



Colorado Department of Public Health and Environment

Critical Events System STI/HIV/Viral Hepatitis Branch

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Mission

The Critical Events System is a CDPHE effort to limit the transmission of HIV by providing additional supportive services for persons living with HIV as they experience instability in their lives. Through support and assistance in accessing care and re-engaging in treatment, along with help in stabilizing their personal lives, we attempt to aid clients in reaching viral suppression, and thus become less likely to transmit HIV/AIDS.

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I. Key Roles in the CE Assistance System

The following are key roles in the CE Assistance System.

a. The CE Coordinator

The CE Coordinator is a CDPHE employee that initiates and monitors CE assistance. The duties of the CE Coordinator include:

- 1) Receiving CE Nomination Forms at CDPHE;
- 2) Assessing the completeness and accuracy of the data included on the CE Nomination Form;
- 3) Verifying enrollment and current certification in ADAP;
- 4) For clients not enrolled in ADAP, conducting initial verification of HIV status, income eligibility, and Colorado residence;
- 5) Evaluating and documenting the basis for the CE assistance;
- 6) Deciding if a client's request should move to "Level 2" approval;
- 7) Identifying a CE sponsor for each client;
- 8) Assure that all parties needing ARIES access have it, and are trained to use it;
- 9) Creating an ARIES record for each client receiving CE Treatment Plans at CDPHE;
- 10) Informing sponsors to move forward on CE Assistance after Level 2 approval;
- 11) Working with nominators and sponsors to correct issues on nominations or plans;
- 12) Maintaining an overall accounting of budget available and remaining for CE assistance;
- 13) When necessary, prioritizing CE requests due to limited resources;
- 14) Monitoring the ARIES system for appropriate data entry on an ongoing basis;
- 15) Authorizing and processing CE payments based on CE Sponsor requests and disclosures;
- 16) Assuring that each payment has appropriate support documentation;
- 17) Reviewing and approving CE Plan revisions. Obtaining supervisor approval for CE budget changes;
- 18) Verifying that clients receive a discharge plan when feasible.

b. The CE Nominator

The duties of a CE Nominator include:

- 1) Completing the CE Nomination Form with the client;
- 2) Serving as the CE Sponsor, depending on the case and if willing to be the sponsor/co-sponsor;
- 3) Assessing whether the nominee is appropriate for CE Assistance. See "Appropriateness of CE Assistance" section (p. 9);
- 4) Assuring that the CE Nomination Form is done completely and accurately, and that it truthfully describes the client's situation;
- 5) Verifying enrollment and current certification in ADAP.

c. The CE Client

The CE Client is the recipient of CE assistance, who is responsible for completing assigned tasks as a condition for receiving assistance. The responsibilities of the CE Client include:

- 1) Completing the required CE Nomination Form;
- 2) Completing a Consent and Release of Information Form;
- 3) Enrolling in Colorado ADAP if not already on the program or eligibility has expired, and recertifying every 6 months from month of birth;
- 4) Maintaining regular contact with an assigned Sponsor;
- 5) Completing all other required CE forms;
- 6) Developing a CE Treatment Plan with the CE Sponsor;
- 7) Setting goals and tasks that will allow client to move towards self-sufficiency in a timely manner;
- 8) Fulfilling each task in the CE Treatment Plan, within the timeframe discussed with the sponsor;
- 9) Sending in required supporting documentation in a timely manner.

d. The CE Sponsor

The individual who works directly with the client and the others involved in assisting the client to meet the identified needs and motivate progress toward viral suppression. Sponsor duties include:

- 1) Signing the Sponsor Agreement;
- 2) Taking the required CE Sponsor Training;
- 3) Assessing or confirming if the client is appropriate for CE Assistance. See “Appropriateness of CE Assistance” section (p. 9);
- 4) Creating a record in the ARIES system for the CE client after Level 1 approval;
- 5) Verifying enrollment and current certification in ADAP, and applying/re-applying if not current;
- 6) Assessing the client’s needs. This may include immediate needs as well as the comprehensive needs that are identified through the CDPHE Acuity Tool;
- 7) Developing a CE Treatment Plan for the client, which includes a full team of service providers and the active involvement of the client;
- 8) Developing a budget to accompany the CE Treatment Plan;
- 9) Delivering a signed copy of the CE Treatment Plan to the CE Coordinator, and enter it into ARIES;
- 10) Responding to questions and request to revise the CE Plan from the CE Coordinator;
- 11) Implementing the CE Treatment Plan;
- 12) Recording progress on the CE Treatment Plan in ARIES;
- 13) Scheduling payments in ARIES, consistent with the approved CE Plan budget;
- 14) Updating the CE Plan as needed;
- 15) Re-evaluating if the client is still appropriate and making sufficient progress towards program goals at the 90 day mark;
- 16) Closing CE cases and transition clients to self-sufficiency;
- 17) Being available for periodic “check-ins” as part of the transition plan.

e. The CE Supervisor or Manager

Provides overall quality assurance and second level approval for CE eligibility and budgets.

f. The CE Administrative Contractor

Makes payments to identified payees consistent with the CE Plan budget and the approval of the CE Coordinator.

II. CE Phases

a. Phase I

- 1) Identify and screen potential CE participants
- 2) Assess for motivation
- 3) Complete the nomination form and submit to CE Coordinator
- 4) Apply for ADAP or verify enrollment and current certification
- 5) Once approved, enter the client in Aries
- 6) Complete intake paperwork (rights and responsibilities, grievance procedure, sponsorship agreement, and any necessary expectations forms)
- 7) Begin developing a budget
- 8) Complete initial CE plan and submit for approval

b. Phase II

- 1) Weekly or biweekly contact with CE participant
- 2) Creation of new plans and entering into Aries timely
- 3) Collecting documentation and verifications of completed tasks
- 4) Requesting financial services based on needs and the budget
- 5) Locating necessary resources for participants
- 6) Confirming task completion
- 7) Continued assessment of client motivation
- 8) Evaluate need for early cancellation of client from the program if warranted
- 9) Step down of financial assistance during the final months

c. Phase III

- 1) Completing the closure letter
- 2) Creating a final budget with the participant
- 3) Completing a transition plan for exiting the program
- 4) Follow up with the client (either by phone, in person, email, or mail) at 1, 3, and 6 month post case closure

III. Client Eligibility

To be eligible for CE Assistance, a nominee must disclose and document a need for assistance to access HIV care and the challenge of a “critical event” in her/his life (all existing criteria should be checked).

a. Needing support for viral suppression

The following types of clients will be considered eligible:

- 1) *Newly diagnosed* – people who received their first HIV positive test result within 365 days prior to the date of their application for CE assistance
-Goal: nominee will get connected to care and begin regimen at doctor’s recommendations;
- 2) *Lapsed in care more than 365 days (Mark all that apply)*
 - No CD4 or Viral Load tests performed within 365 days
– Goal: nominee will re-engage with medical care and get labs drawn 3 times during program;
 - Most recent medical care provided out of state
– Goal: nominee will secure a medical provider and maintain medical care during the program;
 - No medical care provided within 365 days
– Goal: nominee will re-engage in medical care and follow doctors recommendations;
- 3) *Medically Vulnerable (Mark all that apply)*
 - Consistent history of high Viral Load (3 or more occurrences of 50,000 or higher over the last 3 years). This includes people who have not received a prescription for an HIV medication regimen, have not responded to prescribed medications, or have not consistently adhered to prescribed medication regimens due to psychosocial issues (critical events)
– Goal: nominee will consult with doctors and adhere to recommendations to decrease viral load;
 - Current Viral Load of 100,000 or higher (within last 90 days)
– Goal: nominee will consult with doctors and adhere to recommendations to decrease viral load;
 - Current low CD4 count (100 or below within last 90 days)
– Goal: nominee will consult with doctors and adhere to recommendations to increase CD4;
 - Diagnosed with another medical condition that poses significant risk of death or rapid deterioration of HIV condition without immediate intervention or assistance. (This will require a written description of the condition and attestation from a licensed medical provider)
– Goal: nominee will adhere to doctors’ recommendations and pursue treatment for that condition;
- 4) *Pregnancy* (as of date of application)
-Goal: nominee will adhere to doctors’ orders so as to have the best health outcomes for her infant.

b. Critical event

One or more of the following must be occurring in the life of the applicant (mark all that apply):

- 1) Recently homeless or pending eviction
-Goal: nominee will obtain stable housing or maintain stable housing;
- 2) Recently unemployed
-Goal: nominee will take steps towards employment or a stable form of income;
- 3) Diagnosed with 2 or more STIs in last 2 years (Gonorrhea, Syphilis, or Chlamydia)
-Goal: access proper treatment for the STI and adhere to the treatment recommended by the doctor, along with being referred to a risk reduction counselor with an approved provider;
- 4) Worsening health status due to hepatitis C (within prior 180 days)
-Goal: nominee will access health care and adhere to treatment and recommendations of the doctor;
- 5) Named by a person newly diagnosed as HIV infected as non-disclosing of their positive HIV status prior to sex and/or needle sharing (within prior 180 days)
-Goal: nominee will seek out support of a mental health therapist and will be referred to a risk reduction counselor with an approved provider;

- 6) Severe alcohol or drug disorder, as evidenced by a validated screening (such as the ASSIST component of SBIRT) or assessment (such as the ASI, Addiction Severity Index). A screening or assessment is only valid within prior 90 days
-Goal: nominee will seek substance abuse treatment, either in-patient or out-patient;
- 7) Severe mental illness, as evidence by a validated screening (such as the CDQ or SAMISS) or a diagnostic tool conducted by an appropriately trained mental health professional (such as the DSM-5 Assessment Measures).
-Goal: nominee will seek support from a mental health counselor and take prescribed medicine;
- 8) Assault, intimate partner violence, or sexual assault (within prior 365 days)
-Goal: nominee will seek support of a mental health counselor and move towards safety/stability;
- 9) Sex worker, engaged in survival sex, or people who have been subjected to human trafficking (within prior 365 days)
-Goal: nominee must be willing to exit current situation and seek support of a mental health counselor.

IV. Financial Assistance Requests

a. Making requests

- 1) Only one source of Ryan White Funding should be used at a time. In many cases, CE funding should be used first, while the nominee is still eligible, before other emergency funding is used, but Ryan White can be used while evaluating a client for CE;
- 2) Other sources of funding, with the exception of Ryan White Funding, should be explored before a request from CE is made and CE should be used as a last resort payer. Some sources of financial assistance include: Food Stamps, LEAP, TANF, WIC, domestic violence shelters, expenses covered by health insurance, and other eligible county programs;
- 3) All funding requests should be accompanied by a completed task by the nominee;
- 4) All payment information should be accurate and accompanied by verification (ie: bills, lease, housing agreement);
- 5) Business credit cards may be used by agencies in cases of emergency and necessity, of which reimbursement will be provided. Sponsor must request approval from the CE Coordinator before the purchase is made and submit the receipt once the transaction is completed;
- 6) Please provide instructions for the distribution of payments with the payment request. These can include: Sponsor pick-up, mail, reimbursement, online payment, and over-the-phone payment. Note that checks cannot be directly given to the client, nor can they be made payable to the client.
- 7) By the 4th or 5th month, sponsors should be using a step-down method to slowly reduce funding assistance and prepare the client to be self-sufficient (ie: reducing payments to 75% CE and 25% client, then next month reducing to 50% CE and 50% client).

b. Reasons for delayed requests

To the extent possible, all approved requests will be processed promptly in order to prevent further deterioration of the client's health or psychosocial situation. Allow four days for processing requests, unless an emergency situation warrants faster response. Please keep in mind the time it might take for a payment to arrive by mail. In non-emergent situations, requests may be delayed and processed on a prioritized basis due to the following circumstances:

- 1) Lack of funding;
- 2) Volume of requests;
- 3) Lack of staffing for the sponsor role;
- 4) Timing of requests (i.e. requests sent at or around 5pm or on a weekend or state holiday);
- 5) Need for further information;

6) Other unavoidable issues.

c. Funding priority

The following factors will result in clients receiving a higher priority for immediate assistance:

- 1) Clients that document an immediate threat to life or irreversible harm;
- 2) Situations involving multiple family members, all of whom are experiencing the critical event(s);
- 3) Clients experiencing the extra barriers associated with undocumented status in the U.S.;
- 4) Clients with multiple critical events will be prioritized higher than clients with a single critical event;
- 5) Clients whose requests have been delayed for more than 60 days;
- 6) Clients asking for continued CE Assistance will be prioritized lower than clients asking for initial CE Assistance.

V. Process for Requesting CE Assistance

a. Appropriateness of CE Assistance

- 1) CE Assistance is not meant to be one-time emergency assistance, but support for up to six months to help clients reach self-sufficiency (Note: CE is not guaranteed for the full six months). CE Assistance is not appropriate for all clients in need. It is intended for clients that are *strongly motivated to make concrete changes in a six month period that will lead them to viral suppression*. For short-term assistance and needs, Ryan White Part A and B emergency assistance should be fully depleted and the financial medical waiver extension submitted. Statements like this would probably indicate that they are not a good candidate for CE assistance:

- “I don’t have a problem. I just need the money.”
- “I don’t want to work with other people on this. I can do it on my own.”
- “Just tell me what I need to say to get this money.”
- “I’ll decide later whether I want to deal with my other problems. Get me what I want first.”
- “I am entitled to this money. You can’t withhold it from me.”
- “I can’t do anything about what is happening to me. You need to do it for me.”
- “I don’t want you (or other people) involved in my business.”
- “I need all of the money up front, not when I do what you want me to do.”
- “Nothing has really changed since the last time I asked for this money. I just need more help.”
- “I only need one rent payment to get back on my feet.”
- “I don’t want to do any tasks. I could use the money though.”
- “I’m not interested in substance abuse treatment of any kind, nor do I want to get sober.”
- “I don’t want to go to my doctors’ appointments and am not interested in any treatment for HIV.”

- 2) CE Assistance is meant to be *comprehensive, short term* and *motivational*.

Comprehensive The entire client situation is considered. Clients that only need a small amount of money (e.g. less than \$500) to deal with a very isolated issue (such as transportation assistance) should be referred to a Ryan White funded agency that provides Emergency Financial Assistance, Housing, Transportation, and other services. The CDPHE Acuity Tool should be used to identify the entire medical and psychosocial situation of the client.

Short term The standard period of CE Assistance is **six months**. After three months of participation, the CE coordinator and sponsor should evaluate the client’s progress. In the final month of assistance, the CDPHE Acuity Tool should be re-administered to determine ongoing issues and needs. The sponsor can request an extension of assistance **ONLY** if the client has documented adequate progress on his/her CE Plan. Every CE client has a transition plan as part of discharge from the system.

Motivational CE Assistance is typically separated into a series of payments. Each payment has an assigned task that must be completed by the client that helps them move towards their goals. If the client makes no progress on her/his assigned task, the payment is not authorized by the sponsor. A pattern of failing to make progress on tasks or not making sufficient progress towards goals will result in cancellation of CE Assistance.

CE ASSISTANCE IS NOT AN ENTITLEMENT PROGRAM AND MUST NEVER BE PERCEIVED AS SUCH BY NOMINEES, CLIENTS, OR SPONSORS.

b. CE Nomination Form

- 1) The process of requesting CE assistance begins with a CE Nomination Form, whether originating at CDPHE or at a community partner.
- 2) For the CE assistance request to move to Level 1 evaluation, the client must demonstrate that he/she meets the eligibility requirements, which are driven by federal requirements. The following items must be filled in on the CE Form in order to move to Level 1 evaluation. (Questions vi-xii only need to be completed if ADAP is not current):
 - i. Client's full legal name;
 - ii. Date of birth;
 - iii. Living Situation;
 - iv. Risk Factors;
 - v. ADAP status;
 - vi. Race;
 - vii. Ethnicity;
 - viii. CDC Disease Stage (if client is newly diagnosed, the question can be marked as "HIV, disease stage unknown" and completed later. Please provide the date of diagnosis for HIV/AIDS);
 - ix. Gender;
 - x. Insurance status;
 - xi. Self-reported monthly gross income;
 - xii. Self-reported household size (hh);
 - A. Hh size includes the nominee + number of others in the household;
 - B. CE hh size follows the same rules as ADAP hh size;
 - C. Hh includes spouse through marriage and children in the household more than 50% of the time;
 - D. Those not included as part of the household will not be included in payments (Example: if the nominee lives with a partner, but they are not married, shared expenses will be divided in half and CE will pay for the nominee's portion);
 - xiii. Residential Address;
 - A. A zip code and county must be provided;
 - B. If the nominee is homeless, write "homeless" in the street name, but fill in the city, state, zip code, and county in which the client spends the most time;
 - xiv. Disclosure of eligibility factors;
 - xv. A narrative description of the client's situation and its impact on her/his ability to be stable in medical care and move toward viral suppression (include financial needs);
 - xvi. Budget that accurately describes 1 month of anticipated or actual household costs (note: an agency budget template may be used if it is comparable). The Budget Template (or another budget form of your choice) should be used to discuss self-sufficiency goals with the participant. It will also be used to evaluate the amount of CE support that can be provided. While budgets and situations change regularly, this will give CE staff an overview of the participant's initial financial needs.
 - xvii. Consent and Release of Information Agreement (p. 3 of nomination form);

c. Other CE Forms

- 1) The CE Sponsor Agreement should be completed if an individual who works directly with the client agrees to fulfill the above (p. 4) sponsor responsibilities. This form should be completed at the same time as the nomination form (if the nominator agrees to also be the sponsor) or at the first meeting with the client.
- 2) The CE Rights and Responsibilities should be read, signed, and submitted during the first appointment with the CE participant.
- 3) The CE Grievance Procedure should be reviewed and signed during the first appointment also.

- 4) The CE Treatment Plan should be used on a regular basis to track the progress of a participant. It should be submitted to the CE Coordinator when tasks are completed and payment requests are made.
- 5) The CE Expectations of Housing Assistance should be filled out for any client that is planning on requesting support for a stay in a hotel or shared living space. It should be faxed to the CE Coordinator, along with the housing payment request.
- 6) The CE Warning Letter is to be used if a participant is not completing tasks or meeting the expectations of the program. Provide this written letter to the client either through mail, e-mail, or in person as preparation for CE case closure, if found necessary in the future.
- 7) The CE Closure Letter should be submitted to the CE Coordinator once it has been assessed by the sponsor (or through discussion with the CE Coordinator) that the client is no longer eligible, successfully completed the program, or not participating in the program anymore.
- 8) Transition Plan should be submitted at the end of the program when the participant is transitioning off the program. It should provide the participant an idea of future steps to maintain success.
- 9) The Acuity Scale should be used to assess the client at the beginning of the program, as well as at the end of the program.
- 10) Additional tools: employment search log and apartment search log can be used in order to document a task associated with employment or housing, and weekly task log can be provided to the participant to track their assigned tasks.

d. Level 1 Approval

- 1) The standard processing time for Level 1 evaluation is 4 business days. This will be expedited in cases where delay could result in death or irreversible harm. The CE Coordinator will determine if an expedited approval process is warranted, based on the narrative on the CE Nomination Form.
- 2) The CE Coordinator will assess the completeness of the data included on the CE Nomination Form, along with any apparent errors or inconsistencies. If there are material issues, the form will be returned to the nominator for completion or clarification. The CE Coordinator will review question 14 on the CE Nomination Form to ensure that the client is appropriate for CE support. For the client to be eligible, at least one of the Health Status items must be checked, and at least one of the Critical Event items must also be checked on the CE Nomination Form. All existing and current criteria should be marked.
- 3) The CE Coordinator or other CDPHE staff will verify if the client is already enrolled in ADAP, and the status of their current ADAP certification. See “ADAP Enrollment” section, below (p.11).
- 4) For clients that are not enrolled in ADAP, the CE Coordinator or other CDPHE staff will assess and verify HIV positive serostatus, financial eligibility, and Colorado residence:
 - i. Verification that the client is HIV positive, as evidenced by a record in eHARS or PRISM. If HIV positive serostatus cannot be verified in this way (due to reporting delays or other factors) the person submitting the CE Nomination Form will need to provide documentation in order for the request to move forward.
 - ii. Financial eligibility (less than 400 percent of federal poverty level) based on self-reported income and household size. This will be documented later as part of the enrollment in ADAP.
 - iii. Self-reported Colorado residential address. This will be documented later as part of ADAP enrollment.
- 5) As part of Level 1 approval, the CE Coordinator will evaluate the basis for the request for CE Assistance as follows:

Basis	Evaluation Required
Diagnosed with HIV in the past 365 days	Verify through the Surveillance Program
Lapsed in care more than 365 days (Mark all that apply) <input type="checkbox"/> No CD4 or Viral Load tests performed within 365 days	Verify through the Surveillance Program and most recent lab results

<input type="checkbox"/> Most recent medical care provided out of state <input type="checkbox"/> No medical care provided within 365 days	
Medically Vulnerable (Mark all that apply) <input type="checkbox"/> Consistent history of high Viral Load (3 or more occurrences of 50,000 or higher over the last 3 years) <input type="checkbox"/> Current Viral Load of 100,000 or higher (within last 90 days) <input type="checkbox"/> Current low CD4 count (100 or below within last 90 days) <input type="checkbox"/> Diagnosed with another medical condition that poses significant risk of death or rapid deterioration of HIV condition without immediate intervention or assistance. (This will require a written description of the condition and attestation from a licensed medical provider)	Verify through the Surveillance Program or medical waiver form from doctor
Pregnancy	None required; ensure this is addressed in the CE Plan
Homeless	None required; ensure this is addressed in the CE Plan
Unemployed (within prior 90 days)	None required; ensure this is addressed in the CE Plan
Diagnosed with 2 or more STIs in last 2 years (Gonorrhea, Syphilis, or Chlamydia)	Verify through the Surveillance Program if the nominator is not a CDPHE employee
Worsening health status due to hepatitis C	Contact the HCV care provider listed on the CE Nomination Form for verification.
Named by a person newly diagnosed as HIV infected as non-disclosing of their positive HIV status prior to sex and/or needle sharing	Verify through the Client Based Prevention Program if the nominator is not a CDPHE employee
Severe alcohol or drug disorder, as evidenced by a validated screening (such as the ASSIST component of SBIRT) or assessment (such as the ASI, Addiction Severity Index). A screening or assessment is only valid within prior 90 days	None required; ensure that a drug treatment provider is included in the CE Plan, with a release of information
Severe mental illness, as evidence by a validated screening (such as the CDQ or SAMISS) or a diagnostic tool conducted by an appropriately trained mental health professional (such as the DSM-5 Assessment Measures).	None required; ensure that a mental health provider is included in the CE Plan, with a release of information
Assault, intimate partner violence, or sexual assault (within prior 365 days)	None required; ensure this is addressed in the CE Plan
Sex worker, engaged in survival sex, or people who have been subjected to human trafficking (within prior 365 days)	None required; ensure this is addressed in the CE Plan

- 6) If a CE request is denied at Level 1, the CE Coordinator will return the CE Nomination Form to the person originating the request with an explanation of the reason the request was not approved. Re-nomination is permitted.

e. Level 2 Approval

- 1) If a CE request is approved at Level 1, the CE Coordinator will identify the person who will act as the sponsor of the request moving forward. If no sponsor is identified on the CE Nomination Form, the CE Coordinator will identify a CDPHE staff person that is available to act as the sponsor.
- 2) Either the CE Coordinator or the CE sponsor will create an ARIES record for the client, if such record does not already exist.
- 3) The CE sponsor will do an assessment of the client's needs. The CDPHE Acuity Tool should be a starting point for this assessment of needs, unless another tool is already being used. In a critical emergency, an initial CE Plan can be developed, just addressing immediate needs, with a revised CE plan and budget based on a full acuity assessment coming later.

- 4) The CE sponsor will develop the CE Plan, which should include the following steps:
 - i. Involve the client in developing the CE Plan. If the client has specific, reasonable requests, the CE Sponsor should incorporate those into the CE Plan. The CE sponsor should make it absolutely clear that continued support is conditional upon the client making progress on all the tasks in the CE Plan that are assigned to him/her. If the client is not willing to commit to the CE Plan, as evidenced by his/her signature, the CE Assistance will not move forward.
 - ii. Identify potential CDPHE staff and contractors that will be involved in the subsequent CE Plan for this client. Ensure the client has signed releases to allow these parties to collaborate on the plan.
 - iii. Convene a case review (usually by phone) with these parties to develop the CE Plan and associated budget, which should be recorded on the CE Plan Form. There is not a set maximum budget as that will be determined on a case-by-case basis. If expenses are above average for a specific household size, the length of assistance might also decrease to less than six months.
- 5) The signed CE Plan should be faxed or otherwise delivered to the CE Coordinator and entered into ARIES by the CE Sponsor. The CE Coordinator should save the original in PDF format in the client file on the CDPHE K: drive. Paper forms should be shredded after they are converted into PDF format.
- 6) Within 4 business days following the availability of the signed CE Plan, the CE Coordinator will review the ARIES record and the CE Plan Form and will complete a Level 2 evaluation, which will include:
 - i. The accuracy, completeness and reasonableness of the CE Plan and associated budget;
 - ii. The way in which the overall budget has been broken into multiple payments for motivational purposes;
 - iii. The level of involvement of the client in assigned tasks as a basis for CE payments;
 - iv. The overall budget available for CE requests;
 - v. The availability of other potential sources for assistance, particularly Medicaid or other coverage for which the client may be eligible. Staff of the Health Care Access unit can provide assistance on this issue.
- 7) The results of the CE Coordinator's evaluation, including the CE Plan, should be forwarded to a supervisor or program manager for review. The supervisor or program manager will complete their review within 2 business days. This will be expedited if necessary.
- 8) If the request is denied at Level 2, it will be returned to the CE sponsor with comments on possible resubmission (for example, lowering the budget).
- 9) If the request receives Level 2 approval, the CE Coordinator will inform the CE sponsor to proceed in implementing the CE Plan and budget. Payments will be arranged by the CE Coordinator through the CE Administrative Contractor based on the CE Plan.

f. ADAP Enrollment

Clients receiving CE Support must maintain certification in Colorado ADAP during the entire time of their CE assistance. Clients that are not ADAP enrolled or certified will have a ten day period to finalize enrollment or certification; this can be extended to 30 days by a supervisor.

For clients that refuse to enroll in ADAP, waivers may be granted by a program manager on a case-by-case basis.

All faxed documentation must include a cover page clearly indicating that it is for CE assistance.

VI. Providing and Documenting CE Assistance

a. Use of the ARIES Data System

ARIES is the data system that will be used to approve, evaluate, and track CE assistance. If an external party will be involved in delivery of CE assistance, such as acting as a sponsor, that external party must have access to ARIES and agree to use the system as required by CDPHE.

b. Documenting Progress To Justify Payments

- 1) The CE Sponsor will record progress on the CE Plan in ARIES. This will require regular reports from the other agencies and parties involved in the Plan, and especially the client.
- 2) The CE Sponsor will schedule payments in ARIES, based on the CE Plan Budget and the satisfactory completion of tasks by the client. Each scheduled payment should include sufficient detail in the notes field to satisfy the CE Coordinator that the payment is justified. It should also include the payee, payment amount, payment address, and payment delivery instructions.
- 3) For each payment that is scheduled, there will be a “payment task” assigned to the CE Coordinator in the ARIES system CE Plan. On or before the due date for these “payment tasks” the CE Coordinator will review the scheduled payments and either enter approval in the notes field or contact the sponsor for additional information.
- 4) When the payment is approved, the CE Coordinator will enter her/his approval in the notes field for the schedule payment and print a screen shot. The printed screen shot will be faxed to the CE Administrative Contractor to generate a check. The CE Coordinator will then enter “complete” on the payment task as well as the date the check was requested.
- 5) The CE Plan can be updated as needed. The revised CE Plan should be signed by the client and submitted to the CE Coordinator for review and approval. Changes in budgets must be further approved by a supervisor.
- 6) Verifications should be provided with the CE Plan to allow payments to be made quickly.

c. Types Of Payments And Needed Documentation

Any service that is allowable under Health Resources and Services Administration guidelines can be paid for with Critical Event funding. The most common types of services will be Emergency Financial Assistance (utility bills, food assistance, travel expenses), Housing, Medical Transportation, Substance Use Treatment (outpatient and residential), and Mental Health Services.

Hotel payment requests must be accompanied by initials and signatures on the CE Expectations of Housing Assistance form. Non-compliance of this form will result in denial of future housing assistance.

Each payment must be appropriately supported with a verification document. For housing, this would be a written agreement with the provider of the housing. For other types of services, this would typically be a bill or invoice. The CE Coordinator should ensure that every payment has sufficient documentation, which is scanned and uploaded to the client file on the CDPHE K: drive.

Payment requests should mirror the client's needs and not wants.

VII. Case Closure/Termination of CE Assistance

a. Criteria for case closure or termination of CE assistance

The case will be closed when at least one case closure criterion has been met:

- 1) Participant has successfully completed the objectives in the CE Plan and moved to self-sufficiency.
- 2) Participant voluntarily chooses to end participation in CE.
- 3) Participant is not locatable after multiple attempts.
- 4) Participant has died.
- 5) Participant has relocated outside the State of Colorado.
- 6) Participant refuses to enroll or recertify in ADAP without an adequate reason.
- 7) Participant refuses to participate or complete tasks for the program and shows a general lack of motivation towards change, as assessed by the sponsor.
- 8) Participant has not made sufficient progress towards goals.
- 9) Participant does not cooperate with sponsor or CE staff.
- 10) Participant is assessed by the sponsor as being unsafe to work with due to, but not limited to aggressive, inappropriate, disrespectful, or violent behavior.
- 11) Participant continuously is late or miss appointments without an appropriate excuse.
- 12) CDPHE or the sponsor become aware of deliberate deception, withheld information, or documented fraud.
- 13) Participant failed to comply with the CE consent form.
- 14) Client's situation has so changed that the CE plan is no longer relevant and must be resubmitted.
- 15) Client has reached the 6 month limit and an extension is not being granted.

b. The Close-Out Reassessment

In the final month of assistance, the CDPHE Acuity Tool should be re-administered to determine ongoing issues and needs, along with the potential need for an extension (although not guaranteed).

c. Extension Process

CE clients are eligible for a short-term extension under certain circumstances. A sponsor must provide a written statement explaining how a short-term extension will allow the client to complete their short-term and long-term goals. Please also include how the extension will allow the client to become permanently self-sufficient, length of time needed, and amount of financial support requested. Fax the letter to the CE Coordinator, who will then evaluate the short-term extension with approval/denial from the Healthcare Access Unit Supervisor. The Sponsor will then be informed if the short-term extension is approved/denied and if the budget for the extension is approved. The client must show significant effort and motivation towards progress over the course of their CE participation. Extensions are provided on a month-by-month basis after the 6 month limit of the program has been reached.

d. Transition planning

When feasible, clients should be discharged from CE Assistance with a transition plan, which should include the following:

- 1) A description of ongoing needs and the ways in which those needs will be met (self-sufficiency through employment, use of other Ryan White funding, other community resources, etc.).
- 2) A schedule of "check-ins" by the CE sponsor or other designated staff to prevent loss of progress and gauge program success. It is recommended that sponsors maintain regular contact with clients once the CE program has finished, but it is not required. CE is requesting sponsors check-in with their CE sponsee at 1 months, 3 months, and 6 months after completion of the program, and

document progress or regression. A list of pre-scheduled dates should be provided to the sponsee with the transition plan.

e. Appeals process for clients

If a client would like to file a complaint, dispute a termination, or inquire about a denial of funding request, please follow the process below.

- 1) First, the client must speak to their sponsor about their concern or grievance.
- 2) The client should be referred to the sponsor's direct supervisor for further discussion of issues.
- 3) If the grievance is not resolved, they may be referred to the Critical Events Coordinator by writing a letter and mailing it to CDPHE or via email at cdphe_icpp.cm@state.co.us.
- 4) The Critical Events Coordinator will then refer to the Healthcare Access Unit Supervisor, if necessary.

f. Appeals process for Nominators or Sponsors

If a nominator or sponsor disagrees with the decision or the reason provided by the CE Coordinator, they may email the Healthcare Access Unit Supervisor with the case in reference and request a re-evaluation of the decision. An explanation should be provided in the email as to why they feel the client should be offered CE services.