

**HIV Health Services Planning Council
Sacramento TGA**

SERVICE STANDARDS

Subject: Eligibility & Fees for Ryan White Part A and S.A.M. Services **No.:** SSC 05

Date Effective: 7/23/03

Date Revised: 4/28/10

Date Reviewed: 5/5/10

As directed by the HIV Health Services Planning Council priorities, when funded, the following service standards will apply to Ryan White contracted service providers.

1. Ryan White Part A and S.A.M. funding (Formerly known as Part B”) is to be used for HIV/AIDS medical services and for psycho-social and support services which significantly improve access and adherence to such medical services. As such, client access to RW Funding support shall be determined in the context of each client’s need for HIV/AIDS related healthcare services or other critical needs.
2. RW Funding is to be expended in accordance with the Ryan White CARE Act, and in a cost effective, equitable manner which is based upon verified client need and encourages self-empowerment of clients. RW Funding is to be the payer of last resort. Client eligibility for services which are paid for with RW Funding shall be evaluated through Medical Case Management services provided in accordance with the allocation priorities and directives which are adopted by the Sacramento TGA HIV Health Services Planning Council (“HIV Planning Council”), or through an alternative assessment process administered by an agency receiving Ryan White Part A and S.A.M. funding (“RW Agency”).
3. In accordance with the above:
 - A. All persons who test positive for HIV, and who reside in any of the counties (Sacramento, El Dorado, Placer and Yolo [SAM only]) which make up the Sacramento Transitional Grant Area (“Sacramento TGA”), or are homeless and claiming residency within the Sacramento TGA, shall be eligible for RW Funded services (“Eligible Persons”). Family members or caretakers who can document their relationship to persons living with HIV/AIDS MAY be Eligible Persons for limited RW Funded services. The financial eligibility criteria defined within this Standard apply equally to all Eligible Persons.
 - B. Eligible Persons will have a case file maintained by a Ryan White service provider. In order to prove eligibility for Ryan White services, individual case files must contain verifying documentation of eligibility. Mandatory Eligibility verifying documentation is listed below. In the event that a client is not currently in possession of one or more of the items listed below, the file will reflect that the client is in the process of obtaining the mandatory verifying documentation. Mandatory Eligibility verifying documentation includes all of the following:

- Documented verification of HIV status by a medical provider;
- Copy of a photo identification of each client if available.
- Photocopy of Social Security Card or other qualifying card such as a State Benefits Card which includes a client's Social Security Number;
- Copy of verifying income such as a pay stub, IRS documents, governmental aid program documentation, SSI/SSDI Disability Award Letter, or personal statement of poverty;
- Copy of documented health insurance – if client has health insurance coverage;
- Proof of residence or of homelessness shall be based on any combination of documentation and/or personal statements which are considered reasonable by each RW Agency.
- In circumstances where Medical Case Management services are provided in the “field” and it is not possible to obtain copies of the above documents, Case Managers may date and sign a certification detailing the documentation that has been visually verified.

B. In accordance with the Ryan White CARE Act and the limitations set out below, all Eligible Persons shall be subject to Service Fees which shall be assessed by each RW Agency at the time of service.

C. The level of fees charged to each Eligible Person shall be based on the relationship of that person's household gross annual income to the Federal Poverty Guidelines published by the US Department of Health & Human Services (“Poverty Guidelines”). Client statements on household gross annual income should be verified with IRS data, if available.

1. Persons earning an amount equal to or less than 200% of the Poverty Guidelines shall not be charged any Service Fees for RW Funded services.
2. Persons earning an amount greater than 200% but no more than 300% of the Poverty Guidelines shall be charged a share of the full Service Fees charged by each Agency, which share shall be proportionate to the client's earnings as a percentage of the Poverty Guidelines less 200%. For example, a person earning 210% of the Poverty Guidelines will be charged 10% of the full Service Fees, while a person earning 290% of the Poverty Guidelines will be charged 90% of the full Service Fees.
3. Persons earning an amount greater than 300% of the Poverty Guidelines shall be charged 100% of the Service Fees charged by each RW Agency. Service Fees shall be no more than the charges paid for each such service to RW Agency by the Ryan White Part A and S.A.M. Fiscal Agent (“RW Fiscal Agent”).
4. In the event that any person provides documentary proof that their total out-of-pocket expenditures for health services in the current calendar year (1 January through 31 December) have exceeded 10% of their anticipated gross income for

the year, such person shall not be charged any fees by any RW Agency from that date forward to the end of such year.

D. Each RW Agency is responsible for defining and implementing such fee collection procedures as it may deem reasonable and necessary. Such Service Fees as are actually collected by each RW Agency may be retained by that agency, but must be deducted from amounts normally billable to the RW Fiscal Agent. RW Fiscal Agent will pay each RW Agency 100% of amounts normally due to such agency, less only a deduction for fees actually collected.

E. RW services which are primarily designed to enhance access by Eligible Persons to RW Services or to grievance procedures established by the various service agencies or the RW Fiscal Agent shall not be subject to any of the fee requirements of this Services Standard. This exclusion specifically applies to Medical Case Management, Outreach, Client Advocate or Ombudsman, and Peer Support Group services.

5. Medical Case Managers at RW Agencies may at any time submit to the RW Fiscal Agent requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.

6. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review / grievance policies and procedures for the RW Agency shall be made available to each client upon intake. A copy of the grievance policy and procedure, signed by the client, shall be included in the client's file. Such policies and procedures shall include an explanation of the criteria and process for accessing any available advocacy or ombudsman services.

Adopted: Kane Ortega
Kane Ortega, Chair

Date: May 5, 2010