



Emergency Financial Assistance

Service Definition

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part B client with an urgent need for essential items or services necessary to improve health outcomes.

There are six types of EFA that are allowable, including:

- Utilities.
- Housing.
- Food (including groceries and food vouchers).
- Cleaning supplies and personal hygiene items (such as soap, face masks, and other personal protective equipment (PPE)).
- Transportation.
- Medication not covered by the AIDS Drug Assistance Program (ADAP).

EFA payments are to only occur a limited number of times and for limited periods of time. After two instances of client requests for the same type of EFA, clients who are in need of more regularly occurring assistance should be referred to longer-term services such as housing assistance, food services, and medical transportation.

Subrecipients providing EFA must provide at least one of these types of EFA but are not required to provide any specific type or all types of EFA.

Subrecipients providing EFA are expected to comply with the [Universal Standards of Care](#), as well as these additional standards:

Standard 1: Providers of EFA must ensure services are delivered in accordance with the Wisconsin Ryan White Part B Eligibility and Recertification Policy and Procedures.

Providers are responsible for determining eligibility at enrollment and for confirming eligibility annually.

Documentation

Client records must document that the client is living with HIV, resides in Wisconsin, and has household income under 500% FPL at initial enrollment in accordance with the Wisconsin Ryan White Part B Eligibility Policy, linked above.

Standard 2: EFA payments are carefully planned and monitored to ensure funding is exclusively used for allowable purposes, as a payer of last resort.

Ryan White Part B funds are intended to be used as a last resort after all other potential sources of funding have been used. However, a client's urgent financial need may arise in a situation that does not allow a subrecipient to exhaustively search for alternative sources of funding. Subrecipients providing EFA are expected:

- To use their discretion in balancing the best interest of the client and the limited nature of Ryan White Part B funding.
- To develop procedures to prevent mismanagement of these funds.
- To thoroughly document uses of EFA funding.
- To thoroughly document when EFA funding was not provided after client request.

Uses of EFA that are not allowed include:

- Direct cash payments to clients, family, or household members.
- Cash equivalent payments to clients, such as a pre-paid general-purpose credit card redeemable for cash.
- Payment for security deposits.
- Payments for storage of client belongings.
- Pre-Exposure Prophylaxis (PrEP).
- Payments for tobacco, firearms, alcohol, or other drugs taken without support of a licensed medical provider.
- Payments that duplicate other EFA requests or assistance from another funded service (such as housing assistance, medical transportation, or food services).
- Payments for other types of needs, such as dental or medical care, which should be delivered under another service category (for example, oral health or outpatient ambulatory health care).

Subrecipients must train providers, non-service provider staff and volunteers on what costs are allowable under EFA and have a high level of oversight to ensure EFA is not used for purposes not allowed under the service category.

EFA funds must be tracked and reported to the Wisconsin Communicable Disease Harm Reduction (CDHR) Section by type of assistance (for example, utility bills, rent payments, medication costs). EFA must be tracked and reported as a separate service category on the annual Ryan White Services Report (RSR).

Subrecipients must maintain receipts and evidence of payments made using EFA funds to verify that no direct cash payment was provided to the client and that funds were used for allowable costs.

Documentation

The client record will document:

- The need for EFA.
- Dates when EFA funds were requested and provided.
- The purpose of the EFA funds.
- The amount of EFA funds given to the client.
- The method of providing EFA (i.e., voucher, direct payment to agency, direct payment to landlord, etc.).
- The number of times and amount of time EFA was provided. If the payment is one-time and another payment is not planned, this must be noted.
- Any circumstances when EFA funding was not provided after requested by the client.

If vouchers or gift cards are used, there must be a signed receipt for each distribution to the client, and a signed statement wherein the client acknowledges and agrees to the purpose(s) of and restrictions on the card or voucher.

Subrecipients will have written policies in place and made available to the Wisconsin CDHR Section on request. Policies must distinguish between EFA and other service categories along with policies to prevent misuse of EFA funds.

Subrecipients providing EFA must have a way to track and report the amount of EFA provided by EFA type.

Standard 3: EFA is equally accessible to all clients of a subrecipient.

All clients receiving any other services at a subrecipient must be equally eligible to receive EFA.

Documentation

The subrecipient must have a procedure in place that outlines how a client applies for EFA and what criteria is used to review their application.

Standard 4: EFA is provided based on an assessment of client needs.

Providers will review the client's EFA request and assess if the client need has been described and supported. Providers will plan for the delivery of EFA and will inform clients of the amount of assistance that will be provided, the timeframe in which EFA will be provided, and any restrictions on the EFA.

If EFA is used for a utility payment, temporary housing assistance, or medications not covered by ADAP, providers must maintain proof of amount due, such as a utility bill for the month being paid or an invoice or statement from landlord or pharmacist.

Documentation

The client record must contain documentation that the client's EFA request was reviewed, and the client was informed about the amount of assistance provided, the timeframe in which EFA will be provided, and restrictions on EFA.

The client record must contain proof of amount due, such as a utility bill for the month being paid or an invoice or statement from landlord or pharmacist.

Standard 5: EFA is used for allowable types of assistance and complies with limits.

EFA is provided in accordance with the allowable costs and amounts in the table below:

EFA Type	Allowable Uses of EFA	EFA Limits
Utility Assistance	To maintain client access to needed utilities, prevent shutoff, or restore utility service terminated due to failure to pay. Needed utilities are defined as heat, gas, electricity, water, internet, and mobile or land-based telephone.	• The EFA limit for a current, single utility charge is \$500. • The EFA limit for a buildup of previous utility charges (back pay) is \$1,000.
Housing Assistance	To maintain a client in current housing, prevent eviction, or help transition to housing that is more suitable for client needs. Housing EFA can be used for: • A single month's rent for current housing or first month's rent for new housing. • A temporary, emergency stay in a hotel or motel. • Another service or cost necessary to keep or obtain housing (such as a housing application fee, hazardous home cleaning, or moving expenses).	• A payment for a single month's rent or first month's rent cannot exceed \$1,500. • Temporary emergency hotel or motel stays are capped at 14 nights in a rolling one-year period. • Other necessary services are capped at \$750 per instance of EFA.
Food Assistance	To help clients access to food on an emergency basis.	• For clients without dependents, food vouchers and grocery store gift cards cannot exceed \$250, and clients can receive no more than two vouchers or food gift cards in a rolling one-year period. • For clients with dependents, an additional \$100 is allowable per dependent, up to four dependents.
Transportation Assistance	To help client access to services that are essential to their medical care or maintenance of health. The allowable uses of transportation EFA are broader than those for medical transportation and may include transportation to critical legal or social service appointments.	One instance of round-trip travel cannot exceed \$250, and clients can receive no more than two instances of transportation EFA in a rolling one-year period.

Medication Assistance	To help client access to essential medications that are not otherwise available through ADAP or other means. Payments for health insurance premiums, co-pays, co-insurance, or deductibles that occur more than once or on a regular basis should be provided according to the Health Insurance Premium and Cost-Sharing Assistance standards of care.	Medication EFA is capped at a 90-day supply, and clients can receive no more than two instances of medication assistance EFA in a rolling one-year period.
Cleaning supplies and person hygiene assistance	To help clients access essential cleaning supplies and personal hygiene items (such as soap, face masks, and other personal protective equipment (PPE)).	Assistance is capped at \$200 in a rolling one-year period.

Documentation

The client record must contain documentation of the amount and value of EFA provided in each instance.

Standard 6: EFA is provided on a short-term, limited basis.

EFA spending is capped at two payment instances of each EFA type in a rolling one-year period.

If a client requires more than two instances of any single EFA type, the client should receive assistance through other Ryan White service categories as allowable.

Documentation

The client record must include documentation of all instances of EFA provided to the client. Upon second instance of any type of EFA, the client record must document information-sharing about other assistance programs.

Standard 7: The total value of all types of EFA a client receives in a rolling one-year period does not exceed \$5,000.

Subrecipients must track utilization of all types of EFA per client to ensure the client does not exceed the combined maximum fiscal year amount of assistance of \$5,000. The subrecipient must track use of assistance funds under each type of EFA and in combination.

In some circumstances, clients with extensive needs may appeal to the Wisconsin CDHR Section for an exception to the limitation on amount if the cap would jeopardize the client's ability to access medical care.

To be approved for an exception from the Wisconsin CDHR Section, a client or provider must submit the following information:

- An exception request to the Wisconsin CDHR Section demonstrating that Limitation on Amount guidelines would endanger the client's ability to remain in or access medical care.
- Evidence of need (such as loss of income, increased medical expenses, or unexpected emergency).
- A detailed plan to establish financial stability to eliminate the future need for emergency assistance services.
- An update when progress is made.

Requests will be approved for one month at a time.

Documentation

The subrecipient must have a tracking system in place to review combined EFA amounts provided to each client.

The client record must document any exceptions approved by the Wisconsin CDHR Section, including evidence of a plan to establish financial stability, and documentation of outcomes and progress made towards the financial plan for each month funding is requested.

Standard 8: When clients have shared living expenses, only the portion the client is typically responsible for can be covered.

When clients have shared living expenses, only the portion the client is typically responsible for can be covered. The only exceptions to this are in the case that a utility will be shut off for non-payment or an eviction notice has been given.

Documentation

Any financial records must show that only the client's portion of their shared living expenses were covered. In cases of exception, there must be a copy of a utility shut off or eviction notice in the client record no later than 30 days after the payment date.

Standard 9: When EFA requests cannot be met within the limits set in these standards, providers must contact the Wisconsin CDHR Section for approval.

When a client requests EFA and that need cannot be met within the limits set in these standards, providers must contact the Wisconsin CDHR Section for approval.

Documentation

The client record must show steps taken to contact the Wisconsin CDHR Section and results of any inquiries.

Standard 10: Clients are informed when they are no longer eligible to receive EFA.

When a client meets the limits for any type of EFA assistance or the combined EFA limit, providers must inform the client of which services they are no longer eligible for and when the client will again be eligible for services.

Documentation

The client record must show that client was informed when their EFA limits are met.

Standard 11: After a repeated pattern of misuse of EFA funds, a client may be permanently ineligible to receive EFA.

In rare cases, after documenting a client's repeated pattern of misuse of EFA funds and informing the Wisconsin CDHR Section, subrecipients can choose to deny a client from receiving EFA.

Documentation

The client record must show a repeated pattern of misuse of EFA funds.

The subrecipient must provide the Wisconsin CDHR Section with written documentation explaining the situation.

The client record must show that the client was informed, preferably in a face-to-face meeting, that they are permanently ineligible to receive EFA.

Did you know?

Ryan White Part B agencies in Wisconsin provided Emergency Financial Assistance to 381 clients in 2023.

Source: 2023 RSR

Socioeconomic status (SES) has traditionally been defined by education, income, and occupation.

The most fundamental causes of health disparities are socioeconomic disparities.

In addition, chronic stress associated with lower SES may also increase morbidity and mortality.

Reducing SES disparities in health will require policy initiatives addressing the components of SES, as well as the pathways by which these affect health.
