

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

MONEY MANAGEMENT STANDARDS OF CARE

NOTE: The draft standards below describe only service elements specific to Ryan White-funded Money Management 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 MONEY MANAGEMENT SERVICES STANDARDS

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Money Management 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 Money Management programs so that they are best equipped to:

- Provide money management services and assist clients in maintaining 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 benefits counselors;
- 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; and
- Address client needs using a multidisciplinary team approach.

DESCRIPTION OF MONEY MANAGEMENT SERVICES

Money management includes **two** categories of service provision: 1) **Benefits Management**, including budget planning, establishing bank accounts, authorizing and managing disbursements; and 2) **Representative Payee Services**. As a representative payee, the agency receive payments on behalf of clients from a wide variety of agencies and sources, including the Social Security Administration, the Veteran's Administration (VA), the COVID-19 Accelerated and Advanced Payment (CAAP) program, client employers, and other sources. 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 using client funds in order to maintain stable housing;
- Use of client’s funds, as applicable, to pay for other current and foreseeable needs of the client such as bills, medication, and transportation;
- Ongoing budget planning conducted in collaboration with the client;
- Disbursement of funds to client according to a disbursement schedule through vehicles such as checks, direct deposits, funds issued on client debit cards, and electronic payments to vendors;
- Fulfilling all duties of a representative payee as required by the Social Security Administration (www.ssa.gov/payee/faqrep.htm);
- Communicating client service-related needs, challenges, and barriers to case managers and/or other service team members;
- Fostering and maintaining relationships with client’s landlord or property holder;
- Maintaining working relationship with Social Security Administration and other county agencies and sources of benefits such as the Department of Human Services, Veterans Administration, and Employment Development Department; and
- Conducting outreach to prospective clients and community organizations to inform them of money management services available.

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

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

UNITS OF SERVICE:

- **A Money Management Unit of Service is defined as:**
 - ✓ One hour of face-to-face contact between a client and one hour of face-to-face contact between a client and a money manager/client advocate;

OR

- ✓ One hour of contact or work on behalf of the client.

MONEY MANAGEMENT REQUIREMENTS:

All Money Management programs and provider must provide the key activities listed below:

- **Intake and Enrollment:**
- Obtain client information including eligibility and demographic information;

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

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

- **Information and referral:**
 - Provide client with accurate information on available resources in the County served by the program;
 - Coordinate efforts with appropriate benefits counseling programs, 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 client in accessing services such as benefits counseling, shelters, treatment programs, HIV counseling and testing, and mental health programs;
 - Consult with client case managers/care coordinators to facilitate appropriate referrals to programs and services that can successfully meet the client's needs; and
 - Assist client in making informed decisions on choices of available service providers and resources.

- **Outreach:**
 - Provide and disseminate program information to community organizations such as HIV 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.

- **Coordination with the Multidisciplinary Team:**

Agencies providing Money Management services shall ensure that services for clients are provided in cooperation and in collaboration with other agency services and other community HIV service providers to avoid duplication of efforts and encourage client access to integrated health care. Money management professionals will work closely with each client's case managers, benefits counselors and advocates, public assistance programs, treatment advocates, medical providers, and other members of care team to communicate client service related needs, challenges and barriers.