



DALLAS COUNTY
HEALTH AND HUMAN SERVICES
 Grants Management Division

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Eligibility to Receive Ryan White HIV Services

Purpose

The purpose is to outline the eligibility criteria for individuals to receive services funded through Ryan White HIV/AIDS Program (RWHAP) Part A, B, and State Services grants.

Policy

Eligibility for an individual to receive assistance under RWHAP Part A, B, and State Services will be established to ensure appropriate client access to needed services while adhering to payor of last resort requirements. Sub-recipients should ensure the proper documentation of all eligibility screening and intake activities are in the client's chart (paper and/or electronic).

Procedure

Initial Eligibility Determination Period (Birth Month)

Upon initiation of services, as well as every 12 months (no later than the last day of the clients' birth month for the annual 12-month recertification) sub-recipients must determine whether an applicant meets the following RWHAP Part A, B, and/or State Services eligibility criteria.

Table 1: Required Documentation Table

Eligibility Criteria	Accepted Documents
<p>Have a diagnosis of HIV Infection (<i><u>only required for initial eligibility determination</u></i>).</p> <p>The RWHAP legislation requires that individuals receiving services through the RWHAP must have a diagnosis of HIV/AIDS.</p> <p>HIV testing technology changes rapidly and standards of HIV confirmation continue to evolve. Providers must stay informed of advances in testing technology as newer tests may also provide proof of HIV infection.</p> <p>Facilitating Linkage with an HIV Preliminary Positive result</p> <p>A preliminary positive is a positive result from an HIV screening test. A preliminary positive is not considered proof of HIV status. Having only a preliminary positive result from one HIV test should not be a barrier in Linkage to medical care.</p> <ul style="list-style-type: none"> • A preliminary HIV-positive result should not be used to apply for the THMP. • The ability to use a preliminary positive test result to facilitate linkage to care does 	<ol style="list-style-type: none"> 1. Positive result from HIV screening test (HIV 1/2 Combo Ab/Ag enzyme immunoassay [EIA]); 2. Positive result from an HIV 1 RNA qualitative virologic test such as a HIV 1 Nucleic Acid Amplification Test (NAAT); or 3. Detectable quantity from an HIV 1 RNA quantitative virologic test (e.g. viral load test). 4. A signed statement from entity with prescriptive authority attesting to the HIV-positive status of the person. 5. A complete THMP Medical Certification Form signed by a physician (required by THMP). 6. A hospital discharge summary documenting HIV infection of the individual.

not negate the responsibility of the HIV testing site to conduct supplemental testing. Once the supplemental results are received from the lab, HIV testing staff must provide these results to the individual, if a Release of Information is signed, to the HIV care provider.

- Clinics 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.
- HIV medical providers may elect to conduct the HIV supplemental test if a memorandum of understanding (MOU) is signed with the HIV testing agency.

Provide documentation of Texas residency:
Acceptable proof of residency documents must include the applicant's full legal name and residential address, and be unexpired or from the last 30 days.

An applicant must reside within the geographic boundaries of Texas and express intent to remain within the state and not claim residency in any other state or country.

Individuals do not lose their Texas residency status because of a temporary absence from the state. For example, a migrant or seasonal worker may leave the state during certain periods of the year, but maintains a home in Texas, and returns to that home after this temporary absence. This individual will not lose their Texas residency status.

Please Note: Students from another state who are living in Texas to attend school may claim Texas residency based on their student status while they are residing in Texas.

1. Valid (unexpired) Texas Driver's License;
2. Texas State identification card (including identification from criminal justice systems);
3. Recent Social Security, Medicaid/Medicare or Food Stamp/TANF benefit award letters;
4. IRS Tax Return Transcript, Verification of Non-Filing, W2, or 1099;
5. Current employment records (pay stub);
6. Post office records;
7. Official state mail;
8. Current voter registration;
9. Rent or utility receipts for one month prior to the month of application in the client's name;
10. A mortgage or official rental lease agreement in the client's name;
11. Valid (unexpired) motor vehicle registration;
12. Proof of current college enrollment or financial aid;
13. Property tax receipt;
14. A letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals; or
15. Statement/attestation (does not require notarization) with client's signature declaring that client has no resources for housing or shelter.

If none of the items listed above are available, Texas residency may be verified through these following examples.

1. Credit card, phone, or cable bill with address clearly indicated on document; or
2. Formal business correspondence;
3. Bank brokerage statement with address clearly indicated on document; or
4. Statement from landlord/neighbor/another reliable source; or
5. Submission of the DSHS-THMP Supporter Statement. This is only accepted when no other proof of residency is available and must be accompanied by a signed statement on agency letterhead from the agency enrollment worker detailing steps that were taken to obtain proof of residency and why they were not successful; or
6. Observance of personal effects and living arrangement (e.g., visit to residence). For THMP, a signed statement on agency letterhead detailing this observance and why other forms of proof of residency were not available will be accepted.

Provide complete and accurate income documentation.

To be eligible for services paid for by RWHAP Part A, B, and State Services, an applicant must submit proof of income and FPL. Sub-recipients and providers must use the DSHS-provided *Income Calculation Worksheet* (Excel) to calculate an applicant's income.

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

Section A is used to calculate (only use the accepted documents to complete section A)

- 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
- Clients who are 'Married Filing Jointly'.

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.).

1. Pay stubs (30 continuous days of payment within the last 60 days);
2. Supporter statement;
3. Employer statement;
4. Agency letter;
5. Social Security Income (SSI) Award Letter;
6. Social Security Disability Income (SSDI) Award Letter; or
7. Other income documentation (i.e self-employment log)

Note: If the client is unable to provide any other form of income documentation, bank statements are acceptable forms of income documentation for RWHAP Part A, B, and State Services.

1. 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 primary client record.**

Insurance Status

Provider must verify if applicant is enrolled in other health coverage and document status in client file.

Enrollment must be pursued if client is income eligible for Medicaid, CHIP, Health Insurance Marketplace plans, or various other health plans.

1. A copy of insurance documentation of client's insurance eligibility status must be filed in the client's primary record(s).

Screening Clients for Third Party Payers

Sub-recipients 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); or
- Other comprehensive healthcare plans

Documentation of eligibility status must be filed in the client's primary record.

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

- Newly diagnosed within the previous six months;
- New to the State of Texas/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.

Please Note: An eligibility determination must be completed within 30 days of program application initiation.

Six-month Self-Attestation (Half Birth Month)

Clients must be screened for program eligibility every six months (no later than the last day of the clients' half birth month for the 6-month self-attestation). Sub-recipients may accept client self-attestations of change/no change in income, residency, and insurance status (self-attestations are not acceptable forms of documentation at the annual/12-month recertification). 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.

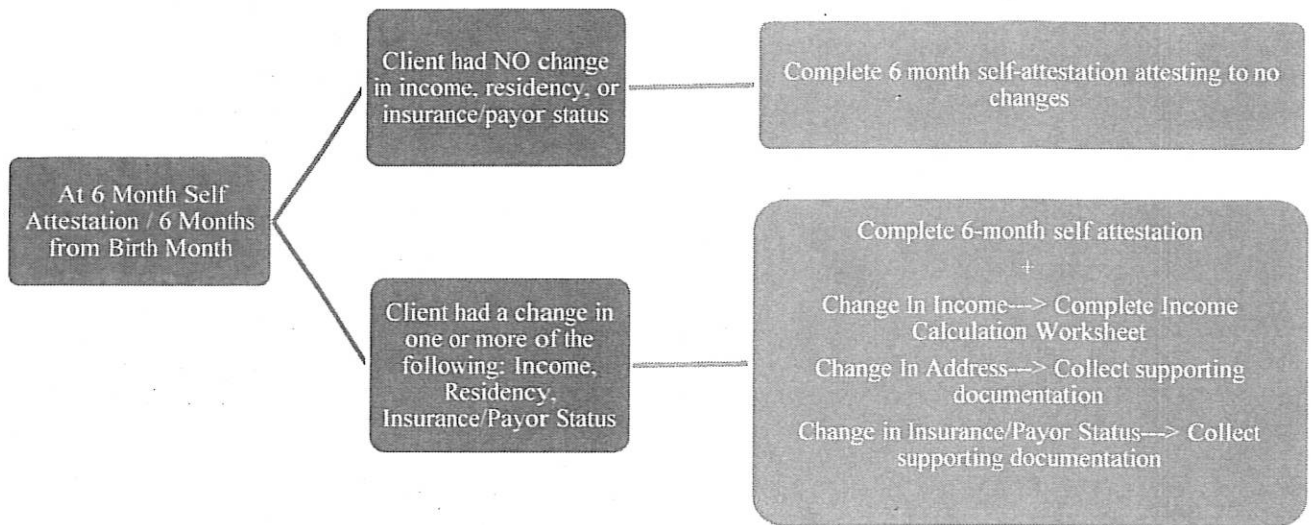
If client's insurance/third party payer status has not changed, self-attestation of no change is acceptable. Attestation must be documented in the client's primary record and date stamped in ARIES. Self-attestation of change sub-recipients must require documentation. While eligibility for services must be determined every six months for active clients; providers should assess changes in eligibility at the time

of service.

Sub-recipients are required to use the DCHHS Initial and Annual Determination Form and Six Month Self Attestation Determination Form for every client applying for Ryan White Part A, B, and State Services within the Dallas EMA/HSDA. (See Appendix).

Recertification on HIV status after the initial eligibility determination is not required.

Eligibility for services **must be determined ever six months** for active clients; sub-recipients should assess changes in eligibility at the time of service. The sub-recipient's policies and procedures must address how clients will be contacted regarding their 6-month recertification process and required documentation. Consult the table below for guidance on the recertification process and required documentation.



Client's Responsibility for Reporting Changes

Sub-recipients must ensure client immediately report 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 sub-recipient(s) within 30 days of the reported change and ensure the sub-recipient receives documentation. A client must also report any changes at the 6-month mark. If a client fails to provide appropriate documentation of the change, their services may be delayed until the sub-recipient(s) can confirm eligibility.

Appendix:

Initial and Annual Eligibility Determination Checklist

Name: _____ **Date of Birth:** _____

- Initial Eligibility Determination
- Annual 12-Month Recertification (by last day of Birth Month)

Letter of Diagnosis (LOD) (only needed for initial eligibility determination)

- 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)
- Detectable quantity from an HIV 1 RNA quantitative virologic test (e.g. viral load test)
- Other Forms
 - A signed statement from an entity with prescriptive authority attesting to the HIV- Positive Status of the client
 - A complete THMP Medical Certification Form signed by a physician
 - A hospital discharge summary documenting HIV infection of the individual

Proof of Income

- Pay stubs (30 continuous days of payment within the last 60 days)
- Supporter statement
- Employer statement
- Agency letter
- Social Security Income (SSI) Award Letter
- Social Security Disability Income (SSDI) Award Letter
- Other income documentation

If the client is unable to provide any other form of income documentation

- Bank Statements

Proof of Residency

- Valid (unexpired) Texas Driver's License
- 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
- Official state mail
- Current voter registration
- Rent or utility receipts for one month prior to the month of application in the client's name
- 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
- Letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals
- Statement/attestation (does not require notarization) with client's signature declaring that client has no resources for housing or shelter