



LOS ANGELES COUNTY
COMMISSION ON HIV



BENEFITS SPECIALTY SERVICES SERVICE STANDARDS

Updated on 4/28/22
Approved by the Commission on 9/8/22

BENEFITS SPECIALTY SERVICES SERVICE STANDARDS

IMPORTANT: The service standards for Benefits Specialty Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

[Ryan White HIV/AIDS Services: Determining Client Eligibility and Payor of Last Resort Program Clarification Notice \(PCN\) #21-02](#)

[Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/18\)](#)

[HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Benefits Specialty Services standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality Benefits Specialty Services when attending core medical and/or support services appointments and meetings. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, and the public-at-large.

BENEFITS SPECIALTY SERVICES (BSS): OVERVIEW

Benefits Specialty 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 Specialty 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 Part A 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 Specialty Services are unlicensed. All HIV Benefits Specialty Services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations and will respect the inherent dignity of each person living with HIV they serve. In addition, BSS contractors must adhere to contractual requirements stipulated by DHSP. Benefits Specialists will assist clients directly or through referral in obtaining the following (at minimum):

Table 1. BENEFIT SPECIALTY SERVICES LIST

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/MyHealthLA • Medicare • Medicare Buy-in Programs • Private Insurance
FOOD AND NUTRITION	<ul style="list-style-type: none"> • CalFresh • DHSP-funded nutrition programs (food banks or home delivery services)
DISABILITY	<ul style="list-style-type: none"> • Social Security Disability Insurance (SSDI) • State Disability Insurance • In-Home Supportive Services (IHSS)
UNEMPLOYMENT FINANCIAL ASSISTANCE	<ul style="list-style-type: none"> • Unemployment Insurance (UI) • Worker’s Compensation • Ability to Pay Program (ATP) • Supplemental Security Income (SSI) • State Supplementary Payments (SSP) • 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 <ul style="list-style-type: none"> ○ GR Housing Subsidy Program (lacounty.gov) ○ Rent Relief Programs (lacda.org) ○ LAHD – City of Los Angeles Housing Department (lacity.org)
OTHER	<ul style="list-style-type: none"> • Women, Infants and Children (WIC) • Childcare • Entitlement programs • DHSP-funded services • Benefits Check Up <ul style="list-style-type: none"> ○ Free service of the National Council on Aging that connects older adults with benefits they may qualify for.

All contractors must meet the [Universal Standards of Care](https://hiv.lacounty.gov/service-standards) in addition to the following Benefits Specialty Services service standards outlined in Table 2. Universal Standards of Care can be accessed at: <https://hiv.lacounty.gov/service-standards>

Table 2. BENEFITS SPECIALTY SERVICES REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
OUTREACH	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 services providers.	Memoranda of Understanding on file at the provider agency.
INTAKE	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"> • Documentation of HIV status • Proof of LA County residency or Affidavit of Homelessness • Verification of financial eligibility • 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
	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 of Duty Statement.	Signed and date Disclosure of Duty Statement in client file.
	Client will be informed of limitations of benefits specialty services through Disclaimer form.	Signed and date Disclaimer in client file.



BENEFITS ASSESSMENT	Benefits assessments will be completed during first appointment.	Benefits assessment in client chart on file to include: <ul style="list-style-type: none">• Date of assessment• Signature and title of staff person• Completed Assessment/Information form• Functional barriers• Notation of relevant benefits and entitlements and record of forms provided• Benefits service plans
BENEFITS MANAGEMENT	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">• Date• Signature and title of staff person• Notation of relevant benefits and presenting issues(s)• Benefits service plan to address identifies benefits issue(s)
BENEFITS SERVICE PLAN (BSP)	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">• Name, date and signature of client and case manager• Benefits/entitlements for which to be applied• Functional barriers status and next steps• Disposition for each benefit/entitlement and/or referral
APPEALS COUNSELING AND FACILITATION	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, date progress notes on file that detail (at minimum): <ul style="list-style-type: none">• Brief description of counseling provided• Time spent with, or on behalf of, the client• Legal referrals (as indicated)
	Specialists will attempt to follow up missed appointments within one business day.	Progress notes on file in client chart detailing follow-up attempt.



CLIENT RETENTION	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 provider regular follow-up procedures to encourage and help maintain a client in benefits specialist services.	Documentation of attempts to contact tin signed, date progress notes. Follow-up may include: <ul style="list-style-type: none"> • Telephone calls • Written correspondence • Direct contact
	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 conform.
CASE CLOSURE	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"> • Successfully completes benefits and entitlement applications • 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 of has not complied with the client services agreement • Has died 	Case closure summary on file in client chart to include: <ul style="list-style-type: none"> • Date and signature of benefits specialist • Date of case closure • Status of the BSP • Reasons for case closure
STAFFING DEVELOPMENT AND ENHANCEMENT ACTIVITIES	Benefits specialty programs will hire staff that can provide linguistically and culturally appropriate care to clients living with HIV. Staff meet the minimum qualifications for their	Hiring policy and staff resumes on file.



	<p>job position and have the knowledge, skills, and ability to effectively fulfill their role. Employment is an essential part of leading an independent, self-directed life for all people, including those living with HIV/AIDS. Agencies should develop policies that strive to hire people living with HIV in all facets of service delivery, whenever appropriate.</p>	
	<p>All staff will be given orientation prior to providing services.</p>	<p>Record of orientation in employee file at provider agency.</p>
	<p>Benefits specialists will complete DHSP's certification training within three months of being hired and become ADAP and Ryan White/OA-HIPP certified in six months.</p>	<p>Documentation of Certification completion maintained in employee file.</p>
	<p>Staff will complete benefits specialty recertification training annually and will seek other training opportunities as available.</p>	<p>Documentation of training maintained in employee files to include:</p> <ul style="list-style-type: none">• Date, time, and location of training• Title of training• Staff members attending• Training provider• Training outline• Meeting agenda and/or minutes
	<p>Benefits specialists will practice according to generally accepted ethical standards.</p>	<p>Program review and monitoring to confirm.</p>
	<p>Benefits specialists will receive a minimum of four hours of supervision per month.</p>	<p>Record of supervision on file at provider agency.</p>

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 provider 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 Program 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 adjuster. (Please see Legal Assistance Standard of Care.)

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

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