

SAN FRANCISCO EMA RYAN WHITE HIV 2024 STANDARDS OF CARE UPDATE PROJECT

BENEFITS COUNSELING STANDARDS OF CARE

NOTE: The draft standards below describe only service elements specific to Ryan White-funded benefits counseling services. Overarching standards common to all programs - such as standards related to client eligibility, insurance and benefits screening, facility standards, staff qualifications, evaluation, incorporation of harm reduction, and use of Ryan White funds as the payor of last resort - will be included in a separate Common Standards document. This document will also be more fully formatted in a future version.

OVERVIEW AND PURPOSE OF BENEFITS COUNSELING SERVICES STANDARDS

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Benefits Counseling Standards of Care is to ensure consistency, service equity, and a high degree of quality among services provided as part of our region's Ryan White HIV continuum of care for persons living with HIV on low incomes. These minimally acceptable standards are designed to provide guidance to Benefits Counseling programs so that they are best equipped to:

- Provide benefits counseling and advocacy services to clients;
- Assist in identifying clients' needs for benefits;
- Identify and address barriers to services; and
- Support clients' access to and ongoing follow-up with primary and other supportive services.

DESCRIPTION OF BENEFITS COUNSELING SERVICES

Benefits Counseling Services are client-centered activities that facilitate a client's access to public/private maintenance of health, social services, and disability benefits and programs. Benefits Counseling Services work to maximize public funding by helping clients identify all available health, social services, and disability benefits supported by funding streams in addition to Ryan White funds. These services are designed to assist a client navigate care and social services systems outside of the service delivery network funded by the Ryan White Program, educate people living with HIV about public and private benefit programs, and aid in accessing and securing these benefits. Benefits Counseling encompasses the following activities or services, provided as a part of a multidisciplinary care team:

- Assessing clients' need for financial and health care benefits;
- Assisting clients in understanding and applying for public and private financial, disability, and health care benefits;
- Determining client eligibility for benefits;
- Assisting clients through the stages of applying for financial, health care, and/or disability benefits, as applicable for individual clients and agencies;
- Advocating for clients living with HIV to obtain federal disability benefits;

- Assisting clients with filing motions for reconsideration of a previous denial of benefits and filing requests for hearing of a previous denial in front of Administrative Law Judges, as applicable for individual clients and agencies;
- Working with legal services providers to represent and advocate on client’s behalf at the Appeals Councils;
- Assisting clients who need to leave work due to disability to develop a transition plan (e.g., obtaining short and long-term disability, health insurance, etc.);
- Working with clients within the cycle of disability which includes accessing benefits when they leave work and when they return to work;
- Working with clients in making informed choices which maximize their available benefits;
- Communicating client service-related needs, challenges, and barriers to case managers and other service team members;
- Assisting clients in engaging in primary medical care; and
- Assisting client to access the full continuum of HIV care and services, as appropriate.

The table below provides a partial list of health, social service, and disability benefits and programs for which clients may be eligible and for which Benefits Counseling staff provide assessment, application, enrollment, re-enrollment, and advocacy services:

ASSISTANCE CATEGORIES	SAMPLE PUBLIC AND PRIVATE ASSISTANCE PROGRAMS
HEALTH CARE	<ul style="list-style-type: none"> • AIDS Drug Assistance Program (ADAP) • Patient Assistance Programs (Pharmaceutical Companies)
INSURANCE	<ul style="list-style-type: none"> • State Office of AIDS Health Insurance Premium Payment (OA-HIPP) • Covered California / Health Insurance Marketplace • Medicaid / Medi-Cal / San Francisco Health Plan • Medicare • Medicare Buy-in Programs • Private Insurance
FOOD AND NUTRITION	<ul style="list-style-type: none"> • CalFresh • Local grocery bag and home-delivered meal programs
DISABILITY	<ul style="list-style-type: none"> • Social Security Disability Insurance (SSDI) • State Disability Insurance • In-Home Supportive Services (IHSS) • Supplemental Security Income (SSI) • State Supplementary Payments (SSP)

ASSISTANCE CATEGORIES	SAMPLE PUBLIC AND PRIVATE ASSISTANCE PROGRAMS
UNEMPLOYMENT FINANCIAL ASSISTANCE	<ul style="list-style-type: none"> • Unemployment Insurance (UI) • Worker’s Compensation • Ability to Pay Program (ATP) • Cal-WORKS (TANF) • General Relief/General Relief Opportunities to Work (GROW)
HOUSING	<ul style="list-style-type: none"> • Section 8, Housing Opportunities for People with AIDS (HOPWA) and other housing programs • Rent and Mortgage Relief programs
OTHER	<ul style="list-style-type: none"> • Women, Infants and Children (WIC) • Childcare • Entitlement programs • Other local services and programs • National Council on Aging Benefits Check Up

UNITS OF SERVICE:

▪ **A Benefits Counseling Unit of Service is defined as:**

- ✓ One hour of face-to-face contact between a client and a Benefits Counselor / Client Advocate **or** one hour contact on behalf of the client.

BENEFITS COUNSELING REQUIREMENTS:

All Benefits Counseling programs and providers must provide the key activities listed below:

▪ **Intake:**

A comprehensive client intake must be provided by a trained and qualified benefits counselor or client advocate at the time of client’s beginning service. At minimum, the intake must include the following elements:

- Inform client of services available;
- Obtain client consent for services and signed release for sharing information with other providers to ensure coordination of care;
- Determine client’s current insurance and benefits status and immediate needs, including existing clients barriers to medical care and psychosocial services;
- Obtain required client information related to benefits and insurance eligibility and enrollment, including demographic information, income status, required documents, and other information;
- Where necessary, obtain release of information from client to allow benefits counselor /

client advocate to obtain necessary medical records in order to support benefits claims;
and

- Where necessary, obtain a representation form (e.g., Social Security Administration Form 1696).

- **Assessment:**

Information gathered during the assessment process should be utilized by a trained and qualified benefits counselor or client advocate to make the following determinations and perform the following functions:

- Assess client's financial status, assets, employment status, and health insurance;
- If client was employed but is no longer able to work, review related employer benefits plan documents and employer personnel policies;
- Obtain and evaluate all information necessary to determine client eligibility for public and/or private insurance, disability, and health benefits;
- Review client's health status and obtain necessary medical records to apply for disability;
- Develop a written action plan with clients that detail steps necessary to qualify for and apply for all benefits for which the client is eligible; and

- **Benefits Education and Advocacy:**

The trained benefits counselor or client advocate must continually inform and educate clients regarding all public and private benefits programs for which they may be eligible, while providing ongoing support to clients in applying for and obtaining benefits, including support with benefits renewals. This includes the following activities:

- Inform and discuss with client the relationship between symptoms, functional limitations, and opportunistic infections as they relate to eligibility criteria for public and private disability benefits;
- Fully inform client of public and private financial and health care benefits for which they may be eligible;
- Assist client in understanding the insurance, disability, and/or benefits application and appeal process;
- Assist client with completing appropriate forms and paperwork associated with applications for benefits to which they are entitled;
- Assist clients through the appeals process for denials of benefits and/or disability claims; and
- Provide reminders of benefits and insurance renewal deadlines and provide support in preparing and submitting benefits and insurance renewal applications and materials.

- **Information and Referral:**

- Provide clients with accurate information on available resources and services in the San Francisco EMA;
- Provide referrals and linkages to services in the HIV continuum of care that address clients' needs as requested or indicated by client (e.g., money management services, housing, food, medical, substance use treatment, mental health services, counseling, case management services, etc.);
- Consult with case managers/care coordinators to facilitate appropriate referrals to programs and services that can successfully meet client needs; and
- Assist clients in making informed decisions on choices of available service providers and resources.

- **Coordination with the Multidisciplinary Client Team:**

- Work closely with client case managers, money managers / representative payee providers, treatment advocates, medical providers, and other members of care team to communicate, discuss, and/or plan collaborative responses to client service related needs, challenges, and barriers.