



## TERMINATION OF SERVICES POLICY

### Federal Assistance Programs – HIV Services Program Ryan White Part B, ADAP, Ryan White Part C, HOPWA, and Insurance Assistance Program

**FOR RYAN WHITE PART B, ADAP, RYAN WHITE PART C, AND INSURANCE ASSISTANCE PROGRAM CLIENTS:**

Persons receiving assistance from the federal Ryan White Part B, ADAP, Ryan White Part C, and Insurance Assistance Programs may have assistance/services terminated for one or more of the following reasons:

1. Client has provided false information, has not disclosed complete required information, obtained services not properly authorized, misrepresented available program services, abusive to providers, staff or case managers.
2. It is determined by the Case Manager that Ryan White Part B/C funded services are no longer needed by the client.
3. The client or family no longer income qualifies for assistance/services.
4. The client has falsified any information on the application.
5. The client or family moves to another state.
6. The client violates serving agency policies that may require termination.
7. The client or family fails to maintain measurable progress, or follow their individual service plan as documented by the client’s Case Manager(s).
8. Lack of available federal funding utilized for the provision of program services.
9. Client requests termination of services.
10. If client is incarcerated for more than 120 days.
11. If the client fails to submit the annual/6-month certification paperwork or remains out of contact and unable to locate for longer than 180 days.

For Ryan White Part B, ADAP, Ryan White C, and Insurance Assistance 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 Wyoming Department of Health, HIV Services Program by following the “Grievance Procedures” for issues directly related to Ryan White Part B, ADAP, Ryan White Part C, and Insurance Assistance program 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

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

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 Short-term Rent, Mortgage, Utilities Assistance, Tenant-Based Rental Assistance 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 violated 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 eligibility requirements.
8. The client or family moves to another state.

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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.
12. Arrest for or conviction of a crime resulting in incarceration for longer than 60 days.
13. If the client fails to submit the annual/6-month certification paperwork or remains out of contact and unable to locate for longer than 180 days.

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

1. Client or family fails to pay their pro-rated share of the rent.
2. Client or family voluntarily vacates housing and stops communicating with the case manager.
3. Client is evicted from housing.

In terminating HOPWA assistance to any client for violation of requirements, a formal process will be utilized to recognize the rights of the individuals receiving assistance and due process of law. This process will consist of 1) serving the client written notice containing clear statement of the reasons for terminations; 2) permit the client to have a review of the decision, 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 in accordance with the Wyoming Department of Health's HIV Services Program Grievance Procedures.

**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 four (4) months, depending on available funding. If survivor benefits are needed, the surviving member(s) must contact the client's case manager within 15 days of the date of the client's death to discuss eligible assistance.

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\_\_\_\_\_  
*Client Name (Please Print)*

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Case Manager Signature.*

\_\_\_\_\_  
*Date*