

# **GUIDEBOOK FOR THE HOMELESS INCENTIVE AND PREVENTION (HIP) PROGRAM**

**Virginia Department of Health (VDH)  
Division of Disease Prevention  
Tuberculosis Control Program**

**Virginia Department of Health  
Division of Disease Prevention-tb  
Homeless Incentive and Prevention Program (HIP)  
Policy TB01-008**

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## **INTRODUCTION**

HIP is administered by VDH's Division of Disease Prevention, Tuberculosis Control and Prevention Program (DDP-tb) to protect the public health when an individual with infectious tuberculosis (TB) is homeless or at risk of becoming homeless and must be isolated. HIP provides temporary housing for clients with infectious TB whose living conditions represent a barrier to adherence or completion of treatment. The HIP program functions as a **fund of last resort** and **may not cover the entire amount due**. HIP approval is for one month at a time. Subsequent requests will be considered on a case by case basis.

The purpose of this manual is to clarify participation criteria, outline responsibilities, and explain the process.

A request for HIP services usually begins when the local health department identifies a need and contacts VDH TB Control. The nurse case manager or designee at the local health department works with the HIP Manager at VDH TB Control to obtain approval and process paperwork. The HIP Manager is responsible for authorizing and coordinating the disbursement of HIP payments.

## **PROGRAM CRITERIA**

Specific criteria **must be met** when the case manager requests HIP funding.

### **I. Criteria for Participation in HIP Program: ALL Criteria Must be Met:**

#### **A. The client must have confirmed or suspected tuberculosis disease.**

1. **Tuberculosis Suspect:** Client is suspected of having TB disease based on positive bacteriology including positive smears for acid-fast bacilli (AFB), positive NAA test, abnormal chest x-ray, and/or clinical symptoms consistent with of active tuberculosis disease.  
OR
2. **Laboratory confirmation** of *Mycobacterium tuberculosis complex* from a clinical specimen.  
OR
3. **Clinical diagnosis of TB** based on a positive tuberculin skin test, radiological evidence or client symptoms, and current treatment with two or more anti-TB medications.

#### **B. The client must be unable to work due to the TB diagnosis.**

#### **C. The diagnosis of confirmed or suspected TB disease must be affirmed by a VDH physician who is on staff or under contract with VDH. This affirmation is to assure that a uniform and consistent definition of TB suspects and cases is being followed and that appropriate treatment is initiated.**

#### **D. The client has been reported to DDP-tb or to the local jurisdiction. This step assures that the reporting procedures are being followed and the local health department is receiving timely reports.**

#### **E. Medical management of the client is supervised by Virginia Department of Health. If the client has a private physician, the local health department should be consulting on the case. This collaboration assures that established VDH standards of care are being followed.**

#### **F. The client must agree to directly observed therapy (DOT). DOT is the standard of care for treating cases of tuberculosis and essential for an individual who is at risk of losing or has lost housing. A DOT agreement form is on **page 7** of this document and must be signed by the client.**

#### **G. The client must agree to participate in the HIP Program and abide by its guidelines. If the client cannot abide by the housing guidelines, the client cannot be supported by this program. A HIP participation agreement form is on **page 8** of this document and must be signed by the client.**

## HOUSING PLACEMENT CRITERIA

In addition to the **program criteria**, there are also **housing criteria** that must be met for placement:

### II. **Criteria for Placement: ONE of the following conditions must be met:**

- A. The client must currently be homeless and willing to accept placement in a facility that provides housing to HIP participants. Homeless means that the client lacks stable housing or housing that meets the minimum housing standards. Homeless may also include those individuals who sleep in different places on a nightly basis and may be unavailable for DOT due to uncertainty as to where they will find shelter.
- B. The health department requests that the client be removed from a living situation that has or could impact negatively on continuing TB treatment. These situations may include an adult who lives in a household where young, previously unexposed children also reside, roommates who are immune-compromised, or the unit is a congregate living setting.

### III. **Criteria for Placement in a motel:** Clients must be medically well enough to be in an unsupervised environment before approval can be given for placement in motel housing.

### IV. **Criteria for Support in Current Residence**

Rationale: This Program will offer assistance to clients living in their own residence in an effort to keep them in stable housing and prevent homelessness. The objective is to have a consistent location for the client to live in order to receive DOT.

**ALL of the following** criteria must be met for support in **current residence**:

- A. The client is unable to work because of the diagnosis of infectious TB disease or being a suspect. TB disease often involves a hospital stay. During this time, clients may lose their jobs or not be paid because of absence from work. If the TB disease directly causes a loss of income for the client, the client receives no other income and is not eligible for other financial assistance; the client may be eligible for this program.
- B. The client is deemed financially incapable of continuing to pay for housing. This means that the client has no money to cover the rent and will be evicted from the place of current residence.
- C. The client's current housing must meet the standards required by the DDP-tb to be eligible. (See Appendix II-Housing Standards)

### V. **ALL of the following** criteria must be met for **continued HIP participation**:

- A. Clients must continue to show a financial need for assistance.
- B. Clients must adhere to DOT as prescribed.
- C. Clients must keep scheduled clinical appointments.
- D. Clients must follow all the conditions of isolation while infectious.
- E. Clients must obey all rules and regulations of the housing facility, (if applicable).

## PROCESS FOR REQUESTING HIP ASSISTANCE

HIP can provide funds for **housing and/or food assistance if specific criteria are met and approval is granted by VDH TB Control**. Prior to making a request, call the HIP coordinator to discuss requests for assistance and ensure the applicable criteria are met. Next, fax the request to

**(804) 371-0248** to ensure all names are spelled correctly. Also, be sure to clearly indicate the local **Health Department street address** where the check(s) should be mailed to expedite delivery.

### **I. Requesting Housing Assistance**

Requests for housing assistance are evaluated on a case-by-case basis. Housing assistance may be provided in a motel or in the client's current residence. Housing assistance requests should include the information described below. The nurse case manager in the local health department typically initiates the process and must follow the following procedures:

#### **A. MOTEL**

Review the eligibility criteria and call the HIP coordinator at **(804) 864-7969** to discuss eligibility. Allow **48 hours** for processing requests and making placement arrangements. Clients must be **medically well enough** to be in an **unsupervised** environment before approval can be given for placement in motel housing.

1. If requesting **motel** housing assistance, identify an appropriate place that meets the minimum housing standards. (Appendix II)
2. Obtain the name, address, phone number, and contact name of the housing location. Negotiate a rate and remember that we **do not pay for phone use, safes, or taxes**. Make sure they will be able to send invoices to DDP-tb for payments. See Appendix II for further guidance.
3. The HIP Coordinator will fax a copy of the authorization letter to the **nurse case manager** and the **motel vendor**. The case manager will immediately notify DDP-tb of any errors or changes from what is contained in the letter.

#### **B. RENT/MORTGAGE**

1. Determine the **name of the appropriate recipient** of the rent or mortgage payment and the **month** that the payment will cover. Obtain the mortgage account number or unit number. Review the rental agreement, cancelled checks, or mortgage document to verify the amount. **Payments are not made to the client for housing under any circumstances.** The check is mailed to the nurse case manager in the local health department. The case manager should make a copy of the check when it arrives in the mail. Have the client sign the copy to acknowledge receipt of the assistance and maintain this copy in the client's record.

**Note: 7-14 business days** are required to process checks for rental payments.

2. If the landlord cannot accept a check or if the client is part of a group that pays rent, a check can be sent to the case manager who can obtain a money order for the client's portion of the rent. Follow local policies for documenting that all HIP monies were used for the money order.
3. Clients are not automatically entitled to continued support from HIP. Extensions are based on continued need and eligibility. Contact the HIP Coordinator to discuss continued support.

**Special Situations:** If a check is received and the money is not used for any reason, the case manager should write "**VOID**" on the check and return it to the **Virginia Department of Health; 109 Governor St.; Richmond, VA 23219; c/o TB Control Program-HIP Coordinator, Rm. 326**. All questions regarding check issuance must be directed to VDH-tb program and **not the contract vendor**.

## II. Requesting Food Assistance

Requests for food assistance are evaluated on a **case-by-case basis**. Food assistance is offered as an enabler for clients who meet all HIP eligibility criteria but do not have funds to purchase sufficient food for themselves. Prior to making a request, call the HIP coordinator to discuss eligibility criteria. Next, fax the request to **(804) 371-0248** to ensure all names are spelled correctly. Also, be sure to clearly indicate the local **Health Department street address** where the check should be mailed to expedite delivery.

### **Eligibility for food assistance**

Clients must meet **ONE** of these criteria:

- **Be under public health isolation orders**
- **Need groceries for nutritional supplement while recovering**
- **Lost employment or income source as a result of illness**
- **Able to pay for housing instead of food**
- **Lack access to any other food sources**

When requesting food assistance, designate a **nurse case manager, outreach worker or other health care worker** to whom the check will be made payable and include this person on the faxed request. Upon receipt of a request for food, a check will be made for a **maximum of \$150.00 per month** in the name of the designated person. This check will be issued by the contract vendor within **seven** business days of the request. All funds **designated** for food are **restricted to food items only**. Receipts for these food items should be **signed and dated by the client, placed in an envelope with the copy of the food check, and filed in the client's medical record**. Depending on the client's situation, the case manager or outreach worker will take the following action:

1. **If the client is under public health isolation orders and has no one to shop for them**: Purchase the necessary grocery items and deliver them to the client so he or she does not have to go out in public.
2. **If the client is non-infectious and ambulatory**: Purchase gift cards in various amounts from a local grocery store; make copies of each and deliver them periodically throughout the month to the client. Have the client co-sign and date the copy of the gift card indicating it was received and file the receipt in the client record. The client should provide grocery receipts for at least the amount of the certificate in order to qualify for further assistance.

**Prohibited items** include any type of alcohol, tobacco in any form, bottled water and other non-food items not specifically for the client. Anything that is not consumable food is prohibited.

Upon receiving a food check in the name of a **designated health care worker**, copy the check and have a manager sign to verify that it was received for the purpose of purchasing gift cards or groceries for the client. A reviewer should review receipts for accuracy and completeness and document the review date. Retain the original copies of the grocery or gift card receipts and a copy of the client's receipt acknowledgement in the client's record. These receipts must be made available upon request for **auditing purposes**. The nurse case manager should address and document any inappropriate gift card use with the client. Misuse of HIP food monies will result in denial of further assistance requests.

**Important Note**: If a designated health care worker receives more than **\$600.00** in any calendar year from HIP, that amount may be considered **taxable income** to that designated person and a 1099 form may be issued. Local supervisory staff should monitor this issue and develop alternative plans if necessary.

**Direct Observed Therapy Agreement**  
**Virginia Department of Health \* Tuberculosis Control**

Client \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Health District \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**The Directly Observed Therapy (DOT) program has been explained to me; I understand that taking this medication is the most effective way to kill TB bacteria. I agree to have a tuberculosis (TB) worker watch me take TB medicine according to the plan ordered by my doctor.**

I, \_\_\_\_\_ understand and agree to the following:  
Name of Client

1. I will be at: \_\_\_ Home \_\_\_ Work \_\_\_ Clinic/LHD \_\_\_ Other (specify) \_\_\_\_\_  
between the hours of \_\_\_\_\_ and \_\_\_\_\_ to receive my tuberculosis medicine.

2. If, for any reason, I cannot be present to take my medicine at the normal place and time, I will call  
\_\_\_\_\_ at \_\_\_\_\_ to change the appointment.  
Name of Person Phone Number

3. If I do not call to change the appointment or call too close to the scheduled time, I understand that I may  
have to go to \_\_\_\_\_ before the end of the day to take my medicine.  
Name/Address of place

4. I will tell my DOT worker of any complaints, questions or problems that I have. I understand that if I am  
having side effects to the medicine, I may be asked to go to \_\_\_\_\_ to meet with a  
doctor or nurse and may have laboratory tests. Name of place

5. I understand that if I miss my appointments and do not take my medicine regularly, legal action may be  
taken.

6. The \_\_\_\_\_ agrees to provide the following:  
Name of Health District/Case Manager

- The DOT assignee will observe medication doses being taken at the assigned location during the time period arranged. If the DOT worker needs to change the appointment time or place, every effort will be made to give the client advance notice of any necessary changes.
- The DOT assignee will maintain client confidentiality.
- The DOT assignee will respond to all questions and concerns raised by the client.
- The DOT assignee will assist with referrals to other service agencies as appropriate.
- The DOT assignee will immediately notify the Case Manager of client concerns and provide feedback as necessary.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
ORW Name

\_\_\_\_\_  
Nurse Case Manager Signature

**HOMELESS INCENTIVE PROGRAM PARTICIPATION AGREEMENT**

This participation agreement is between the  
Virginia Department of Health, Division of Disease Prevention-TB Control Program  
and

\_\_\_\_\_  
(Client's name)

The Virginia Department of Health, Division of Disease Prevention-tb has agreed to provide housing assistance during the time period this client meets the HIP Program eligibility criteria. Failure to abide by this agreement will result in the client being ineligible for assistance. This agreement is in addition to the standard Directly Observed Therapy (DOT) Agreement.

While receiving **rent/mortgage housing assistance**, the client agrees to:

- Be available to the healthcare workers on a regular schedule for DOT
- Refrain from using alcohol or illegal controlled substances while on DOT
- Refrain from being verbally or physically abusive to any health care worker
- Submit sputum samples and keep clinic appointments as requested

While receiving **food** assistance, the client agrees to:

- Be available to the healthcare workers on a regular schedule for DOT
- Refrain from using alcohol or illegal controlled substances while on DOT
- Refrain from being verbally or physically abusive to any health care worker
- Submit sputum samples and keep clinic appointments as requested
- Spend food assistance on food items only
- Submit receipts to the case manager

While receiving **motel** housing assistance, the client agrees to:

- Be available to the healthcare workers on a regular schedule for DOT
- Refrain from using alcohol or illegal controlled substances while on DOT
- Refrain from being verbally or physically abusive to any health care worker
- Submit sputum samples and keep clinic appointments as requested
- Refrain from sharing the room with others (unless approved by the nurse case manager)
- Keep the housing unit clean and neat
- Abide by the rules and regulations set by the motel management

Client signature \_\_\_\_\_

Date: \_\_\_\_\_

VDH Representative \_\_\_\_\_

Date: \_\_\_\_\_



## APPENDIX-I

### HIP: Role of the Local Case Manager

The case manager in the local health department assumes several important roles in the HIP program. This individual is typically the TB nurse working with the client; in some instances the nurse manager or another designee would handle these responsibilities.

The case manager:

1. Takes an active role in the process of discharge planning of TB cases and suspects prior to their release from hospitals. This interaction is especially critical for infectious clients who may have just initiated treatment.
2. Performs a needs assessment on the client and determines current housing status.
3. Identifies food banks, soup kitchens, and emergency food services to meet the basic need for food.
4. Assists in locating appropriate housing with relatives, assisted living, adult homes, single room occupancy or shelters.
5. Contacts DDP-tb for participation in the HIP Program if the client has no housing resources available
6. Contacts the HIP coordinator if assistance is needed beyond the initial period.
7. Provides ongoing case management of the client including DOT.
8. Notifies DDP-tb when the client is released from isolation and can return to work.
9. Keeps DDP-tb informed of any problems and/or questions regarding the HIP program.
10. Assumes responsibility for proper documentation of receipt and expenditure of HIP monies for audit purposes and maintaining this information in the client's medical record. This information should include:
  - copies of any checks received and signed by a supervisor to verify that the check was appropriately cashed and used to purchase gift certificates or groceries for the client,
  - grocery receipts for purchased items.

Each receipt should be reviewed for accuracy and completeness by a designated individual in each district within two weeks. The reviewer should initial and date the document upon review.

### HIP: Role of VDH TB Control HIP Manager

There is an assigned staff person at DDP-tb who coordinates the HIP program. This staff person is responsible for coordinating HIP requests with the VDH contract vendor to expedite approved requests for HIP assistance and ensure timely delivery of assistance checks and payments. The HIP manager will also provide guidance with other HIP program special requests such as insurance related drug co-payments. Call the HIP manager for more information at **(804) 864-7969**. If the HIP manager is unavailable, other DDP-tb staff can assist you and can be reached at **(804) 864-7906**. Upon discussing HIP eligibility criteria and processes, requests should be faxed to **(804) 371-0248** and include all applicable information as described earlier in this document. Also, be sure to **clearly** indicate the **Health Department street address** where the check(s) should be mailed.

## APPENDIX-II

### **HIP: Housing Standards**

When HIP participants are placed in housing, the case manager will locate and identify a suitable facility. The case manager talks with the facility manager to determine if a vacancy exists for the time period needed, determines if the facility is willing to send invoices to the DDP-tb for delayed payments by credit card or state check, and then notifies the HIP manager. If the minimum standards are met and the facility approved, an authorization letter will be faxed to the facility indicating that VDH will be responsible for payment.

It is recommended that the housing facility be convenient for providing DOT and provide a safe environment for the client. The case manager will determine room availability, negotiate a rate (usually weekly), and assure that the room meets the minimum housing and safety standards. The facility will not be supported by HIP until the minimum standards have been met. Motels must provide a completed **W-9** form to be placed on the **state vendor list** if not currently listed. This is required before payment can be made to the facility.

TB case managers are asked to assess the potential housing unit to assure that it is clean, free of obvious dangers or hazards, and that the unit itself does not pose a health risk. Consider the following criteria; suggested tips are listed under each item:

#### **Infection control measures when smear positive:**

- No shared air between rooms. Window or individual room units for air conditioning and heat with venting to the outside are best.
- Rooms must have doors that open to the outside with no shared corridor entrances.
- Suspended housekeeping services. Sheets and towels may be delivered to the door.
- No roommates or personal visitors unless authorized by the nurse case manager.

#### **Minimum housing standards:**

- Hot and cold running water
- Heat during the colder months.
- Locks on the door and the door should open and close with ease.
- Refrigerator and microwave oven in room.
- Private attached bathroom.

#### **Minimum client responsibilities:**

- Keep the room clean.
- Abide by the rules and regulations of the facility owner or manager.
- Refrain from making noise that results in complaints to the owner or manager.
- Refrain from alcohol or illegal drug use while in HIP housing
- Refrain from any behavior that results in complaints to the owner or manager.

#### **Other General Health and Safety Standards**

- Should be able to enter the housing unit without having to go through another unit.
- Fire exit from the building should be readily available and not blocked in any way.
- Free from rats or severe infestation by mice or other vermin.
- Free from heavy accumulation of garbage or debris inside and outside of the unit.
- Adequate facilities for temporary storage of food wastes or other garbage.
- Interior and exterior stairs and hallways free from hazards to the occupant due to loose, broken, or missing steps on stairways, absent or insecure railings, inadequate lighting, or other hazards.
- Interior of the housing unit is free from any other potential hazards not specifically mentioned.
- Housing unit should be free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants.

## APPEDIX-III

### **HIP: Localities Not Covered by the DDP-tb HIP Program**

The following list of the districts and localities are not covered by the DDP-tb HIP Program. These are covered through the TB Foundation Endowment. If you are in one of the following listed localities and services are needed, contact Lex Gibson at the Roanoke Health Department at (540) 204-9269. In the event that services are not available through the TB Foundation Endowment, these localities would be eligible to apply for HIP assistance.

#### **Alleghany District**

- Alleghany County
- Botetourt County
- Craig County
- Roanoke County
- Clifton Forge (city)
- Covington (city)
- Salem (city)
- Vinton (city)

#### **Cumberland Plateau District**

- Buchanan County
- Dickenson County
- Russell County
- Tazewell County

#### **Lenowisco District**

- Lee County
- Scott County
- Wise County
- Norton (city)

#### **Mount Rogers District**

- Bland County
- Carroll County
- Grayson County
- Smyth County
- Washington County
- Wythe County
- Bristol (city)
- Galax (city)

#### **New River District**

- Floyd County
- Giles County
- Montgomery County
- Pulaski County
- Radford (city)

#### **Roanoke Health District**