

**Ryan White HIV/AIDS Treatment Modernization Act of 2006**  
**Baltimore Emergency Metropolitan Area (EMA)**  
**Client Eligibility Policy**

**Program Authority**

The authority for this policy is the Ryan White HIV/AIDS Treatment Modernization Act of 2006, Public Health Service (PHS) Act under Title XXVI, as administered through the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service Systems (DSS).

The Chief Elected Official (CEO) of the EMA is the Mayor of Baltimore City. As the official recipient of Ryan White funds, the CEO is responsible for administering all aspects of the program and compliance to legal requirements. The CEO has delegated the authority to administer the Ryan White Program to the Baltimore City Health Department (BCHD) as the "Grantee". The Grantee further delegates' programmatic oversight related to client eligibility to Associated Black Charities, Inc., the EMA Administrative Agent.

The following policies and regulations are applicable in the development and or requirements stated in this policy.

1. Ryan White HIV/AIDS Treatment Modernization Act of 2006 provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI,
2. DSS Program Policy Guidance No. 1 – Eligible Individuals and Services for Individuals Not Infected with HIV, Formerly Policy No. 97-01, First Issued: February 1, 1997, June 1, 2000.
3. DSS Program Policy Guidance No. 2 - Allowable Uses of Funds for Discretely Defined Categories of Services, Formerly Policy No. 97-02, First Issued: February 1, 1997, June 1, 2000.
4. Program guidance letter from Health Resources and Services Administration, dated May 26, 1999, reference: Eligibility of Non-Citizens Receiving Title I Services.

**Background**

Individuals most likely to use Ryan White services are those with no source of other funding for treatment or medications, as well as persons with Medicaid and private insurance(s) whose care needs are not fully covered. The Ryan White Program is the "payer of last resort". Part A funds pays for and fill gaps in care not covered by other funding resources. Ryan White Programs ensure access and, improves the quality and availability of care for *low-income, uninsured, and underinsured* individuals and families infected and affected by the HIV disease.

This document establishes guidelines for determining eligibility for persons seeking services from Ryan White funded programs in the Baltimore Eligible Metropolitan Area (EMA). This policy is binding to all organizations awarded Part A funding through the Baltimore City Health Department or the Administrative Agent (Associated Black Charities, Inc.). *This policy does not define eligibility for services; it only establishes the requirement to document the eligibility of all persons (infected or affected) receiving services funded through the Ryan White Part A Program.*

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### **Scope of Service Coverage**

Establishing the eligibility of a person for services funded by a Ryan White Program is paramount. The Grantee is responsible for establishing a standard Client Eligibility policy, and the Administrative Agent is responsible for enforcing the compliance of that policy by funded service providers. All due diligence must be applied by service providers to determine, and capture the required eligibility information in the official records and on whether the person requesting services, meets the criteria under Part A during the initial intake assessment. Providers are required to **re-certify biannually** the eligibility status (**except HIV Status**) of all clients served through Ryan White and update status in the official record.

#### *For HIV-Infected Individuals*

An HIV+ person seeking medical or other supportive services should be able to access services on demand. Ryan White Part A provides for these services as the funding of last resort. Providers must establish client eligibility prior to rendering services. Providers are encouraged though to provide any client who believes they are HIV positive with access or referrals to primary medical care for the purpose of verification of HIV status. Providing clients with this initial access to primary medical care is an allowable expenditure prior to fully establishing eligibility, *as a one-time service*.

Clients encountered through Outreach programs are eligible for services pending medical verification of their HIV status. Initially, services are limited to the cost associated with getting a client tested. Case Management and Client Advocacy services are allowable to coordinate, and receive verification of a clients HIV status; prior to referring a client to supportive services funded under a Part A program. No Ryan White Part A services are allowable beyond those stated above until a client' eligibility is fully established.

#### *For Non HIV-Infected Individuals*

*If services are rendered to affected persons, any cost associated with services provided will be the sole responsibility of the providing organization; unless specifically authorized by HRSA/HAB and or allowable within the scope of the Baltimore EMA categories Standards of Care.* Non-infected individuals **may** be appropriate candidates for Ryan White services in **limited situations** as described below. They include:

1. Services that have as its primary purpose enabling the non-infected individual to participate in the care of someone who is HIV positive. Examples include caregiver training for in-home medical or support service; and support groups, counseling, and practical support that assist with the stresses of caring for someone with HIV; or

Services that enable an infected individual to receive needed medical or supportive services by removing barriers to care. Examples of this include the provision of childcare services to non-infected children while an infected parent accesses medical care, participates in supportive services, trainings or meetings sponsored through a Ryan White program.

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**Elements of Client Eligibility**

There are *four (4) required criteria* to apply in determining the eligibility of a person for Ryan White services. *The provider must substantiate all criteria in the client's official record before requesting payment for services rendered*, and include: 1) Documentation of the medical diagnosis of the HIV disease, 2) Documentation of client's income level, 3) Client residency within the Baltimore EMA, and 4) Document eligibility for any third party payers.

**Medical Diagnosis of the HIV Disease**

The documentation acceptable for establishing a persons HIV diagnosis for the purposes of authorizing funded services include: 1) Photocopy of a laboratory result signed by a medical provider that indicates the clients HIV+ status and or medical diagnosis that establishes a person's sero-positive status. **The sero-positive status needs to be established only once at intake.**

**Documentation of Income**

The Ryan White Part A Program is the payer of last resort for persons who *have a low level of income, are uninsured, or for those who are underinsured by their third party insurance program*. Income level is needed to determine the level of coverage payable through a Part A program. Income eligibility is based on the total gross income of the household, with whom the client has a legally responsible relationship (for example, spouse or child). Gross income is income before deductions of income taxes, social security tax, etc. The income level for all members of a household is required. The following documents are acceptable to establish income verification:

- 1) Copy of the previous year's income tax return,
- 2) Payroll receipts within 30-days of intake,
- 3) Notarized statement from an employer showing gross pay for the 30-days prior to intake,
- 4) Correspondence from the Social Security Administration that documents a monthly entitlement,
- 5) Letter from the Department of Social Services that documents receipt of an entitlement, **or any other verification of no income.**

The income level for Part A eligibility is equal to, or less than 300% of the national poverty level. The term "poverty level" means the federal poverty level established by the Director of the Office of Management and Budget. The federal poverty guidelines change annually; access <http://aspe.hhs.gov/poverty> for the most current.

A provider that receives Part A funds and charges a fee for service must do so using a sliding scale fee schedule. The sliding scale fee schedule must take into account the patient's level of income and limits total service charges to a percentage of an individual's gross yearly income.

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**Individual /Family Annual Gross Income and Charges**

<b>Individual/Family Annual Gross Income</b>	<b>Maximum Charge</b>
Equal to or below the official poverty line	No charges permitted
101 to 200 percent of the official poverty line	No more than 5% of gross annual income
201 to 300 percent of the official poverty line	No more than 7% of gross annual income
More than 300 percent of the official poverty line	No more than 10% of gross annual income

Establishing a fee schedule should not result in a bureaucratic system to means-test individuals or families. A simple application that requests information on gross salary of the individual/family should suffice as the baseline to establish caps on fees. The client should state that the information provided is accurate.

**Verification of Residency**

Individuals who request a Part A covered service must reside in the Baltimore EMA, which includes Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne. Acceptable documentation must have the clients name and full address as verification of residency. The following documents are acceptable to establish residency verification:

- 1) Rental receipts,
- 2) Housing lease agreements or deeds,
- 3) Utility Bills (telephone or utility), or
- 4) Voter registration card.

<sup>1</sup>*Per program guidance from HRSA, immigrants or non-citizens of the United States requesting services from a Ryan White CARE Act Title I program are eligible to receive services.*

**Verification of Third Party Payers**

Service providers at a minimum must document a client's eligibility for Medicaid coverage through the **Eligibility Verification System (EVS)** of the State of Maryland. Documentation of a client's insurance status must accompany referrals to Part A services from physicians, nurses, case managers, or a client advocate. Include a copy of applicable insurance cards in the client's official record.

Service providers offering supportive services such as direct emergency financial vouchers, transportation, food/meals, legal or housing assistance must verify eligibility with referring agencies, and maintain appropriate documentation in the official record. At a minimum, the referring agency can provide documentation of the client's medical insurance coverage and HIV/AIDS status.

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