

Virginia Ryan White HIV/AIDS Program Part B
STANDARD OPERATING PROCEDURE
Unified Eligibility for Ryan White Part B Services

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Policy Statement: Conducting and determining eligibility for all Ryan White HIV/AIDS Program Part B (RWHAP B) services including ADAP (coordinated by the Virginia Medication Assistance Program (VA MAP)) shall be through a process called Unified Eligibility. RWHAP B subrecipients shall conduct an initial eligibility assessment for all RWHAP services including the VA MAP, and conduct eligibility assessments every 24 months thereafter. All persons seeking RWHAP and/or VA MAP services must apply through a subrecipient agency. Subrecipients will create, update and upload supporting documentation into the Virginia Department of Health's (VDH) designated client-level data system, Provide Enterprise®. VA MAP will no longer conduct client eligibility assessments. For Ryan White Part A and C agencies and the clients you serve, see the section titled **Virginia RWHAP B eligibility and other Virginia RWHAP Parts** below. This policy replaces any prior policies and guidance regarding Virginia's RWHAP B and VA MAP client eligibility processes.

Background: HRSA HAB PCN 21-02, [*Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program \(RWHAP\)*](#) gives RWHAP-funded programs the flexibility to conduct eligibility, and makes immigration status irrelevant for receipt of RWHAP services. Previously, HRSA required recipients to conduct eligibility every six months. Because Virginia conducted separate eligibility for RWHAP B services and VA MAP services, many clients completed assessments up to four times per year. This new policy reduces burden on the clients, the subrecipients and VDH.

Payor of last resort means that RWHAP agencies must reasonably try to identify and use other resources including Medicaid, Medicare, State Children's Health Insurance Programs, health insurance or other third party payors, and community resources before requesting RWHAP services. The exception to this is people who get services from the Veteran's Administration and Indian Health Services.

Eligibility Procedure:

1. Virginia RWHAP B subrecipients will complete eligibility assessments for individuals needing any Ryan White Part B services, including VA MAP.
2. Eligibility must include verification of the following:
 - a. **HIV positive status** - Required at time of initial application only (subrecipient must keep the actual document or indicate in the notes that diagnosis is confirmed).
 - b. **Virginia residency** – Clients must live in Virginia.
 - c. **Household income equal to or below 500%** of the [Federal Poverty Level](#) - The client must provide documentation on each source of income reported.
 - d. **Proof of Insurance (POI) coverage**- Screening must include whether the clients have any health insurance or third party coverage (Medicaid, Medicare, Tricare, etc.)

- that will pay for any portion of services or medications. Having other coverage does not always prevent a client from getting services if the coverage does not pay for the requested service(s). Clients with Medicaid plans that provide HIV medications are not eligible for VA MAP services including health insurance coverage under the Affordable Care Act, but they may receive other RWHAP B services.
3. The list of allowable supporting documentation is on the RWHAP B program's website: <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>.
 4. Subrecipients may conduct Unified Eligibility through medical case managers (MCM), non-medical case managers (NMCM), or any other staff they choose for this activity.
 - a. Clients Using NMCM or MCM Services: Case managers should help their clients get needed services and resources. Unified Eligibility does not change how often clients receive case management. Use this link to locate the VDH MCM and NMCM standards: <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/health-care-services/>.
 - b. Clients Not Using NMCM or MCM services: Not all clients need or want case management services. Subrecipients will conduct eligibility assessments for these individuals. Subrecipients will record service utilization for clients who decline case management under the service category Psychosocial Support Services (Policy Clarification Notice #16-02: [Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#)). Bill this service on monthly invoices and assure it matches data entry in Provide Enterprise® for eligibility assessments.
 5. Subrecipients will use the electronic client eligibility assessment in Provide Enterprise® to conduct Unified Eligibility. This includes submitting and updating the information for each client if anything changes that may affect the client's eligibility.
 6. Subrecipients must review assessments before submitting them into Provide Enterprise® to ensure they are accurate and complete.
 7. Subrecipients will keep a signed and dated Informed Consent in their agency files for all RWHAP B clients if using the client's information to refer them to services from entities or programs other than VDH. You will also need to follow your agency's HIPAA policies and procedures for client authorization to use and disclose protected health information as needed.
 8. Subrecipients will review Policy Clarification Notice (PCN) #16-02: [Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#) to assure an understanding of other HRSA requirements that make an individual eligible for use of RWHAP funds.
 9. Clients using RWHAP B services including VA MAP must resubmit documents for residency, household income and proof of insurance BEFORE the 24-month eligibility time-period ends. VDH recommends that you establish a schedule for client outreach to renew eligibility at least 30-45 days before eligibility expiration.
 10. Subrecipients should use a reminder system to contact clients who are nearing the end of their eligibility period to make sure that they do not have a break in service. Provide Enterprise® will create pop up messages for subrecipients to view in the client record 45-days before eligibility ends, and when it has expired if not renewed. The system can also send text messages and emails directly to clients to remind them of their eligibility due date. These features are functional when Virginia activates the automated eligibility date in Provide Enterprise®.

11. Subrecipients must periodically conduct checks of enrolled RWHAP B clients to identify any potential changes that affect client eligibility. These checks, or Client Access Reviews, ensure compliance with Ryan White policies. Enter any updates in Provide Enterprise®, for both RWHAP B and VA MAP services, as soon as you become aware of the changes, but no more than seven (7) business days later. Delays in updates can cause issues with medication access and other services.
12. Subrecipients should conduct follow-ups with clients who do not respond to requests for new eligibility documents or who are missing needed information to avoid interruption of services or medication access. Subrecipients may bill retention and re-engagement services under the non-MAI Outreach Services category and must document these outreach efforts in the client's record. If you are unable to reach the client on your own, your agency may request the help of VA MAP Retention Coordinators. They will work with you on outreach efforts. VDH developed these field-based positions to help reach out to clients who do not respond to traditional outreach methods.
13. Subrecipients should document all steps taken to complete a client's eligibility and its renewal in the client record.

Virginia RWHAP B eligibility and other Virginia RWHAP Parts

Virginia RWHAP B contracts with many agencies that receive other Ryan White cross-part funding including Parts A, C, and D. These agencies can conduct unified eligibility assessments on behalf of their clients. Agencies not contracted with Virginia RWHAP B to provide services cannot conduct unified eligibility assessments in Provide Enterprise® at this time. If an agency provides services from Parts A, C, and/or D and does not contract with Virginia RWHAP B, then the agency will be able to refer clients to a RWHAP B agency to access any Part B services, including ADAP coordinated by the VA MAP. Clients can also contact any contracted RWHAP B agency of their choice to complete their eligibility assessment for Part B services.

The Virginia RWHAP B program will maintain a list of RWHAP B agencies that conduct these assessments and share it with stakeholders across the state. The program will share a list directly with the administrative agents and the government co-chairs of each RWHAP A Planning Council, as well as with program staff for RWHAP C agencies that do not receive RWHAP B funding. At this time, agencies solely funded by a RWHAP part that is not Part B will not have access to Provide Enterprise® for Virginia. Virginia will explore this possibility with the system's vendor for future integration.

Helping Clients Maintain Eligibility: PCN 21-02 helps programs establish policies and procedures to assess and maintain client eligibility in a timeframe determined to be reasonable for the rapid delivery of Ryan White Services. HRSA does not allow grace periods for client eligibility, so it is important that subrecipients conduct a full eligibility assessment every 24 months, and renew it before it expires. Although HRSA allows the use of a client self-attestation when renewing eligibility (that states there are no changes to client's income or residency status), subrecipients should not rely solely on client self-attestation indefinitely, which means no longer than 24 months for this policy.

VDH encourages subrecipients to gather documentation of proof of diagnosis, residency, income and insurance status to document eligibility within Provide Enterprise® so that there are no

lapses or gaps in the client's eligibility. VDH also encourages agencies to build relationships with their local social services agency, local health departments, and clinical providers who may have already have income and residency information and may be able to share this information if you have signed client consents on file where needed.

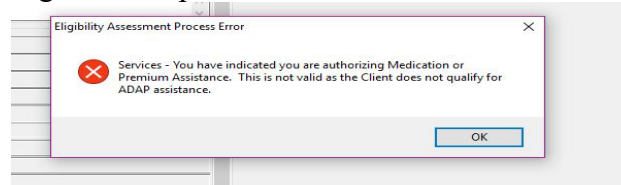
Clients Not Eligible for Ryan White Services: Not all persons will be eligible for services. Clients may not meet the requirements due to the financial assessment, failure to provide information, enrollment into another payor source, etc.

For a client found ineligible, the subrecipient will:

1. Submit the Eligibility Assessment and documentation into Provide Enterprise®. If the client becomes eligible in the future, there will be an existing client record to update. This also serves as a resource for VDH to check for eligibility when processing subrecipient invoices.
2. Remember to upload the supportive documentation for each eligibility criterion when prompted. Review any or warning or error messages generated in Provide Enterprise® that informs person entering the data that the client does not meet that eligibility criterion or qualify for services, including ADAP. The system will automatically calculate the Household Income based on information entered. When income exceeds 500% of FPL, the system generates the warning message below:



Even if the system permits continued data entry, Provide Enterprise® generates the error message below upon final submission of the assessment:



3. Allow an individual to file a grievance with the subrecipient agency if an individual is not satisfied or does not understand the decision. Subrecipients will use their internal policies to process these grievances.

Exceptions: None

Definitions

- **Unified Eligibility** – A process to assess an individual's eligibility for all RWHAP B services, including HIV medication access (VA MAP), through one assessment/application on an interval determined by VDH.

- **ADAP** – the HIV medication assistance program funded by the Health Resources and Services Administration for eligible Ryan White clients. In Virginia, the VA Medication Assistance Program (VA MAP) in VDH’s central office coordinates ADAP services.
- **Eligibility Assessments** - A process used to verify and document that a client is eligible for RWHAP B services by meeting all of Virginia RWHAP B client eligibility conditions.
- **Client Access Reviews (CARs)** - Periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility. CARs should include assessment of changes in income, residency, and insurance coverage. Subrecipients determine the interval for these checks; VDH recommends checking during patient encounters.
- **Case Managed** - Refers to clients assigned to a RWHAP B Medical Case Management (MCM) or Non-Medical Case Management (NMCM) to assist with access to services and maintenance of care.
- **Not Case Managed** - Refers to clients not **currently** assigned to any RWHAP B case manager through MCM or NMCM to access RWHAP B services. This client might only receive VA MAP services or decline to receive case management support.

References

- [HRSA HAB PCN #13-02: *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements*](#)
- [The Health Resources and Services Administration’s \(HRSA\) HIV/AIDS Bureau \(HAB\) Performance Measures \(ADAP Eligibility Recertification\).](#)
- The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) 21-02: [*Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program \(RWHAP\)*](#)
- Ryan White Treatment Modernization Act – [Ryan White Legislation](#)
- [Health Resources and Services Administration \(HRSA\) HIV/AIDS Bureau \(HAB\) Policy Clarification Notice \(PCN\) #13-01: *Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program*](#)
- HRSA HAB PCN #16-02: [*Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*](#)
- [HRSA HAB PCN #13-03: *Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act*](#)
- [HRSA/HAB Performance Measures for Case Management Services](#)