



**HOUSING
STANDARDS OF CARE

FOR

HIV HOUSING SERVICES IN ORANGE COUNTY**

Approved by Planning Council 08/12/26

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SECTION 1: INTRODUCTION

People living with HIV are able to live long and healthy lives due to access to care, treatment, and supportive services. As part of supportive services some individuals require assistance with housing. Housing services are available for individuals with unstable housing or at-risk of homelessness.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's housing services:

- Are accessible to all persons living with HIV (PLWH) who meet eligibility requirements
- Provide assistance with housing services, coordination, and living skills that allow clients to stabilize their housing
- Promote a client's independence and self-sufficiency
- Participate in a coordinated, client-centered, and effective service delivery networks
- Appropriately address issues of consent and confidentiality for a client enrolled in services

SECTION 2: DEFINITION OF HOUSING SERVICES

Emergency Financial Assistance for Rent and Utility Deposits

Financial aid provided on behalf of clients who need assistance with rent and utility deposits. Limitation or caps on the length of time and the amount of assistance is based on the funding available, funding source guidelines, and HIV Housing Directives approved by the Planning Council. Payments cannot be provided directly to the client.

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Short-Term Supportive Housing (Previously provided as Transitional Housing)

Based on client's assessed need for supportive housing, the provision of interim housing in a hotel or motel, sober living/recovery residence setting, for persons who (1) are homeless or at risk of becoming homeless; or (2) are coming from emergency housing, mental health and/or drug treatment programs; or (3) were recently released from incarceration. As part of the supportive housing clients will be assisted in developing a plan to facilitate their successful transition to an independent permanent housing situation. Short-term supportive housing is intended to provide temporary shelter to eligible individuals to prevent homelessness and allow an opportunity to develop an individualized housing and service plan to guide the client's linkage to permanent housing. Limitation or caps on the length of time of assistance is based on the funding available, funding source guidelines, and HIV Housing Directives approved by the Planning Council.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality housing services starts with well-prepared and qualified staff. To ensure this, providers must meet all of the following requirements and qualifications:

- **HIV Knowledge.** Providers should have training and experience with HIV related issues and concerns. At a minimum, providers providing housing services to people with HIV should possess knowledge about the following:
 - HIV disease process and current medical treatments
 - Psychosocial issues related to HIV
 - Cultural issues related to communities affected by HIV
 - Adherence to medication regimens
 - Prevention issues and strategies specific to HIV-positive individuals
 - Harm reduction strategies
- **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities.
- **Legal and Ethical Obligations.** Service providers must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
 - **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits of confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence is reported based on the requirements of the service provider's professional standards.

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- **Duty to warn:** Serious threats of violence (including terrorist threats) against a reasonably identifiable victim must be reported. However, at present, in California, a person living with HIV engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality.
- Staff should follow their agency's policies and procedures in relation to duty to warn.

Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff receive initial trainings within 60 days of hire and annual education regarding HIV related issues/concerns	Documentation of training/education on file.
Service provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, for the functions they perform	Documentation of degrees, certifications, licenses, permits, or other documentation on file

SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Staff must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all PLWH. Although an individual's ethnicity is generally central to their identity, it is not the only factor that makes up a person's culture. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture. If a practitioner determines that they are not able to provide culturally or linguistically appropriate services, they must be willing to refer the client to another practitioner or service provider that can meet the client's needs in accordance with their agency's referral policy and procedure.

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Based on the Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The ability to respect, relate, and respond to a client's culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to all clients.
- Recognizing the significant power differential between service provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regards to people's sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

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Standard	Measure
Service provider will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service provider has a written strategy on file
All staff (including administrative staff) will receive initial trainings within 60 days of hire and annual trainings to build cultural and linguistic awareness	Documentation of training/education on file.
Service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Service provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Service provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: CLIENT REGISTRATION

Client registration is required for all clients who request or are referred to housing services. Registration is a time to gather information and provide basic information about housing services and other HIV services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Service provider shall provide an appropriate level of information that is helpful and responsive to client need.

If a client is receiving multiple Ryan White and/or HOPWA services with the same service provider, registration is only required to be conducted one (1) time. If registration information was completed as part of another service; documentation in the client record is sufficient unless there is a requirement for *Releases of Information* specific to housing services and/or housing services *Consent for Treatment*.

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Registration information may be sent from the referring provider to the provider receiving the referral so that the provider receiving the referral may enter information for the Ryan White Services Report. Provision of information regarding *Client Rights and Responsibilities* and *Client Grievance Process* may be conducted one-time at the referring service provider. To document the provision of this information, the referring service provider may send the service provider receiving the referral a signed document indicating that they have provided this information to the client.

- **Timeframe.** Registration shall take place as soon as possible, at maximum within five (5) business days of referral or initial client contact. If there is an indication that the client may be facing imminent loss of housing or is facing other forms of crisis, the registration process will be expedited, and appropriate interventions may take place.
- **Eligibility and Qualification Determination.** The service provider shall obtain the necessary information to establish the client's eligibility via the Eligibility Verification Form (EVF) (See Requirements to be Eligible and Qualify for Services):
<https://www.ochealthinfo.com/about-hca/public-health-services/services/diseases-conditions/disease-information/hiv-planning/services/resources/hiv-pcs>
- **Demographic Information.** The service provider shall obtain the appropriate and necessary demographic information to complete registration; this includes basic information about the client's HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.
- **Provision of Information.** The service provider shall explain what housing services entail and provide information to the client. The provider shall also provide the client with information about resources, care, and treatment (included in the HIV Client Handbook and/or the Housing Resource Guide).
- **Required Documentation.** The provider shall develop the following forms in accordance with state and local guidelines. The following forms shall be signed and dated by each client.
 - **HCC Consent:** Clients shall be informed of HIV Care Connect (HCC) and obtain an HCC consent. The HCC consent must be signed at registration prior to entry into the HCC database and every three (3) years thereafter. The signed consent form shall authorize the Office of AIDS (OO) to record and track their demographic, eligibility and service information and share this information with other agencies in the Ryan White system of care.

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- **HMIS Consent:** Clients shall be informed of the Homeless Management Information System (HMIS). The HMIS consent must be signed at registration prior to entry into the HMIS database.
- **Confidentiality and Release of Information (ROI)/Authorization to Disclose (ATD):** When discussing client confidentiality, it is important *not* to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality should include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.). If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to sign an ROI/ATD form, authorizing such disclosure. An ROI/ATD form describes the situations under which a client's information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. This form may be signed at intake prior to the actual need for disclosure. ROI/ATDs may be cancelled or modified by the client at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure.
- **Consent for Treatment:** Signed by the client, agreeing to receive services/treatment.

The following forms shall be signed and dated by each client receiving housing services and posted in a location that is accessible to clients. For documents available in the HIV Client Handbook, completed forms may indicate that the client has received the HIV Client Handbook.

- **Notice of Privacy Practices (NPP):** Clients shall be informed of the provider's policy regarding privacy rights based on the provider's confidentiality policy. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
- **Client Rights and Responsibilities:** Clients shall be informed of their rights and responsibilities (included in the HIV Client Handbook).
- **Client Grievance Process:** Clients shall be informed of the grievance process (included in the HIV Client Handbook).

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Standard	Measure
Registration process shall begin within five (5) business days of referral or initial contact with client	Registration information is completed and in client record
Eligibility for services is determined	Client's record includes proof of eligibility and qualification
Registration information is obtained	Client's record includes data required for Ryan White Services Report
HCC Consent signed and completed prior to entry into HCC	Signed and dated by client and in client record
HMIS Consent signed and completed prior to entry into HMIS	Signed and dated by client and in client record
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client record as needed
Consent for Services completed	Signed and dated by client and in client record
Client is informed of Notice of Privacy Practices	Signed and dated by client and in client record
Client is informed of Rights and Responsibilities	Signed and dated by client and in client record
Client is informed of Grievance Procedures	Signed and dated by client and in client record

SECTION 6: SCREENING

Ryan White Housing Services

Ryan White service providers shall conduct a screening of the client's needs and eligibility/qualification for Ryan White funded Housing Services. For Ryan White funded Housing Services the client must meet the following:

- Meet eligibility screening (HIV positive and Orange County resident), income, and payer of last resort criteria
- Be re-screened for eligibility/service qualification annually or when a change has occurred that impacts a client's eligibility for services

Standard	Measure
Eligibility /service qualification screening conducted annually or when a change has occurred that impacts a client's eligibility for services	Documentation in client record

EHE Initiative Housing Services

EHE service providers shall conduct a screening of the client's needs and eligibility/qualification for EHE funded Outpatient/Ambulatory Health Services. For EHE funded Outpatient/Ambulatory Health Services the client must meet the following:

- Meet eligibility screening criteria (HIV positive)
- Meet payer of last resort criteria

Standard	Measure
Client meets eligibility screening (HIV positive) and payer of last resort criteria	Documentation in client record

SECTION 7: IMPLEMENTATION AND EVALUATION

The following shall be provided under housing services:

- Assessment of client's housing situation and financial means.
- Eligible payments are to be made without delay in order to prevent disruption in housing and utilities.
- Development and revisions of a housing plan that leads the clients towards stable housing.
- Monitor the progress of the housing plan including any changes in a client's housing status, ability to remain in stable housing, and working with the client to make revisions as necessary.
- Advocate for the client when necessary including with landlords, housing authority, and service providers.

Emergency Financial Assistance for Rent and Utility Deposits

The following shall be provided:

- Housing must be screened to meet HUD's lead based paint rules.
- Individuals receiving RAP, Housing Choice Vouchers, Section 8, or any other public rental assistance program may receive assistance with rent and/or utility deposits.
- A review of the client's situation including, but not limited to:
 - A client's inability to secure funds for required deposits
 - Deposit assistance will lead to stable permanent housing placement
- A review of the client's financial situation to show there is a financial gap with no other resources available.
- The client's income must meet limits in accordance with HIV Housing Directives approved by the Planning Council. Additionally, the client's income must be verified every six (6) months.
- The length and amount of assistance must be provided in accordance with HIV Housing Directives approved by the Planning Council.

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- Screening for service qualification shall include the following:
 - Rental Deposit Assistance:
 - IRS W-9 form completed by landlord or authorized agent.
 - Lease with client's name (or acceptable proof that client is responsible for rent).
 - Landlord's proof of ownership (if individually owned)
 - Acceptable proof of ownership includes deed, property tax bill, business license from a government agency, mortgage statement, print out from Orange County's Assessor's Office
 - Self-certification that carbon monoxide (CO) detectors or alarms are installed, as required
 - Utility Deposit Assistance:
 - Utility bill in client's name.
- If a client is case managed, a referral from the case manager is required.
- Services provide within two (2) business days following approval of a completed application.
- Payments are not made directly to the client.
- Clients who are found to not be eligible or denied service shall receive a detailed denial letter as to the reason assistance could not be provided and possible next steps.

Short-Term Supportive Housing (Previously provided as Transitional Housing)

The following shall be provided:

- Serostatus documentation (HIV Confirmatory Test (Multispot or HIV 1/2 Antibody Differentiation Assay, Western Blot, EIA, HIV-1 RNA NAAT or IFA) or MD signed Verification of HIV (VOH)) in client's file.
 A review that the need for housing is because the client is either homeless or at risk of becoming homeless, coming from emergency housing, mental health, and/or treatment program, and/or recently released from incarceration.
- The client's income must meet limits in accordance with HIV Housing Directives approved by the Planning Council. Additionally, the client's income must be verified every six (6) months.
- The length of assistance must be provided in accordance with HIV Housing Directives approved by the Planning Council.

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- Screening for service qualification shall include the following:
 - IRS W-9 form completed by landlord or authorized agent.
 - Landlord's proof of ownership (if individually owned)
 - Acceptable proof of ownership includes deed, property tax bill, business license from a government agency, mortgage statement, print out from Orange County's Assessor's Office
 - Self-certification that carbon monoxide (CO) detectors or alarms are installed, as required
- Qualification screening shall include the appropriateness of housing placement including assess substance use problems upon entry.
- Clients shall be enrolled in Ryan White case management services in order to receive housing services.
- Development of a housing plan through a collaborative process that is achievable during the time the client is receiving supportive housing.
- Monitor client's progress towards goals to assist the client in transitioning to permanent housing.
- Eligibility for program acceptance determined within two (2) business days of receipt of completed application.
- Conduct weekly assessment of client.
- Clients are not required to contribute income towards the cost of housing.
- Clients who are found to not be eligible or denied service shall receive a detailed denial letter as to the reason assistance could not be provided and possible next steps.

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Standard	Measure
Provide an assessment of a client's housing status including determination of homelessness or at-risk of homelessness	Detailed assessment in client record
Provide an assessment of a client's financial situation including their ability to pay on-going rent, expenses, and handling emergency situations	Detailed assessment in client record
Development, review, and monitor progress of a housing plan as necessary	Detailed housing plan in client record
Payments to third parties to be done in a manner that does not disclose the HIV status of the client	Client's record and backup documentation such as canceled checks, paperwork, and letters does not disclose HIV
Proof payments were process in a timely manner and before due dates	Client's application and backup documentation demonstrate payments were done in a timely manner
Required documents such as lease, occupancy agreement, W-9, and others are obtained from landlord and/or leasing agent before payment is made	Documents are in client's record
Procedure in place to ensure clients do not exceed housing assistance limits (regardless if they receive assistance at single or multiple service providers)	Procedure on file
Required client data and services shall be entered in both HCC and HMIS	Required data fields will be validated by the Ryan White Services Report and HMIS

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SECTION 8: SERVICE CLOSURE

Receiving housing services can be critical to a client's health and well-being. Discharged from housing services may negatively affect the client's overall health. As such, discharge or termination of housing services must be carefully considered and reasonable steps must be taken to assure clients who need housing services are maintained in services.

A client may be suspended or terminated from housing services due to the following conditions:

- The client has successfully attained housing goals
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements)
- The client chooses to terminate services
- The client's needs would be better served by another agency or service
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities
- The client has engaged in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking
- The client cannot be located after documented multiple and extensive attempts for a period no less than three (3) months
- The client has died

The following describe components of discharge planning:

- **Efforts to Find Client.** The provider shall periodically query data systems to identify clients who appear to be lost to follow-up. If the client is receiving case management, the provider may work with the case manager to locate the client. It is recommended, but not mandatory, that at least three (3) attempts to contact the client are made over a period of three months. Efforts shall be made to locate and contact a client who has not shown up for appointments or responded to provider's phone calls. These efforts shall include contacting last known medical provider and other providers for which releases have previously been obtained. Clients who cannot be located after extensive attempts may be referred to available outreach services so that they may be linked back into the care system. Emergency contacts may be used to reach a client and may be done based on agency policy.

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- **Closure Due to Unacceptable Behavior.** If closure is due to pervasive unacceptable behavior that violates client rights and responsibilities including excessive missed appointments, the provider shall notify the client that his/her services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be placed in the client's chart. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g., phone calls, visit, etc.) or attempts to notify the client of closure. If the client does not agree with the reason for closure, he/she shall be informed of the provider's grievance procedure.
- **Closure Due to Death or Termination due to Domestic Violence, Dating Violence, Sexual Assault, or Stalking.** If closure is due to death of a client or termination of client due to domestic violence, dating violence, sexual assault, and/or stalking, remaining family and/or partner may continue to receive housing and supportive services for a grace period. The family and/or partner do not have to be living with HIV to qualify for the grace period. Family members and/or partner shall be assisted in obtaining housing outside of HOPWA funded housing.
- **Housing Services Closure Summary.** A service closure summary shall be documented in the client's record.
- **Data Collection Closeout.** The provider shall close out the client in the data collection system (HCC) as soon as possible, but no later than thirty (30) days after service closure unless the client is receiving other services at the agency. A progress note should clearly indicate why the client was not closed out in HCC.

Standard	Measure
Follow-up will be provided to clients who have dropped out of the service without notice	Signed and dated note to document attempt to contact in client record
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client record. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client record.

Standard	Measure
<p>A service closure summary shall be completed for each client who has terminated services and shall include:</p> <ul style="list-style-type: none"> • Circumstances and reasons for closure • Summary of service provided • Referrals and linkages provided at closure 	<p>Client record will include signed and dated service closure summary</p>
<p>Family or partners of clients that have been closed due to death or act of domestic violence, dating violence, sexual assault, and/or stalking may be provided housing and supportive services during a grace period of up to six (6) months and as long as they comply with updated housing plan, if appropriate</p>	<p>Client record will include signed and dated summary and a transition plan for the Family or partner provided the grace period.</p>

Appendix A. Glossary of Terms

The terms defined in the appendix are general terms used throughout all of the standards of care and may not appear in each individual standard.

Americans with Disabilities Act of 1990 (ADA): The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

Authorization to Disclose (ATD): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Client: Individual receiving services.

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) and/or Housing Opportunities for Persons with AIDS (HOPWA) requirements. It includes that a person must have proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Eligibility workers are responsible for verifying this information.

Eligibility Verification Form (EVF): Form used to document a client's eligibility for Ryan White and/or HOPWA services. Information includes but is not limited to contact, income, household, and insurance information.

Grant Recipient: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grant Recipient for Ryan White Part A funds.

HCC: HIV Care Connect (HCC) is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care, treatment and support providers and provides comprehensive data for program reporting and monitoring. HCC is used by Ryan White-funded service providers to automate, plan, manage, and report on client data.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information.

Health Resources and Services Administration (HRSA): HRSA is an agency of the U.S. Department of Health and Human Services, responsible for improving health care to people who are geographically isolated, economically or medically vulnerable including people living with HIV.

HIV Planning Council (Council): Provides advice and makes recommendations to the County regarding HIV policy issues, service needs of the community, and allocates funds to each service funded under the Ryan White Act and advises the County on HOPWA funds.

Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness

Housing Opportunities for Persons With HIV/AIDS (HOPWA): Federal program dedicated to the housing needs of people living with HIV, under the federal department Housing and Urban Development (HUD).

Notice of Privacy Practice (NPP): A notice to clients that provides a clear, user friendly explanation of client's rights with respect to their personal health information and the privacy practices of health plans and health care providers as required by HIPAA.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance.

Protected health information (PHI): Under US law, any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity such as a health plans, health care clearinghouses, and health care providers as defined by HIPAA rules that can be linked to a specific individual.

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provide Ryan White services and the agency at which services are provided.

Qualifying for a service: Based on HRSA and/or HOPWA eligibility and Planning Council determined requirements (for example, proof of disability for Food Bank, income less than 300% of Federal Poverty Level for Mental Health Services), providers are responsible for ensuring that services provided adhere to qualifying requirements.

Release of Information (ROI): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Ryan White Act: Federal legislation first authorized in 1990 that created Ryan White HIV/AIDS Program which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns.