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

BONUS – What does CARE stand for?
Two key operating principles…

1990 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*. It is not meant for ongoing financial issues.

Written documentation is required per HRSA and the City of Hartford.
Who was Ryan White?
• Michael Jackson’s BFF
• A person with HIV
• A Hoosier
• Jeanne White’s son
General 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).
- For RW Part A/Hartford TGA - Must be a resident(s) of the Greater Hartford Transitional Grant Area (TGA) – Hartford, Middlesex and Tolland Counties.
- Part B – priority is Tolland, but is statewide.
Client Assistance & Housing Funds

Services:

- **Part A - EFA**
  Over the counter medications
  Lab Fees
  Utility Assistance
  One-time Housing
  Emergency Housing

- **Food Vouchers**

- **Medical Transportation** – bus passes, taxi for clients East of the River, Uber

- **Part A & B - HIP**
  Co-pays after insurance
  Health Insurance Premiums

- **Part A & B Housing**
  First month’s rent, arrearage (up to two months) and ongoing subsidy ($150/month)

ACT does not cover durable medical equipment or Outpatient Ambulatory – contact CHS.
For dental services, please contact the Hartford Gay and Lesbian Health Collective, and CRT for Mental Health FFS.
Case Manager Partnership

- Case managers are crucial to the success of the Client Assistance Funds Program.
- Incumbent upon case managers to coordinate efforts to access a wide range of client-centered services.
- Provide any budgeting assistance to ensure client self-sufficiency and success.
- The cover sheet/checklist should provide you and your supervisor with another tool to ensure completeness.
- All new forms are on our website – use them, or it will delay our ability to approve requests. [http://www.aids-ct.org/assistance.html](http://www.aids-ct.org/assistance.html)
Client Assistance & Housing Funds

There are SEPARATE CAF and HAF Fax Checklists on our website – use them.

Please note: Release of Information, RW Consent and CW Consent all need to be updated every 18 months – previously annually.

ACT Bill of Rights – updated annually

The CD4/VL, income and eligibility and Rental Verification Form need to be updated every six months.

If the documentation is in CW – you only need to send the request forms.
Ryan White Part A 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
Client Assistance & Housing Funds

Part A - EFA medication, emergency housing and one-time housing.

- Medications not covered by insurance (OTC).
- **Required:** Bills or detailed invoices, documentation from medical provider. For emergency housing, a 211 referral and ROI from the motel are also required.
- **Documentation** of denial/cap/eligibility from other sources.

Cap of $200/client/contract period for EFA meds
Cap of $800 for one-time housing assistance
Cap of 21 days at a hotel/motel for emergency housing.
Which of these medications do we cover?
• Medical Marijuana
• Oxycodone
• Viagra
• Vitamin F
Client Assistance & Housing Funds

Health Insurance Premium and Cost Sharing Assistance

- Assistance to clients in paying for health insurance premiums
- Co-pays for medication and medical bills
- We cannot pay for Viagra, other erectile dysfunction medications, durable medical equipment or smoking cessation medications.
- Please be sure to include the W9 for the vendor
- Charges incurred OUTSIDE of the contract period may not be covered.

Cap of $1,200
Client Assistance & Housing Funds

Part A - Utility Assistance

- Electricity
- Heating oil and gas payments
- Water bills
- **Basic** phone service (limited to $40)
- *Internet/Cable TV bills are not eligible for assistance.*
- Utility cap of $500.
Client Assistance & Housing Funds

Part A - Food Voucher Program is intended to be an emergency assistance program for income strapped clients. The cap for this program is a $80 Stop and Shop gift card.

Food Vouchers and Bus passes can now be picked up from the Main office at 110 Bartholomew Ave on Wednesdays 8am-10am and Thursdays 1pm-3Pm.
Client Assistance & Housing Funds

Transportation

- 10 ride, 1 day, or 31 day bus passes
- Cab fare with Ace Taxi for clients/ Uber 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 email cafhaf@aids-ct.org to arrange a pick up time. Passes not picked up must be returned to ACT.
Uber Program

- Uber Program is only available to the Hartford TGA
- Uber Transportation and arrangement form should be completed with the Date, Time and address of where client is being picked up and dropped off
- Release of Information to Uber is required, Without this the client will not be able to receive the services
- Client should be outside 10 minutes before scheduled ride
- If an Uber ride has been scheduled and needs to be cancelled please notify Uber coordinator ASAP
Client Assistance & Housing Funds

Determination Process

- Fax (860.761.6711) requests to ACT’s secure fax – email is NOT secure.
- ACT’s CAFHAF Coordinator, reviews, dates and documents on our tracking forms ongoing.
- ACT reviews applications as they come in.
- Pending - email 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 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 – email sent to applying CM and the other designated agency staff person with a detailed explanation.
- Approved – email approval within five business days and checks sent within ten business days.
- Medication reimbursement – Medication requests are reviewed and prioritized. The pharmacy is contacted and informed by fax of denial or approval.
- Checks will never be made out to, or mailed to clients under any circumstances. CMs will then submit a payment request.
- We prioritize medications and transportation.
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
Client Assistance & Housing Funds

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.
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**. Case manager may re-apply at any time.

Complete Application Sent.

Approved with a confirmatory email within **FIVE DAYS of receipt**. Checks will be cut within 10 business days of the approval.
Bailey House, NYC, the first AIDS housing program, opened in:

- 1981
- 1990
- 1983
- 1988
Housing Assistance Funds

Assessing Housing Stability

Simply having a place to live isn’t the same as having stable housing!  

Indications of unstable housing:

► No lease in client’s name/name not on lease.
► No income – even with Section 8, there are other life expenses (transportation, utilities, laundry, food).
► Living with family or friends.
► Recent loss of a rent subsidy/income.
► No lease within 60 days prior to requesting assistance.
► A significant increase in rent per month
Housing Assistance Funds

Criteria for assistance with accompanying documentation:

► Paying 40% - 80% income to rent. Gross income for people on entitlements and net for people who are employed.

► Sudden and temporary documented loss of income due to illness.

► Please be sure that all the housing information is consistent throughout the entire ex: Landlord and mailing address.

► Sudden and temporary expenses exceeding income with justifying reasons and documentation.

► Clients MUST have applied for other housing assistance programs and document on the Use of Funds Form.

► CMs MUST document a plan/long-term strategy.
Housing Assistance Funds

What funds may be used for:

▶ **First month’s rent.** (Documentation of Security Deposit paid)
▶ **Ongoing assistance for $150.**
▶ **One-time assistance cannot exceed $800 (Part A)** (Ledger of rent received/arrearage owed). Under HOPWA (Htfd County only, we can pay up to two months rent, Part B – up to two months)
▶ **Updated Rent Verification forms and RW Eligibility are required every six months** for short-term rental assistance to continue.
  - **Applying CMs 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.) Clients in arrearage will NOT be eligible for continued ongoing assistance.
▶ **Up to two years of assistance for those in the 40 – 70% income/rent category.**
Housing Assistance Funds

Application is the same as CAF, but must include:

- The two page housing assistance/use of funds form of Emergency Housing request;
- 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 4 <strong>consecutive, recent</strong> 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>
</tbody>
</table>

**Result is monthly income**

Rent $750 / monthly 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.
- Checks do not have ACT’s name on them.
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
Client Assistance & Housing Funds

ALL correspondence for Client and Housing Assistance should be faxed to 860.761.6711, and emails with questions (NOT APPLICATIONS) sent to cafhaf@aids-ct.org. Emailing an application can only happen under rare circumstances. Sending ANY client info via email is a HIPPA violation. Our fax line is secure and only accessible to HAF/CAF staff.
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:
Abreka Hawkins, CAFHAF Coordinator
ACT
860.247.2437 x 304
cafhaf@aids-ct.org
QUESTIONS?