

United Way of Greater Union County

33 West Grand Street Elizabeth, NJ 07202 Phone Number: 908-353-7171 Fax: 908-353-6310



Website: www.nemaplanningcouncil.org Facebook: http://www.facebook.com/NewarkEMA

SERVICE STANDARDS FOR					
Emergency Financial Assistance					
Origination Date: July 9, 2020					
Reviewed/approved by the Continuum of Care Committee	July 9, 2020				
Approved by the Planning Council	August 19, 2020				

In addition to the Universal Standards, you are also expected to follow the following guidelines.

I. GOAL

The goal of Emergency Financial Assistance is to provide PLWHA assistance in maintaining or accessing essential services in order to support linkage to or retention in care.

II. DESCRIPTION

Emergency Financial Assistance provides limited, one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

III. KEY SERVICE COMPONENTS AND ACTIVITIES

- Rental /Move-in Assistance
- Utility Assistance
- Vouchers for food
- Medication Assistance
- Transportation

IV. SERVICE LIMITATIONS

Emergency Financial Assistance services must comply with the following limitations for assistance:

- No more than \$3,000.00 per individual / household annually
- No more than two encounters per individual/household annually
- No more than three months of unpaid utility charges per encounter
- Emergency assistance with rent is limited to three months of back rent and two encounters annually.
- Emergency assistance with initial rental payments is limited to assistance for the first 3 months of residency.
- Emergency Assistance may be used to pay for any allowable HRSA funded RWHAP service on an emergent basis or for a short-term need/ No more than 3 months
- May not include direct cash payments to clients, cannot be used for mortgage payments or security deposits for rental units.
- A written request to waive restrictions is required for all services that exceed limitations for assistance.
 Written request must be approved by the recipient prior to providing assistance.

[&]quot;To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren."

V. ASSESSMENT AND SERVICE PLAN

Development and Implementation of an individualized service plan

- Determine the need for financial assistance
- Contact Payee for payment information
- Follow up with payee and client to assure that payment was received
- Follow up to ensure that client was linked to/retained in care

DOCUMENTATION

Written documentation is kept for each consumer which includes:

- 1. Consumer's name and unique identifier number
- 2. Proof of HIV+ status
- 3. Initial Intake
- **4.** Documentation of need (e.g. bill or letter of termination)
- 5. Documentation of Certification and Recertification
- 6. Documentation of assessment/reassessment
- 7. Signed initial and updated individualized service plan
- 8. Evidence of consent for services
- **9.** Progress notes detailing each contact with or on behalf of the consumer. These notes should include date of contact and names of person providing the service
- **10.** Evidence of the client's understanding of his/her rights and responsibilities
- 11. Signed "Consent to release information" form. This form must be specific and time limited
- 12. This shall comply with all required documentation from NEMA Universal Standards of Care

VI. ENGAGEMENT AND RETENTION OF CLIENTS

Refer to Universal Service Standard

VII. STAFF QUALIFICATIONS AND TRAINING

Each funded agency is responsible for establishing job descriptions and qualifications for each of the case management positions. It is suggested that a team approach better accomplishes the activities required for comprehensive Case Management.

CASE MANAGER

Qualifications/Training

- 1. Associate's/Bachelor's degree in health or human services related-field preferred
- 2. A minimum of 1-year past experience working with persons with or at high risk of HIV infection preferred
- 3. Ongoing education/training in related subjects including "prevention with positives"
- **4.** Agency will provide new hires with training regarding confidentiality, Stigma, Health Education and Risk Reduction, Health Literacy, client rights and the agency's grievance procedure
- 5. Annual staff evaluation/performance review

Duties/Responsibilities

- Responsible for providing non-medical case management for clients and their families/support system
- Advocates for clients to obtain the full range of needed services
- Ensures coordination of services and retention in care
- Promotes linkage development and monitors the effectiveness of these linkages
- Responsible for accurate and timely recording of client progress notes
- Ensures that data is entered in the CHAMP system within 5 days of service

VIII. ADDITIONAL PROGRAM GUIDANCE: [HIV/AIDS BUREAU POLICY 16-02]

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

EFA covers all RWHAP services if it is not ongoing or continuous, but security deposits are not an allowed expense. However, funds may be used to pay upfront for 3 months of rent which allows the client to make payment arrangements to cover for the security deposit.