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June 24, 2016

Dear Ryan White Program-Funded Service Provider:

PROGRAM GUIDANCE 2016.02: LOS ANGELES COUNTY RYAN WHITE PROGRAM ELIGIBILITY REQUIREMENTS AND VERIFICATION DOCUMENTATION

Background

The Ryan White Program (RWP) administered by the federal Health Resources and Services Administration (HRSA) funds a variety of defined care and treatment services for uninsured and under-insured people living with HIV/AIDS. In addition, HRSA requires that jurisdictions receiving funds under Parts A and B of the RWP establish eligibility and documentation requirements for individuals accessing services under the program.

In Los Angeles County, the Department of Public Health (DPH) through its Division of HIV and STD Programs (DHSP) receives and administers Part A and B funds to support the local safety net HIV care and treatment system. Currently, these funds support 22 service categories delivered in partnership with approximately 69 community-based organizations and County agencies.

Historically, the basic eligibility and documentation requirements for the local RWP have followed those of the AIDS Drug Assistance Program (ADAP) administered by the California Department of Public Health's Office of AIDS. DHSP has added additional requirements for some of the supported services through its contracts with community partners to further target services to individuals with the most need. Eligibility and documentation requirements for services administered through DHSP are embedded in its contracts and service agreements with community partners and County agencies.

Over the last few years we have seen dramatic changes in the health care landscape in general, and the delivery of HIV services in particular. With the expansion of health insurance first through the Low Income Health Plans (LIHP) and subsequently through the Affordable Care Act (ACA), people living with HIV/AIDS now have expanded access to more health services outside of the RWP. However, as we know, expanded access to health insurance does not guarantee that people living with HIV/AIDS will have all of their care needs met by their respective insurance plans or that they will no longer rely on other services available through the local RWP.

DHSP is issuing this program guidance to help providers and consumers navigate and document the eligibility requirements for services available through the local RWP.

Basic Eligibility and Documentation Requirements for Ryan White Services in Los Angeles County

As a reminder, to access RWP-supported HIV care and treatment services in Los Angeles County, a person must meet the following four basic eligibility requirements:

- Have an HIV-positive diagnosis;
- Be a resident of Los Angeles County;
- Have income at/or below 500% of the federal poverty level, and;
- Be uninsured or underinsured.

For purposes of this guidance, uninsured individuals are people who do not have any form of public or private health insurance. Furthermore, underinsured individuals are people whose health plan does not cover the breadth or volume of critical health services. Persons who are underinsured and who meet the four basic eligibility requirements may receive local RWP-supported services to achieve health care coverage completion. The *Explanation of Benefits* document tied to an individual's health insurance provides detailed descriptions of the services covered by the plans. Additional coverage (or non-coverage) information is provided in the *Claims Notices* provided by the health plans when approving or denying a claim.

It is important for RWP service providers to maintain eligibility documentation in the patient's charts. Attachment I, titled *Ryan White Program Eligibility Documentation and Verification*, provides a list of documents that DHSP considers as proof of patient eligibility. Please note that while historically local eligibility and documentation requirements have followed those of ADAP, providers are precluded from using ADAP forms or from the California Pharmacy Benefit Manager (Ramsell) for purposes of establishing RWP eligibility pursuant to State rules. Instead, providers may use source documents including HIV diagnosis forms, pay stubs, insurance cards, among others.

Additional Eligibility Requirements for Local RWP Services

As previously noted, DHSP supports 22 service categories delivered in partnership with approximately 69 community based organizations and County agencies. In order to ensure that certain services target those most in need, DHSP has added additional requirements for some of the services available through the local RWP. For example, residential care services focus on people living with HIV who are homeless, and nutrition support and medical transportation services prioritize those with incomes at or below 168% of the federal poverty level.

Attachment II, titled *Ryan White Eligibility Requirements by Service*, provides additional eligibility and documentation requirement for each of the services available through the local RWP.

Frequency of Eligibility Determination

HRSA requires that eligibility for RWP-funded services be determined upon accessing services and every 6 months thereafter. One of the two annual re-certifications should be in-person with the client. DHSP refers to the in-person certification as the annual certification. During the annual certification, the client must bring all the documentation necessary to determine eligibility. DHSP refers to the second annual certification as the six-month recertification. The six-month recertification may be done by completing and signing a self-attestation indicating that all the information gathered during the annual certification has not changed. A sample self-attestation form is included as Attachment III.

Casewatch and Eligibility Certification

The eligibility information collected during the annual certification and six-month recertification shall be entered into the Casewatch data system. This information shall be maintained and updated as changes occur or at minimum every 6 months. A review of the information available in Casewatch suggests that eligibility certifications for a subset of clients receiving services are not being screened every 6 months and/or that the information has not been updated in Casewatch. Attachment IV contains a list of clients reported by your agency in Casewatch as having received services but without updated eligibility information. Please review the eligibility information for these clients and as needed, update their Casewatch records by July 31, 2016.

Effective August 1, 2016, Casewatch will no longer allow agencies to report or bill for services provided to clients with outdated eligibility information.

Additional Consideration: Advising the Uninsured

HRSA requires that uninsured patients be advised of possible eligibility in health insurance plans supported through the Affordable Care Act (ACA) at every visit, and document the patients' charts that this advice was given. The California Office of AIDS's 2015-23 Management Memo includes a tool to help providers have a conversation with uninsured patients who could be eligible for health insurance under MediCal or Covered California accessible at:

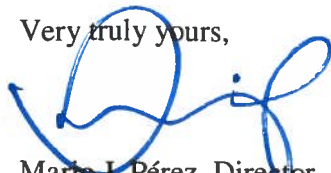
<http://www.cdph.ca.gov/programs/aids/Documents/ADAPMM2015-23NewandUpdatedEWTTools.pdf>.

Please note that the last page of the document provides sample language for reference and adoption in the development of agency specific forms used to document this newly required communication. Please do not use the exact State form that includes the ADAP and Ramsell logos given the States rules related to ADAP documents. Additional information about ACA coverage through Covered California can be found at: <http://www.coveredca.com>.

DHSP appreciates the ongoing commitment of our community partners to provide the highest level of service to persons living with HIV in Los Angeles County.

If you have any questions or need additional information, please contact Paulina Zamudio at (213) 351-8059 or Terina Keresoma at (213) 351-1156.

Very truly yours,



Mario J. Pérez, Director
Division of HIV and STD Programs

MJP:TK:PZ:dlp

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Attachments (4)

c: Michael Green
Terina Keresoma
Sonali Kulkarni
Dave Young
Paulina Zamudio

Ryan White Program Eligibility Documentation and Verification

HIV Diagnosis (one of the following)	<ol style="list-style-type: none"> 1) A letter signed by a physician; 2) Diagnosis Form containing a physician or licensed healthcare provider (Nurse Practitioner or Physician Assistant) signature; 3) Laboratory results containing the name of the laboratory and indicating HIV status, CD4 count, HIV viral load, and type of HIV viral load test performed (within last 12 months). 4) Two Rapid Testing Algorithm (RTA) results in which both tests contain positive results. Both tests should indicate the agency name, HIV counselor name, and the client's name.
Los Angeles County Residence	<ol style="list-style-type: none"> 1) Rental or Lease Agreement 2) Mortgage Statement 3) Utility Bill 4) Government issued letter 5) Bank Statement 6) Support Verification Affidavit including verification of Address for Supporter 7) Homeless Verification Affidavit 8) Valid California Driver License or California Identification card
Verification of Income	<ol style="list-style-type: none"> 1) Bank Statement containing direct deposits from SSDI, SSA, VA, or Unemployment 2) Pay Stub(s) for 1 full month of wages 3) Disability Award Letter 4) Benefit Receipt or Check Stub 5) Self-Employment Affidavit 6) Most Recent Tax Return
Verification of Insurance	<ol style="list-style-type: none"> 1) Confirmation of coverage if insured or underinsured (e.g. Insurance card and/or Explanation of Benefits) 2) Denial letter from Medi-Cal or a print out of computer screen shot

Service Category	RYAN WHITE ELIGIBILITY REQUIREMENTS BY SERVICE				
	HIV/AIDS Diagnosis	Los Angeles County Residence	Income at or below 500% FPL	Verification of Insurance	Other Requirement(s) & Comments
Ambulatory/Outpatient Medical	✓	✓	✓	✓	Uninsured only.
Medical Specialty Services	✓	✓	✓	✓	Uninsured only. Also, a referral from a RWP primary care physician required.
Oral Health Services	✓	✓	✓	✓	Under insured patients may access dental procedures not covered by their health insurance if the procedure is available within the RWP. See Program Guidance 2015:07.
Medical Care Coordination	✓	✓	✓	✓	Patients with Medi-Cal and other health plans may be considered underinsured.
Benefits Specialty	✓	✓	*✓	*✓	* This area should be documented but is not required to access the service.
Case Management, Home-Based	✓	✓	✓	✓	<ul style="list-style-type: none"> ●CFA <70 ●13 yrs and older ●Nutritional Assessment ●TB Verification 45 days prior to enrollment ●Medi-Cal & SOC or Medi-Cal Waiver Cap
Transitional Case Management, Jails	✓	✓	*✓	*✓	* This area should be documented but is not required to access the service.
Transitional Case Management, Youth	✓	✓	*✓	✓	<ul style="list-style-type: none"> ●12-29 yrs of age. *This area should be documented but is not required to access the services.
Mental Health, Psychiatric Treatment	✓	✓	✓	✓	

Service Category	RYAN WHITE ELIGIBILITY REQUIREMENTS BY SERVICE				
	HIV/AIDS Diagnosis	Los Angeles County Residence	Income at or below 500% FPL	Verification of Insurance	Other Requirement(s) & Comments
Mental Health, Psychotherapy	✓	✓	✓	✓	
Direct Interpretation	✓	✓	✓	✓	<ul style="list-style-type: none"> •Referral by Case Manager •Languages other than English and Spanish
Sign Language Services	✓	✓	✓	✓	<ul style="list-style-type: none"> •Deaf or hearing impaired
Legal Services	✓	✓	✓	✓	
Medical Nutrition Therapy	✓	✓	✓	✓	
Medical Transportation	✓	✓	*✓	✓	<ul style="list-style-type: none"> *168% FPL •HIV client with greatest need for medical transportation services
Nutrition Support	✓	✓	*✓	✓	*168% FPL
Residential Care Facilities for the Chronically Ill	✓	✓	✓	✓	<ul style="list-style-type: none"> •Karnofsky Score of less than 70 •TB verification
Substance Abuse, Day Treatment	✓	✓	✓	✓	<ul style="list-style-type: none"> •Diagnosis of substance abuse or dependence
Substance Abuse, Residential Detoxification	✓	✓	✓	✓	<ul style="list-style-type: none"> •Diagnosis of substance abuse or dependence •TB verification
Substance Abuse, Residential Rehabilitation	✓	✓	✓	✓	<ul style="list-style-type: none"> •Diagnosis of substance use 3 months prior to enrollment •TB verification
Substance Abuse, Transitional Housing	✓	✓	✓	✓	<ul style="list-style-type: none"> •Homeless •Diagnosis of substance abuse or dependence • TB verification
Transitional Residential Care Facility	✓	✓	✓	✓	<ul style="list-style-type: none"> •Homeless •GAF Score of 65 or less •Karnofsky Score of 70 or greater • TB verification



**Los Angeles County Ryan White Program
6 Month Self-Attestation of Continued Eligibility**

Client ID# _____

Date:

Dear Client,

Your program eligibility is due for renewal on: ____/____/____. Please follow the steps below to complete and submit this form before the expiration date.

STEP 1—Review and Verify Your Eligibility Information

BELOW IS THE INFORMATION LAST REPORTED BY YOU		Is the eligibility information still the same?
(Input Information)	Is still my residential address	<input type="checkbox"/> YES <input type="checkbox"/> NO
(Input Information)	Is still the insurance coverage for health services I am enrolled in:	<input type="checkbox"/> YES <input type="checkbox"/> NO
\$ (Input Information)	Is still my annual income:	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you marked “YES” in all three (3) boxes above: (A) Read and sign client acknowledgement in STEP 2 (below): and (B) Submit this form by mail to _____ using the pre-paid envelope provided. You can also submit the form to your [1 Ryan White Program Eligibility Manager] before your eligibility expiration date highlighted above.

If you marked “NO” in any of the three (3) boxes above: You must contact your [2 Enrollment Worker/Enrollment] site to complete your eligibility recertification process and complete a Self-Attestation of Change Form. Do not submit this form by Mail if a Self-Attestation of Change Form needs to be completed.

STEP 2—Read and Sign Acknowledgement

Client Acknowledgement of Understanding

I am providing information in this completed form to recertify for the program. I understand that I may be denied program services if I have given false information or fail to give complete information by the eligibility expiration date highlighted above. By signing below, I certify that to the best of my knowledge the information provided is true and correct.

Client Signature: _____

Date: ____/____/____

If you have questions or need help completing this form, please contact your [3 Enrollment Worker/RW Program Manager]