




Austin Public Health Department
 HIV Resources Administration Unit
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**ELIGIBILITY TO RECEIVE RYAN WHITE FUNDED HIV SERVICES
 POLICY CLARIFICATION NOTICE (PCN) #0.3-0.4**

Replaces Client Eligibility Verification Policy #0.3, PCN #0.3-0.1, PCN #0.3-0.2, and PCN #0.3-03

HIV Resources Administration Unit (HRAU)	
Title: Eligibility to Receive Ryan White Funded HIV Services Policy Clarification Notice (PCN) #0.3-0.4	Policy Number: 0.3-0.4
Approved: Unit/Program Manager, Justin Ferrill 	Date Approved: July 28, 2021
Attachments:	
<ol style="list-style-type: none"> 1. Ryan White Client Eligibility Chart comparing Part A and Part C, Part B Care Services, and THMP eligibility requirements 2. Ryan White Client Eligibility Form for Part A and Part C 3. Payor of Last Resort(PoLR)/Fee for Service (FFS) Screening Tool (optional, provided that all required information is collected on an alternative form) 	
Effective Date: August 1, 2021	

I. Purpose:

The purpose of this policy is to ensure standardization of documentation and procedures for Ryan White funded services initial eligibility determination, annual 12-month eligibility recertification, six-month self-attestation, and other recertification requirements in accordance with HRSA HIV/AIDS Bureau Policy Clarification Notice #13-02 and with Texas Department of State Health Services (DSHS) Policy #220.001, Eligibility to Receive HIV Services.

II. Authority:

The Austin HIV Resources Administration Unit (HRAU) will ensure that clients receiving services funded by the Ryan White HIV/AIDS Program will meet all eligibility requirements as stated in the HRSA Part A Universal Monitoring Standards: Section B, Eligibility Documentation:

“Documentation of eligibility determination required in client records, with copies of documents, e.g., proof of HIV status, proof of residence, proof of income eligibility based on the income limit established by the EMA, TGA, State/territory jurisdiction or ADAP (for Part A can be established by the grantee or the planning council), proof of insurance, uninsured or underinsured, using approved documentation as required by the jurisdiction.”

III. Policy:

Eligibility for an individual to receive assistance under the Ryan White HIV/AIDS Program (RWHAP) Part A and Part C will be established to ensure eligible client access to services while adhering to payor of last resort (PoLR) requirements. To be eligible for services, all persons seeking Ryan White funded services must provide the following documentation:

- HIV infection diagnosis
- Residency within the 10-county Austin HSDA
- Complete and accurate household income within the established limit
- Insurance status to ensure that RWHAP is payor of last resort

IV. Responsibilities of Subrecipients

Subrecipients must develop policies and procedures to determine eligibility for services while ensuring RWHAP Part A and Part C funds are used as payment of last resort. Policies and procedures must verify that individuals seeking RWHAP services are screened for eligibility using Modified Adjusted Gross Income (MAGI) to identify other payer sources such as the Affordable Care Act (ACA) Marketplace, Medicaid, and CHIP. If individuals are found to be potentially eligible for other benefits, they must be referred to the specific programs and assisted in completing eligibility determination processes. When providing emergency assistance to priority populations in crisis (e.g., an individual recently released from the criminal justice system who requires assistance in acquiring HIV medications), subrecipients must refer clients into appropriate services and assist in obtaining any required eligibility documentation.

Following approval of initial eligibility, clients must be screened for RWHAP eligibility every six months to continue receiving assistance under RWHAP Part A and/or Part C. Retaining eligibility requires submitting the annual 12-month recertification no later than the last day of the clients' birth month and submitting the six-month self-attestation no later than the last day of the clients' half birth month. After the initial eligibility determination, recertification requires documentation of residency and income, but recertification of HIV status is not necessary.

The subrecipient's policy should include procedures for ensuring that clients immediately report to the subrecipient and to THMP, if applicable, any changes that might affect their eligibility. If a client has experienced a change in circumstances related to eligibility, they must submit appropriate documentation of the change to the subrecipient within 30 days of the reported change and ensure that the subrecipient receives the documentation. Clients also must report any changes at the six-month mark. If a client fails to provide appropriate documentation of the change, their services may be delayed until the subrecipient can confirm eligibility.

Subrecipients should ensure the required documentation of all RWHAP eligibility screening and intake activities is in clients' respective charts, both paper and/or electronic (e.g., ARIES). All eligibility documentation must be filed in the client's primary record and uploaded to ARIES or its successor system. At least once annually, all eligibility staff shall review this PCN and the subrecipient's eligibility policy and procedures.

V. Guidance for Subrecipients

A. Initial Eligibility Determination Period/Rapid Eligibility Determinations

A 30-day determination period for all Ryan White Part A and Part C funded services can be accessed by clients who are:

- Newly diagnosed within the previous six months;
- New to the local HSDA and in need of medical services;
- Engaging in care for the first time after being diagnosed for longer than six months;
- Returning to medical care after an absence of six months or longer; and/or
- In need of early intervention services.*

As applicants are being linked to services, subrecipients should work to complete the eligibility process and collect required documents. An eligibility determination must be complete within 30 days of program application initiation.

Providers must have an established alternative source of funding should a client be found to be ineligible for Ryan White Part A and/or Part C. This must be documented in the subrecipient's eligibility policy and tracked in the client file, if applicable. The policy must delineate procedures for any necessary administrative adjustments if a cost is found to be unallowable.

*This initial determination period does not apply to clients applying to any THMP program. All required documentation must be submitted with the THMP application.

B. Documentation of HIV-Infection Status

To be eligible for services paid for by RWHAP Part A and Part C, an individual must have a diagnosis of HIV infection. Affected individuals (people who are not HIV infected) may be eligible for RWHAP services in limited situations. Services for affected individuals must always benefit a person with HIV. Eligible services delivered to affected persons must be documented in the HIV-infected client's file and include relationship to the person with HIV. For further clarification on providing services to affected individuals, refer to HRSA Policy Clarification Notice (PCN) #16-02: [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).

There are many ways to document HIV infection. Acceptable forms of documentation are provided below; however, this should not be viewed as a complete list. HIV testing technology changes rapidly and standards of HIV confirmation continue to evolve. Subrecipients should stay informed of advances in testing technology as newer tests may also provide proof of HIV infection. Subrecipients should contract HRAU with questions about acceptable documentation of HIV infection.

Laboratory Documentation

Proof of HIV infection may be found in laboratory test results that bear the client's name. Some examples include:

- Positive result from HIV screening test (HIV 1/2 Combo Ab/Ag enzyme immunoassay [EIA]);

- Positive result from an HIV 1 RNA qualitative virologic test such as a HIV 1 Nucleic Acid Amplification Test (NAAT); or
- Detectable quantity from an HIV 1 RNA quantitative virologic test (e.g., viral load test)

Other Forms of Documentation

Some examples are:

- Signed statement from an entity with prescriptive authority attesting to the HIV-positive status of the person; or
- Complete THMP Medical Certification Form signed by a physician (required by THMP); or
- Hospital discharge summary documenting HIV infection of the individual

NOTE: Exposed infants of HIV-positive mothers can be served with documentation of the mother's HIV-positive status up to the age of 18 months. Children older than 18 months must meet the same criteria for proof of HIV as listed above to continue services.

Facilitating linkage with an HIV Preliminary Positive result

A preliminary positive is a positive result from an HIV screening test. Although a preliminary positive is not considered proof of HIV status because it is not a supplemental test in the current HIV testing algorithm, individuals with such a result are very likely to have HIV infection and would benefit from quick linkage to medical care. Having only a preliminary positive result from one HIV test should not be a barrier in linkage to medical care.

The ability to use a preliminary positive test result to facilitate linkage to care does not negate the responsibility of the subrecipient to conduct or ensure supplemental testing. The receiving medical provider must be informed of the individual's unconfirmed preliminary positive HIV test result. Once the supplemental results are received from the lab, HIV testing staff must provide these results to the individual and, if a Release of Information is signed, to the HIV care provider. Subrecipients receiving such individuals may choose to arrange an abbreviated first appointment, during which the individual could receive counseling on HIV infection, orientation to medical care, conduct eligibility screening, and/or begin laboratory work.

A preliminary HIV-positive result should not be used to apply for the THMP.

C. Documentation of Residency in the 10-County HSDA

To be eligible for services paid for by RWHP Part A and Part C, an applicant must reside within the geographic boundaries of the 10-county HSDA, express intent to remain within the HSDA, and not claim residency in any other county, state, or country. The geographic service area set for the purpose of determining residency eligibility for Part A and Part C funded HIV services includes Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson counties.

Acceptable proof of residency documents must include the applicant's full legal name and current residential address and be unexpired or dated within the same month or one month prior to the month the application is submitted. The following list is not exhaustive; providers should contact HRAU or THMP with questions about acceptable documentation of residency.

To expedite eligibility determination, the following source documents are preferred to show proof of residency:

- Valid (unexpired) Texas Driver's License;
- Texas State identification card (including identification from criminal justice systems);
- Recent Social Security, Medicaid/Medicare, or Food Stamp/TANF benefit award letters;
- IRS Tax Return Transcript, Verification of Non-Filing, W2, or 1099;
- Current employment records (pay stub);
- Post office records;
- Current voter registration;
- Mortgage or official rental lease agreement in the client's name;
- Valid (unexpired) motor vehicle registration;
- Proof of current college enrollment or financial aid;
- Property tax receipt;
- Any bill in the client's name for a service connected to a physical address (client's place of residency) dated within one month of the month of application (e.g., bills for rent, mortgage, electric, gas, water, trash, cable, landline phone);
- Letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals; or
- Statement/attestation (does not require notarization) with client's signature declaring that client has no resources for housing or shelter. For THMP, a letter from an agency worker attesting that the individual has no resources for housing or shelter will be accepted.

If none of the preferred source documents listed above are available, residency may be verified through one of the following:

- Any piece of mail addressed to the client and meets ALL the following criteria:
 - proof that the item went through the mail system (stamped with postmark or metered mark from postal office),
 - date of postmark or date printed on contents of mail (e.g., date printed on letter or statement date of bill) is within one month of the month of application,
 - if envelope has a clear window to display client's address instead of client's name and address printed directly on the envelope, the envelope must have a return address, name, logo, or some means of identifying the sender that matches the address, name, logo, etc. printed on the contents of the mail. This verifies that contents of mail with client's address is truly what came inside of said postmarked envelope.
- Observance and documentation of personal effects and living arrangement (e.g., visit to residence). A signed statement on agency letterhead detailing this observance and why other forms of proof of residency were not available will be accepted.

There are no further proof of residency requirements (e.g., requirement for a photo ID, documentation of immigration status) other than those listed above. Subrecipients may not impose more stringent proof of residency requirements regarding eligibility for RWHAP Part A and Part C funded services than those listed in this policy.

Individuals do not lose their residency status because of a temporary absence from the 10-county HSDA. For example, a migrant or seasonal worker may leave the HSDA during certain periods of the year, but maintain a home in the HSDA and return to that home after the temporary

absence. This individual will not lose their residency status. Students from another state who are living in the HSDA to attend school may claim residency based on their student status.

THMP Only: For THMP applicants, mail from THMP will not be accepted as proof of residency. Details on situations in which THMP will provide medication coverage for Texans temporarily residing in another state, are found in DSHS Policy 700.006, Multi-Month and Special Circumstance Medication Supply and Coverage. Students living out-of-state (living in a state other than Texas) to attend an educational institution but retaining Texas residency based on their student status can only continue receiving medication through Texas THMP if the student is denied by the ADAP in the state where the institution is located. In this situation, the student must provide a denial from the other state's ADAP as well as documentation of school enrollment in order to be approved for the Texas THMP.

D. Documentation of Income

To be eligible for services paid for by RWHAP Part A and Part C, an applicant must submit proof of income and federal poverty level (FPL). Subrecipients must use the DSHS Income Calculation Worksheet to calculate an applicant's income. The worksheet is available on the MAGI documents page at <https://dshs.texas.gov/hivstd/magi/>.

Income Calculation Worksheet

The Income Calculation Worksheet is divided into Section A and Section B. This form calculates an individual's FPL based on their modified adjusted gross income (MAGI).

Section A is used to calculate:

- Income for clients who do not have access to a 'Tax Return Transcript' or other standardized tax return forms (form 1040, 1040 EZ, etc.);
- Income for clients whose income has changed since filing taxes for the most recent year; and
- Income for clients who are 'Married Filing Jointly'.

Documents that may be used to complete Section A are outlined below:

- Pay stubs (30 continuous days of payment within the last 60 days);
- Supporter statement;
- Employer statement;
- Agency letter;
- Supplemental Security Income (SSI) Award Letter;
- Social Security Retirement, Survivors, and Disability Insurance (RSDI) Award Letter;
- DSHS Self-Employment Log; or
- Other income documentation (if approved by HRAU)

If the client is unable to provide any other form of income documentation, bank statements are acceptable forms of income documentation for both RWHAP Parts A and C and THMP.

Section B is used to calculate income for clients who have access to the following:

- Standardized tax return forms (form 1040, 1040 EZ, Tax Return Transcript, etc.).

The Income Calculation Worksheet is self-calculating and produces the FPL percentage based on both household and individual income. A copy of the worksheet and supporting documentation must be kept in the client's primary record and uploaded to ARIES. These documents should also be submitted with THMP applications.

THMP income calculation includes income information received through third-party verification and is subject to a spend-down; therefore, THMP eligibility cannot be assumed by enrollment workers before a submitted application is processed.

Local Criteria for Income Eligibility Determination

All RWHAP Part A and Part C funded core medical and support services must have an income eligibility limit of 500% of FPL. Persons with income exceeding 500% of FPL are not eligible for RWHAP Part A and Part C funded services.

FPL is a measure of income level determined by the U.S. Department of Health and Human Services that is adjusted for inflation and updated annually in the Federal Register. FPL is primarily used to determine eligibility for certain programs and benefits. Subrecipients must update their income eligibility limit annually within 30 days after the revised FPL appears in the Federal Register, which typically occurs in January of each year.

E. Documentation of Insurance Status and Screening for Third-Party Payers

To be eligible for services paid for by RWHAP Part A and Part C, an applicant must submit proof of their insurance status. This can be proof insurance in the form of a copy of an insurance card or documentation of no insurance in an agency form or the Six-Month Self-Attestation form.

Subrecipients must screen individuals for their ability to pay as well as their eligibility for other potential sources of payment for these services. Programs/benefits that must be used first include:

- Private/employer insurance;
- Medicare (including Part D prescription benefit);
- County indigent health programs;
- Patient assistance programs (PAPs);
- Medicaid;
- Children's Health Insurance Programs (CHIP); and/or
- Other comprehensive healthcare plans.

Subrecipients must use a Payor of Last Resort/Fee for Service Screening tool to document insurance status and screening for third-party payers. HRAU will ensure that subrecipients are coordinating benefits and the use of third-party reimbursement by:

- Monitoring how subrecipients determine client eligibility to ensure that RWHAP Part A and Part C funds are payors of last resort;
- Monitoring the documentation that shows clients have been screened for and enrolled in eligible programs prior to the use of RWHAP Part A and Part C funds; and
- Monitoring how subrecipients use a third-party payer verification system.

A client may be eligible for RWHAP or THMP services in addition to having other payors. Ryan White services may be used to 'bridge' the gap when other payors cannot fully meet a client's needs. For more information on allowable services or programs available to clients with other payors, contact HRAU or the THMP.

F. Six-Month Self-Attestation (Half Birth Month)

To assess eligibility at the six-month mark, subrecipients may accept client self-attestation of changes/no changes in income, residency, and insurance status using the DSHS Six-Month Self-Attestation of Eligibility Changes form: [Ryan White Care Services Self-Attestation Form](#). Self-attestations are not acceptable forms of documentation at the annual/12-month recertification. Six-month self-attestations may be signed by the client or the provider, with verbal affirmation from the client. This process occurs by the last day of the month, six months after the client's birth month.

Related communications from RWHAP Part A and Part C subrecipients must be transmitted in a confidential HIPAA compliant manner. If a client has had a change in income, residency/address, or insurance status, they must submit appropriate supporting documentation.

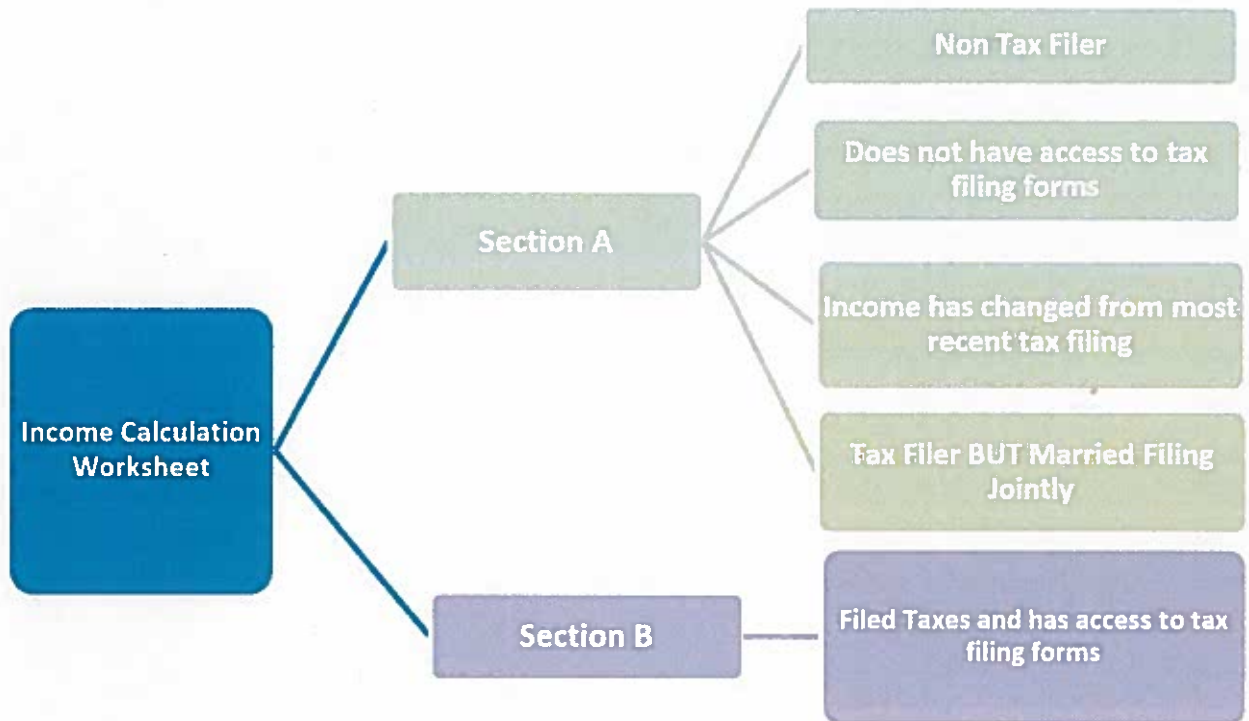
Self-attestations must be documented in the client's primary record and updated in ARIES or its successor system, even if there is no change. When there are changes, supporting documentation must be kept in the client's primary record and uploaded to ARIES. The date stamp in ARIES or its successor system should reflect the most recent recertification date.

For clients enrolled in the THMP, a copy of the self-attestation must be sent to THMP before the end of the half birth month. THMP will accept self-attestation forms signed by the client or signed by the provider who spoke directly to the client. THMP will also accept self-attestations with no changes over the phone with the client.

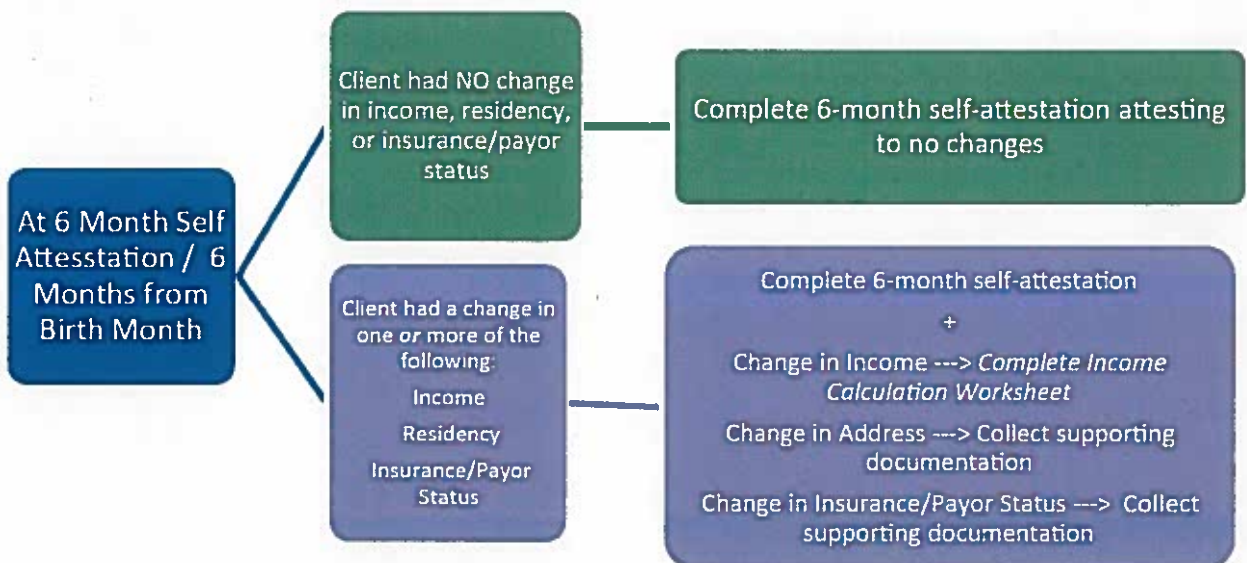
While eligibility for services must be determined every six months for active clients, subrecipients should assess changes in eligibility at the time of service. The subrecipients' policies and procedures must address how clients will be contacted regarding their six-month recertification, and how changes in eligibility will be assessed at the time of service.

VI. Flow Charts

Income Calculation Worksheet Flow Chart



Six-Month Self-Attestation Flow Chart



VII. Resources

- Department of State Health Services (DSHS) MAGI website <http://dshs.texas.gov/hivstd/magi.shtm>
- Forms and other information on MAGI website
 - [Ryan White Care Services Self-Attestation Form](#) (PDF)
 - [Income Calculation Form](#) (XLS)
 - [Income Calculation Form - Spanish](#) (XLS)
 - [Tax Transcript and Certificate of Non-Filing Instructions](#)
 - [Local Texas IRS Offices](#)
 - [Determining Household Size for MAGI](#) (PDF)
- DSHS Self-Employment Log <https://dshs.texas.gov/hivstd/meds/document.shtm>
- Texas Part B Care Services Eligibility Policy <https://dshs.texas.gov/hivstd/policy/policies/220-001.shtm>
- BVCOG Eligibility to Receive HIV Services Policy <https://www.bvcog.org/programs/hiv-health-services/program>
- Texas HIV Medication Program (THMP) Application (ADAP/SPAP/TIAP) <https://dshs.texas.gov/hivstd/meds/document.shtm>
- THMP financial eligibility criteria www.dshs.texas.gov/hivstd/meds/
- Documents THMP will accept <https://dshs.texas.gov/hivstd/meds/files/RequiredDocs.pdf>
- DSHS Policy 700.006: Multi-Month and Special Circumstance Medication Supply and Coverage
- <https://www.dshs.state.tx.us/hivstd/policy/policies/700-006.shtm>
- HRSA Policy Clarification Notice (PCN) #13-02 [PCN 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements](#)
- HRSA Policy Clarification Notice (PCN) #16-02 [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.](#)
- HRSA Universal Monitoring Standards [Parts A and B](#): Section B, Eligibility Determination <https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
- HRAU policies and related documents for subrecipients are available at

VII. Definitions

Annual 12-Month Eligibility Recertification – The process of screening and determining eligibility for a period of months. Clients must be screened for program eligibility every six months (no later than the last day of the clients' birth month for the annual 12-month recertification and no later than the last day of the clients' half birth month for the 6-month self-attestation). Assessment includes documentation of HSDA residency, income, and proof of insurance/payor. This documentation is submitted by the last day of the applicant's birth month.

Half Birth Month – Half Birth Month is the month that is six months after the client's birth month (e.g., birth month is January, half birth month is July). For purposes of this policy, the end of the Half Birth Month shall be considered the last day of the month it falls in, regardless of a client's birth date.

HIV Service Delivery Area (HSDA) – Geographic service area set for the purpose of determining residency eligibility for Part A and Part C funded HIV core medical and support services. For Ryan White Part A and Part C, this 10-county area includes Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson counties.

Initial Eligibility Determination Period/Rapid Eligibility Determination Period – 30-day period during which the client undergoes initial eligibility assessment.

Modified Adjusted Gross Income (MAGI) – A figure used to calculate income eligibility for lower costs in Marketplace Health Plans as well as eligibility for Medicaid, Children's Health Insurance Plan (CHIP), and RWHAP Part A, Part C, and Part B/State Services-funded HIV medical and support services. Generally, modified adjusted gross income is adjusted gross income plus any tax-exempt Social Security, interest, or foreign income an individual may have. MAGI must be calculated using the DSHS provided Income Calculation Form, which can be found on the MAGI documents page at <http://www.dshs.state.tx.us/hivstd/magi.shtm>.

New Eligibility Determination – The process of assessing an applicant's eligibility upon entrance into RWHAP Part A and Part c, Part B, State Services, and/or THMP-funded services. Assessment includes documentation of HIV status, residency, income, and insurance (payor).

Payor of last resort (PoLR) – RWHAP or State Services funds cannot be used as a payment source for any service that can be paid for or charged to any other billable source. Providers are expected to make reasonable efforts to secure other funding instead of RWHAP Part A and Part C, Part B or State Services funding, whenever possible.

Six-Month Self-Attestation – process of a client confirming no change in previous eligibility declaration and documentation. This process occurs by the last day of the half birth month, six months after the client's birth month.

State Pharmacy Assistance Program (SPAP) – This program, operated by THMP, aids with premiums and out-of-pocket costs associated with qualifying Medicare Part D prescription drug plans for low-income Texans.

Texas HIV Medication Program (THMP) – Provides medications for the treatment of HIV and its related complications for low-income Texans. The THMP is the official AIDS Drug Assistance Program (ADAP) for the State of Texas. It also operates the SPAP and Texas Insurance Assistance Program (TIAP).

Texas Insurance Assistance Program (TIAP) – This program, which is operated by THMP, aids with premiums and out of pocket medication costs for low-income Texans with qualified insurance plans.

VIII. Review/Revision History

Review/Revision	Date	Description of Changes	Completed by