

Region 8 Network Client Handbook



Carolina Family Health Centers, Inc.

Wilson Community Health Center

303 East Green St.
Wilson, NC 27893
252-243-9800

Harvest Family Health Center

8282 NC Hwy 58 South
Elm City, NC 27822
252-443-7744

Freedom Hill Community Health Center

162 NC HWY 33 E
Princeville, NC
252-641-0514

Rural Health Group Inc.

Rural Health Group at Jackson

9425 NC Hwy 305
Jackson, NC 27845
Phone: 252 534-1661
Website: www.rhgnc.org

Rural Health Group at Henderson

100 Parkview Drive West
Henderson, NC 27536
Phone: 252 438-3549 Option 1
Website: www.rhgnc.org

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Introduction

The Ryan White Program was created to improve the quality, availability and coordination of outpatient health care and support services for individuals and families with HIV/AIDS. In North Carolina, the Ryan White Part B Program (managed by the AIDS Care Program (ACP)), emphasizes the delivery of a comprehensive continuum of outpatient care for persons living with HIV through “Networks of Care”. North Carolina has been divided into ten regions, each with its own Network of Care. Funding from the Health Resource and Services Administration (HRSA) supports the Ryan White Part B Program in these Regions for the purpose of planning, developing and assuring the delivery of outpatient health and support services. In addition, this funding supports the provision of HIV medications, on a State-wide basis, through the AIDS Drug Assistance Program (ADAP) for needy, uninsured in North Carolinians.

The primary goal of the Ryan White Part B Program is to improve and/or maintain the health status of persons living with HIV infection in NC through a number of broad objectives including:

1. Getting people who are newly diagnosed as HIV+ into care quickly, and
2. Keeping patients in care

Region 8 Network covers Nash, Edgecombe, Halifax, Northampton and Wilson Counties located in Eastern North Carolina. Carolina Family Health Centers, Inc. (CFHC) serves as the grant administration for the Ryan White Part B grant for Region 8 Network. RHG group receives Part B funds from CFHC as a sub-grantee.

Region 8 Network is made up of community agencies, consumers and community advocates. CFHC serves as the Network Coordinator and is responsible for coordinating and facilitating the Network meetings. The Network partners meet quarterly. Meetings are open to the public.

The Network Planning Board is the decision making body of the Network. The Network Planning Board is made up of at least 2 staff from RHG, 2 Staff from CFHC and a Ryan White Consumer from each agency. The Network Planning Board meets monthly to review policies and procedures; provide direction and assistance to the project director; and address client grievances. The Network Planning Board also serves as the Quality Management team for the network.

If you are interested in attending the Region 8 Network meetings, please call 252-243-9800 ext. 275 for more information.

Region 8 Network Services

Services are available for HIV positive individuals living in the Region 8 Network service area (Edgecombe, Nash, Northampton, Halifax and Wilson counties). Services are funded through Housing Opportunities for People Living with HIV/AIDS (HOPWA) a HUD program; and Ryan White Part B and C funds provided by HRSA and the NC AIDS Program. In order to receive services, eligibility criteria must be met.

SERVICES:

- **Outpatient Ambulatory Care for People Living with HIV/AIDS**
- **HIV Testing and Counseling**
- **Emergency Financial Assistance for Food, Rent, and Utilities**
- **Medical Case Management**
- **Nutritional Counseling, Education and Nutritional Supplements**
- **Access to Mental Health Services, Including Substance Abuse Counseling**
- **Permanent Housing Assistance through Housing Opportunities for People Living with HIV/AIDS (HOPWA) Program**
- **Spanish Medical Interpreting**
- **Treatment Adherence Counseling**
- **Risk Reduction and HIV Education**
- **Medication Assistance through the AIDS Drug Assistance Program (ADAP)**
- **Assistance and Referral to an Affordable Care Act Enrollment Specialist**
- **Medical Transportation Assistance**
- **Support Groups**

Program Eligibility

In order to be eligible for Ryan White and HOPWA services, clients must meet certain eligibility criteria. Eligibility criteria are documented through the reauthorization process. Clients must meet with a case manager or other appointed staff to complete eligibility paperwork twice a year as mandated by HRSA and the NC AIDS Care Program.

Eligibility Documentation

In order to be eligible for HOPWA and Ryan White services (including ADAP) the following must be documented.

1. **Proof of HIV Status** – We must verify you have HIV.
2. **Proof of in Care** – We must show proof that you are seeing your doctor on a regular basis and that you have had your labs done twice in the past 6 months.

3. Proof of Residency in North Carolina and the Region

Clients must document residency in North Carolina. If a client is a resident of NC, even temporarily, such as a migrant worker or college student, provided the person meets all the other eligibility criteria, the person can still be eligible for RW Part B, including ADAP. There isn't a set length of time that a person must live in NC in order to qualify for services. The goal at the Communicable Disease Branch is to provide care and medication coverage to all eligible HIV infected persons living in NC. North Carolina residency can be documented through the following:

- Copy of current lease
- Current utility bill
- Current valid driver's license or official state ID with address
- Permanent resident visa or application for one, or application for citizenship; if a citizen of another country
- Declaration or statement of residency by client (migrant worker, student, etc.)

For clients requesting financial assistance through Ryan White Part B EFA and medical transportation assistance, or HOPWA; they must live in one of the five Region 8 Network counties to receive assistance (Wilson, Edgecombe, Northampton, Halifax and Nash).

4. Proof of Income

Clients must show proof of income. HOPWA and RW Part B programs, including ADAP, do not consider assets for determination of financial eligibility. Income verification must be documented for the client's economic unit. ADAP defines a family (economic unit) as people who are related to an applicant by blood or marriage with whom the applicant lives.

- 1). Income verification can be documented through the following means:

- Most recent year's W-2 or 1099
- Last six months paycheck stubs or verification of income from employer, including calculation of overtime
- Payments from pensions and/or retirement accounts
- Unemployment compensation payments for previous 6 months
- Social Security statement
- Bank statements (interest on saving accounts) for previous 6 months
- Child support payments

5. Proof of Insurance

Ryan White is considered the “payer of last resort” in supporting HIV-related outpatient services and that all other funding sources are utilized before Ryan White, including, but not limited to Medicaid, Medicare, pre-paid health plans, private insurance, and all other types of public and private assistance. For individuals without insurance coverage they must apply for Medicaid if eligible. For individual above 138% of poverty without health insurance coverage they must apply for health insurance through the Affordable Care Act (ACA).

For those individuals requesting medical transportation assistance, Ryan White Part B emergency financial assistance or HOPWA they must also document at least three other agencies had been contacted for assistance, one of the three agency must be the Department of Social Services in their county of residence.

Proof of insurance can be documented by:

- A copy of insurance card (If there is an insurance cap, letter or summary from insurance company required showing maximum benefit)
- Copy of Medicare Part D plan (If eligible but not in a plan, proof of enrollment is required. If Medicare Part D eligible plus income at or below 150% of the federal poverty level, must apply for Social Security's low income subsidy (extra help))
- Medicaid card (recipients must can show proof of application completed, a letter stating they were not eligible or they have a spend-down amount until eligible).

6. Proof of Need – You and your case manager must document a hardship which has affected your ability to pay for food, rent or utilities. **Simply wanting assistance does not mean you will get assistance.** Your case manager will require you to bring in receipts of payment to show there has been a change in your financial situation. Emergency financial assistance is for emergency use only and should not be used to pay your scheduled monthly expenses.

For example: Your car broke down and you had to use your rent money to pay to have your car repaired. You need your car to keep you job. You will be asked to bring in the receipt for the repairs on your car as proof of need.

7. Plan of Care

The you and your case manager will develop a plan of care which outlines your current needs; and any issues which prevents you from effectively obtaining your needs or engaging and staying in care. This could include substance abuse issues, mental health issues, criminal behavior, lack of health literacy, unemployment, lack of job skills and education, etc.

The care plan will include goals and activities you must complete in order to show you have made progress towards fulfilling your goals. You and your case manager will decide on a time line for meeting your goals and activities. Failure to fulfill the goals and objectives of the care plan may result in denial of services in the future.

8. Other Requirements

For those individuals seeking assistance through HOPWA program, additional requirements must be met. These include meeting habitability standards, providing a copy of your lease, etc. Certain circumstance will require the case manager or housing coordinator to complete a home visit before assistance can be made.

Other Things You Should Know:

- All requests for assistance must be done through a medical case manager. An assessment of need and documentation of eligibility must be completed before services will be provided.

For Wilson, Edgecombe and Nash Counties call 252-243-9800 ext. 275 for information on how you can make an appointment with a medical case manager

For Halifax and Northampton Counties call 252-436-6901 for information on how you can make an appointment with a medical case manager

- We are not permitted by federal regulation to provide cash payments of any kind to clients.
- We try hard to assure that all services are available to all clients. There are times; however, when we cannot avoid the shortages of food, bus tickets, or emergency financial assistance.

- Please do not wait until the last minute (the day before cut-off or eviction) to request assistance. You will have to meet with your Case Manager to see if you qualify for services. It can take up to three business days to process your request. An appointment with your Case Manager is not an automatic guarantee of assistance.
- The amount of assistance a person can qualify for is based on need, in order to conserve funds for the multitude of clients that are in need, your request for financial assistance will include a cap of financial limitation.

WE DO NOT

- Provide deposits for rent or utilities nor are we able to initiate the first month's payments for these expenses.
- Provide financial assistance for cable, internet bills, phone bills, or car repairs.

CLIENTS RIGHTS AND RESPONSIBILITIES

Client Responsibilities

Clients receiving R8N assistance must comply with all program policies and procedures as defined in this manual, as well as any subsequent directives issued by the R8N program. Clients have general responsibilities, which accrue from their right to fair treatment under federal assistance programs, and specific responsibilities associated with R8N. A client's failure to comply with program responsibilities can lead to termination from the program.

The R8N program guidelines require that the client:

- a. Provide information, documentation and completed R8N program forms within fifteen (15) business days from the date that such information or material is requested by the Housing Coordinator/Case manager or medical case manager.
- b. Notify the Medical Case Manager or Housing Coordinator/Case manager of any changes in income or financial eligibility and household composition within fifteen (15) business days of the event. Such changes are:
 - A family member moves out of the assisted unit.
 - The client moves a family member into the unit.
 - An adult member of the household who was reported as unemployed on the most recent certification or recertification obtains employment.
- c. Maintain a current mailing address and phone number with the Housing Coordinator and medical case manager at all times.

- d. Participate in the development of, commit to and follow a Housing Stability Plan and/or care plan based on the Assessment, which shall be reviewed and revised by the client and case manager quarterly, or more often as needed.
- e. Seek and apply for all other types of financial or housing assistance as identified within the care plan, which may be available in order to increase income or eliminate dependency on R8N. When a client becomes eligible for other financial or housing assistance, the client must obtain this assistance provided. Demonstrated failure to accept other financial or housing assistance when it is available may result in termination from the R8NHP program.
- f. Keep scheduled appointments with the Medical Case Manager, Housing Coordinator/Case Manager or any other R8NHP staff.
- g. Advise the Housing Coordinator/Case Manager or Medical Case Manager of any problems related to R8NHP assistance and cooperate in resolving those problems. Provide accurate, comprehensive information regarding your situation at all times.
- h. Treat R8N program staff with respect and courtesy at all times.
- i. Ask questions about any aspect of R8N assistance not understood.
- j. Comply with all R8N program regulations, rules and guidelines.

Client's Rights

R8N clients also enjoy certain rights under the program as follows:

- 1. The right to be treated with respect and courtesy, within any physical setting which provides the highest degree of privacy possible.
- 2. The right to freedom from discrimination because of race, color, religion, gender, national origin, age, familial status, disability, sexual orientation, or any other arbitrary criteria.
- 3. The right to full access to information about the R8N program, including policies and procedures and agency-specific rules and regulations upon request.
- 4. The right to know the names and titles of employees serving the client.

5. The right to be involved in and make decisions concerning options for the client's assistance, consistent with the client's eligibility status.
6. The right to refuse R8N assistance.
7. The right to name an advocate to speak on the client's behalf, after a written authorization is presented to the R8NHP program.
8. The right to inspect and receive an explanation of income determination calculations and other factors used to determine the actual amounts of direct assistance.
9. The right to confidentiality as established under state law. However, the client will be asked to acknowledge that the R8N program is funded with federal funds and that the client's participation in the program is based, in part, on the client's status and that while all participating agencies will adhere to all legal requirements to protect the client's confidentiality, the client's participation in the program may cause their HIV status to be inferred by others who become aware of the client's participation.
10. The right to prompt written notice of any action that is either adverse or favorable regarding the client's case.
11. The right to due process through initiation of grievances, suggestion of changes, and receipt of timely responses, without fear of reprisal.

REGION 8 NETWORK CODE OF ETHICS

1. Commitment to Clients

Region 8 Network's (R8N) primary responsibility is to promote the well being of clients. In general, clients' interests are primary. However, staff's responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

2. Self Determination

Region 8 Network respects and promotes the right of clients to self determination and assist clients in their efforts to identify and clarify their goals. Staff may limit clients' right to self determination when, in the staff professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

3. Informed Consent

Region 8 Network partners should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Staff should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of the Ryan White and HOPWA program regulations.

In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, R8N partners should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

4. Competence

Region 8 Network partners should provide services and represent themselves as competent only within the boundaries of their education, training, license,

certification, consultation received, supervised experience, or other relevant professional experience.

5. Cultural Competence and Social Diversity

Region 8 Network partners should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

R8N partners should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

R8N partners should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

6. Conflicts of Interest

Region 8 Network should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. R8N should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

R8N should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

7. Privacy and Confidentiality

Region 8 Network should respect clients' right to privacy. R8N should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

R8N may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

R8N should protect the confidentiality of all information obtained in the course of professional service.

8. Sexual Relationships

R8N should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

R8N should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the staff and client to maintain appropriate professional boundaries. R8N partners—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

R8N partners/staff should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If staff engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is the staff—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

R8N partners/staff should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

9. Sexual Harassment

R8N partners and staff should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

10. Derogatory Language

Region 8 Network partners and staff should not use derogatory language in their written or verbal communications to or about clients. Partners and staff should use accurate and respectful language in all communications to and about clients.

11. Clients Who Lack Decision Making Capacity

When R8N Partners act on behalf of clients who lack the capacity to make informed decisions, case manager should take reasonable steps to safeguard the interests and rights of those clients.

12. Termination of Services

R8N should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

R8N should not terminate services to pursue a social, financial, or sexual relationship with a client.

R8N partners who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

R8N partners who are leaving an employment setting or terminating business should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

INACTIVATION or DENIAL of SERVICES for RYAN WHITE PART B and HOPWA-STRMU SERVICES

Clients can be inactivated from Medical Case Management when they are considered “lost to follow-up.” A client will be considered “lost to follow up” when the case manager has made a minimum of three good faith attempts to contact the client, with no response from the client. This can be done through phone messages, letters, provider contacts, or home visits. After the attempts, in cases where there has been no response from the client, a certified letter indicating intent to inactivate should be mailed to the client’s last known mailing address. The letter should state that if the client has not responded within 2 weeks or at the discretion of the case manager, their file will be closed.

For clients that have been lost to care, the case manager may involve DIS or the state bridge counselors for help contacting the clients.

Clients can also be inactivated from Medical Case management if they voluntarily request to be inactivated, through death or incarceration.

Denial/Termination

A client can be denied services if they do not meet the eligibility criteria. Eligibility criteria can be found in the Eligibility Section of this document.

A client will be denied services if they do not provide staff with required information, i.e. proof of income, health Insurance coverage and documentation of payer of last resort. It is the client’s responsibility to provide the necessary information to the case manager so that their request for assistance can be made in a timely manner. Clients will not be provided assistance until all paperwork is submitted.

All clients requesting for EFA and transportation services through Ryan White part B must reside in Region 8 Network.

For clients seeking health care within Region 8 Network’s five counties but living outside of the region, they may be provided with medical case management, but will not be eligible for Ryan White Part B or HOPWA funds. They will have to seek help for these services within the region they live.

A client requesting EFA and/or medical transportation services does not have to be enrolled in medical case management, but they must meet with a case manager to complete intake information. Clients receiving HOPWA assistance will have to have a Housing Plan documented. Clients refusing to meet with a case manager will be denied services.

Clients can be denied services if they have met their service cap for the fiscal year or funding is no longer available. Region 8 Network has set annual financial

caps for individuals when they access EFA and HOPWA-STRMU. In addition, payments for rent and or utilities can be denied if the balance of the bill is more than program funds will cover and the client cannot or refuses to pay the remainder of the bill. The client is responsible for any late fees, reconnection fees or deposits. The client must show that they have paid these fees prior to payment being made upon their behalf by Region 8 Network.

Ryan White Part B will not cover mortgage payments.

Clients can be denied services if they do not comply with their care plan and continually request the same services over and over again. Clients are encouraged to become self sufficient and not depend on the program for their needs.

Other reasons for denial and/or termination include:

1. Client has moved outside of the region
2. Client has fallen out of HIV care
3. Non-compliance with program policies and procedures. This includes but not limited scheduled home visits.
4. Commission of fraud, bribery or any other corrupt or criminal acts. Such acts include failure by false statement, misrepresentation, impersonation, or other fraudulent means to disclose a material fact used in making a determination as to the client's eligibility to receive services.
5. Threatening or abusive behavior toward personnel (or others at the R8NHP partner agencies). Threats of violence may be verbal or nonverbal and can occur explicitly or implicitly. When the behavior constitutes a legitimate threat of violence to themselves or others, immediate termination is warranted.
6. Harassment consisting of unwarranted and unwelcome contact of any nature (including phone or face-to-face) after the client has been explicitly advised to cease the harassing contacts.

For clients receiving housing assistance through HOPWA TBRA a separate termination and suspension policy exists.

Any denial of service will be verbalized and provided in writing to the client and documented in the client's case management file. The case manager should include the reason for denial and when the services could resume.

Clients who have been inactivated from case management or who have been denied services may be eligible for services depending on the circumstances. If a client had fallen out of care they must reestablish care and show compliance over a six month period (2 doctor visit separated by at least 3 months). If a client moved out of the region they must re-establish residency within the region. If they have met their financial cap they will be eligible for service in the next fiscal period. However, for those clients who were terminated for harassment;

threatening or abusive behavior; or commission of fraud, bribery or other criminal acts will not be allowed services for a period of 12 months from the date of notification of denial of services.

Clients inactivated from medical case management or denied services will be sent a **Denial of Service form (see attachment 25)**. This form will be signed by the case manager, Ryan White Program Manager and Director of Clinical Services. A copy of the letter and the Region 8 Grievance form will be sent to the client through certified mail. A copy of the documents must be kept in the client's record. Any clients denied service can file a grievance with the Region 8 Network Planning Board. Please refer to the **Region 8 Network Grievance Policy and Procedure** (page 56).

Documentation of Inactivation in CAREWare

Documentation of inactivation should only occur in CAREWare in cases where a client is no longer receiving any services within the community health center. Case Managers should not inactive clients who are no longer receiving Medical Case Management but who are still receiving outpatient ambulatory care or other services within the clinic.

When inactivating a client you must change the "Viral Enrollment Status" in RW CAREWare. Enrollment Status in RW CAREWare is defined as "Active", "Inactive / Case Closed", "Deceased" or "Unknown". The "Unknown" option should not be used.

Active: Client is considered active within the agency when he/she actively seeks and receives services, and has been seen or contacted.

Inactive / Case Closed: The client's services have been completed at the provider agency and the client's record has been closed. This includes those persons who are "lost to follow-up" (see Criteria below).

Conditions

Inactivation / Case Closure shall occur:

1. Death of the client
2. The client and/or client's legal guardian requests that the case be closed
3. Client makes fraudulent claims about their HIV diagnosis or falsifies documentation
4. Client enters prison

Transfer / Inactivation /Case Closure may occur:

1. Client is "lost to follow-up"
2. Client moves into a system of care which provides institutional case management

3. Client moves out of the case manager's geographic service area
4. Client becomes self sufficient
5. Client is unwilling to participate in care planning
6. Client exhibits a pattern of abuse of agency staff, property or services
7. Client needs are more appropriately addressed in other programs