

Emergency Financial Assistance

SERVICE CATEGORY DEFINITION

Emergency Financial Assistance:

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential medications or prescription eye wear. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. Agencies providing medication assistance under Emergency Financial Assistance must be a current Cleveland Ryan White Part A provider of Outpatient Ambulatory Health Services with the required 340B certification.

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White HIV/AIDS Program funds for these purposes will be the payer of last resort, and for limited amounts, use and periods of time.

* Requests for exceptions must be submitted to the Grantee through the Cuyahoga County Board of Health Ryan White Part A Program Service Exception Request Form.

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- ◇ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- ◇ Have an HIV/AIDS diagnosis
- ◇ Have a household income that is at or below 500% of the federal poverty level
- ◇ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

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PERSONNEL QUALIFICATIONS

Emergency Financial Assistance (EFA) service providers dispensing medications shall adhere to all local, state and federal regulations and maintain current licenses required to operate as a medication dispensary in the State of Ohio.

EFA providers providing medication assistance must also be enrolled in the Federal 340B Drug Pricing Program.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of the Emergency Financial Assistance (EFA) program is to provide formulary approved HIV/AIDS medications or prescription eye wear on a temporary basis to eligible individuals living with HIV/AIDS in the TGA to ensure access to therapies for improved and or sustained health.

Clinical Quality Improvement outcome goals for EFA include:

- ◆ 80% of all files include an assessment of presenting need and qualification for EFA service.
- ◆ 80% of EFA clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year

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SERVICE STANDARDS

	Standard	Measure	Goal
1	Service providers dispensing medications adhere to all local, state and federal regulations and maintain current licenses required to operate as a medication dispensary in the State of Ohio.	Documentation of current pharmacy license for the State of Ohio is reviewed.	100%
2	Service provider is enrolled in the Federal 340B Drug Pricing Program.	Documentation of current 340B certification is reviewed.	100%
3	Client file includes an assessment of presenting problem / need requiring EFA services.	Documentation of eligibility and need evident in the client chart.	80%
4	Client file includes a description of the date and type of EFA provided.	Documentation of date and description of EFA drug(s) distributed evident in the client chart.	80%
5	Drugs distributed under EFA are included on the approved local drug formulary or the agency has received prior-approval through the exception request process with the Grantee.	Documentation that distributed drug(s) is/are on the approved formulary or have received prior-approval evident in the client chart.	80%
6	* Client file includes documentation that a third party application was completed and is pending approval.	* Documentation of a third party payer application evident in the client chart.	80%
7	Client did not receive EFA services for longer than 90 days.	Documentation that EFA services were limited to 90 days or less evident in the client chart.	80%
8	Client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart. (can be client report)	80%
9	Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Cleveland TGA CAREWare Performance Measure.	80%

* Indicates Local TGA Standard of Care
 All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

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CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another provider the agency must honor the request from the client.