

Making the Connection:

Standards of Care for Client-Centered Services

Money Management

San Francisco EMA

Includes San Francisco City and County,
San Mateo County and Marin County

February 2004

Prepared for

San Francisco Department of Public Health,
HIV Health Services, and the
HIV Health Services Planning Council

Prepared by

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Dedication

The Money Management Standards of Care are dedicated to the clients of the HIV Health Services system, to money management providers who devote themselves to providing services to others, and to individuals who are both client and provider in the San Francisco EMA.

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Money Management Standards of Care. Special thanks go to the Money Management Working Group members who contributed their knowledge and experience to make these standards practical and worthwhile.

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MONEY MANAGEMENT Standards of Care

February 2004

I. Introduction

The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the CARE Act stipulates that Title I funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA; **and**
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); **or**
- Have been denied coverage by a third party payer (uninsured or underinsured).

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, CARE funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Title I-funded HIV health services in the San Francisco EMA. These standards, outlined here, are designed to define the minimally acceptable levels of service delivery and provide suggested measures to determine whether service standards are being met.

II. Overview

Money Management Standards of Care are designed to ensure consistency among the Title I money management and representative payee services provided as part of the San Francisco EMAs continuum of care plan for PLWHA. These minimally acceptable standards for service delivery are not intended to promote a formula approach to the treatment and care of PLWHA but rather to provide guidance so that programs are best equipped to:

- Provide money management services and assist clients to maintain stable housing by guaranteeing that their rent is paid promptly.
- Provide representative payee services.
- Assist in identifying clients' needs for benefits and make appropriate referrals to a benefits counselor.
- Reach out to PLWHA in need of agency services.
- Meet the specific and unique needs of HIV-positive clients.
- Support clients' access to and ongoing follow-up with primary and other supportive services.
- Participate in coordinated, client-centered, and effective service delivery networks.
- Identify and address barriers to services.
- Appropriately address issues of consent, confidentiality, and other client rights, for clients enrolled in services.
- Address clients' needs using a multidisciplinary team approach.

III. Description of Service

Money management includes two categories of service provision: 1) Benefits management (e.g., budget planning, establishing bank account, authorizing disbursements, and cutting checks); and 2) Representative payee. As a representative payee, the agency receives Social Security and/or SSI payments for a client directly from Social Security Administration and makes payments on behalf of the client. Both categories of service provision encompasses the following activities or services as a part of a multidisciplinary care team:

- Prompt payment of client's rent with client funds in order to maintain stable housing for the client
- In addition to payment of rent, use of client's funds, as applicable, to pay for other current and foreseeable needs of the client (e.g., bills, medication, transportation)
- Budget planning with the client
- Issuing of checks to client according to a disbursement schedule
- Fulfilling duties of a representative payee as outlined on the Social Security Administration website (www.ssa.gov)
- Communicating client service related needs, challenges, and barriers to case managers and/or other service team members
- Fostering and maintaining of relationships with clients' landlords
- Maintaining working relationship with Social Security Administration and other county agencies and sources of benefits (e.g., employers, Department of Human Services, Veterans Administration, Employment Development Department)

- Conducting outreach to prospective clients and community organizations to inform them of money management services available

IV. Unit of Service

A Unit of Service (UOS) is one hour of face-to-face contact between a client and a money manager/client advocate or one hour contact on behalf of the client.

V. Standards of Care

A. Administration

Administrative standards ensure all staff providing money management services are properly trained and credentialed, have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed. As part of their administrative hiring procedures, programs are encouraged to recruit and hire individuals who reflect the diversity of the client target population.

Standard 1: Experience/education.

- Bachelor's degree or one-year minimum of working and/or volunteering in direct client services within the HIV community or related social service experience
- Strong communication, reading, writing, and computer skills
- Skill and comfort working with men who have sex with men, women, transgender, people of color, substance users, homeless and/or individuals with mental illness
- Strong knowledge of HIV service providers in the appropriate Bay Area County
- Preferred: Multilingual

Measure: Completed paperwork on file for all staff.

Standard 2: Staffing levels.

Contracted agencies will ensure appropriate staffing levels are reached and maintained to provide contracted services.

Measure: Full and part-time positions funded under contract are filled; OR appropriate actions being taken to fill positions.

Standard 3: Job descriptions.

Staff members will have a clear understanding of their job definition and responsibilities.

Measure: Written job description on file signed by the staff/staff supervisor.

Standard 4: Policies and procedures.

Each funded agency will have a written policies and procedures manual that contains both personnel and program policies and procedures for the following areas:

Personnel Policies and Procedures

- Annual performance reviews
- Staff training and other personnel policies (e.g., behavioral standards)

Program Policies and Procedures

- Client rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for PLWHA)
- Client grievance policies and procedures
- Client eligibility and admission requirements
- Nondiscrimination policies for clients with children
- Referral resources and procedures that ensure access to a continuum of services
- All appropriate consent forms (e.g., consent to share information, treatment consent, shared client data/registration system¹ consent form for San Francisco only, HIPAA requirements)
- Data collection procedures and forms, including data reporting
- Quality assurance/quality improvement
- Guidelines for language accessibility
- Plans for accommodating people with disabilities (plans should adhere to Americans with Disabilities Act (ADA) standards to the extent possible)

Measure: Written policies and procedures manual.

¹ The shared client data/registration system is maintained by the San Francisco Department of Public Health HIV Health Services and is currently referred to as REGGIE.

Standard 5: Staff training.

Regardless of credentials, all direct service staff members must receive ongoing HIV/AIDS training as appropriate for employee job function. It is required that money managers, client advocates, and representative payees have the following training:

- Cultural competency training
- HIV/AIDS specific trainings
- Harm reduction training as required by San Francisco DPH of all staff providing direct services
- Any additional training that provides the development of skills and knowledge to support the implementation of the Money Management Standards of Care, including training regarding different benefits, eligibility, and requirements.

In addition, representative payees should be familiar with the following guidelines:

- A Guide for Organizational Representative Payees (<http://www.ssa.gov/payee/NewGuide/foreword1.htm>)
- A Guide For Representative Payees, SSA Publication No. 05-10076, August 2001, (<http://www.ssa.gov/pubs/10076.html>)

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety and accessibility for both clients/clients and staff.

Standard 6: Standard safety requirements.

The program is located in a physical facility that:

- Meets fire safety requirements
- Meets criteria for ADA compliance
- Is clean and comfortable
- Complies with Occupational Safety and Health Administration (OSHA) infection control practices
- Has emergency protocols for health- and safety-related incidents posted
- Is free from anticipated hazards

Measure: Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.

C. Service Delivery

Standards related to service delivery define the minimum set of activities to be performed and under what parameters.

Standard 7: Intake and enrollment.

- Obtain client information including eligibility and demographic information.
- Obtain client consent for services and signed release for sharing information with other providers to ensure coordination of services.
- Complete forms with appropriate benefits programs designating agency as the client's money manager/representative payee.
- Develop a personal budget with and agreed upon by the client; the personal budget should detail rent, bill payments, personal expenses, as well as plans for saving, as appropriate.
- Inform clients of check disbursement schedule and agency procedures for requesting a check.
- Establish and maintain contact with the client's landlord, when appropriate.
- Refer clients to benefits advocacy and representation (benefits counseling) services.

Measure: Detailed documentation in client files.

Standard 8: Distribution of funds.

- Disbursements of client funds, including rent, bill payments, and client personal expenses, are issued in the form of checks.
- Individual client files should accurately record all transactions pertaining to client's funds.
- Client should be informed that a transaction record is available to him/her upon request at any given time.

Measure: Detailed documentation in client files.

Standard 9: Information and referral.

- Provide clients with accurate information on available resources in the County served by the program.
- Coordinate efforts with appropriate benefits counseling, also referred to as benefits advocacy and representation, programs.
- Maintain appropriate referral relationships with agencies and providers, both within and outside of the HIV care system, in order to

assist clients in accessing services (e.g., benefits counseling, shelters, treatment programs, HIV counseling and testing, and mental health programs).

- Consult with case managers/care coordinators in order to facilitate appropriate referrals to programs and services that can successfully meet the client's needs.
- Assist clients in making informed decisions on choices of available service providers and resources.

Measure: Frequently updated inventories of services provided in-house and through referrals.

Standard 10: Outreach.

- Provide and disseminate program information to community organizations such as HIV/AIDS service organizations, benefits counseling programs, public assistance programs, mental health providers, substance use treatment programs, and SRO hotels to inform them of services offered by the agency.
- Provide and disseminate information to prospective clients on HIV/AIDS services in the County (San Francisco, Marin, and San Mateo), including contact numbers, referrals, and education.

Measure: Documentation in agency records of outreach activities.

Standard 11: Coordination with the multidisciplinary team.

Work closely with clients' case managers, benefits counselors and advocates, public assistance programs, treatment advocates, medical providers, or other members of care team to communicate client service related needs, challenges and barriers.

Measure: Detailed documentation in client files.

Standard 12: Waiting list.

If necessary, a waiting list should be established and maintained with the contact information for the client and the provider referring the client for services.

Measure: Documentation in agency records of waiting list procedures.

Standard 13: Discharge from program.

Clients may be discharged from the money management program if client moves out of the geographic service area or client refuses to participate in and/or comply with the money management program. As part of discharging a client from money management services, providers should:

- Inform the appropriate benefits agency(ies) of client's discontinuation from money management.
- When possible or appropriate, inform clients of other agencies or equivalent services.
- When possible, make referrals upon discharge and provide linkage to other services.
- Return client's remaining funds to client or issuing agency(ies) as appropriate.
- In a case where a client is discharged due to death, program will follow guidelines appropriate for each issuing agency.

Measure: Documentation of discharge and linkages and referrals provided to clients in their case files.

D. Cultural sensitivity and competency

Standard 14: Cultural sensitivity and competency.

- Agency must have a nondiscrimination policy in place regarding hiring and client treatment that addresses issues of race/ethnicity, gender identity, sexual orientation, disability, and other relevant issues.
- Agency must show experience with the target population(s) or have a plan for developing staff sensitivity to the target population(s).
- Staff should be ethnically, culturally, and linguistically diverse or reflect the diversity of the population they serve.
- Services are provided using language and methods sensitive to the communities served.
- Services provide opportunities for clients to assist in identifying issues related to culture that may affect how they respond to services (e.g., primary language, spirituality needs, sexual orientation, immigration status, community identification, family needs, and customs).
- Service providers should have referral relationships that can address gaps in culturally competent services (e.g., if agency does not have Spanish-speaking staff, Spanish-speaking clients can be referred).
- Agency must have a cultural competency plan on file with the San Francisco Department of Public Health (for agencies in San Francisco).

Measure: Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.

E. Coordination and Referral

The objectives of coordination and referral are to address the client's spectrum of needs in a comprehensive way, while minimizing duplication of services. Money management is a core component of the multidisciplinary team.

Standard 15: Coordination and referral.

- Coordination and referrals include identification of other service providers or staff members with whom the client may be working.

The agency will:

- Make sure that services for clients will be provided in cooperation and in collaboration with other agency services and other community HIV service providers to avoid duplication of efforts and encouraging client access to integrated health care.
- Consistently report referral and coordination updates to the multidisciplinary team.

Measure: Documentation in client's record of referrals made; up-to-date money management plan in client's file documenting necessity of specialty referral, follow-up required, and desired outcome.

F. Quality Assurance and Service Maintenance

The objectives of quality assurance and service maintenance are related to periodic evaluations of client treatment plans, service delivery, and client satisfaction with service provision, the results of which lead to service improvement.

Standard 16: Client satisfaction survey.

Providers will conduct client satisfaction surveys (or other client satisfaction activity) at least annually.

Measure: Annual written summary and analysis of the program's client satisfaction activity.

Standard 17: Quality assurance.

The agency must have an active Continuous Quality Improvement (CQI) program to monitor care provided and identify means of improving care and services.

Measure: Written policies on CQI in place, including how data will be used to improve programs; one report per contract period on improvements made through CQI.

TABLE 1: Summary of Standards of Care Measures

Standard	Measure
1. Experience and education.	1. Completed paperwork on file for all staff.
2. Staffing levels.	2. Full and part-time position funded under contract are filled; OR appropriate actions being taken to fill positions.
3. Job descriptions.	3. Written job description on file signed by the staff/staff supervisor.
4. Policies and procedures.	4. Written policies and procedures manual.
5. Staff training.	5. Documentation of all completed trainings on file.
6. Standard safety requirements.	6. Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.
7. Intake and enrollment.	7. Detailed documentation in client files.
8. Distribution of funds.	8. Detailed documentation in client files.
9. Information and referral.	9. Frequently updated inventories of services provided in-house and through referrals.
10. Outreach	10. Documentation in agency records of outreach activities.
11. Coordination with the multidisciplinary team.	11. Detailed documentation in client files.
12. Waiting list.	12. Documentation in agency records of waiting list procedures.
13. Discharge from program.	13. Documentation of discharge and linkages and referrals provided to clients in their case files.
14. Cultural sensitivity and	14. Adherence to the San Francisco

competency.	DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.
15. Coordination and referral.	15. Documentation in client's record of referrals made; up-to-date money management plan in client's file documenting necessity of specialty referral, follow-up required, and desired outcome.
16. Client satisfaction survey.	16. Annual written summary and analysis of the program's client satisfaction activity.
17. Quality assurance.	17. Written policies on CQI in place, including how data will be used to improve programs; one report per contract period on improvements made through CQI.