Ryan White CARE Act passed Congress in:
• 1988
• 2004
• 1991
• 1990

**BONUS** – What does CARE stand for?
Client Assistance & Housing Funds

Two key operating principles…

1991 Ryan White CARE Act

Ryan White Funding is intended to address the emergency needs of people living with HIV, and must be the funding of last resort! This is not an entitlement.

Written documentation is required.
Who was Ryan White?
- Michael Jackson’s BFF
- A person with HIV
- A Hoosier
- Jeanne White’s son
Client Assistance & Housing Funds

Ryan White Eligibility:

- Documentation of HIV status, including CD4/VL done within the past six months.
- Federal income cap of 300% of the Federal Poverty Level (by family size) using gross income.
- In cases where the client is affected rather than infected, the service(s) must be intended to provide direct benefit for the infected individual(s), and,
- Must be a resident(s) of the Greater Hartford Transitional Grant Area (TGA).
What does the FPL stand for?
• Federal Planning Level
• Federal Policy League
• Females for Penis Liberation
• Federal Poverty Level
Client Assistance & Housing Funds

Services:
- Outpatient Ambulatory;
- Medical Fee for Service;
- Lab Fees;
- Mental Health;
- Health Insurance Premium;
- Utilities Assistance;
- Food Vouchers;
- Medical Transportation; and
- Housing.

ACT no longer has funds for Dental Services. You must contact the Hartford Gay and Lesbian Health Collective.
Required Client Eligibility Documentation

- **ACT checklist/cover page.** (DO NOT send a request without completing this form!)
- The standard 2 page Ryan White client intake or CAREWare form;
- CAREWare sharing agreement;
- Eligibility worksheet;
- Household income verification (Current year’s DSS award, **one month of consecutive, recent paystubs** (two biweekly paystubs, or **four consecutive weekly paystubs**), notarized letter documenting other income);
- Referral form;
- Release of Information form;
- Acknowledgement of ACT grievance policy;
- Documentation of HIV status, including CD4/VL done within the past six months;
- Request form(s).
Ryan White Eligibility contains three key components. Choose the one that is NOT included:
• HIV diagnosis
• Income of 300% or less of the Federal Poverty Level
• Resident of Hartford
• Resident of Hartford, Tolland or Middlesex Counties
FAX
TO: AIDS Connecticut Client Assistance, Fax # 860-761-6711
FROM: _____________________________________________________
DATE:___________________ PAGES: ______ (including cover)________
RE: ACT HAF/CAF Request________________________________________
Required Checklist:

In CW Attached

☐ Ryan White Intake Form OR CAREWare Demographic Report
☐ Ryan White Eligibility Worksheet and Income Verification
☐ Release of Information to AIDS Connecticut (external agencies ONLY)
☐ Acknowledgment of ACT Client Bill of Rights
☐ Signed Consent Agreement Statement
☐ Signed CAREWare Consent for Sharing
☐ Confirmation of HIV/AIDS Dx & CD4/vL within 6 months
☐ Signature of Requesting Case Manager
☐ Signature of Supervisor
☐ Request for Service Form
  ☐ Transportation
  ☐ Client Assistance Fund (CAF)
  ☐ Emergency Financial Assistance (EFA)
  ☐ Food Voucher
  ☐ Housing Assistance (HAF)
Outpatient Ambulatory/Medical FFS/Lab Fees/Mental Health:

- Fee for service, co-pays, including lab fees.
- Up to $150 for single vision lenses and $250 for bi-focal or tri-focal lenses. Sunglasses, progressive and contact lenses are not included.
- Home health care, durable medical equipment. (Walkers/canes, O2, Ostomy bags, nebulizers, commodes.)
- Bills or detailed invoices, documentation from medical provider, eye prescription.
- **Documentation** of denial/cap/ineligibility from other sources.
- Cap of $700/client/contract period.
Which of these medications do we cover?

• Medical Marijuana
• Oxycodone
• Viagra
• Vitamin F
Health Insurance Premium and Cost Sharing Assistance, EFA Medications

- Assistance to clients in paying for health insurance premiums (cap of $1,200),
- Prescriptions not covered by insurance or other programs,
- EFA Medications for people who cannot access CADAP, and do not have any other type of insurance.
- We do not pay for Viagra or other erectile dysfunction medications.
Emergency Financial Assistance

- Electricity,
- Heating oil and gas payments and,
- Basic phone service.
- Internet/Cable TV bills are not eligible for assistance.
- Cap of $375 for utilities, $200 for short-term assistance to purchase medication.

Required Documentation:

ACT checklist/cover page
Detailed payment history.
Shut off notice.
Detailed household budget.
Documentation of applications/denials to other utility assistance.
Client Assistance & Housing Funds

Food Voucher Program is intended to be an emergency assistance program for income strapped clients. The cap for this program is a one-time, $30 Stop and Shop gift card.

Required documentation:
Request for Food Vouchers
**Transportation**

- 10 ride, 1 day, or 31 day bus passes
- Cab fare with Ace Taxi for clients East of the River

*Transportation Request Form* filled out with clearly defined dates for medically related appointments and the **number of bus passes requested**. This should be reflected within the client’s case notes.

Clients who are on **Medicaid are not eligible** for this program. Clients can either receive transportation assistance through ACT **OR** LCS.

- Case managers must ensure bus passes are picked up on Wednesday and Friday. Passes not picked up must be returned to ACT.
- Individuals will be served on a first come, first served basis.
Determination Process

- Fax (860.671.6711) or email requests to ACT’s cafhaf@aids-ct.org
- ACT’s Senior CM, will review, date and document in our tracking form on Tuesdays and Fridays.
- Pending - an email will be sent within five business days of receipt of the request to the applying CM and one other designated agency staff person detailing what is needed. If, after ten days, the application is still incomplete, the request will be denied.
- It is the express responsibility of the applying MCM to follow up and complete a pending application within the ten business days. Failure to do so will result in a denial.
- Denied – fax sent to applying CM and the other designated agency staff person with a detailed explanation.
- Approved – within ten business days and checks will be cut on Fridays.
- Medication reimbursement – pharmacy contacted and informed by fax of denial or approval. Medication requests are reviewed DAILY.
- Checks will never been made out to, or mailed to clients under any circumstances.
What was ACT UP’s first action in 1986?
• Shut down the Brooklyn Bridge
• Put a condom on Jesse Helms house
• Throw the ashes of loved ones who died of AIDS over the White House fence
• Occupy Wall Street

BONUS - what is ACT UP
Payments for emergency requests may be made within 2 business days.

Requests must come directly from case managers and detail specifically why the request is deemed an emergency.

Failure to plan on the part of the client or the case manager does not qualify as an emergency.
Client Assistance & Housing Funds
5/10/10

Application sent with missing information.
Email sent to applying CM and one other designee within FIVE DAYS. If, after TEN DAYS, ACT doesn’t receive a completed application, it will be DENIED.

Complete Application Sent.
Approved with a confirmatory email within TEN DAYS of receipt.
Housing Assistance Funds

Bailey House, NYC, the first AIDS housing program, opened in:
• 1981
• 1990
• 1983
• 1988
What is considered the threshold for housing affordability?
• $1,170 for a two bedroom apartment
• 50% of income to rent
• $1,551 for a two bedroom apartment
• 30% of income to rent
Housing Assistance Funds

Unstable Housing Criteria

- Paying more than 30% of AGI to rent.
- Loss of a rent subsidy.
- Living with family or friends.
- No lease within 60 days prior to requesting assistance.
- Moved two or more times in 60 days.
Criteria for assistance with accompanying documentation

- Paying 40% - 80% of net income to rent.
- **Eviction** - notice to quit with documentation justifying reasons.
- Sudden and temporary **documented loss of income** due to illness.
- Sudden and temporary expenses exceeding income with justifying reasons and documentation.
- Clients MUST apply for other housing assistance programs.
- CMs MUST document a plan/long-term strategy.
Housing Assistance Funds

What funds may be used for:

- Arrearage – limited to one/client/contract.
- Arrearage and one-time assistance cannot exceed $900.
- One-time emergency housing payment for those not eligible first month’s rent or arrearage due to income/rent ratio.
- All re-applications for short-term rental assistance must provide documentation that the tenant is CURRENT with their rent. (This is ALL that is required as long as everything else is up to date.)
Application is the same as CAF, but must include:

- The two page housing assistance/use of funds form;
- Rental Verification/Arrearage form; and
- Completed landlord W-9.

Ryan White eligibility is based on **GROSS (before taxes)** income, and housing rent/income is based on **NET income (after taxes)**.

Checks for ongoing rental assistance will be cut and sent to the landlord at least 7 days before the start of each month.
Housing Assistance Funds

How to calculate NET income to determine income/rent ratio

<table>
<thead>
<tr>
<th>To Calculate income using weekly paychecks</th>
<th>To calculate income using bi-weekly paychecks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add NET INCOME from 3 consecutive, recent pay stubs</td>
<td>Add together NET INCOME from 2 consecutive, recent pay stubs</td>
</tr>
<tr>
<td>Divide by 4 to find average weekly amount</td>
<td>Divide by 2 to find average bi-weekly amount</td>
</tr>
<tr>
<td>Multiply by 52 (weeks/pay periods), then divide by 12 (months)</td>
<td>Multiply by 26 (pay periods), then divide by 12 (months)</td>
</tr>
<tr>
<td><strong>Result is monthly income</strong></td>
<td><strong>Result is monthly income</strong></td>
</tr>
</tbody>
</table>

Rent $750 / Income $1,100 = 68%
If I make $100 per week, what is my monthly income?

• $444
• $400
• $404
• $433
Housing Assistance Funds

- Checks will be made out to the landlord/vendor.
- The memo section of each check will contain the address for which rent is intended.
- **One exception** is if an application is approved and ACT is waiting for funds, the applying agency may cut a check and ACT will reimburse the agency.
- Checks do not have ACT’s name on them.
- Agencies paying for emergency housing for an applicant will not be reimbursed by ACT without **prior written approval from the ACT Deputy Director of Programs and Policy.**
Ryan White HIV/AIDS Program
Grantees on Tax Credits

RW grantees and their sub-grantees who use program funds to purchase health insurance in the Marketplace are expected to:

• Ensure RW funds are used as a payer of last resort

• Establish appropriate mechanisms to vigorously pursue any excess premium tax credit clients receive from the IRS upon submission of the client’s tax return

• Maintain policies regarding the required process for the reconciliation of advance premium tax credit for clients receiving premium assistance

• Document the steps during their reconciliation process for all clients
Other Housing Resources

ACT HAF/CAF Program

CT AIDS Housing Directory
http://www.aids-ct.org/guide.html
http://www.aids-ct.org/members.html

Coordinated Access Networks – 211 - press 3, and then 1 to be connected with a housing specialist.

Mutual Housing of Greater Hartford
http://mutualhousing.org/
For more information:

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ACT
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