

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Emergency Financial Services Directive – Tri-County
Approved by the HIV Planning Council on February 22, 2018

Service Category Goals¹	NY Integrated HIV Prevention and Care Plan² Goals	Program Directive & Service Model	Client and Agency Eligibility
<p>Goals:</p> <p>Provide short-term financial assistance for essential services including utilities, housing, food (including groceries, and food vouchers), or medications, provided to clients with limited frequency and for limited periods of time to enhance immunological status, improve health outcomes, and reduce disease transmission.</p>	<p>Goals:</p> <p>Goal #2: Increase access to care and improving health outcomes for people with HIV.</p> <ul style="list-style-type: none"> • Enhance efforts that ensure access to adequate, stable housing that is affordable and accessible, transportation, employment, nutrition, substance abuse treatment, mental health services, and child care, as appropriate. <p>Goal #3: Reduce HIV-related disparities and health inequities.</p>	<p>Services should be client-centered, non-judgmental, guided by harm reduction principles, trauma-informed, culturally appropriate, sensitive to physical, behavioral, psychosocial, and sensory impairments, and tailored to the populations served. A variety of engagement strategies should be employed to ensure that client-specific needs are met. Clients should be included in decision making whenever possible. Services may include, but are not limited to the following:</p> <p>Service Model:</p> <p>Permissible services include:</p> <ul style="list-style-type: none"> • Short-term financial assistance for essential services including utilities, housing, food (including groceries and food vouchers), or medications (to prevent an 	<p>Client Eligibility Criteria:</p> <ul style="list-style-type: none"> • All HIV-positive individuals in the EMA who meet Ryan White eligibility requirements are eligible for Ryan White-funded emergency financial assistance, subject to payer of last resort requirements. Clients must present proper documentation of an emergency need. • Active substance use and/or criminal conviction history does not preclude client eligibility for and maintenance in services. <p>Agency Eligibility Criteria:</p> <ul style="list-style-type: none"> • Non-clinical and clinical settings • Organizations providing services must have experience serving HIV-positive individuals and experience with emergency financial assistance services and vouchers systems. • Organizations must have experience working with a wide range of individuals ranging from those who are easily engaged in care to those who tend to be out-of-care or sporadically in care.

¹ HRSA/HAB Division of Metropolitan HIV/AIDS Programs. Program Monitoring Standards – Part A. Available at <http://hab.hrsa.gov/manageyourgrant/files/programmonitoringparta.pdf>

² Available at https://www.health.ny.gov/diseases/aids/providers/reports/scsn/docs/integrated_hiv_prevention_plan.pdf.

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Service Category Goals ¹	NY Integrated HIV Prevention and Care Plan ² Goals	Program Directive & Service Model	Client and Agency Eligibility
	<ul style="list-style-type: none"> Support the coordination of, and access to, additional resources directed at addressing the HIV-related social determinants. 	<p>interruption in adherence), provided to clients with limited frequency and for limited periods of time when other resources are not available. Assistance to be provided through either short-term payments to entities or the establishment of voucher programs.</p> <p>“Short-term and limited” are defined as a maximum of \$2000 per household in a 12 month period.</p> <ul style="list-style-type: none"> Referrals and linkage to on-going assistance (e.g., other RW programs, HOPWA, ADAP, Medicaid, local public assistance and social service agencies, etc.) <p>Excluded Services:</p> <ul style="list-style-type: none"> Direct cash payments to clients 	<ul style="list-style-type: none"> Organizations must be able to address, either directly or through referral, the needs of clients with physical, behavioral, psychosocial, or sensory impairments. Agencies must either be co-located or have established linkages with programs providing early intervention services, medical care, mental health, alcohol and substance use services, medically appropriate housing programs, food and nutrition services, and other unmet social needs including non-medical case management, supportive counseling and family stabilization services, home and community based health services, and health education and risk reduction and make referrals as appropriate; assessment and engagement into health insurance programs; and navigation, linkage, and reengagement. Agencies must ensure that staff members are appropriately credentialed to provide the services listed herein, have HIV knowledge, training and cultural sensitivity appropriate to the populations served, and have knowledge and skills related to the needs of the populations served. Agencies must have the capacity to provide services in the languages spoken by the populations served. Funded agencies providing services to Tri-County³ residents must have service sites geographically located within Tri-County, accessible to, and able to service clients from throughout the NY EMA.

³ Tri-County refers to the part of the New York Eligible Metropolitan Area (NY EMA) located north of New York City which includes the three counties of Putnam, Rockland, and Westchester.