocols in place on case note documentation. Housing case managers are responsible for following their agency's protocols.

## Information to Include in Case Note Documentation

Case note documentation should include information:

- about services provided to clients;
- exchanged and/or released with a third party, e.g. referral sources;
- provided by the housing case manager to the client;
- provided by the client to the housing case manager; and
- related to eligibility, care, and/or follow-up services.

## Elements of a Case Note:

All case notes should contain:

- date of the interaction;
- method of contact, e.g. face-to-face, phone, email, mail;
- description – including:
  - with whom the interaction occurred,
  - purpose of the interaction and role of the housing case manager,
  - details of the interaction along with the outcome, and
  - timeframe for follow-up;
- housing case manager's name (signature, handwritten or electronic, if possible).

## Best Practices:

- ✓ Case notes should be:
  - clear and concise;
  - accurate and complete;
  - objective/fact-based, include quotes from clients whenever possible; and
  - timely (documented within 48 hours of the interaction).
- ✓ Case notes should contain enough detail that an outside reviewer who is not familiar with the housing case manager or the client could read, understand the situation, and provide the follow-up service, if necessary.
- ✓ Remember, if it is not written, it does not exist!

# Section X:

## Case Closure

Housing case managers are responsible for closing a case from the Ryan White Part A Housing program (Equitas Health, the Ryan White Part A housing service provider) due to any of the following circumstances:

- Client achieves housing goals and no other housing-related needs are present;
- Client moves outside of the service area;
- Client is/will be incarcerated for more than six months;
- Client request;
- Client is no longer eligible based upon Ryan White Part A criteria;
- Client does not reply after a combination of three attempts; and/or
- Client death.

The purpose of the case closure process is to:

1. Close (exit) clients who meet any of the circumstances listed above;
2. Provide appropriate continuity of care referrals to clients, if appropriate; and
3. Assure required closure documentation is completed.

# CLIENT CASE CLOSURE

## Circumstances to Close a Case from Ryan White Part A Housing

Housing case managers are responsible for closing a case from the Ryan White Part A Housing program (Equitas Health, the Ryan White Part A Housing service provider<sup>8</sup>) due to any of the following circumstances:

- Client achieves housing goals and no other housing-related needs are present;
- Client moves outside of the service area;
- Client is/will be incarcerated for more than six months;
- Client request;
- Client is no longer eligible based upon Ryan White Part A criteria;
- Client does not reply after a combination of three attempts; and/or
- Client death.

## Purpose of Case Closure

The purpose of the case closure process is to:

- Close (exit) clients who meet any of the circumstances listed above;
- Provide appropriate continuity of care referrals to clients, if appropriate; and
- Assure required closure documentation is completed.

## Case Closure Procedures

- Housing case managers are responsible for closing a client's case from the Ryan White Part A Housing program due to any of the circumstances listed above.
  - If the goal(s) has not been achieved, determine with the client alternative action steps and/or need for the service, if appropriate/possible.
- Prior to closing a client's case, housing case managers must put forth three attempts to reach clients on or around the target date(s) documented on the Ryan White Part A Housing Plan to determine goal attainment.
  - Ideally, the three attempts will be a combination, based upon the client's preferred method(s) of contact, e.g. phone, email, and/or mail. If none of these attempts are successful, a closure letter should be mailed (see page 53 for a sample closure letter), if mail is an acceptable form of contact allowed by the client. A copy of the closure letter should also be sent to the referral source.

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<sup>8</sup> In this section, when referring to the Ryan White Part A Housing provider, Equitas Health, the term "Ryan White Part A Housing provider" will be used.

- Prior to closing a client's case, housing case managers should provide to the client referrals for services through the community, if applicable, and the phone number to call if needs change in the future.
- Document a case note describing all interactions with or on behalf of the client related to case closure. For example, the case note may include an account of all efforts made to contact the client, along with a description of the meeting/conversation with the client regarding case closure.
- Send to referral sources, via a secure email, the date and reason for case closure, along with indication of client awareness and/or housing case manager's efforts to inform the client of case closure.

# SAMPLE DOCUMENTATION – CASE CLOSURE LETTER TO CLIENT AND REFERRAL SOURCES

In the event that a client’s case is to be closed from the Ryan White Part A Housing program, it is recommended an in-person meeting or phone conversation occurs between the housing case manager and the client to discuss the reason for case closure, referrals, and a phone number to contact in the event circumstances change in the future. Additionally, if after three attempts, based upon the client’s preferred method(s) of contact, to reach the client are unsuccessful, a closure letter should be mailed, if mail is an acceptable form of contact allowed by the client. A copy of the closure letter should also be sent to the referral source.

## Sample Case Closure Letter to Client and Ryan White Providers

I, \_\_\_\_\_, (print name of housing case manager) tried to contact you on \_\_\_\_\_ to inform you that your case with the Ryan White Part A Housing Program has been or will be closed on \_\_\_\_\_ (insert date) due to \_\_\_\_\_

(insert reason for case closure). The continuity of your care is very important and I am providing the following referrals to community agencies:

Agency Name	Purpose of Referral	Agency Contact Information

Additionally, should your needs change in the future, please contact \_\_\_\_\_ (insert phone number of who to call to re-engage in housing services).

Thank you for the opportunity to work together.

\_\_\_\_\_  
Housing Case Manager

\_\_\_\_\_  
Date

cc: (insert name of referral source to receive a copy of the letter).

# Section XI:

## Service Limit Exception

Due to funding constraints, there is a limit on the amount of times financial assistance for rent, mortgage, utilities, application fees, and/or moving expenses may be provided to a client.

- Through the Ryan White Part A Housing program (Equitas Health), clients may receive financial assistance a maximum of three times (service units) per Ryan White grant year (March 1 – February 28). Additionally, there is a 24 month maximum lifetime limit.
- Through the HOPWA-STRMU program (Equitas Health and Lancaster-Fairfield Community Action Agency), clients may receive a maximum of \$1,500 per twelve month period.

The purpose of a service limit exception process is to consider circumstances for a client to receive:

- More than three units of service in a Ryan White grant year (March 1 – February 28) through the Ryan White Program; or
- More than \$1,500 of financial assistance in a twelve month period (the maximum exception assistance is \$1,500) through the HOPWA-STRMU program.

# SERVICE LIMIT EXCEPTION

## Form

A standardized Ryan White Part A/HOPWA-STRMU Housing Service Limit Exception Form has been developed for the Ryan White Part A and HOPWA-STRMU programs. It is the responsibility of Linkage to Care coordinators, medical case managers, and/or non-medical case manager-supports<sup>9</sup> to complete all sections of the Housing Service Limit Exception Form and submit it to the housing provider selected at the top of the form (Ryan White Part A Housing – Equitas Health, HOPWA-STRMU – Equitas Health, or HOPWA-STRMU – LFCAA). Each section of the form provides valuable information about the client and reason for the requested exception.

### **Ryan White Part A Housing (Equitas Health)**

This form is to be completed when clients have received financial assistance three times in a Ryan White grant year (March 1 – February 28) and have circumstances that may require an exception to the service limit policy.

Due to funding constraints, there is a limit on the amount of times financial assistance for rent, utilities, application fees, and/or moving expenses may be provided to a client. Clients may receive financial assistance a maximum of three times per Ryan White grant year (March 1 – February 28). Additionally, there is a 24 month maximum lifetime limit. Exceptions to this service limit are made on a case-by-case basis and are determined by the identified cause for the request and availability of funding. All determinations are final. The Ryan White Part A Housing provider<sup>10</sup> (Equitas Health) will provide notification of the decision within two business days of receiving a completed Housing Service Limit Exception Form.

### **HOPWA-STRMU**

This form is to be completed when clients have received \$1,500 in a twelve month period and have an additional unexpected hardship or the plan for maintaining housing independence was unsuccessful.

Due to federal requirements and funding constraints, exceptions will likely be granted in very rare, extreme circumstances. In the event an exception is granted by HOPWA-STRMU, the maximum amount of exception assistance a client may receive will be \$1,500.

### Housing Provider:

This section contains the name of the housing provider and method of submitting the completed form.

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<sup>9</sup> In this section, when referring to all three professional positions - Linkage to Care coordinators, medical case managers, and non-medical case manager-supports, the term "referral source or referral sources" will be used.

<sup>10</sup> In this section, when referring to the Ryan White Part A Housing provider, Equitas Health, the term "Ryan White Part A Housing provider" will be used.

*Date of Request:*

This section contains the date the Housing Service Limit Exception Form is completed.

*Client Information:*

This section provides contact information on the client, including the client's name, date of birth, address, phone number, and email address.

*Request Information:*

This section provides information on the request, including the type and amount of financial assistance requested.

*Reason for Exception:*

This section provides general information about the reason for the exception. Information from this section will be used to help determine if the client will be approved for an exception.

- Complete the Ryan White Part A Housing reason for exception section only if Ryan White Part A Housing (Equitas Health) is the selected housing provider listed (at the top of the form).
- Complete the HOPWA-STRMU reason for exception section only if HOPWA-STRMU (Equitas Health or LFCAA) is the selected housing provider listed (at the top of the form).

*Exception Request Description:*

This section provides a detailed description of the client's situation that has resulted in a request for additional emergency financial assistance and an explanation of how the client will maintain their housing following receipt of financial assistance, if approved. Information from this section will be used to help determine approval for an exception.

*Referral Source Information:*

This section provides contact information on the referral source, including the name, title, phone number, email address, and signature of the professional, along with the name of the referral source's agency.

*Housing Service Provider Use Only:*

This section is to be completed by the housing provider, Ryan White Part A Housing (Equitas Health) or HOPWA-STRMU (Equitas Health or LFCAA), and provides information on the approval status of the request, any additional information related to the approval process, signature of the professional responsible for determining approval, and the date the referral source was notified of the decision.

## **Form Validity**

The Ryan White Part A/HOPWA-STRMU Housing Service Limit Exception Form is valid for the entire duration of time the service limit exception is approved to be provided to a

client. Any time a service limit exception is needed, it will be necessary to complete a new form.

## Accessing the Service Limit Exception Form

The Ryan White Part A/HOPWA-STRMU Housing Service Limit Exception Form is a fillable PDF document that may be accessed through this link: <https://sites.google.com/site/ryanwhitepartacolumbustga/>. Referral sources are responsible for completing this form with typed responses.

## Referral Sources: Housing Service Limit Exception Documentation and Submission Procedures

Referral sources are responsible for completing the Housing Service Limit Exception Form on behalf of clients who have received financial assistance three times in a Ryan White grant year (March 1 – February 28) from the Ryan White Part A Housing provider or \$1,500 in a twelve month period from the HOPWA-STRMU program and have circumstances that may require an exception to the service limit policy.

- Housing providers (Ryan White Part A – Equitas Health, HOPWA-SRMU – Equitas Health, or HOPWA-STRMU – LFCAA) will typically email the referral source a Housing Service Limit Exception Form to complete with the name of the housing provider selected.
  - In the event that a referral source submits a Housing Service Limit Exception form, without the request from a housing provider, the Referral source must select the provider under “Housing Provider”.
  - If the provider will be HOPWA-STRMU, confirm with the provider that they have on file a valid, signed copy of the Central Ohio Housing Network Release form or agency release of information form. If the provider does not have either of these completed forms, be sure to provide this when submitting the Housing Service Exception Form.
- Ryan White Part A Housing service limit exceptions are considered for clients with a:
  - Severe medical condition;
  - Major delay in service delivery;
  - Significant safety concern; and
  - Other – if a description of the other circumstance is documented.
- HOPWA-STRMU service limit exceptions are considered for clients with:
  - An additional unexpected hardship; and
  - A plan for maintaining housing independence was unsuccessful.
- The maximum exception assistance is \$1,500 through HOPWA-STRMU.

- Referral sources are responsible for providing a typed response to all sections/questions on the form.
- A detailed description justifying the need for the exception request should be documented on the form, along with an explanation of how the client will maintain their housing following receipt of financial assistance, if approved.
- Referral sources must sign the Housing Service Limit Exception Form prior to submitting it to the housing provider.
- Housing Service Limit Exception Forms should be submitted to the housing provider listed at the top of the form:
  - Ryan White Part A Housing – Equitas Health – secure email to [courtneyelrod@equitashealth.com](mailto:courtneyelrod@equitashealth.com);
  - HOPWA-STRMU – Equitas Health – secure email to [courtneyelrod@equitashealth.com](mailto:courtneyelrod@equitashealth.com);
  - HOPWA-STRMU – LFCOA – secure email to [lwilson@faircaa.org](mailto:lwilson@faircaa.org).
- Incomplete Housing Service Limit Exception Forms will be returned to the referral source and will delay the housing provider's ability to consider the request.
- Referral sources are responsible for responding to requests for additional information and/or consultation.

### Referral Sources: Best Practices

- ✓ Be sure to sign the Housing Service Limit Exception Form before submitting it to the housing provider.
- ✓ Prior to submitting the Housing Service Limit Exception Form, confirm accuracy of client contact information.
- ✓ Clearly describe the client's circumstances and the reason for the request for additional emergency financial assistance. It is recommended that the description:
  - indicates the precipitating factors leading to the need for additional financial assistance;
  - illustrates a demonstrated need for housing to gain or maintain access to HIV-related medical care, stay adherent to treatment regimes, prevent loss of housing, or alleviate homelessness; and
  - explains how the client will maintain their housing following receipt of financial assistance, if approved.
- ✓ Communication: Communication between the housing provider and referral sources is vital to meeting the needs of clients. Referral sources are responsible

for responding to requests for additional information and/or consultation from the housing provider and are encouraged to provide to the housing provider any updates on the client's situation pertaining to housing. In the event referral sources do not receive notification of the decision on the exception within two business days, they should contact the housing provider:

(1) Ryan White Part A Housing :

- program supervisor at Equitas Health ([courtneyelrod@equitashealth.com](mailto:courtneyelrod@equitashealth.com))

(2) HOPWA-STRMU:

- program supervisor at Equitas Health ([courtneyelrod@equitashealth.com](mailto:courtneyelrod@equitashealth.com))
- program supervisor at Lancaster-Fairfield Community Action Agency ([LWilson@faircaa.org](mailto:LWilson@faircaa.org)).

### **Ryan White Part A Housing (Equitas Health): Housing Service Limit Exception Receipt Procedures**

The Ryan White Part A Housing provider has a staff member who is responsible for receiving and reviewing completed Housing Service Limit Exception Forms, determining approval of requests, communicating with referral sources, and assigning approved clients to a housing case manager accordingly.

- The Ryan White Part A Housing program supervisor is responsible for receiving the Housing Service Limit Exception Forms by checking the [columbushousing@equitashealth.com](mailto:columbushousing@equitashealth.com) email daily.
  - In the absence of the supervisor, the director of client services (Equitas Health) will be responsible for all supervisor functions.
- Upon receipt of the completed Housing Service Limit Exception Form, the supervisor will:
  - Review the form to ensure all sections/questions are complete.
    - ❖ If anything is missing, contact the referral source and request missing information.
    - ❖ Document if more information is needed and any related notes under "Housing Service Provider Use Only" section.
  - Review the client's case file, including referral form(s), intake form(s), housing plan(s), and case notes to learn the history of the service(s) provided to the client and the client's engagement/follow-through.
    - ❖ Meet with the previously assigned housing case manager for additional information regarding working with the client.
- Determine if the exception request is approved by considering the following:
  - Reason for the request.
  - Experience working with the client. If the client did not comply or follow-through on the housing plan, perhaps a follow-up discussion with the referral source is needed.
  - Availability of funding.

- Within two business days, notify the referral source of the outcome of the request.
  - Document an original signature and the date of the decision notification on the Housing Service Limit Exception Form under “Housing Service Provider Use Only” section.
- Document the status of the request and document any notes related to the exception on the Housing Service Limit Exception Form under “Housing Service Provider Use Only” section.
  - If the exception is approved, assign the case to a housing case manager. Determine case assignment by utilizing the following criteria:
    - ❖ Housing case manager’s current case load size.
    - ❖ Client need and expertise of the housing case manager.
  - The Housing Service Limit Exception Form should be maintained in the client’s file.

### **Ryan White Part A Housing (Equitas Health): Best Practices**

- ✓ Review all sections of the completed Housing Service Limit Exception Form to ensure completeness. Immediately reach out to the referral source and request any missing information and/or seek clarification on information provided, if applicable/necessary.
- ✓ Pay particular attention to the information contained in the “Exception Request Description” section. This section should provide information such as:
  - the precipitating factors leading to the need for additional financial assistance;
  - a demonstrated need for housing to gain or maintain access to HIV-related medical care, stay adherent to treatment regimes, prevent loss of housing, or alleviate homelessness;
  - an explanation of how the client will maintain their housing following receipt of financial assistance, if approved; and/or
  - any information to justify the request for financial assistance.
- ✓ Review the client’s file for participation, follow-through, and goal attainment information. Consider all factors related to the client’s history in working with the Ryan White Part A Housing program.
- ✓ Communication between the Ryan White Part A Housing provider and referral sources is vital to meeting the needs of clients. The Ryan White Part A Housing provider is responsible for contacting referral sources with the decision on the request within two business days.

Referral sources are responsible for responding to requests for additional information and/or consultation on the request. In the event the Ryan White Part

A Housing provider experiences any difficulty reaching the referral source, consider contacting the referral source's supervisor to try to resolve the issue.

### **Housing Case Managers: Case Assignment Receipt Procedures**

- Housing case managers who receive a client case assignment due to an approved housing service limit request are responsible for following the same procedures as outlined in Section V (Referral and Client Case Assignment) of the Housing Program Manual (please see page 16 for additional information).
  - Housing case managers are also responsible for all of the documentation, including case notes and communication requirements with clients and referral sources as outlined in Sections VI (Intake) (please see page 35 for additional information), Section VII (Housing Plan) (please see page 40 for additional information), Section IX (Case Note Documentation) (please see page 48 for additional information), and Section X (Case Closure) (please see page 50 for additional information).

# **Section XII:**

## **Ryan White Part A**

### **Medical Transportation Services**

Ryan White Part A funds may be used to provide transportation for eligible Ryan White program clients to access core medical and support services. This includes travel between the funded providers for services, as well as transportation assistance to government agencies or medical facilities required by any of the service's eligibility requirements, e.g. local job and family service agency for medical assistance. Covered medical transportation services must be HIV-related and the Ryan White Part A program must be the payer of last resort.

Each case management agency has its own transportation policy. Information outlined in this section pertains to the distribution and use of bus passes and gas cards accessed through Columbus Public Health.

# RYAN WHITE PART A BUS PASS/GAS CARD REQUEST

## Form

A standardized Ryan White Part A Bus Pass/Gas Card Request Form has been developed for the Ryan White Part A program. Ryan White Part A medical transportation services are available for eligible clients to access core medical and support services, including travel between funded providers and transportation assistance to government agencies/medical facilities required by any of the service's eligibility requirements. A representative from a Ryan White Part A service provider must complete the Ryan White Part A Bus Pass/Gas Card Request Form to obtain bus passes and gas cards to distribute to eligible clients. Each section of the form provides Columbus Public Health with confirmation of the agency's agreement to abide by the transportation policy and verification of the bus passes/gas cards to be distributed.

### Date:

This section contains the date the form is completed.

### Narrative Section:

The narrative section provides information about the request and agreement to abide by the Ryan White Part A Medical Transportation Policy. This section contains the name of the requesting agency and the number of bus passes and gas cards being requested.

### Requestor Information:

This section contains the name, signature, and title of the requestor, along with the requested date to pick-up the bus passes and gas cards.

### Columbus Public Health Information:

This section contains the signature of the representative from Columbus Public Health, the date the bus passes/gas cards were obtained by the requesting agency, and the bus pass numbers and/or gas card numbers distributed.

## Form Validity

The Ryan White Part A Bus Pass/Gas Card Request Form is valid for the entire period of time the agency distributes to clients the specific bus passes/gas cards provided through the request.

## Accessing the Ryan White Part A Bus Pass/Gas Card Request Form

The Ryan White Part A Bus Pass/Gas Card Request Form is a PDF document that may be accessed through this link: <https://sites.google.com/site/ryanwhitepartacolumbusga/>. Agency representatives are responsible for completing this form with handwritten responses.

## Case Management Agency Bus Pass/Gas Card Request Form Procedures

- Ryan White Part A case management agencies may request bus passes/gas cards by completing the Ryan White Part A Bus Pass/Gas Card Request Form.
- Ryan White Part A case management agencies must abide by the policies and procedures outlined on the form and in the Ryan White Part A Medical Transportation Policy.
- Case management agencies are responsible for documenting the date of the request, the agency name, the amount of bus passes and/or gas cards requested, and requested date to pick-up the bus passes/gas cards, along with the requestor's name, signature, and title.
- Completed Ryan White Part A Bus Pass/Gas Card Request Forms should be emailed to RFMunnerlyn@columbus.gov.
- A copy of the completed Ryan White Part A Bus Pass/Gas Card Request Form should be retained by the requesting case management agency.

## Case Management Agency Best Practices

- ✓ Be sure to complete the form in its entirety.
- ✓ It is recommended requests be submitted to Columbus Public Health two weeks prior to the date the bus passes/gas cards are needed.

## Columbus Public Health Bus Pass/Gas Card Request Form Procedures

- A staff member from Columbus Public Health's Ryan White Part A Program is responsible for receiving completed Ryan White Part A Bus Pass/Gas Card Request Forms, distributing bus passes/gas cards accordingly, and maintaining completed request forms.
- Upon receipt of a Bus Pass/Gas Card Request Form, respond by email to the requestor and arrange for a date, time, and location for the pick-up/delivery of bus passes/gas cards.

- At pick/up/delivery, be sure to sign and date the completed Ryan White Part A Bus Pass/Gas Card Request Form and document the bus pass numbers and gas cards numbers provided to the requestor.
- Retain the original completed form.

# RYAN WHITE PART A TRANSPORTATION ASSISTANCE

## Form

A standardized Ryan White Part A Transportation Assistance Form has been developed for the Ryan White Part A program. Ryan White Part A medical transportation services are available for eligible clients to access core medical and support services, including travel between the funded providers, as well as transportation assistance to government agencies or medical facilities required by any of the service's eligibility requirements. It is the responsibility of Linkage to Care coordinators, medical case managers, non-medical case manager-supports, and/or non-medical case managers - housing,<sup>11</sup> as well as the Ryan White Part A Housing program<sup>12</sup> (Equitas Health) case managers to complete this form each time bus passes or gas cards are distributed to clients. Each section of the form provides Columbus Public Health with verification of transportation assistance.

### Date:

This section contains the date the form was completed.

### Client Information:

This section contains identifying information, including the client's name and date of birth.

### Appointment Information:

This section indicates the type of appointment(s) the client will attend through Ryan White Part A transportation assistance, date(s) of appointment(s), and provider name(s). The origination and destination addresses should also be documented for clients who receive gas cards.

### Transportation Assistance:

This section provides guidelines for distribution of bus passes and gas cards, along with indication of the type of assistance provided - gas card(s) or bus pass(es), and the corresponding voucher number.

### Client Agreement:

This section contains the client's signature and date, which confirms client understanding that transportation is provided for them to access medical appointments and/or support services. The professional's (including the Ryan White Part A providers' case managers) signature and date are also contained in this section.

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<sup>11</sup> In this section, when referring to all four professional positions - Linkage to Care coordinators, medical case managers, non-medical case manager-supports, and non-medical case managers - housing, the term "professional or professionals" will be used.

<sup>12</sup> In this section, when referring to the Ryan White Part A Housing provider, Equitas Health, the term "Ryan White Part A Housing provider" will be used.

## Form Validity

The Ryan White Part A Transportation Assistance Form is valid through the appointment date(s) documented on the form.

## Accessing the Ryan White Part A Transportation Assistance Form

The Ryan White Part A Transportation Assistance Form is a PDF document that may be accessed through this link: <https://sites.google.com/site/ryanwhitepartacolumbustga/>. Professionals are responsible for completing this form with handwritten responses.

## Ryan White Part A Transportation Assistance Form Documentation Procedures

- Professionals must verify that a client is eligible to receive transportation assistance through Ryan White Part A. Eligible clients are those currently enrolled in the Columbus TGA Ryan White Part A program and have a Ryan White Part A Eligibility Form on file at Columbus Public Health.
- Professionals are responsible for documenting handwritten responses to all sections/questions of the Ryan White Part A Transportation Assistance Form.
- Be sure to identify the appointment type, check the associated box(es) accordingly, and include details about the appointment(s), including date(s) and provider name(s).
  - For clients who receive gas cards, documentation must also include the originating and destination addresses.
- Determine the type of transportation assistance to be provided, e.g. gas card or bus pass, and check the type of assistance accordingly. The voucher number(s) should also be documented.
  - COTA Mainstream bus passes are available on a case-by-case basis, approved by Columbus Public Health.
- Multiple appointments may be documented on the form, however, details for each appointment must be listed to justify the amount of assistance.
- Ensure the client's original signature is present on the form.
- A case note should be documented that demonstrates an assessment of need and effort to access community resources for transportation services.
- Maintain the completed Ryan White Part A Transportation Assistance Form in the client's file.

## Best Practices

- ✓ Be sure to complete all sections/questions on the form.
- ✓ Make sure to obtain the client's signature and explain to the client the purpose of the form and reason for their signature.
- ✓ Retain the original, completed Ryan White Part A Transportation Assistance Form in the client's file.

# Section XIII:

## Forms

This section contains the following Ryan White Part A Forms:

1. Ryan White Part A/HOPWA-STRMU Housing Referral Form
2. Ryan White Part A Eligibility Form-Initial Assessment
3. Ryan White Part A Eligibility Form-Six Month Review
4. Central Ohio HIV Case Management Network Release
5. Central Ohio HIV Housing Network Release Form
6. Ryan White Part A Housing Intake Form
7. Ryan White Part A Housing Plan
8. Ryan White Part A/HOPWA-STRMU Housing Service Limit Exception Form
9. Ryan White Part A Bus Pass/Gas Card Request Form
10. Ryan White Part A Transportation Assistance Form

Ryan White Part A/HOPWA-STRMU  
**Housing Referral Form**

Complete all sections of the referral form and send it via secure email to columbushousing@equitashealth.com, along with the client's most recent Columbus Public Health Part A Eligibility Form and Housing Network Release Form. Incomplete forms may be returned to the referral source.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source Information**

Name of Professional: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you like to attend the intake meeting with the housing case manager and client?

If NO: Are there any concerns about the housing case manager meeting one-on-one with the client?

If YES: Please explain: \_\_\_\_\_

**By signing this form, I verify that all client eligibility information has been properly reviewed and documented per Columbus Public Health policy and that the client is approved to access Columbus Ryan White Part A services.**

Signature of Referring Professional (required): \_\_\_\_\_

Client's Ryan White Part A Eligibility Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Identity:  Male  Female  Transgender (MTF)  Transgender (FTM)

Home Address (including city, county, and zip code): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method(s) of Contact (check all that apply):  Mail  Phone  E-mail

May confidential messages be left on voicemail?

**Client Housing Information**

1. Monthly Income: \$ \_\_\_\_\_

2. Source of Income (e.g. SSI, SSDI, employment): \_\_\_\_\_

If the client has no source of income:

3. Is there a plan to gain income, e.g. employment, application for benefits?

If YES: 3a. Provide a brief description of the status of the plan: \_\_\_\_\_

4. What is the client's current living situation?

If OTHER: 4a. Indicate the client's living situation: \_\_\_\_\_

5. What is the total number of individuals in the household? \_\_\_\_\_

6. Does the client receive a housing subsidy and/or other form of financial assistance to pay rent?

If YES: 6a. What assistance does the client receive? (check all that apply)

Section 8  HOPWA  FEMA  Other: \_\_\_\_\_

7. Does the client have, or at risk of receiving, an eviction notice?

8. Does the client have, or at risk of receiving, a utility disconnection notice?

## Request Information

### 9. What assistance does the client need? (check all that apply)

**Housing Case Management:** (check all that apply)

- Benefits Assistance
- Budgeting
- Mediation Services
- Obtaining Housing
- Other: \_\_\_\_\_

**Financial Assistance:** (check all that apply)

- Rent \$ \_\_\_\_\_ x \_\_\_\_\_ months
- Mortgage \$ \_\_\_\_\_ x \_\_\_\_\_ months
- Utility \$ \_\_\_\_\_ x \_\_\_\_\_ months
- Application Fee \$ \_\_\_\_\_
- Moving Expense \$ \_\_\_\_\_

### 10. Describe the unexpected financial hardship experiences arising from the client's HIV health condition or change in economic circumstances.

If rent, utility, and/or mortgage assistance is requested:

### 11. Describe how the client will maintain their housing following receipt of financial assistance, if approved.

### 12. Has the client attempted to access assistance to address their need?

If YES: 12a. Please explain, e.g. indicate the agency(ies) contacted and if the client did this independently or with the assistance of a professional.

If YES: 12b. Briefly explain the outcome of the effort to obtain assistance.

## Additional Information

13 Preferred language: \_\_\_\_\_

14. Is an interpreter needed?

15. Is transportation needed for housing services?

16. Does the client have any mental health/substance abuse concerns that may impact housing services?

If YES:  Mental health concern/diagnosis      16a. Please explain: \_\_\_\_\_

Substance abuse concern      16b. Please explain: \_\_\_\_\_

17. Provide any additional information regarding the client.

### OFFICE USE ONLY

Referral Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was Information Missing?  Yes  No

Describe Missing Information/Interaction w/Referral Source: \_\_\_\_\_

Request for Missing Information: \_\_\_\_/\_\_\_\_/\_\_\_\_ Missing Information Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Confirmation of Receipt of Referral to Referral Source: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Determination of Housing Service Provider:

RWA Housing     HOPWA-STRMU:  Equitas Health     LFCAA ([lwilson@faircaa.org](mailto:lwilson@faircaa.org))

Referral Forwarded: \_\_\_\_/\_\_\_\_/\_\_\_\_ or  NA

Referral Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ or  NA

Assigned Housing Case Manager: \_\_\_\_\_

Housing Case Manager Contact Information E-mailed to Referral Source: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### HOPWA STRMU Clients Only:

Had contact with a primary health care provider consistent with the schedule specified in client's ISP:  Yes  No

Accessed and maintained medical insurance/assistance:  Yes  No

Date of Initial Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 1. Client Information

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex at Birth:  Male  Female Gender Identity:  Male  Female  Transgender (MTF)  Transgender (FTM)

### 2. Client Demographics

Race: (Check all that apply)

White

Black or African American

American Indian or Alaskan Native

Asian

If Asian, please specify:  Asian Indian  Chinese  Filipino  Japanese  Korean  
 Vietnamese  Other

Native Hawaiian or Pacific Islander

If Native Hawaiian or Pacific Islander, please specify:  Native Hawaiian  Samoan  
 Guamanian or Chamorro  Other

Ethnicity:

Not Hispanic/Latino(a)

Hispanic/Latino(a)

If Hispanic/Latino(a), please specify:  Mexican, Mexican American, Chicano(a)  Puerto Rican  
 Another Hispanic, Latino(a) or Spanish Origin  Cuban

### 3. HIV Status

HIV Status:  HIV-positive, not AIDS  HIV-positive, AIDS status unknown  CDC-defined AIDS

HIV-positive Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Documentation:

- Copy of a CTR or other CLIA certified laboratory report of an HIV-positive test result
- Documentation confirming HIV-positive status in Ohio Disease Reporting System (ODRS)
- Official paperwork from a physician or advanced nurse practitioner confirming client's HIV-positive status
- Proof of prescription for HIV medication
- Exception Form submitted to and approved by Columbus Public Health

### 4. Residency Status

Does the client live in the Columbus TGA?  Yes  No

Zip Code: \_\_\_\_\_

Documentation:

- Copy of state issued identification card or driver's license
- Copy of mail from a utility or service providing company that confirms client's residency
- Copy of mail from a government agency that confirms client's residency
- Copy of a lease or mortgage statement that lists the client
- A professional's verification letter following a visit to the client's home
- Signed attestation by the client confirming residency (*may be utilized only one time in a twelve-month period*)
- Exception Form submitted to and approved by Columbus Public Health

**5. Income Status**

Does the client meet the “low-income” requirement?  Yes  No

*Low-income is defined as less than 300% FPL using the MAGI methodology. Or, with grantee exception, low income may be defined as 500% FPL using the MAGI methodology.*

Annual Income: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_ Federal Poverty Level: \_\_\_\_\_

**Documentation:**

- Copy of most current IRS Tax Transcript (three (3) years of tax transcripts if self-employed)
- Completed MAGI Worksheet with a copy of four (4) consecutive weeks of pay stubs
- Completed MAGI Worksheet with letter from employer stating earnings
- Completed MAGI Worksheet with copies of court orders for alimony or other court-ordered payments, excluding child support
- Completed MAGI Worksheet with copies of award letters for benefits from federal, state or county entitlement programs
- Signed attestation by the client stating their income, including if the client has no income (*may be utilized only one time in a twelve-month period*)
- Exception Form submitted to and approved by Columbus Public Health

**6. Insurance Status**

Does the client have health insurance?  Yes  No

**If “YES”, indicate primary insurance type:**

- Private—Employer
- Private—Individual
- Medicare
- Medicaid, CHIP or other public plan
- Veterans Health Administration (VA), military health care (TRICARE), or other military health care
- Indian Health Service
- Other (*not listed above*)

**Documentation:**

- Copy of current insurance card
- Proof that the service is not covered by other third party insurance programs (*Military Veterans with VA benefits are eligible for Ryan White services*)
- Signed attestation from a professional stating the client is not eligible for health insurance coverage
- Copy of pending application, if potentially eligible
- Signed attestation that the client was informed of health insurance coverage options and the benefits of applying for health insurance coverage, but opted not to apply (*Ryan White services shall not be denied based upon client's informed decision to abstain from health insurance*)
- Exception Form submitted to and approved by Columbus Public Health

**7. Ryan White Part A Approval**

**By signing this form, I verify that all client eligibility information has been properly reviewed and documented per Columbus Public Health policy and that the client is approved to access Columbus Ryan White Part A services.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Date of next review:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Review: ____/____/____	Date of next review: ____/____/____
--------------------------------	-------------------------------------

**1. Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex at Birth:  Male  Female **Gender Identity:**  Male  Female  Transgender (MTF)  Transgender (FTM)

**2. Residency Status**

Does the client live in the Columbus TGA?  Yes  No **Zip Code:** \_\_\_\_\_

**Documentation:**

- Copy of state issued identification card or driver's license
- Copy of mail from a utility or service providing company that confirms client's residency
- Copy of mail from a government agency that confirms client's residency
- Copy of a lease or mortgage statement that lists the client
- A professional's verification letter following a visit to the client's home
- Signed attestation by the client confirming residency (*may be utilized only one time in a twelve-month period*)
- Exception Form submitted to and approved by Columbus Public Health

**3. Income Status**

Does the client meet the "low-income" requirement?  Yes  No

*Low-income is defined as less than 300% FPL using the MAGI methodology. Or, with grantee exception, low income may be defined as 500% FPL using the MAGI methodology.*

Annual Income: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_ Federal Poverty Level: \_\_\_\_\_

**Documentation:**

- Copy of most current IRS Tax Transcript (three (3) years of tax transcripts if self-employed)
- Completed MAGI Worksheet with a copy of four (4) consecutive weeks of pay stubs
- Completed MAGI Worksheet with letter from employer stating earnings
- Completed MAGI Worksheet with copies of court orders for alimony or other court-ordered payments, excluding child support
- Completed MAGI Worksheet with copies of award letters for benefits from federal, state or county entitlement programs
- Signed attestation by the client stating their income, including if the client has no income (*may be utilized only one time in a twelve-month period*)
- Exception Form submitted to and approved by Columbus Public Health

**4. Insurance Status**

Does the client have health insurance?  Yes  No

**If "YES", indicate primary insurance type:**

- Private—Employer
- Private—Individual
- Medicare
- Medicaid, CHIP or other public plan
- Veterans Health Administration (VA), military health care (TRICARE), or other military health care
- Indian Health Service
- Other (*not listed above*)

**Documentation:**

- Copy of current insurance card
- Proof that the service is not covered by other third party insurance programs (*Military Veterans with VA benefits are eligible for Ryan White services*)
- Signed attestation from a professional stating the client is not eligible for health insurance coverage
- Copy of pending application, if potentially eligible
- Signed attestation that the client was informed of health insurance coverage options and the benefits of applying for health insurance coverage, but opted not to apply (*Ryan White services shall not be denied based upon client's informed decision to abstain from health insurance*)
- Exception Form submitted to and approved by Columbus Public Health

**5. Ryan White Part A Approval**

**By signing this form, I verify that all client eligibility information has been properly reviewed and documented per Columbus Public Health policy and that the client is approved to access Columbus Ryan White Part A services.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**CENTRAL OHIO  
HIV CASE MANAGEMENT NETWORK  
RELEASE FORM**

I, \_\_\_\_\_, (DOB \_\_\_\_\_) authorize appropriate staff and/or volunteers of the following Ryan White funded agencies:

- Equitas Health
- Southeast, Inc.
- Columbus Public Health
- Ohio Department of Health
- Nationwide Children's Hospital
- Ohio State University Wexner Medical Center
- AIDS Healthcare Foundation

to release/share information regarding services I have received, my HIV status, my physical, financial, chemical dependency, and/or mental health conditions, among those same agencies for the express purpose of receiving or gaining access to all services related to my current or future needs. I understand that information regarding the above will be maintained in electronic data management systems. These systems have been explained to me, and I grant permission for them to be utilized to provide services for me.

This consent may be revoked at any time in writing or by informing the agency holding the original form; except to the extent that action has already occurred in reliance thereupon. I understand that I may add other specific agencies to this form by listing and signing below. I understand that this authorization for the release of information will automatically expire 365 or \_\_\_\_\_ days after the date on the release, unless otherwise indicated below.

Date of expiration \_\_\_\_\_ Reason and date of Earlier Expiration \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative's Signature

\_\_\_\_\_  
Date

---

***Prohibition Against Re-Disclosure:*** This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.) Any information regarding an individual's HIV test, AIDS diagnosis, or AIDS-related condition has been disclosed to you from confidential records protected from disclosure by state law. You are not authorized to disclose this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. Please note that a general authorization for the release of medical or other information, as signed by the patient, is not sufficient for the release of the HIV test results or diagnosis.

# Central Ohio HIV Housing Network Release Form

I, \_\_\_\_\_, (DOB \_\_\_\_\_) authorize appropriate staff of the following Ryan White and/or Housing Opportunities for Persons with AIDS (HOPWA) funded agencies (check all that apply):

- AIDS Healthcare Foundation
- Columbus Public Health – Part A
- Equitas Health
- FACES Clinic at Nationwide Children’s Hospital
- Lancaster Fairfield Community Action Agency
- Southeast, Inc.

To release/share information regarding services I have received, my HIV status, my financial situation and housing status, among those same agencies for the purpose of determining eligibility for Ryan White Part A and/or HOPWA housing services related to my current or future needs. I understand that information regarding the above may be maintained in electronic data management systems. These systems have been explained to me, and I grant permission for them to be utilized to provide services for me. Furthermore, I understand the agencies named above may communicate with one another regarding housing services that may be available to me in order for the most appropriate service to be accessed.

No agency above may condition treatment or enrollment in housing services on whether the client or guardian signs this form.

This consent may be revoked at any time in writing or by informing the agency holding the original form; except to the extent that action has already occurred in reliance thereupon. I understand that I may add other specific agencies to this form by listing and signing below. I understand that this authorization for the release of information will automatically expire after ONE YEAR or \_\_\_\_\_ days after the date on this release, unless otherwise indicated below.

Date of expiration \_\_\_\_\_. Reason and date of earlier expiration \_\_\_\_\_

\_\_\_\_\_  
**Client or Guardian’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Representative’s Signature**

\_\_\_\_\_  
**Date**

**Client has a right to receive a copy of this authorization upon request.**

**Prohibition Against Re-Disclosure:** *This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.) Any information regarding an individual’s HIV test, AIDS diagnosis, or AIDS-related condition has been disclosed to you from confidential records protected from disclosure by state law. You are not authorized to disclose this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. Please note that a general authorization for the release of medical or other information, as signed by the patient, is not sufficient for the release of the HIV test results or diagnosis.*

Date of Intake: \_\_\_\_/\_\_\_\_/\_\_\_\_

RWA Eligibility Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Identity:  Male  Female  Transgender (MTF)  Transgender (FTM)

Home Address (including city, state, and zip code): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method(s) of Contact (check all that apply):

Mail  Phone  E-mail

May confidential messages be left on voicemail?

Yes  No

**Housing Status Information**

What is the client's current living situation?

Unstable Housing:

- Homeless/Street
- Homeless/Emergency Shelter
- Jail/Prison
- Hotel/Motel
- Other: \_\_\_\_\_

Temporary Housing:

- Transitional Housing
- Living with Relative/Friend
- Hospital/Medical Facility
- Substance Abuse Treatment Facility
- Other: \_\_\_\_\_

Stable Housing:

- Permanent Supportive Housing
- Renting Unsubsidized Apartment
- Renting Subsidized Apartment
- Owning House/Apartment
- Other: \_\_\_\_\_

Does the client access utility assistance, e.g. HEAP, PIPP?  Yes  No

If YES: What utility assistance does the client receive? \_\_\_\_\_

**Vocational Information**

What is the client's highest level of education completed?

- Some High School
- High School Diploma
- GED
- Some College
- Associate's Degree
- Vocational Training
- Bachelor's Degree
- Graduate Degree

Is the client currently: Enrolled in school  Yes  No  
Employed  Yes  No  
Retired  Yes  No

Enrolled in job training  Yes  No  
Seeking employment  Yes  No

If the client is employed, average number of hours worked/week: \_\_\_\_\_

**Requested Service Information**

What service assistance does the client need? (check all that apply)

- Rent
- Utility
- Application Fee
- Moving Expense
- Housing Case Management

**Community Resource Assistance Information**

Based upon information documented by the referral source on the Housing Referral Form, have community resources been exhausted enabling Equitas Health to be the payer of last resort?  Yes  No  NA

If NO: Equitas Health is responsible for assisting the client with obtaining financial assistance prior to providing financial assistance, if financial assistance is requested.

**Client Agreement**

I \_\_\_\_\_ agree that all of the information documented above is accurate and true.

Client Signature: \_\_\_\_\_

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

Housing Case Manager Signature: \_\_\_\_\_

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

Date of Housing Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_

# of Service Units Used YTD: \_\_\_\_\_  
(prior to this housing plan)

**Client Information**

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Presenting Problem**

Describe the client's circumstances and the reason for the request for assistance.

**Housing Goals** (check all that apply)

**Housing Services:**

- To obtain temporary shelter
- To obtain permanent housing
- To obtain emergency financial assistance to maintain current housing

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

**Emergency Financial Assistance:**

- To obtain emergency financial assistance with utility payment
- To obtain emergency financial assistance with application fee
- To obtain emergency financial assistance with moving expenses

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

**Housing Goals, continued** (check all that apply)

**Housing Case Management:**

- To enroll into:  housing assistance programs     utility assistance programs  
 To establish and follow a new budget  
 To establish a payment plan with:  landlord     utility company  
 To resolve tenant/landlord issues

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

Other: \_\_\_\_\_

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

**Referrals**

Agency Name/ Phone Number	Agency Address	Agency Hours of Operation	Service(s) Provided

**Housing Case Manager Information**

Housing Case Manager Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Budget Information**

Monthly Income: \$ \_\_\_\_\_

	<b>Current Budget</b>	<b>New Budget</b>
Rent/Mortgage	\$ _____	\$ _____
Home/Rental Insurance	\$ _____	\$ _____
Storage	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Water/Sewer/Trash	\$ _____	\$ _____
Cable/Internet	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____
Medical or Rx Copays	\$ _____	\$ _____
Public Transportation	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Auto Fuel/Maintenance	\$ _____	\$ _____
Food	\$ _____	\$ _____
Personal Care/Toiletries	\$ _____	\$ _____
Laundry/Laundromat	\$ _____	\$ _____
Cigarettes	\$ _____	\$ _____
Pet Care	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Credit Card/Debt Payments	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Court Fines/Fees	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>

**NEW:** Total Household Income: \$ \_\_\_\_\_ - Total Expenses \$ \_\_\_\_\_ = \$ \_\_\_\_\_

If income is insufficient, how will the household be maintained?

**Client Agreement**

I acknowledge I helped make this plan and understand I am responsible for parts of this plan. My housing case manager has explained this plan to me. I agree to follow this plan and to tell my housing case manager if anything changes. I agree to stay in contact with my housing case manager.

Client Signature: \_\_\_\_\_

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

Housing Case Manager Signature: \_\_\_\_\_

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

# Ryan White Part A/HOPWA-STRMU Housing Service Limit Exception Form

Due to funding constraints, there is a limit on the amount of times financial assistance for rent, mortgage, utilities, application fees, and/or moving expenses may be provided to a client. Through Ryan White Part A Housing, clients may receive financial assistance a maximum of three times/calendar year. Additionally, there is a 24 month maximum lifetime limit. Through HOPWA-STRMU, clients may receive a maximum of \$1,500 per twelve month period. Circumstances may require individual exceptions to the service limit policy. Exceptions are made on a case-by-case basis and availability of funding. All determinations are final. Complete all sections of this form and return it to the program checked below.

**Housing Provider:** \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address (including city, state, and zip code): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Request Information** (check all that apply)

- Rent \$ \_\_\_\_\_     
  Mortgage \$ \_\_\_\_\_     
  Utility \$ \_\_\_\_\_  
 Application Fee \$ \_\_\_\_\_     
  Moving Expense \$ \_\_\_\_\_

**Reason for Exception** (check all that apply)

<b>Ryan White Part A Housing</b>	<b>HOPWA-STRMU (please note, if approved for an exception, the maximum exception assistance is \$1,500.)</b>
<input type="checkbox"/> Severe medical condition	<input type="checkbox"/> Additional unexpected hardship
<input type="checkbox"/> Major delay in service delivery	<input type="checkbox"/> Plan for maintaining housing independence was unsuccessful
<input type="checkbox"/> Significant safety concern	
<input type="checkbox"/> Other (please list): _____	

**Exception Request Description** (please provide additional information that will help justify the need for an exception)

**Referral Source Information**

Professional's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Professional's Signature (required): \_\_\_\_\_

<b>HOUSING SERVICE PROVIDER USE ONLY</b>	
Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More information needed	
Notes:	
Professional's Signature: _____	Date of Decision Notification: ____/____/____

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ (name of agency and hereinafter referred to as “agency”) is requesting \_\_\_\_\_ gas cards and \_\_\_\_\_ bus passes to be distributed to Ryan White Part A-eligible clients (eligible clients are those currently enrolled in the Columbus TGA Ryan White Part A program and have a Ryan White Part A Eligibility Form on file at Columbus Public Health).

Ryan White Part A medical transportation services are available for eligible clients to access core medical and support services. This includes travel between the funded providers, as well as transportation assistance to government agencies or medical facilities required by any of the service’s eligibility requirements.

The agency agrees to distribute transportation assistance according to the following guidelines:

- Bus Passes: Bus passes are distributed in an increment of a one-day bus pass (COTA Mainstream bus passes are available on a case-by-case basis, approved by Columbus Public Health).
- Gas Cards\*: Gas cards are distributed in an increment of \$5 and are based on the distance to each documented appointment. Appointments conducted in one day should have mileage calculated together. Appointments scheduled over multiple days should have mileage calculated for each day of the appointments.
  - 20 miles or less = \$5 gas card
  - 21 miles-50 miles = \$10 gas cards
  - For every 25 miles after 50 = \$5 gas card

*\*Gas card increments were calculated based upon average gas prices of \$3.25 and 15 miles/gallon. When dramatic increases/decreases in gas prices occur, temporary guideline adjustments will be issued.*

The agency further agrees that any time medical transportation assistance is provided the Ryan White Part A Transportation Assistance Form will be completed and maintained in the client’s file. A copy should be maintained in a binder with the agency, making it available to Columbus Public Health upon request.

\_\_\_\_\_  
*Requestor Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Requestor Signature*

\_\_\_\_\_  
*Requested Date of Pick-Up*

\_\_\_\_\_  
*Columbus Public Health Signature*

\_\_\_\_\_  
*Date of Pick-Up*

Bus Pass # \_\_\_\_\_ - # \_\_\_\_\_

Gas Card # \_\_\_\_\_ - # \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Information**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Appointment Information**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medical Case Management Visit               | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Ryan White Programming (e.g., COHPA) |
| <input type="checkbox"/> Non-Medical Case Management – Support Visit | <input type="checkbox"/> Dental        | <input type="checkbox"/> Social Service Agency                |
| <input type="checkbox"/> Linkage to Care Visit                       | <input type="checkbox"/> Other: _____  |   |
| <input type="checkbox"/> Outpatient Ambulatory                       |  |   |

Appointment Date(s): \_\_\_\_\_

Provider Name(s): \_\_\_\_\_

*Clients Receiving Gas Cards:*

Originating Address(es): \_\_\_\_\_

Destination Address(es): \_\_\_\_\_

**Transportation Assistance**

- Bus passes are distributed in an increment of a one-day bus pass (COTA Mainstream bus passes are available on a case-by-case basis, approved by Columbus Public Health).
- Gas cards are distributed in an increment of \$5 and are based on the distance to each documented appointment. Mileage should be calculated together for appointments conducted in one day and calculated for each day for appointments scheduled over multiple days.
  - 20 miles or less = \$5 gas card
  - 21 miles-50 miles = \$10 gas cards
  - For every 25 miles after 50 = \$5 gas card

**Type of Service:**

- |                                       |         |         |         |         |         |
|---------------------------------------|---------|---------|---------|---------|---------|
| <input type="checkbox"/> Gas Card(s)  | # _____ | # _____ | # _____ | # _____ | # _____ |
| <input type="checkbox"/> Bus Pass(es) | # _____ | # _____ | # _____ | # _____ | # _____ |

Will the bus pass/gas card be mailed to the client?  Yes  No  
 If YES: *It is not necessary to obtain the client's signature below.*

**Client Agreement**

**I understand that transportation assistance is provided for me to access my medical appointments and/or support services and that I will not be provided with cash payments. I am aware that my provider may be contacted to verify that I attended my appointment(s).**

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Professional's Signature*

\_\_\_\_\_  
*Date*