

TERMINATION OF SERVICES
Federal Assistance Programs— Ryan White Part B and HOPWA
Revised 05/2008

The Nebraska Ryan White Program has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to Section 2617(c)(4)(A) of the Ryan White Modernization Act of 2006.

FOR RYAN WHITE PART B CLIENTS ONLY:

Persons receiving assistance from the federal Ryan White Part B Program may have assistance/services terminated for one or more of the following reasons:

1. Client has violated the Ryan White Part B Program Policy “Waste, Fraud, and Abuse of Ryan White Part B funding”.
2. It is determined by the Case Manager that Ryan White Part B funded services are no longer needed by the client.
3. The client or family no longer income qualifies for assistance/services.
4. The client or family fails to maintain measurable progress, or follow their individual service plan as documented by the client’s Case Manager(s).
5. The client has falsified any information on the application.
6. The client no longer qualifies for services in accordance with client eligibility policies.
7. The client or family moves to another state.
8. The client violates serving agency policies that may require termination.
9. Lack of available federal funding utilized for the provision of program services.
10. Client requests termination of services.

For Ryan White Part B Program, clients who have had services terminated for violation of requirements described above have the right to contest decisions made by the serving agency or the Nebraska Department of Health and Human Services by following the Ryan White Part B Program “Client Complaint/Grievance Procedure” for issues directly related to Ryan White Part B services that have been denied or terminated.

After you have read this or have had it explained to you, please sign this document indicating that you understand this Termination Policy. You are entitled to a copy of this document.

Client Name (please print)

Client Signature

Date

Client’s Case Manager

Date

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FOR HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) CLIENTS ONLY:

Persons receiving assistance from the federal HOPWA Program may have assistance/services terminated for one or more of the following reasons:

1. The client and/or a member of the household is arrested and/or convicted for manufacturing, using or selling controlled substances while receiving Emergency Rent/Mortgage assistance, Tenant-Based Rental Assistance (TBRA), and/or supportive services assistance.
2. The client or family fails to follow through with assignments by Case Manager(s) or make measurable progress toward gaining and maintaining permanent housing.
3. The client or family fails to maintain measurable progress, or follow their individual service plan as documented by the client's Case Manager(s) _____(client's initials).
4. The client or family violates program requirements or conditions of occupancy (lease agreement) _____ (client's initials).
5. The client or family no longer income qualifies for assistance/services.
6. The client has falsified any information on the application.
7. The client no longer qualifies for services in accordance with client eligibility policies.
8. The client or family moves to another state.
9. The client violates serving agency policies that may require termination.
10. Lack of available federal funding utilized for the provision of program services.
11. Client requests termination of services.

In addition to above policies, HOPWA clients receiving Tenant-Based Rental Assistance (TBRA) may have assistance/services terminated for one or more of the following reasons:

- The client or family fails to pay their pro-rata share of the rent _____(client's initials).
- The client or family voluntarily vacates housing and stops communicating with the Case Manager.
- The client cannot find suitable housing within the required time (3 months).
- The client fails to actively pursue housing.

In terminating HOPWA assistance to any client for violation of requirements, a formal process will be utilized to recognize the rights of individuals receiving assistance and due process of law. This process will consist of 1) serving the client with a written notice containing a clear statement of the reasons for termination; 2) permit the client to have a review of the decision, in which the client is given the opportunity to confront opposing witnesses, present written objections and be represented by their own counsel before a person, other than the person who made or approved the termination decision; and 3) provide prompt written notification of the final decision to the client. If the final decision to the client is program termination and the client is not satisfied with the final decision, a formal grievance may be filed with the client's Case Manager. The Case Manager will provide the client with a copy of the formal Nebraska Health and Human Services, HOPWA Grievance Policy.

Survivor Benefits

With respect to surviving family/household member(s), who are living in a housing unit assisted under the HOPWA Program with the person with HIV/AIDS at the time of his/her death, housing assistance and eligible supportive services shall continue for up to 2 additional months. If survivor benefits are needed for surviving member(s) of the family/household, the surviving member(s) must contact the client's Case Manager within 15 days following the death of the client to discuss eligible assistance.

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Client Name (please print)

Client Signature

Date

Client's Case Manager

Date

