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<b>SERVICE STANDARDS FOR EMERGENCY FINANCIAL ASSISTANCE</b>					
<i>Origination Date: December 18, 2015</i>					
<b>Reviewed/approved by the Continuum of Care Committee</b>	July 9, 2020	July 8, 2021			
<b>Approved by the Planning Council</b>	August 19, 2020	August 18, 2021			

*In addition to the Universal Standards, you are also expected to follow the following guidelines.*

**I. GOAL**

The goal of Emergency Financial Assistance is to provide PLWHA assistance in maintaining or accessing essential services in order to support linkage to or retention in care.

**II. DESCRIPTION [HRSA PCN 16-02 Rev. 10/22/18]**

Emergency Financial Assistance provides limited, one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

**III. KEY SERVICE COMPONENTS AND ACTIVITIES**

- Rental assistance
- Utility Assistance
- Vouchers for food
- Medication Assistance
- Transportation

**IV. SERVICE LIMITATIONS/ REQUIREMENTS**

Parameters for service category spending are determined by the recipient's office and communicated directly to funded organizations by the recipient.

**V. ASSESSMENT AND SERVICE PLAN**

**Development and Implementation of an individualized service plan**

- Determine the need for financial assistance
- Contact Payee for payment information
- Follow up with payee and client to assure that payment was received
- Follow up to ensure that client was linked to/retained in care

**DOCUMENTATION**

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*“To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren.”*

Written documentation is kept for each consumer which includes

1. Documentation of need (e.g. bill or letter of termination)
2. This shall comply with all required documentation from NEMA Universal Standards of Care

## **VI. ENGAGEMENT AND RETENTION OF CLIENTS**

Refer to Universal Service Standard

## **VII. STAFF QUALIFICATIONS AND TRAINING**

Each funded agency is responsible for establishing job descriptions and qualifications for each of the case management positions. It is suggested that a team approach better accomplishes the activities required for comprehensive Case Management.

### **CASE MANAGER**

#### Qualifications/Training

1. Associate's/Bachelor's degree in health or human services related-field preferred
2. A minimum of 1-year past experience working with persons with or at high risk of HIV infection preferred
3. Ongoing education/training in related subjects including "prevention with positives"
4. Agency will provide new hires with training regarding confidentiality, Stigma, Health Education and Risk Reduction, Health Literacy, client rights and the agency's grievance procedure
5. Annual staff evaluation/performance review
6. Refer to the Medical Case Management and Non-Medical Case Management Service Standards