

Virginia Ryan White Part B Supportive Documentation for Unified Client Eligibility

Each client must meet <u>all</u> four (4) of the eligibility criteria below every 24-months to be eligible for VA RWHAP B services including ADAP medication services coordinated by VA MAP. Upload copies of supportive documentation into Provide Enterprise® for each criterion and retain a copy at the provider agency			
ELIGIBILITY CRITERION	DOCUMENTATION PRESENTED/UPLOADED		
<p>HIV+ diagnosis Required only once at intake and upload to Provide for clients' initial assessment.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Confirmatory HIV test results (Western Blot) <input type="checkbox"/> Letter from medical provider or case manager patient navigator, confirming diagnosis of HIV disease <input type="checkbox"/> HIV viral load testing result with detectable HIV viral load (viral load testing results with an undetectable viral load will not be accepted on their own as proof of diagnosis) <input type="checkbox"/> Documentation from electronic medical/health record (EM/HR) of HIV disease diagnosis (progress note, etc.) 		
<p>Proof of Residency in Virginia Documentation must include client's full legal name</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Tier 1 (one of the following)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Unexpired Virginia State ID including drivers and motorcycle licenses, ID cards, Real IDs, or other VA state- issued ID cards that contain an address) <input type="checkbox"/> American Indian Tribal ID card for tribes in Virginia, Indian Health Services ID card, or Bureau of Indian Affairs ID card for at least one tribe in Virginia if they have addresses listed. <input type="checkbox"/> Utility Bill not more than 2 months old with the applicant's name (*cell phone bills not accepted) <input type="checkbox"/> Lease, rental, or mortgage agreement, property deed <input type="checkbox"/> Current VA property tax document <input type="checkbox"/> Case Manager-attestation of Virginia residency on their agency's letterhead </td> <td style="width: 50%; vertical-align: top;"> <p><u>Tier 2 (two of the following if none from Tier 1 available)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from lease holding roommate (must include the lease holder's name, address that matches the client's application, and relationship to the client) <input type="checkbox"/> Copy of public assistance/ benefits document <input type="checkbox"/> Court Corrections Proof of Identity <input type="checkbox"/> Official document or correspondence from a federal, state, or local government agency displaying the applicant's name and current address within the last year. <input type="checkbox"/> American Indian Tribal ID card for tribes in Virginia, Indian Health Services ID card, or Bureau of Indian Affairs ID card for at least one tribe in Virginia if they <u>do NOT</u> have addresses listed. <input type="checkbox"/> Unexpired/current Virginia vehicle title or registration card <input type="checkbox"/> Current student photo ID issued by a Virginia college or university </td> </tr> </table>	<p><u>Tier 1 (one of the following)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Unexpired Virginia State ID including drivers and motorcycle licenses, ID cards, Real IDs, or other VA state- issued ID cards that contain an address) <input type="checkbox"/> American Indian Tribal ID card for tribes in Virginia, Indian Health Services ID card, or Bureau of Indian Affairs ID card for at least one tribe in Virginia if they have addresses listed. <input type="checkbox"/> Utility Bill not more than 2 months old with the applicant's name (*cell phone bills not accepted) <input type="checkbox"/> Lease, rental, or mortgage agreement, property deed <input type="checkbox"/> Current VA property tax document <input type="checkbox"/> Case Manager-attestation of Virginia residency on their agency's letterhead 	<p><u>Tier 2 (two of the following if none from Tier 1 available)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from lease holding roommate (must include the lease holder's name, address that matches the client's application, and relationship to the client) <input type="checkbox"/> Copy of public assistance/ benefits document <input type="checkbox"/> Court Corrections Proof of Identity <input type="checkbox"/> Official document or correspondence from a federal, state, or local government agency displaying the applicant's name and current address within the last year. <input type="checkbox"/> American Indian Tribal ID card for tribes in Virginia, Indian Health Services ID card, or Bureau of Indian Affairs ID card for at least one tribe in Virginia if they <u>do NOT</u> have addresses listed. <input type="checkbox"/> Unexpired/current Virginia vehicle title or registration card <input type="checkbox"/> Current student photo ID issued by a Virginia college or university
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<p>Insurance Status Must provide Health Insurance information to help determine eligibility and payor of last resort</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of card for Health Insurance Marketplace coverage (ACA plan) <input type="checkbox"/> Copy of insurance card through Employer-Based insurance <input type="checkbox"/> Copy of Medicaid card or print out from DMAS portal look-up for coverage (client might not qualify for ADAP/VA MAP services, but may other Ryan White services) <input type="checkbox"/> Copy of Children's Health Insurance Program (CHIP) card <input type="checkbox"/> Copy of Medicare Card 		

<p>Not Insurance Coverage, but important information to provide for HIV medication services:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Tricare Card (active duty, reserves, retired military, and eligible family members) <input type="checkbox"/> Copy of card through other type of Private Insurance (such as Farm Bureau; off-Marketplace plans, or insurance through state-based exchanges) <input type="checkbox"/> <u>IF</u> the client is participating in a clinical trial for new medications, treatments, or approaches for HIV management at the time of eligibility assessment, please upload any documentation that shows participation (copy of informed consent, letter for Principal Investigator, or letter from Clinical Trial Manager)
<p>Proof of Low-Income Status -- Household income must be at or below 500% FPL to qualify for services. The information in the documents uploaded must match data entered in Provide® for the calculation of income based on Modified Adjusted Gross Income.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of current participation in Housing Choice Voucher, SNAP, WIC, Medicaid, or other federal/state benefit program with income limits at or below 500% FPL <input type="checkbox"/> Employment income (copies of pay stubs <u>for the most recent month</u> showing gross income and payroll deductions) <input type="checkbox"/> Self-employment (complete copy of most recent <i>individual</i> Federal Income Tax Return to include form 1040 and Schedule C or one month's accounting records that clearly show income paid to owner) <input type="checkbox"/> Government benefits and/or award, i.e., Social Security Income/Disability Income and unemployment benefits (copy of award letters showing current dollar amount received; if a bank statement or other document is used to verify government benefits, additional information required to document deductions for Medicare premiums) <input type="checkbox"/> Veteran's or retirement benefits (copy of benefit award letter or other official document showing the amount received on a regular basis.) <input type="checkbox"/> Offer letter or other letter from employer with start date, hours worked, and rate of pay <input type="checkbox"/> Client self-attestation of cash income not verifiable through other means <input type="checkbox"/> Letter from employer verifying cash income <input type="checkbox"/> Net rental income -after expenses (complete copy of most recent Federal Income Tax Return) <input type="checkbox"/> Alimony/child support (copy of benefit letter or other official document showing amount received on a regular basis) <input type="checkbox"/> Income from participation in clinical trials that do not target a rare condition and therefore do not meet the income exclusion for SSI recipients (from the "Orphan Drug Act")
<p>Proof of No Income</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Termination or layoff notice on company letterhead <input type="checkbox"/> Letter from case manager on agency letterhead stating client has no income based on the case manager's assessment <input type="checkbox"/> Proof of "No Income" Letter from other individual providing financial or other support to the applicant. The letter must state the individual's relationship to the applicant, a statement describing the extent/amount of support provided, and that the individual providing financial support has no knowledge of any other income received by the applicant. For convenience, use the template for this letter on the program's website.