

# **RYAN WHITE PROGRAMS**

## **Client Eligibility Policy**

### **Program Authority**

This policy is applicable to Ryan White Part A and Minority AIDS Initiative (MAI) funded programs in the Baltimore Eligible Metropolitan Area (EMA).

The authority for this policy is the Ryan White HIV/AIDS Treatment Modernization Act of 2009, 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 authority to administer the Ryan White Program to the Baltimore City Health Department (BCHD) as the “Grantee.”

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 2009 provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI
2. Ryan White Part A Manual, HRSA, HIV/AIDS Bureau, 2006
3. Local Standards of Care as approved by the Greater Baltimore HIV Health Services Planning Council
4. Health Resources and Services Administration, HIV/AIDS Bureau, letter dated August 19, 2004 from Deborah Parham Hopson, Associate Administrator
5. Policy Notice - 04-01 Ryan White CARE Act and Veterans, dated December 14, 2004
6. Program guidance letter from Health Resources and Services Administration, dated May 26, 1999, reference: Eligibility of Non-Citizens Receiving Title I Services

### **Background**

By law, the Ryan White Treatment Modernization Act is the payor of last resort. As such providers are required to determine and verify an individual's eligibility for services from all sources to ensure the individual is provided the widest range of needed medical and support services. This means a provider must coordinate benefits and ensure that the individual's eligibility for other private or public programs is determined at the time of initial intake. Eligibility needs to be reconfirmed every 6-months to determine if the client's eligibility status for any other funding sources has changed. Services that must be reimbursed by any private or public payers should be determined before Ryan White Act funds are used to pay for care.

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The Ryan White Act may pay for services that fill the gaps in coverage of these other private and public health care programs but the funds cannot be used for services that should be reimbursed or paid by the other payers.

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

This document establishes guidelines to determine eligibility of persons seeking services through Ryan White funded programs in the Baltimore Eligible Metropolitan Area (EMA). This policy is binding to all organizations awarded Part A of MAI funding through the Baltimore City Health Department or its Fiscal Agent (Associated Black Charities, Inc.).

***This policy does not outline the eligibility requirements for specific service categories; it outlines the documentation required to establish eligibility of persons (infected or affected) to receive services funded through Ryan White A Programs.***

### Scope of Expectations

This policy will outline the responsibilities applicable to Part A and MAI funded programs to comply with the requirement to determine the eligibility of persons (*infected and affected*) seeking Ryan White funded services. All due diligence must be applied by service providers to determine and capture the required eligibility information in the official records to determine whether a person requesting services meets the criteria outlined during the initial intake assessment. Providers will reassess the eligibility status (**except HIV Status**) of clients every 6-months and update the client's official record accordingly.

***HIV-Infected Individuals:*** Providers must establish client eligibility prior to rendering any services, with one exception. Persons encountered through outreach efforts are eligible for limited services pending verification of their HIV status. Providers are encouraged to provide any person who believes they are HIV positive with access or referral to appropriate services for the purpose of verification of HIV status. Providing this initial access is an allowable expenditure prior to fully establishing eligibility, as a ***one-time service***. No Ryan White Program services are allowable beyond those stated above until a client's eligibility is fully established.

***Affected Persons:*** If services are requested by an Affected Person (someone not HIV-infected), any cost associated with the provision of those services will be the sole responsibility of the providing organization, unless specifically authorized in a policy issued by the Health Resources & Services Administration, or deemed allowable within the scope of any local Standards of Care approved by the Greater Baltimore HIV Health Services Planning Council (PC).

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Affected Persons may be eligible for Ryan White services in **limited situations** as described below.

- 1) Services that have as its primary purpose enabling the affected person 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
- 2) 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 for non-infected children while an infected parent accesses medical care or supportive services such as trainings or meetings sponsored by the Planning Council.

### 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 HIV status (proof of HIV diagnosis),
- 2) Documentation of income level (to determine persons federal poverty level and whether they are uninsured or underinsured),
- 3) Documentation of residency within the Baltimore EMA (Persons receiving services must be a resident of Baltimore City, or the counties of Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne), and
- 4) Documentation of insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance).

Medical Diagnosis of the HIV Disease: Acceptable documentation to establish HIV positive diagnosis would be a photocopy of a laboratory result or medical diagnosis that is signed by a medical provider that indicates the clients HIV+ status. A positive status needs to be established only once, during the initial intake.

Documentation of Income: The income level for Ryan White Program eligibility is equal to, or less than 300% of the Federal Poverty Level. The federal poverty guidelines change annually and can be accessed at <http://aspe.hhs.gov/poverty>.

Since the Ryan White Programs target persons who have a low level of income, are uninsured, or those who are underinsured by a third party insurance program, the income level is used to determine the level of coverage payable through a Ryan White Program. Income eligibility is based on the total gross income of a household, with whom the HIV+ client has a legally responsible relationship (for example, spouse or child). Gross income is income before

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deductions of income taxes, social security tax, etc. The income level for all members of a household are factored when computing the income level. The following types of documentation are examples of acceptable forms of income verification:

- 1) Copy of income tax return from the previous year,
- 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 document a monthly entitlement, or a
- 5) Letter from the Department of Social Services that document receipt of an entitlement.

A Subrecipient that receives Ryan White 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 level of income and limits total service charges to a percentage of an individual's gross yearly income.

**Table 1 - Individual /Family Annual Gross Income and Charges**

Individual/Family Annual Gross Income	Maximum Charge
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 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 Ryan White covered services must reside within the Baltimore EMA (Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne counties). Documentation used to verify residence must have the client's name and full address to substantiate residency. The type of documents listed below is acceptable to establish residency verification:

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

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Verification of Third Party Payors: Subrecipient's 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.

Subrecipient's 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 should provide documentation of the client's medical insurance coverage and HIV/AIDS status.

### Ryan White Programs and Veterans

All eligible veterans may choose to receive their care from the Veterans Administration health care system. However, even if enrolled for VA health care, a veteran does not have to use the VA as their exclusive health care provider. Veterans are never required to access their health care services from the VA, but rather they are free to obtain their health care services from the provider of their choice. Veterans with private health insurance may elect to use those benefits in seeking services from non-VA providers as a supplement to their VA care. VA is not, however, an insurance plan or an entitlement program and the VA authority to pay for services from individual non-VA providers are extremely limited.

Ryan White Subrecipient may not deny services, including prescription drugs, to a veteran who is otherwise eligible for Ryan White services. Providers may not cite the "payor of last resort" language in Section 2605(a)(6), 2617(b)(6)(F), or 2664(f) of the Public Health Service Act to force an HIV-infected eligible veteran to obtain services from the VA health care system or refuse to provide services.

Some VA facilities do not have infectious disease specialists or HIV/AIDS experienced providers. Subrecipients are required to be familiar with the VA facilities in their local area that have this expertise and which ones do not. Ryan White Subrecipients need to determine where the VA facilities are located; referrals to VA's that are located outside an acceptable range are not required.

### Immigrants or Non-citizens

<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.*

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<sup>1</sup> Program guidance letter from Health Resources and Services Administration, dated May 26, 1999, reference: Eligibility of Non-Citizens Receiving Title I Services