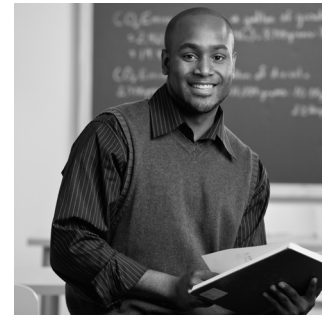


## TABLE OF CONTENTS

### BENEFITS SPECIALTY SERVICES

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<b>Executive Summary</b>	<b>2</b>
<b>Service Introduction</b>	<b>5</b>
<b>Service/Organizational Licensure Category</b>	<b>6</b>
<b>Definitions and Descriptions</b>	<b>6</b>
<b>How Service Relates to HIV</b>	<b>7</b>
<b>Service Components</b>	<b>7</b>
Outreach	8
Intake	9
Benefits Assessment	10
Benefits Management	11
Benefits Service Plan (BSP)	11
Application or Recertification Assistance	12
Appeals Counseling and Facilitation	13
Client Retention	13
Case Closure	14
<b>Staffing Requirements and Qualifications</b>	<b>15</b>
<b>Units of Service</b>	<b>16</b>
<b>References</b>	<b>17</b>
<b>Acronyms</b>	<b>17</b>



## BENEFITS SPECIALTY SERVICES

### EXECUTIVE SUMMARY

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#### SERVICE INTRODUCTION

Benefits specialty services facilitate a client's access to public/private health and disability benefits and programs. Benefits specialty services work to maximize public funding by helping clients identify all available health and disability benefits supported by funding streams other than the Ryan White Part A funds.

These services are designed to:

- ◆ Assist a client's entry into and movement through care service systems outside of the service delivery network funded by the Ryan White Program
- ◆ Educate people living with HIV about public and private benefits and entitlement programs and provide assistance in accessing and securing these benefits

Benefits specialty services can include:

- ◆ Assessment of benefit need and eligibility
- ◆ Assistance with completing benefit paperwork
- ◆ Assistance and management of benefits issues for clients who are enrolled in health and disability programs

The goal of benefits specialty services is to ensure that people living with HIV are receiving all of the aid from various benefit and entitlement programs for which they are eligible and entitled.

#### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Benefits specialty services are unlicensed. All benefits specialty services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

#### SERVICE CONSIDERATIONS

**General Considerations:** Benefits specialty services will respect the inherent dignity of each person living with HIV they serve. Services will be client-driven, aiming to increase a client's sense of empowerment and self-advocacy. All benefits specialty services will be linguistically and culturally appropriate to the target population.

**Outreach:** Programs providing benefits specialty services will conduct outreach activities to potential clients and HIV service providers to promote the availability of and access to benefits specialty services. Programs will collaborate with HIV primary health care and support services providers, as well as HIV testing sites.

**Intake:** Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client.

**Benefits Assessment:** Benefits assessments are completed in a cooperative, interactive, face-to-face interview process whenever possible and are conducted to:

- ◆ Determine a client’s need for benefits advocacy
- ◆ Educate a client about available benefits and entitlements
- ◆ Identify appropriate benefits and entitlements with the client
- ◆ Preliminarily assess a client’s eligibility for benefits and entitlements
- ◆ Provide necessary referrals, forms and instructions, as indicated
- ◆ Identify any benefits-related barriers the client is experiencing
- ◆ Determine whether the client has already sought legal recourse related to services for which he or she is seeking benefits

**Benefits Management:** Benefits management refers to the benefit counseling needs that many clients have once they are enrolled in various health and disability benefits programs.

**Benefits Service Plan (BSP):** A benefits service plan is developed in conjunction with the client to determine the benefits and entitlements for which the client will be referred to apply or the plan that the specialist will develop to help the client resolve his or her current benefits issue(s). The benefits specialist is responsible for providing advocacy.

**Application or Recertification Assistance:** Clients with significant functional barriers will be given an appointment within two weeks of assessment to assist in the completion of relevant applications or recertifications. This assistance will be provided in a one-on-one meeting with the same benefits specialist that completed the client’s assessment whenever possible.

**Appeals Counseling and Facilitation:** Clients denied a benefit or medical service will be offered individual appeals counseling and facilitation services. Specialists will educate and advise clients on methods to address appeals, and, when indicated, accompany them to the appeal in a facilitative role (not as a legal representative).

**Client Retention:** Programs will strive to retain clients in benefits specialty services. To ensure continuity of service and retention of clients, programs will be required to establish a broken appointment policy.

**Case Closure:** Case closure is a systematic process for disenrolling clients/families from active benefits specialty services. The process includes formally notifying clients/families of pending case closure and completing a case closure summary to be kept on file in the client chart.

## STAFFING REQUIREMENTS AND QUALIFICATIONS

Benefits specialists will hold a Bachelor’s degree in an area of human services and/ or certification in self-insurance liability; a high school diploma (or general education development (GED) equivalent) and have at least one year’s experience working as an HIV case manager or HIV policy advocate, or at least three years’ experience working within a related health services field.

Benefits specialists will be knowledgeable about the HIV disease process and the



*Services include appeals counseling and facilitation.*

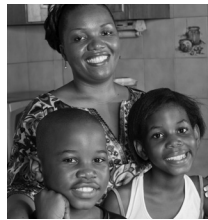
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psychological effects of living with HIV, as well as the co-morbidities of substance abuse and mental illness and their effects on the management of HIV illness.

Further, benefits specialists will have:

- ◆ Effective interviewing and assessment skills
- ◆ Ability to appropriately interact and collaborate with others
- ◆ Effective written/verbal communication skills
- ◆ Ability to work independently
- ◆ Effective problem-solving skills
- ◆ Ability to respond appropriately in crisis situations
- ◆ Effective organizational skills

All benefits specialists will successfully complete the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—Benefits Specialty Certification Training within three months of being hired. In addition, specialists will successfully complete certification in Ryan White/Health Insurance Premium Payment Program (HIPP) and AIDS Drug Assistance Program (ADAP) within six months of being hired, as well as any requisite training (as appropriate).



# STANDARDS OF CARE

Los Angeles County Commission on

# HIV

## BENEFITS SPECIALTY SERVICES

### SERVICE INTRODUCTION

Benefits specialty services facilitate a client’s access to public/private health and disability benefits and programs. Benefits specialty services work to maximize public funding by helping clients identify all available health and disability benefits supported by funding streams other than the Ryan White Part A funds.

These services are designed to:

- ◆ Assist a client’s entry into and movement through care service systems outside of the service delivery network funded by the Ryan White Program
- ◆ Educate people living with HIV about public and private benefits and entitlement programs and to provide assistance in accessing and securing these benefits

Benefits specialty services can include:

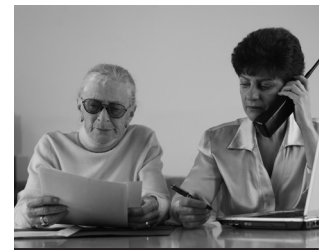
- ◆ Assessment of benefit need and eligibility
- ◆ Assistance with completing benefit paperwork
- ◆ Appeals counseling and facilitation
- ◆ Assistance and management of benefits issues for clients who are enrolled in health and disability programs

All programs will use available standards of care to inform clients of services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA).

The goal of benefits specialty services is to ensure that people living with HIV are receiving all of the aid from various benefit and entitlement programs for which they are eligible and entitled.

Recurring themes in this standard include:

- ◆ Benefits specialty services will respect the dignity and self determination of clients.
- ◆ Benefits specialists will tailor their interventions to the functional abilities of their clients.
- ◆ Benefits specialists will follow up with their clients throughout the benefits process.
- ◆ Benefits specialists will be required to have specialized training and expertise in benefits and entitlements.



*Specialists can assist with benefit paperwork.*

- ◆ Benefits specialists will establish collaborative relationships with key benefits partners (Social Security, Department of Public Social Service, California Department of Public Health (CDPH), Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP), ADAP and Ryan White/HIPP, other grantees).

The Los Angeles County Commission on HIV and DHSP have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:

- ◆ *ProBenefit\$ Handbook*, AIDS Project Los Angeles
- ◆ *Program Policies and Procedures for Benefits Specialty Services*, AIDS Project Los Angeles
- ◆ *Client Advocacy Definitions*, Commission on HIV
- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils—most valuable in the drafting of this standard was Baltimore, 2004



## SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Benefits specialty services are unlicensed. All benefits specialty services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

## DEFINITIONS AND DESCRIPTIONS

**Benefits assessment** is a cooperative and interactive face-to-face interview process during which the client's knowledge about and access to public and private benefits are identified and evaluated.

**Benefits management** refers to benefits specialty services provided to individuals who are enrolled in various health and disability programs. The goal of benefits management is to provide advocacy that helps the individual maintain his or her benefits.

**Case closure** is a systematic process of disenrolling clients from active benefits specialty services.

**Client intake** is a process that determines a person's eligibility for benefits specialty services.

**Entitlement programs** are benefits that require financial contribution into the program prior to collecting from the program (e.g., State Disability Insurance (SDI) and Social Security Disability Insurance (SSDI)).

**Legal representation** defines a process through which a consumer is represented by an attorney, paralegal and/or licensed/certified insurance adjustor. (Please see *Legal Assistance Standard of Care*.)

**Outreach** promotes the availability of and access to benefits specialty services to potential clients and service providers.

**Public benefits** describe all financial and medical assistance programs funded by governmental sources.

## HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

Linking clients to resources can be time-consuming and complex, often involving a mix of advocacy and mediation (Chernesky & Grube, 2000). A 2002 New York City study on formal client assessment, found the development of a care plan and assistance in securing public benefits to be key factors in a significantly increased likelihood of a client's entering and maintaining medical care (Messerli et al., 2002).

Other studies have shown that the receipt of ancillary services (including client advocacy) has been significantly associated with increased use of primary medical care (Ashman, Conviser & Pounds, 2002). This finding may suggest that helping clients to solve problems not directly related to primary care may empower them to seek and obtain it (Ashman, Conviser & Pounds, 2002).

## SERVICE COMPONENTS

Benefits specialty services are client-centered activities that facilitate a client's access to public maintenance of health and disability benefits and services. Benefits specialty services focus on assisting a client's entry into and movement through care service systems outside of the service delivery network funded by the Ryan White Program.

Specialists are responsible for:

- ◆ Ensuring that their clients are receiving all the benefits and entitlements for which they are eligible
- ◆ Educating clients about available benefit and entitlement programs and assessing their eligibility for them
- ◆ Assisting clients with applications, providing advocacy with appeals and denials
- ◆ Assisting with recertifications, providing advocacy in other areas relevant to maintaining benefits

Specialists will explore as possible options for their clients the following benefits (at minimum):

- ◆ AIDS Drug Assistance Program (ADAP)
- ◆ Ability to Pay Programs (ATP)
- ◆ Cal-WORKs
- ◆ CARE/Health Insurance Premium Payment (CARE/HIPP)
- ◆ Food Stamps
- ◆ General Relief/General Relief Opportunities to Work (GROW)
- ◆ In Home Supportive Services (IHSS)

- 
- ◆ Insurance Continuation (COBRA, OBRA, HIPAA)
  - ◆ Healthy Families Program
  - ◆ Major Risk Medical Insurance Program (MRMIP)
  - ◆ Managed Care Systems
  - ◆ Medicaid/Medi-Cal
  - ◆ Medi-Cal/Health Insurance Premium Payment Program (Medi-Cal/HIPP)
  - ◆ Medicare
  - ◆ Medicare Savings Programs
  - ◆ Pharmaceutical Patient Assistance Programs (PAPs)
  - ◆ Private Insurance
  - ◆ Social Security Programs
  - ◆ Social Security Disability Insurance (SSDI)
  - ◆ Supplemental Security Income (SSI)
  - ◆ Social Security Retirement
  - ◆ State Disability Insurance (SDI)
  - ◆ Temporary Aid to Needy Families (TANF)
  - ◆ Unemployment Insurance (UI)
  - ◆ Veteran's Administration Benefits (VA)
  - ◆ Women, Infants and Children (WIC)
  - ◆ Worker's compensation
  - ◆ Other public/private benefits programs

In addition to assessing eligibility for the programs listed above, specialists will address the unique benefits needs of specific populations including (but not limited to):

- ◆ Immigrants
- ◆ Veterans
- ◆ Individuals who have recently been incarcerated
- ◆ Families and children
- ◆ Benefits specialty services will respect the inherent dignity of each person living with HIV they serve. Services will be client-driven, aiming to increase a client's sense of empowerment and self-advocacy. All HIV benefits specialty services will be linguistically and culturally appropriate to the target population. (See Program Requirements and Guidelines in the Standards of Care Introduction)

Benefits specialists will use training and resource materials provided by the DHSP, as well as other relevant training and educational materials.

Benefits specialty services are comprised of:

- ◆ Assessment of benefit need and eligibility
- ◆ Assistance with completing benefit paperwork
- ◆ Appeals counseling, facilitation and referral

## **OUTREACH**

Programs providing benefits specialty services will conduct outreach activities to potential clients and HIV service providers to promote the availability of and access to benefits specialty services. Programs will collaborate with HIV primary health care and support services providers, as well as HIV testing sites.



STANDARD	MEASURE
Benefits specialty programs will outreach to potential clients/families and providers.	Outreach plan on file at provider agency.
Benefits specialty programs will collaborate with primary health care and supportive service providers.	Memoranda of Understanding on file at the provider agency.

## INTAKE

Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. The complete intake process, including registration and eligibility, is required for every client at his or her point of entry into the service system. If an agency or other funded entity has the required information and documentation on file in the agency record for that client or in the countywide data management system, further intake is not required.

In the intake process and throughout benefits specialty service delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released).

As part of the intake process, the client file will include the following information (at minimum):

- ◆ Written documentation of HIV status
- ◆ Proof of Los Angeles County residency or Affidavit of Homelessness
- ◆ Verification of financial eligibility for services
- ◆ Date of intake
- ◆ Client name, home address, mailing address and telephone number
- ◆ Emergency and/or next of kin contact name, home address and telephone number

**Required Forms:** Programs must develop the following forms in accordance with state and local guidelines.

Completed forms are required for each client:

- ◆ Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released).
- ◆ Limits of Confidentiality (confidentiality policy)
- ◆ Consent to Receive Services
- ◆ Client Rights and Responsibilities
- ◆ Client Grievance Procedures
- ◆ Disclosure or Duty Statement from client that informs the benefits specialist when client has retained other legal representation
- ◆ Program Disclaimer that benefits specialty services do not constitute legal advice or representation and that there is no guarantee of success in obtaining benefits.

STANDARD	MEASURE
The intake process will begin during first contact with client.	Intake tool in client file to include (at minimum): <ul style="list-style-type: none"> <li>• Documentation of HIV status</li> <li>• Proof of LA County residency or Affidavit of Homelessness</li> <li>• Verification of financial eligibility</li> <li>• Date of intake</li> <li>• Client name, home address, mailing address and telephone number</li> <li>• Emergency and/or next of kin contact name, home address and telephone number</li> </ul>
Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in client file.
Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
When indicated, the client will provide Disclosure or Duty Statement.	Signed and dated Disclosure or Duty Statement in client file.
Client will be informed of limitations of benefits specialty services through Disclaimer form.	Signed and dated Disclaimer in client file.

**BENEFITS ASSESSMENT**

Benefits assessments are completed in a cooperative, interactive, face-to-face interview process whenever possible and are conducted to:

- ◆ Determine a client’s need for public benefits advocacy
- ◆ Educate a client about available benefits and entitlements
- ◆ Identify appropriate benefits and entitlements with the client
- ◆ Preliminarily assess a client’s eligibility for benefits and entitlements
- ◆ Provide necessary referrals, forms and instructions, as indicated
- ◆ Identify any benefits-related barriers the client is experiencing
- ◆ Determine whether the client has already sought legal recourse related to services for which he or she is seeking benefits

Benefits assessments also help the specialist assess a client’s functional ability to follow through with complicated enrollment and application procedures. This informal functional assessment will help guide the advocate in making decisions about the level of assistance required to ensure that a given client is successful in the benefit application process.

Examples of functional barriers may include (but not be limited to):

- ◆ Literacy
- ◆ English proficiency
- ◆ Mental illness
- ◆ Substance abuse
- ◆ Learning disabilities
- ◆ Homelessness
- ◆ Stigma
- ◆ Transportation challenges
- ◆ Poor physical health and medication side effects

Benefits assessments will be completed during the first appointment after referral or completion of intake. If a client, due to physical impairment or illness, is unable to come to an agency appointment, an advocate will be dispatched to his or her place of residence to complete the assessment and requisite follow-up.

While most clients will likely come to benefits specialty services through direct referral from case managers, benefits specialists must ensure access and referral to case management services for any clients not already connected to such services.

Benefits assessments require that the client chart on file contain the following documentation (at minimum):

- ◆ Date of assessment
- ◆ Signature and title of staff person completing the assessment
- ◆ Completed Assessment/Information form
- ◆ Notation of functional barriers
- ◆ Brief notation of relevant benefits and entitlements and record of forms provided
- ◆ Benefits service plan

STANDARD	MEASURE
Benefits assessments will be completed during first appointment.	Benefits assessment in client chart on file to include: <ul style="list-style-type: none"> <li>• Date of assessment</li> <li>• Signature and title of staff person</li> <li>• Completed Assessment/ Information form</li> <li>• Functional barriers</li> <li>• Notation of relevant benefits and entitlements and record of forms provided</li> <li>• Benefits service plan</li> </ul>

## BENEFITS MANAGEMENT

Benefits management refers to the benefit counseling needs that many clients have once they are enrolled in various health and disability benefits programs.

Clients may require benefits management assistance for any of the following reasons:

- ◆ Health or lifestyle changes
- ◆ Program recertification or reenrollment
- ◆ Treatment/service denials
- ◆ Return-to-work issues
- ◆ Legislative or budget related changes to benefits

STANDARD	MEASURE
Benefits management services will be provided to clients who are enrolled in benefits programs and require advocacy to maintain their benefits.	Benefits assessment on file in client chart to include: <ul style="list-style-type: none"> <li>• Date</li> <li>• Signature and title of staff person</li> <li>• Notation of relevant benefits and presenting issue(s)</li> <li>• Benefits service plan to address identifies benefits issue(s)</li> </ul>

## BENEFITS SERVICE PLAN (BSP)

A BSP is developed in conjunction with the client to determine the benefits and entitlements for which the client will be referred to apply or the plan that the specialist will develop to help the client resolve his or her current benefits issue(s).The benefits specialist is responsible for providing advocacy, referrals and other assistance necessary to carry out the BSP after determining whether the person has sought legal representation. Through office visits, home visit and/or phone calls, the advocate will work with the client to obtain the services or information necessary to complete the benefit/entitlement process or to

resolve the pending benefit issue.

Included in the BSP is the level of facilitation expected from the advocate.

- ◆ **Clients with insignificant or no apparent functional barriers** will be provided with necessary forms and instructions. Specialists will follow up within two weeks to check client’s progress in completing and applying for benefits and entitlements.
- ◆ **Clients with significant functional barriers** will be provided with necessary forms and instructions and given an appointment to return within two weeks to assist in completing forms.

At the conclusion of the benefits assessment, BSPs will be completed for each client. BSPs will be updated as needed and will include the following (at minimum):

- ◆ Name, date and signature of client and advocate
- ◆ Notation of benefits and entitlements to which the client will apply
- ◆ Notation of functional barriers status and requisite next steps
- ◆ Disposition of the application for each benefit or entitlement as it is completed, changed or determined to be unattainable

STANDARD	MEASURE
BSPs will be developed in conjunction with the client at the completion of the benefits assessment.	BSP on file in client chart that includes: <ul style="list-style-type: none"> <li>• Name, date and signature of client and case manager</li> <li>• Benefits/entitlements for which to be applied</li> <li>• Functional barriers status and next steps</li> <li>• Disposition for each benefit/entitlement and/or referral</li> </ul>

## APPLICATION OR RECERTIFICATION ASSISTANCE

Clients with significant functional barriers will be given an appointment within two weeks of assessment to assist in the completion of relevant applications or recertifications. This assistance will be provided in a one-on-one meeting with the same benefits specialist that completed the client’s assessment whenever possible.

Clients with insignificant or no functional barriers will be offered individual application assistance if, at the time of follow-up, they express a need for this service.

It is the specialist’s responsibility to ensure that the applications are complete and that the client has clear instructions about the next steps required to finalize the application process (e.g., setting appointments at benefits offices, mailing instructions, etc.).

Documentation for application assistance services will be kept in the form of a progress note and should include (at minimum):

- ◆ Date
- ◆ Determination whether client has already sought legal recourse related to services for which he or she is seeking benefits
- ◆ Description of applications completed
- ◆ Time spent with, or on behalf of, the client
- ◆ Specialist’s signature and title

If a client does not attend a scheduled appointment, specialists will attempt to follow up within one business day.



STANDARD	MEASURE
Specialists will assist clients with significant functional barriers or who require additional help in completing benefit paperwork.	Signed, dated progress notes on file that detail (at minimum): <ul style="list-style-type: none"> <li>• Determination of legal counsel</li> <li>• Description of paperwork completed</li> <li>• Time spent</li> </ul>
Specialists will attempt to follow up missed appointments within one business day.	Progress note on file in client chart detailing follow-up attempt.

## APPEALS COUNSELING AND FACILITATION

Clients denied a benefit or medical service will be offered individual appeals counseling and facilitation services. Specialists will educate and advise clients on methods to address appeals, and, when indicated, accompany them to the appeal in a facilitative role (not as a legal representative).

When a specialist deems that further legal assistance is required to successfully negotiate an appeal, clients will be referred to a legal service provider.

Documentation for appeals counseling and facilitation services will be kept in the form of a progress note and should include (at minimum):

- ◆ Date
- ◆ Brief description of counseling provided
- ◆ Time spent with, or on behalf of, the client
- ◆ Legal referrals (as indicated)
- ◆ Specialist’s signature and title

If a client does not attend a scheduled appeals counseling appointment, specialists will attempt to follow up within one business day.

STANDARD	MEASURE
As necessary, specialists will assist clients with appeals counseling and facilitation. Cases that require further legal assistance will be referred to Ryan White Program-funded or other legal service provider.	Signed, dated progress notes on file that detail (at minimum): <ul style="list-style-type: none"> <li>• Brief description of counseling provided</li> <li>• Time spent with, or on behalf of, the client</li> <li>• Legal referrals (as indicated)</li> </ul>
Specialists will attempt to follow up missed appointments within one business day.	Progress note on file in client chart detailing follow-up attempt.

## CLIENT RETENTION

Programs will strive to retain clients in benefits specialty services. To ensure continuity of service and retention of clients, programs will be required to establish a broken appointment policy. Follow-up strives to maintain a client’s participation in care and can include telephone calls, written correspondence and/or direct contact. Such efforts will be documented in the progress notes within the client record.

In addition, programs will develop and implement a contact policy and procedure to ensure that clients who are homeless or report no contact information are not lost to follow-up.

STANDARD	MEASURE
Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
Programs will provide regular follow-up procedures to encourage and help maintain a client in benefits specialty services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: <ul style="list-style-type: none"> <li>• Telephone calls</li> <li>• Written correspondence</li> <li>• Direct contact</li> </ul>
Programs will develop and implement a client contact policy and procedure for homeless clients and those with no contact information.	Contact policy on file at provider agency. Program review and monitoring to confirm.

**CASE CLOSURE**

Case closure is a systematic process for disenrolling clients/families from active benefits specialty services. The process includes formally notifying clients/families of pending case closure and completing a case closure summary to be kept on file in the client chart. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure.

Cases may be closed when the client:

- ◆ Successfully completes benefit and entitlement applications
- ◆ Resolves benefits issue
- ◆ Seeks legal representation for benefits
- ◆ Relocates out of the service area
- ◆ Has had no direct program contact in the past six months
- ◆ Is ineligible for the service
- ◆ No longer needs the service
- ◆ Discontinues the service
- ◆ Is incarcerated long term
- ◆ Uses the service improperly or has not complied with the client services agreement
- ◆ Has died

Benefits specialists will complete a case closure summary to include:

- ◆ Date and signature of benefits specialist
- ◆ Date of case closure
- ◆ Status of the BSP
- ◆ Reasons for case closure

STANDARD	MEASURE
Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client chart.
Benefits cases may be closed when the client: <ul style="list-style-type: none"> <li>• Successfully completes benefit and entitlement applications</li> <li>• Seeks legal representation for benefits</li> <li>• Relocates out of the service area</li> <li>• Has had no direct program contact in the past six months</li> <li>• Is ineligible for the service</li> <li>• No longer needs the service</li> <li>• Discontinues the service</li> <li>• Is incarcerated long term</li> <li>• Uses the service improperly or has not complied with the client services agreement</li> <li>• Has died</li> </ul>	Case closure summary on file in client chart to include: <ul style="list-style-type: none"> <li>• Date and signature of benefits specialist</li> <li>• Date of case closure</li> <li>• Status of the BSP</li> <li>• Reasons for case closure</li> </ul>

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## STAFFING REQUIREMENTS AND QUALIFICATIONS

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At minimum, all benefits specialists will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. Benefits specialists will complete an agency-based orientation before providing services. Benefits specialists will also be trained and oriented regarding client confidentiality and HIPAA regulations.

Benefits specialists will hold a Bachelor's degree in an area of human services and/or certification in self-insurance liability; a high school diploma (or general education development (GED) equivalent) and have at least one year's experience working as an HIV case manager or HIV policy advocate, or at least three years' experience working within a related health services field.

Benefits specialists will be knowledgeable about the HIV disease process and the psychological effects of living with HIV, as well as the co-morbidities of substance abuse and mental illness and their effects on the management of HIV illness.

Further, benefits specialists will have:

- ◆ Effective interviewing and assessment skills
- ◆ Ability to appropriately interact and collaborate with others
- ◆ Effective written/verbal communication skills
- ◆ Ability to work independently
- ◆ Effective problem-solving skills
- ◆ Ability to respond appropriately in crisis situations
- ◆ Effective organizational skills

All benefits specialists will successfully complete the DHSP Benefits Specialty Certification Training within three months of being hired. In addition, specialists will successfully complete certification in Ryan White/HIPP and ADAP within six months of being hired, as well as any requisite training (as appropriate).

Supervision for benefits specialty services will be provided by a Master's degree-level professional (or Bachelor's degree-level with equivalent experience) with health and disability policy experience, staff management and administration experience. The benefits specialty supervisor is required to complete all benefit and entitlement-related training as noted above.

Benefits specialists will perform their duties according to generally accepted ethical standards, including:

- ◆ Striving to maintain and improve professional knowledge, skills and abilities
- ◆ Basing all services on a truthful assessment of a client's situation
- ◆ Providing clients with a clear description of services, timelines and possible outcomes at the initiation of services
- ◆ Safeguarding a client's rights to confidentiality within the limits of the law
- ◆ Evaluating a client's progress on a continuous basis to guide service delivery
- ◆ Referring clients for those services that the benefits specialist is unable to provide
- ◆ Respecting attorney/client privilege

### SUPERVISION

Supervision is required of all benefits specialists to provide guidance and support. Supervision will be provided for all benefits specialists at a minimum of four hours per month

in individual and/or group formats. Supervision will assist in problem-solving related to clients' progress towards goals detailed in the BSP and to ensure that high-quality benefits specialty services are being provided. In addition to providing direct supervision to case managers, supervisors are responsible for monitoring the work of benefits specialists through record review to ensure that documentation is appropriate and adequately completed.

**STAFF DEVELOPMENT AND ENHANCEMENT ACTIVITIES**

To ensure that benefits specialists are providing current, accurate information and advocacy services to clients, staff will be required to complete annual recertification training. In addition to offering the DHSP recertification training, programs will provide and/or allow access to ongoing staff development and training for benefits specialists. Staff development and enhancement activities will include (but not be limited to) trainings and/or in-services related to benefits specialty issues and HIV/AIDS. Benefits specialists will participate in at least eight hours of job-related education or training annually.

The following documentation, to be kept in the employee record, is required for staff development and enhancement activities:

- ◆ Documented completion of benefits specialty certification training and recertification training
- ◆ Documented completion of other trainings
- ◆ Staff member(s) name(s) attending function
- ◆ Name of sponsor or provider of function
- ◆ Training outline
- ◆ Meeting agenda and/or minutes

STANDARD	MEASURE
Benefits specialty programs will hire staff that have the ability to provide linguistically and culturally appropriate care to clients infected with and affected by HIV.	Resume on file at provider agency to confirm.
All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
Benefits specialists will complete DHSP's certification training within three months of being hired and become ADAP and Ryan White/HIPP certified in six months.	Documentation of Certification completion maintained in employee file.
Staff will complete benefits specialty recertification training annually and will seek other training opportunities as available.	Documentation of training maintained in employee files to include: <ul style="list-style-type: none"> <li>• Date, time and location of function</li> <li>• Function type</li> <li>• Staff members attending</li> <li>• Sponsor or provider of function</li> <li>• Training outline</li> <li>• Meeting agenda and/or minutes</li> </ul>
Benefits specialists will practice according to generally accepted ethical standards.	Program review and monitoring to confirm.
Benefits specialists will receive a minimum of four hours of supervision per month.	Record of supervision on file at provider agency.

**UNITS OF SERVICE**

**Unit of service:** Units of service defined as reimbursement for benefits specialty services are based on services provided to eligible clients.

- ◆ **Benefits assessment and service plan units:** calculated in number of hours provided



- ◆ **Application assistance units:** calculated in number of hours provided
- ◆ **Appeals counseling and facilitation units:** calculated in number of hours provided

**Number of clients:** Client numbers are documented using the figures for unduplicated clients within a given contract period.

## REFERENCES

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## ACRONYMS

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immune Deficiency Syndrome
ATP	Ability to Pay Programs
BSP	Benefits Services Plan
CDPH	California Department of Public Health
COBRA	Consolidated Omnibus Budget Reconciliation Act
DHSP	Division of HIV and STD Programs
GROW	General Relief Opportunities to Work
HIPP	Health Insurance Premium Payment Program
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
IHSS	In Home Supportive Services
MRMIP	Major Risk Medical Insurance Program
OBRA	Omnibus Budget Reconciliation Act
PAPS	Pharmaceutical Patient Assistance Programs
SDI	State Disability Insurance
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
STD	Sexually Transmitted Disease
TANF	Temporary AID to Needy Families
UI	Unemployment Insurance
VA	Veterans Administration
WIC	Women, Infants and Children