

**City of Norfolk
Ryan White Part A Program**

**Policy and Procedures for
Ryan White Part A
Eligibility Verification FY22**

The purpose of this policy is to outline the Ryan White HIV/AIDS Program (RWHAP) expectations for client eligibility and periodic review of client eligibility.

By statute, RWHAP funds may not be used for any item or service for which payment has been made or can reasonably be expected to be made by another payment source (Sections 2605(a) (6), 2617(b) (7) (F), 2664 (f) (1) and 2671 (i) of the Public Health Service (PHS) Act). RWHAP funds can be used to complete coverage that maintains PLWH in care when the individual is either underinsured or uninsured for a specific allowable service, as defined by the RWHAP.

SECTION I: ELIGIBILITY REQUIREMENTS

Eligibility must be performed upon a client's initial entry into Ryan White Part A services and at least annually thereafter. Clients are deemed eligible when they meet the criteria for HIV status, low-income status, and residency status as outline in Section II of this policy.

Subrecipients are expected to develop protocols to facilitate the rapid delivery of RWHAP services, including the provision of antiretrovirals for those newly diagnosed or re-engaged in care. If services are initiated prior to eligibility being established, RWHAP recipients and subrecipients must conduct a formal eligibility determination within **a reasonable timeframe** and reconcile (i.e., properly account for) any RWHAP funds to ensure that they are only used for allowable costs for eligible individuals.

HRSA/HAB strongly encourages providers to align eligibility processes with the Marketplace annual eligibility/enrollment process, Medicaid and Medicare enrollment and Ryan White Part B enrollment, when possible, to reduce burden on clients, increase coordination, maximize clients' enrollment with appropriate insurers and ensure compliance with the payer of last resort requirements.

RWHAP subrecipients must also conduct timely eligibility confirmations, in accordance with their policies and procedures, to assess if the client's income and/or residency status has changed. RWHAP subrecipients are permitted to accept a client's self-attestation of "no change" when confirming eligibility, although HRSA HAB does not recommend that subrecipients rely solely on client self-attestation indefinitely.

Updated documentation must be provided if residency or income has changed. subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces, state-funded HIV/AIDS programs (VMAP/Part B) to collect and verify client eligibility information, such as income⁷ and health care coverage (that includes income limitations), when possible. Sub-recipient RWHAP subrecipients should not disenroll clients until a formal confirmation has been made that the client is no longer eligible.

SECTION II: DETAIL OF REQUIRED DOCUMENTATION

Section II details the acceptable documentation necessary to meet RWHAP eligibility requirements. There is no requirement that documentation be provided in-person nor be notarized.

1. HIV+ Diagnosis:

Clients must have a documented HIV diagnosis to be deemed eligible for services. (Note: People who do not have an HIV diagnosis are eligible to receive certain services as outlined in HRSA HAB PCN 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*,³ and as otherwise stipulated by HRSA HAB.)

Acceptable documentation includes:

- Lab test
 - A computer-generated HIV+ laboratory test (with confirmatory testing, i.e., Western Blot or **detectable viral load greater than 20 copies**) with the individual's name pre-printed.
- An anonymous HIV test result containing identifying information sufficient to ensure a reasonable certainty as to the identity of the test subject, e.g., gender and date of birth (**valid for only 30 days from the start of services at the agency**). Documentation submitted from the healthcare provider
 - A statement or letter signed by a medical professional (acceptable signatories listed below) indicating that the individual is HIV+, including the individual's name and the phone number of the medical professional. Confirming documentation must be in the client's medical record.
- Previously documented diagnosis
 - A medical progress note, hospital discharge paperwork, or other document signed by a medical professional (acceptable signatories listed below) indicating that the individual is HIV+, including the individual's name and the phone number of the medical professional.

Acceptable signatories:

- A licensed physician
- A licensed physician assistant
- A licensed nurse practitioner
- A registered nurse working under the supervision of a physician
- A licensed master's level social worker (LMSW, LCSW) working under the supervision of a physician

2. Residency:

Clients must provide current documentation as proof of residency within the service area (, current meaning all documentation must be within 12 months of preprinted date on document. Residency documentation for minors is required for a parent or guardian with whom the minor resides.

Acceptable residency documentation:

- Valid driver's license or ID
- Current utility/phone/cable bill in the name of the client
- Current lease, rental agreement, or mortgage in the name of the client or *listing the client as an occupant*
- Current Property tax documents
- Current credit card bill in the name of the client

- Current letter on company letterhead signed by the director of a recognized group home, care home or transitional living facility
- Any type of current business correspondence with the client's name and address pre-printed, e.g., auto registration, insurance, bank/brokerage statement, food stamp letter, Social Security letter, Medicaid letter
- Current pay stub with address
- Post Office Boxes as long as there is another means to verify the address (i.e., current utility bill) (HIV/AIDS Policy Notice 13-02)
- Client Residency Statement (*See Attachment 1*)

The following documentation is acceptable for undocumented and/or homeless clients or clients that cannot initially verify:

- Agency temporary residency affidavit (*See Attachment 1*) signed and dated by the client (valid for only **30 days** from the start of services at the agency)
- Letter on company letterhead from a case manager, social worker, counselor or other professional **from another agency** who has personally provided services to the client.

3. **Income:**

The RWHAP recipient defines low-income as at or below 500% of the federal poverty level (FPL). FPL can be measured in several ways (e.g., Modified Adjusted Gross Income,⁵ Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).

For the TGA, documentation of income must be provided for all members of the client's household. For the sliding fee scale and cap on charges, individual income is also needed. For persons with a household of one, the household and individual income are the same. Income documentation for minors is required for the parent(s) or guardian(s) with whom the minor resides.

Acceptable income documentation includes the following:

- a current payroll stub/copy of payroll check/bank statement showing direct payroll deposit
- Letter from employer on company letterhead indicating weekly or monthly wages
- Proof of self-employment to include tax returns or business records or the like
- Unemployment benefits letter/copy of check
- Private disability/pension letter on company letterhead
- Alimony/child support/foster care payments
- IRS 1040 form (tax return)/W2 form/1099 form
- Social Security award letter or proof of application for Social Security (valid for 6 months only)
- VA benefits letter
- Medicaid letter
- Child or spousal support order with judge's signature and date
- Food Stamp award letter (TANF)
- Client living off savings: bank/investment account statements from 3 consecutive months showing withdrawals for living expenses
- Agency income affidavit (*See Attachment 2*) signed and dated by the client (valid for only 30 days from initial service date if client reports income greater than \$0.)
- Supporter Statement (*See Attachment 2*) signed and dated by the supporter, which includes the amount and type of support (room only, room and board, cash assistance, etc.) and the supporter's phone number and address for verification (must be updated/verified **semi-annually** from the first date of service.)

- No Income Statement (page 5 of MCM forms is acceptable)
- Homeless client: letter on company letterhead from a case manager, social worker, counselor or other professional **from another agency** who has personally provided services to the client.

SECTION III. VERIFICATION OF PAYOR OF LAST RESORT

Ryan White Part A is the payer of last resort for those services that are reimbursable by other payer sources and for services which payment has been made or can reasonably be expected. Client files must document, on a periodic basis, the agency's efforts to verify client eligibility for other payer sources.

Medical Case Managers, Referral for Health Care and Supportive Services Staff and/or Eligibility Specialists must vigorously pursue eligibility of other funding sources e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs (VMAP/Part B), employer-sponsored health insurance coverage and other private health insurance. Sub-recipients must assure that individual clients are enrolled in health care coverage whenever possible. (In lieu of maintaining the information in individual client files, the agency may employ a tractable mechanism that assures verification periodically.)

Services rendered under Ryan White Part A for days on which a client was eligible for Medicaid, Medicare, or another third-party payer may be recouped by City of Norfolk if the sub-recipient fails to demonstrate pursuit of other funding sources. **The sub-recipient will not be cited for failing to use Ryan White as the payer of last resort if the above documentation showing the client is ineligible for Medicaid or Medicare is in the client file at the time of the site visit.**

- A. Acceptable to demonstrate client enrollment or attempt to enroll in ACA:
 - Marketplace eligibility notice
 - Marketplace notice of ineligibility
 - Marketplace Certificate of Exemption
 - Federal Tax Form 1040 and accompanying schedules

- B. For clients with insurance coverage, copies of the insurance card must be maintained in the client record along with other pertinent information such as co-pay amounts, deductibles, caps on coverage.

- C. Acceptable documentation to verify Medicaid/Medicare eligibility status:
 - Verification of employment, i.e., payroll stub, copy of payroll check, bank statement showing direct payroll deposit, letter from employer on company letterhead indicating weekly or monthly wages no greater than 6 months old (to demonstrate Medicaid/Medicare eligibility status)
 - Medicaid/Medicare rejection letter covering the dates of service
 - Signed note in patient record showing date and time of call to Medicaid/Medicare
 - Printed results of Online Medicaid Screening
 - Marketplace eligibility notice
 - For undocumented or homeless clients, Letter on company letterhead from a case manager, social worker, counselor or other professional **from another agency** who has personally provided services to the client

NOTE: The Recipient's Office may during site visits to agencies providing Medicaid/Medicare reimbursable services, record the social security numbers of "reviewed" client records only. This measure is intended for the sole purpose of assuring that Ryan White Part A is the payor of last resort, as directed/dictated by The Health Resources & Services Administration (HRSA).

After the Medicaid/Medicare eligibility status has been verified/established, all records of the Social Security Number are destroyed. All references to a client will be made using the established Unique Record Identifier (URN).

SECTION IV: PROCEDURES FOR REFERRALS

A completed referral from a Medical Case Manager, Referral for Health Care and Supportive Services Staff, Early Intervention Specialist or Primary Care Provider is required for eligible Ryan White Part A Clients to access Oral Health, Mental Health, Medical Transportation, Drug Reimbursement, Health Insurance Premium and Cost Sharing Assistance, EFA(Housing/Utilities) and Foodbank. The supporting documentation for verification of HIV diagnosis, residency, income, and insurance status as described in Section III must accompany the Ryan White Part A Referral. Oral Health and Mental Health referrals are valid for 6 months, after which, reassessment must be coordinated by the Oral Health and Mental Health sub-recipient and the referring agency for clients to continue to access services. All other referrals are handled on a case-by-case basis. All referrals must be made using the appropriate form and must be completed in its' entirety. **The sub-recipient receiving the referral has the right to refuse services if:**

- **the referral is incomplete,**
- **supporting documentation is not provided, or**
- **the supporting documentation is not current and is not updated upon request.**

NOTE: A current viral load (within 6 months) should be included on the referral to assist with continuity of care and clinical quality management reporting. It is understood that viral load testing is done at the discretion of medical providers and in some cases only done once a year. This should be indicated when making the referral.

SECTION V: ELIGIBILITY FOR SPECIAL POPULATIONS

Veteran Status

Veterans without health insurance coverage have the option of obtaining care from either the Veterans Administration (VA) or from a Ryan White Part A sub-recipient. The VA is not an insurance plan or an entitlement program, therefore Veteran's cannot be denied service because Ryan White Part A is not "the payer of last resort."

Immigrants or Non-Citizens

Per program guidance from HRSA, immigrants or non-citizens of the United States requesting services from A Ryan White Part A provider are eligible to receive services. Supporting documentation as described in Section III is still applicable.

Client Residency Statement

Agency: _____

I, _____, certify that I am

CLIENT'S NAME

Homeless

Undocumented

I reside at (if homeless, either write "homeless" or the address of a facility where you regularly sleep and/or receive mail, if such exists):

CLIENT'S ADDRESS

CLIENT'S ADDRESS

I have lived at this address since _____.

DATE

I understand that this statement is valid for no more than **30 days** as of the date I sign below. I further understand that, to continue receiving Ran White Part A funded services at the agency named above, I will need to provide proof of my address, which includes, but is not limited to, any type of business correspondence with my name pre-printed or a letter on company letterhead from a case manager, social worker, counselor or other professional **from another agency** who has personally provided me with services.

SIGNATURE

DATE

Client Income Affidavit

I, _____, certify that my total

CLIENT'S NAME

monthly income is: _____.

If I have reported income greater than \$1, I understand that this statement is valid for no more than **30 days** as of the date I sign below. I further understand that, in order to continue receiving Ryan White Part A funded services at the agency named above, I will need to provide proof of my income, which includes, but is not limited to, payroll stub/copy of payroll check/bank statement showing direct payroll deposit, letter from employer on company letterhead, unemployment benefits, IRS 1040 form/W2 form/1099 form, social security award letter, VA benefits letter, private disability letter, Medicaid letter, child or spousal support letter, food stamp award letter.

SIGNATURE

DATE

Supporter Statement

I, _____, certify that I currently support
SUPPORTER'S NAME

_____. I have supported him/her since
CLIENT'S NAME

_____. To the best of my knowledge, his/her total monthly
DATE

income is \$_____. My address is _____
_____.

The type of support I provide is:

room only room and board cash assistance other _____

I can be reached at the following number to verify this information:

PHONE NUMBER

SIGNATURE

DATE