# Housing Support Service Guidance for Funding Sources Ryan White Part B and State of Florida General Revenue

The Florida Department of Health, HIV/AIDS Section, has added housing as an allowable support service under the following funding sources: Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue.

### **Purpose**

- To expand upon housing services as described in the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.
- To provide guidance on allowable costs for housing services funded by Ryan White Part B and State of Florida General Revenue.

#### **Please Note**

The Ryan White Part B housing support service should only be used as a last resort if a client is not qualified for the Florida State Housing Opportunities for Persons With AIDS (HOPWA) Program, and should not supplant HOPWA. Also, transferring the client from one funding source (such as HOPWA) to another (such as Ryan White Part B) is not a substitute for assisting the client towards financial independence and self-sufficiency. Local areas may develop and implement requirements that are stricter based on local needs.

Neither Ryan White HIV/AIDS Program (RWHAP) funds nor RWHAP matching funds may be used "for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source [Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act]. This means that a client may not access Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue when the client is receiving or is eligible to receive the housing services in another local, state, or federal program. This requirement does not preclude an individual from receiving allowable housing services not provided by other local, state, or federal programs, or pending a determination of eligibility from these other programs. The housing services provided by Ryan White Part B may be used for

HIV-related services only when no other source of payment exists.

# Overview/Description

Housing services provide short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain medical care. The allowable housing services include housing referral services and transitional, short-term, or emergency housing assistance. Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness, and to gain or maintain access and compliance with HIV-related medical care and treatment. Housing services must also include the development of an individualized **Housing Plan of Care** (Attachment 1) that must be updated monthly to guide the client's linkage to permanent housing.

### **Program Guidance**

Lead agencies and subcontractors utilizing the housing support service line item must develop mechanisms to allow newly identified clients access to housing services (including clients that are already homeless). These lead agencies and subcontractors must assess every client's housing needs at least monthly to determine the need for new or additional services. In addition, lead agencies and subcontractors must develop an individualized Housing Plan of Care for each client receiving housing services and update it monthly. Lead agencies and subcontractors must provide the HIV/AIDS Section with a copy of the individualized, written Housing Plan of Care (consistent with this Housing Policy) upon request.

Short-term or emergency assistance is understood as transitional in nature, and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Thus, such assistance cannot be permanent; and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Lead agencies, subcontractors, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months, and HRSA/HAB recommends that lead agencies and subcontractors consider using HUD's definition as their standard. However, the HIV/AIDS Section has set a cap of 12 months of housing assistance within a 24-month period, which can be for consecutive months, where one month of assistance includes

rent and/or utility assistance (and is based on funding availability). Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue funds can be used to pay for bills before they are due. However, they do not have to pay the full amount for bills, and can provide partial subsidy especially if funds are limited.

# Allowable Housing Expenditures

Funds received under Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue **may** be used for the following housing expenditures:

- Housing-related referral services (and fees associated with these services) including housing assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs (can fund a FTE staff position to perform the above tasks to get clients into permanent, stable housing); or
- Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:
  - Housing services that include some type of core medical or supportive service including, but not limited to, residential substance use disorder services/treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
  - O Housing services that do not provide direct core medical or supportive services, but are essential for a client or family to gain or maintain access to and compliance with HIV-related medical care (outpatient/ambulatory health services) and treatment (necessity of housing services for purposes of medical care must be certified or documented by, for example, a note from the case manager).

# Non-Allowable Housing Expenditures

Funds received under Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue **may not** be used for the following housing expenditures:

- Direct cash payments to clients.
- Mortgage payments.

- Rental/security deposits. Because rental/security deposits are typically returned to clients as cash, this would violate the prohibition on providing cash payments to clients. In some instances, deposits may be retained as payment (e.g., damage to the property). As such costs would additionally be unallowable, RWHAP lead agencies and subcontractors cannot pay for a rental/security deposit using federal funds, program income generated from federal funds, or pharmaceutical rebates generated from federal funds.
- If funding a FTE staff position for housing-related referral services, staff cannot perform medical or non-medical case management services. However, if multiple responsibilities are performed by a single FTE, then there must be a differentiation between staff roles and funding source (e.g., dual timekeeping should be done by staff with blended responsibilities for more than one program).

Using the "Housing"
Support Service
Category vs. the
"Emergency
Financial
Assistance" Support
Service Category

The "Housing" support service category should be used to cover transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment that extends beyond a one-time payment and there is a need for additional housing services. Clients receiving housing services must have their housing needs assessed annually and an individualized written Housing Plan of Care developed monthly to determine if there is a need for new or additional housing services. The housing service category can be used for clients that are on a waitlist for HOPWA Tenant-Based Rental Assistance (TBRA) as funding allows.

"Emergency Financial Assistance (EFA)" provides limited one-time or short-term payments to assist a client with an emergent need for paying expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication when other resources are not available to help. EFA can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for EFA will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through EFA, and should be reported in the applicable service category.

Therefore, the **EFA** support service category should be used for a housing service that consists of a one-time payment for a client's utility or housing bill. This one-time payment can be every three months. A housing assessment and individualized Housing Plan of Care would **NOT** be required for a one-time housing payment provided under EFA.

#### **Documentation**

The following must be documented when using the "Housing" line item funds:

- Total housing services provided, including the number of clients served, duration of housing services, types of housing provided, and housing-related referral services.
   This must be included in the monthly invoice.
- Staff providing housing services (case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs). This must be included in the monthly invoice.
- Client-specific records that document (available upon request):
  - Client eligibility.
  - Housing services, including referral services provided.
  - Mechanisms that are in place to allow newly identified clients access to housing services.
  - Monthly individualized, written Housing Plans of Care (consistent with this Housing Policy) covering each client receiving short-term, transitional, and emergency housing services.
  - Type of housing assistance (e.g., rent, utility, hotel, housing-related referral services) provided to clients to help them obtain long-term, stable housing.
  - Housing assistance using the Client Housing Support Service Payment Assistance Worksheet (Attachment 2).
- Funds have been used only for allowable purposes; assurance that no Ryan White funds were used to provide direct cash payments to clients, for mortgage payments, or rental/security deposits. This will be reviewed during fiscal monitoring.

<u>Please Note:</u> The Housing Support Service File Review Worksheet (Attachment 3) will be used in conjunction with the "Patient Care Universal and Programmatic Monitoring Tool" to verify the required documentation.

# Development of the Housing Plan of Care

Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue funded providers must document the appropriateness of providing housing assistance for each assisted household. In providing this housing assistance, the lead agency's/subcontractor's qualified staff should assess the client's housing needs and related resources, along with the reasons or causes of the housing need. The assessment should help determine how to best use the housing assistance in connecting the on-going permanent housing arrangements. including forms of supportive housing or more independent living arrangements reasonably associated with the assessment of the client's needs. Ongoing assessment of the housing assistance and supportive services is required by PCN 16-02. These requirements should be met through a housing needs assessment and the development of an individual Housing Plan of Care for each assisted household.

The Client Needs Assessment for Assistance (Attachment 4) is intended to provide information to help achieve housing stability, and is an opportunity to collect as much information as possible about the household's needs, preferences, and challenges. This information helps inform the development of a Housing Plan of Care and the services that are subsequently provided.

Within 15 days of the start of housing assistance, the client (with the help of the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager) will develop and commit to an individualized Housing Plan of Care. The primary goal of the Housing Plan of Care is to assist the client in maintaining independence from the housing assistance at the end of the time-limited assistance. The Housing Plan of Care will address the following financial aspects:

- Budget and money management issues (e.g., if the cause for housing debt is related to the household's poor money management practices, such as the use of credit cards or cash for non-essential items, or entertainment activities).
- Assisting the client to plan and budget their finances. In assisting the client to plan his/her finances, the client and the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager should continue to review all items on the Client Budget Worksheet (Attachment 5), including the goals and the progress to achieving these goals.
- Accessing additional income sources and social services.
- Time frames for completing various disability applications, participating in the telephone interview, gathering all

- medical records, and a contingency plan in the event the disability application is denied.
- Coaching session on how to go to the source of debt and establish a workable payment plan.
- Referring the client to credit or financial counseling company.

<u>Please Note:</u> Although the regulations and guidelines do not specifically include criteria that would preclude assistance based on a client's assets, assets should be considered when determining the client's ability to pay for and maintain permanent, affordable housing beyond Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded housing assistance.

In addition to the financial aspects addressed during the development of the Housing Plan of Care, alternatives to RWHAP housing services should be explored and include, but are not limited to, the following:

- Exploring lower cost housing options.
- Exploring housing options with family members.
- Exploring locations close to family members for increased family support.
- Seeking public housing or other public assistance housing programs.
- Moving to a community where the client has a support network, and/or access to affordable and available housing.

The Housing Plan of Care should document a household's goals for housing, identify resources and services needed to achieve those goals, outline what assistance will be delivered and who will deliver it, and include an estimated timeline for achieving goals. The Housing Plan of Care should identify the household's on-going housing stability needs and likely options for providing related assistance (including the use of other housing programs and mainstream health and human welfare programs) in connection with their need to access medical treatment and supportive services associated with HIV/AIDS issues. All Housing Plans of Care should be developed collaboratively between a household and Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager or other appropriate staff person.

Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Managers (as authorized by contract, and these policies and procedures) are responsible

for making sure clients meet the housing assistance qualifications and requirements; for assisting with the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue housing assistance application process; for documenting and verifying that all requirements for the assistance are met; for developing a Housing Plan of Care; and for maintaining accurate and updated files on clients.

The Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager will help the client develop their individualized Housing Plan of Care, which is a written assessment with the primary goal of assisting the client to achieve independence from Ryan White Part B. Patient Care Networks General Revenue, or 4B000 General Revenue funded housing assistance and live within their financial means. The Housing Plan of Care is developed by the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager together with the client to determine the need for housing assistance, the type of housing assistance, and what will happen at the end of the timelimited housing assistance being provided. Housing assistance must be provided in a manner that has a sufficient or clear beneficial effect on addressing the client's assessed immediate or short-term housing needs, and only be provided in connection with the client's demonstrated compliance with the Housing Plan of Care.

The Housing Plan of Care should be simple and clear statements that include the goals of the client in securing stable and permanent housing independent of continued Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded housing assistance. The Housing Plan of Care should include SMART (Specific, Measurable, Attainable/Achievable, Relevant, and Time bound) goals with target dates, should document progress towards achieving these goals and dates, and should document the accomplished goals and completion dates.

The Housing Plan of Care should be updated monthly. Each month the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager should review the client's need for continued housing and financial assistance. The financial status of the client is reviewed and modified as necessary, and documented in the Housing Plan of Care. If there have been any financial changes, then the client should provide appropriate documentation of all income and expenses.

Documentation of efforts to secure permanent housing, help the client to achieve independence, and help the client to maintain affordable housing must be maintained in the client's file. The Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue funded providers reserve the right to refuse further assistance if the client does not demonstrate an effort to implement all or portions of his/her Housing Plan of Care.

# CAREWare Instructions

- The following documents must be scanned and attached under the "Unique IDs" tab, "Attachments" hyperlink:
  - Housing Plan of Care (Attachment 1).
  - Client Housing Support Service Payment Assistance Worksheet (Attachment 2).
  - Client Needs Assessment for Assistance (Attachment 4).
  - o Client Budget Worksheet (Attachment 5).
- Documents must have an identifying name; use drop down box to select "Housing."
- The comment box is not required, but is encouraged if needed.
- The four housing documents should be updated and scanned into CAREWare as needed.

Reporting
Requirements
(please consult each
of these reporting
requirements'
respective manuals
and/or guidance for
more specific details
and due dates)

#### Ryan White HIV/AIDS Program Services Report (RSR)

As per the *Ryan White HIV/AIDS Program Services Report* (*RSR*) *Instruction Manual*, the housing support service is a required client-level data element for RWHAP services.

Therefore, this information must be captured in the RSR.

The "client's housing status" is required for clients with service visits in the housing services category (the below is excerpted from the Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual).

XML Variable Name: HousingStatusID

This data element is the client's housing status at the end of the reporting period. There are three response categories for this data element:

Stable Permanent Housing.

- Temporary Housing.
- Unstable Housing.

### Stable Permanent Housing includes the following:

- Renting and living in an unsubsidized room, house, or apartment.
- Owning and living in an unsubsidized house or apartment.
- Unsubsidized permanent placement with families or other self-sufficient arrangements.
- HOPWA-funded housing assistance, including TBRA or Facility-Based Housing Assistance, but not including the Short-Term Rent, Mortgage, and Utility (STRMU) Assistance Program.
- Subsidized, non-HOPWA, house or apartment, including Section 8, the HOME Investment Partnerships Program, and Public Housing.
- Permanent housing for formerly homeless persons, including Shelter Plus Care, the Supportive Housing Program (SHP), and the Moderate Rehabilitation Program for SRO Dwellings (SRO Mod Rehab).
- Institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or long-term care facility).

### <u>Temporary Housing</u> includes the following:

- Transitional housing for homeless people.
- Temporary arrangement to stay or live with family or friends.
- Other temporary arrangement, such as a Ryan White Program housing subsidy.
- Temporary placement in an institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility, or detoxification center).
- Hotel or motel paid for without emergency shelter voucher.

### Unstable Housing Arrangements include the following:

- Emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside.
- Jail, prison, or a juvenile detention facility.
- Hotel or motel paid for with emergency shelter voucher.

These definitions are based on:

- HOPWA Program, Annual Progress Report (APR), Measuring Performance Outcomes, form HUD-40110-C.
- McKinney-Vento Act, Title 42 US Code, Sec. 11302, General definition of homeless individual.

"Core medical and support services delivered" must be reported if eligible clients received housing support services during the reporting period (the below is excerpted from the Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual).

XML Variable Name: ClientReportServiceDelivered

- Service Delivered.
- ServiceID (see table in the manual).
- DeliveredID (2—Yes).

# **Planned Leveraged Non-HOPWA Funds**

RWHAP housing support services MUST also be reported to the Florida State HOPWA Program as leveraged funds.

Florida State HOPWA Program project sponsors are required to complete the Planned Leveraged Non-HOPWA Funds table in the *Florida State HOPWA Program Policies and Procedures* (Attachment 26). This table is used to list other federal, state, local, and private funds planned to be used and actually used in conjunction with HOPWA funds. The state must illustrate plans to obtain and use other public and private resources to be used for the purpose of providing HOPWA housing activities to and addressing the critical housing needs of persons living with HIV/AIDS. Therefore, the information requested for this form must be provided in order for the state to continue to receive a HOPWA grant award from HUD.

Other resources (non-HOPWA leveraged resources) to be used in conjunction with HOPWA funds refers to cash resources separate from the HOPWA contract award; and may include cash and in-kind contributions, such as the value of services or materials provided by volunteers, or by other individuals or organizations. The organizations may include, but are not limited to: Housing Choice Vouchers (Section 8), Public Housing Authority units, Supportive Housing for Persons with Disabilities/Elderly, Ryan White HIV/AIDS Treatment Modernization Act programs, and other federal programs, state funds, local government funds, and private philanthropy.

The Planned Leveraged Non-HOPWA Funds table information is included in the HOPWA Annual Progress Report (APR) and then incorporated into the Consolidated Annual Progress and Evaluation Report (CAPER), which is the report submitted by the State HOPWA Program to the Florida Department of Economic Opportunity who then submits the final CAPER (including three other housing partners' data) to HUD.

Coordination
Between Ryan White
Part B, Patient Care
Networks General
Revenue, or 4B000
General Revenue
funded Case
Managers and
HOPWA
Program/HOPWA
Housing
Coordinators

Coordination should be done between Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Managers and HOPWA Housing Coordinators regarding clients, which will not only provide benefit from their experience, resources, and processes/systems, but also ensure there is not duplication of housing services. In addition, this coordination ensures that clients are not being transferred from one program (HOPWA) to another (Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue) and possibly back again, delaying addressing the client achieving financial independence and self-sufficiency. Finally, the client will be best served by his/her medical and housing care team working together to ensure improved health outcomes and housing stability.