HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual

Subject: Eligibility & Fees for Ryan White Part A and Part B Services

No.: SSC 05
Date Effective: 07/23/03
Date Revised: 05/25/22
Date Reviewed: 05/25/22

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

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. Client access to Ryan White support services shall be determined in the context of each client's HIV/AIDS healthcare or other critical support need.

2. Ryan White CARE Act funding is to be expended in accordance with the Ryan White Treatment and Modernization Act, and in a cost effective, equitable manner, which is based upon verified client need and encourages self-empowerment of clients. RW CARE Act Funding is to be the payer of last resort. Client eligibility for services which are paid for with RW CARE Act Funding shall be evaluated through medical or non-medical social service 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 B 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 which comprise the Sacramento Transitional Grant Area ("Sacramento TGA") or Yolo County or are homeless and claiming residency within the Sacramento TGA or Yolo County, 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 classified as "Eligible Persons" for the purpose of receiving 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.

Rapid Eligibility Determinations: Eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any Ryan White funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the Ryan White program. In order to document eligibility for Ryan White services, individual case files must contain mandatory eligibility documentation including:

Proof of HIV-positive status: At the first certification, clients must provide proof of HIV-positive status. (Once HIV status is verified, providers do not need to request HIV documentation during future recertifications.) This must consist of at least one of the following:

- HIV positive lab results (antibody test, qualitative HIV detection test, or detectable viral load). Lab results with undetectable viral loads that do not indicate a positive HIV diagnosis will not be accepted during initial enrollment as proof of positive HIV diagnosis.

    - ***NOTE:*** *Rapid linkage to care after diagnosis is a top priority and this is not intended as a barrier; while agencies must have proof of HIV diagnosis and eligibility established before providing Ryan White-funded services, there is no legislative requirement for a "confirmed" HIV diagnosis prior to care (i.e. initial HIV screening test results is sufficient, though confirmatory testing should be ordered on first visit. See clarifying letter from HRSA on this issue).*

- Letter from the client's physician or licensed health care provider. Acceptable letters of diagnosis must be on the physician's or health care provider's letterhead with the National Provider Identifier (NPI) number or California license number, and the physician's or a licensed health care provider's signature verifying the client's HIV status.

    - Letters already in client charts that do not meet this standard are grandfathered in; this requirement for letters applies to new intakes conducted after April 1, 2018.

- California Department of Public Health Diagnosis Form (CDPH Form 8440) completed and signed by the client's physician or licensed health care provider. Any diagnosis form that contains pertinent information is also allowed.

Proof of Residence: Individuals eligible for Ryan White-funded services must reside in the State of California. Acceptable residency verification consists of the client's name and address on one of the following:

- Current utility bill
- Current rental or lease agreement
- Official document, such as a voter registration card, Medi-Cal beneficiary letter, recent school records, property tax receipt, unemployment document, etc.
- California driver's license or California Identity Card
- Letter from a shelter, social service agency, or clinic verifying individuals' identity, length of residency, and location designated as their residence. The letter must be on letterhead and signed by a staff person affiliated with the service agency or clinic
- If no other methods of verification are possible, letter, form, or affidavit signed and dated by the client that indicates they are homeless with no connection to any other service provider. In this situation, a referral to assist the client in securing shelter or housing should be a priority.

Income: Clients must provide documentation of all forms of income and meet the income requirements. Ryan White financial eligibility matches the financial eligibility defined by ADAP in Health and Safety Code (HSC) § 120960. Currently, HSC § 120960 defines income eligibility as clients with modified adjusted gross income which does not exceed 500 percent of the federal poverty level per year based on family size and household income. Acceptable income verification includes one of the following:

- One pay stub from within the last 6 months
- 1040 Form or W-2 from the previous year
- Signed and dated letter from a source of earned income, including the client's name, rate, and frequency of pay
- One bank statement showing income from applicable source(s) (i.e. through direct deposit)
- Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) letter, or dated screenshots of client benefit program

- Document confirming other government assistance (e.g., Medi-Cal military/veteran pension benefits, unemployment benefits, child support payments)
- Investment statement showing interest earned
- Letter of support signed and dated by an individual providing financial and other living support (food, clothing, and/or shelter) to the client
- If no other methods of verification are possible, letter, form, or affidavit signed and dated by the client that indicates zero income, or attests to earned income not otherwise confirmed by the above.

Insurance Status: Clients seeking any services through Ryan White-funded programs must provide documentation of health insurance status. Acceptable verification includes one of the following:

- Copy of current insurance card, including Medi-Cal Beneficiary Identification
- Card (BIC) if applicable
- Dated screenshots of client insurance status verification using an official insurance screening system
- Denial letter from Medi-Cal
- Tax statement documenting no insurance, per ACA requirements
- Statement signed and dated by the client indicating they are not covered by insurance. If client is employed, the statement must include the reason the employer does not provide insurance

Although insurance is not a program eligibility requirement, providers must screen all clients, as Ryan White is payer of last resort. Providers should document their efforts to enroll clients in comprehensive health care coverage.

Documentation of Need: In order for providers to pay for services covered or partially covered by Medi-Cal, Denti-Cal, private insurance, or other eligible benefits and retain Ryan White as the payer of last resort, client charts must include the following:

- A description of the need for additional medically necessary services, beyond what the client's health care coverage or other benefits provide

- Documentation indicating that such services are only partially covered or unavailable in a timely fashion through the client's health care coverage or other benefits

NOTE: *Contractors* and providers *should be aware that Ryan White funds cannot be used to pay for services provided by a provider not in the client's health care provider network, unless the medically necessary service cannot be obtained through an in-network provider.*

REMINDER: All providers who provide services that overlap with Medi-Cal or Denti-Cal must be certified to receive Medi-Cal or Denti-Cal payments or are able to document efforts under way to obtain such certifications.

Screening for Service Needs/Acuity: At the time of client intake into any Ryan White-funded service, the client shall be screened for the need for other services, including but not limited to: medical care, case management, housing, food, mental health, substance use issues, medical transportation, and benefits counseling. Screening for services and client acuity can be done using the tools and/or scales of the local jurisdiction, but tools/scales must be standardized within the jurisdiction. Referrals should be made for any services identified as needed but not offered by the screening agency; referrals should be performed utilizing a warm hand off when possible. All referrals must be documented.

Eligibility must be determined at initial enrollment and certified at the client's birthdate and every year thereafter to align recertification with the AIDS Drug Assistance Program. This change may require two eligibility determinations within the client's first year of service as indicated below:

Client Birthdate	Initial Enrollment Date	First Recertification	Annual Recertification
January 15	April 15, 2022	January 15, 2023	Every 12 months thereafter on birthdate
April 15		April 15, 2023	
July 15		July 15, 2023	
October 15		October 15, 2023	

Exceptions

In the case of clients with urgent/emergent service needs, it is acceptable to begin providing services having only obtained proof of HIV diagnosis (initial HIV screening test is acceptable per HRSA) and signed consents (see below); in these cases, full eligibility screening and all other requirements must be met within 30 days of service initiation. If this occurs, documentation in the client chart of the circumstances around the need for urgent/emergent services is required.

Consents

Prior to receiving services, clients must sign the following consent forms:

- **Agency Consent for Service:** Clients must sign a consent form indicating they consent to receiving services from the agency.

- **ARIES Consent (if applicable):** Providers must obtain a completed ARIES Consent Form for each client. Clients must indicate whether they want to share their ARIES data with other ARIES-using agencies at which they receive services. Information shared may include demographics, contact information, medical history, and service data. However, data related to mental health, substance use issues, and legal services are never shared between service providers regardless of the client's share choice.
    - The form must be renewed once every three years or whenever clients want to change their data-sharing choice. For more information, refer to ARIES Policy Notice C1 on Client Consent and Share Options.

- **Release of Information:** When disclosure of confidential information is requested by the client, or required for care coordination or other necessary components of high-quality service provision, the client must be informed of this intent to share information and must provide written consent before the information is shared. All documentation of consent to release confidential information should specifically note what information can be shared, to whom it may be shared, and the time-limit within which the sharing may take place.

All signed consents must be kept in the client's file, and the client must receive a copy.

Notifications
As a part of Ryan White-funded services, clients should be notified of the following:

- **Case conferencing** among staff involved in the provision of any of their care occurs regularly as a standard part of Ryan White services
- **Re-engagement services** are routinely provided by this provider and/or the county health department to ensure that clients have uninterrupted access to care services. This requires sharing of contact information as needed for these services
- **After-hours or weekend options** that are available to clients during an emergency (i.e. an on-call number, answering service, or alternative contacts in other agencies)
- **HIPAA:** Clients must be informed of their health information privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) where applicable
- **Client Grievance Procedures:** Clients must be informed of the grievance procedures within their local jurisdiction, and assured that no negative actions will be taken toward them as a client in response to their filing of a grievance
- **Client Rights and Responsibilities**: Clients must receive notice of their rights and responsibilities relative to Ryan White service provision. This must include the minimum rights and responsibilities outlined later in this Common Standards of Care document.

Clients must receive a written copy of all notifications provided during intake.

C. In accordance with current National Monitoring Standards for Ryan White HIV/AIDS Part A and Part B Grantees, as published in the National Register, determination of client eligibility **must be** documented annually.

- **Proof of Residence:** Continued proof of California residency must be documented. Acceptable residency verification is the same as that required for initial eligibility certification.
- **Income:** Clients must provide documentation of all forms of income and meet the income requirements. Acceptable income verification is the same as that required for initial eligibility certification.
- **Insurance Status:** Clients must provide documentation of health insurance status. Acceptable verification is the same as that required for initial eligibility certification.

Screening for Service Needs / Acuity: At least every six months, all clients must be reassessed for service needs and acuity level. Screening can be done using the tools and/or scales of the local jurisdiction, but these tools/scales must be standardized within the jurisdiction and documented in the client chart. Services provided to that client should be adjusted according to any changes in client needs/acuity since the last assessment.

D. In accordance with the Ryan White legislation and the limitations set forth below, all Eligible Persons shall be subject to Service Fees, as assessed by each RW Agency at the time of service.

E. Fees charged to Eligible Persons will be based on the relationship of that person's household gross annual income to the Federal Poverty Level (FPL) as published annually by the US Department of Health & Human Services.

1. Persons earning an amount equal to or less than 100% of Poverty shall not incur Fees for RW Funded services.

2. Fee assessment to clients with incomes greater than 100% of poverty shall be subject to a discounted fee schedule, as noted below:

    i. 5% annual cap for patients with incomes between 100% and 200% of the FPL
    ii. 7% annual cap for patients with incomes between 200% and 300% of the FPL
    iii. 10% annual cap for patients with incomes between 300% and 500% of FPL

3. In the event that any client provides financial documentation that total out-of-pocket expenditures for health services in the current calendar year (1 January through 31 December) exceeds 10% of the anticipated gross income for the calendar year, such client shall be waived from any additional fees by any RW Agency from that date forward through the end of the current calendar year.

The Federal Poverty Guidelines can be found in the United States Federal Register at https://www.federalregister.gov and typing "Poverty Guidelines" in the search field.

F. Each RW Agency is responsible for implementing a discounted fee schedule as defined above. Fee collection procedures as determined reasonable and necessary by the services agency will be established, with any revenue collected considered "program income" which will be retained by said agency for the purpose of reinvestment into HIV/AIDS service delivery.

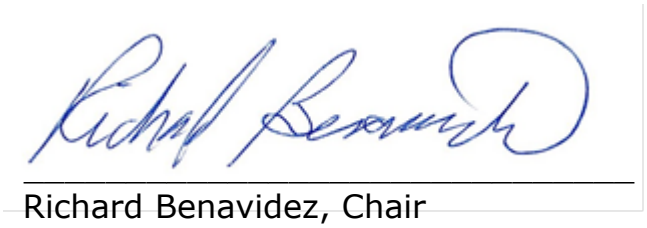
G. RW services which are primarily designed to enhance access by Eligible Persons to RW Services or to grievance procedures established by the various service agencies or the RW Fiscal Agent shall not be subject to any fee requirement. This exclusion specifically applies to Medical Case Management, Outreach, Non-Medical Case Management (Benefits and Enrollment Counseling), Health Education/Risk Reduction, Client Advocate or Ombudsman, and Peer Support Group services.

4. According to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards), culturally and linguistically competent services are those that "provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs." Providers shall provide services that:

- Treat people living with HIV with respect, and are skilled and culturally-appropriate for the communities served
- Reflect the culture of the community served
- Comply with American Disabilities Act (ADA) criteria
- Are in a location and have hours that make it accessible to the community served
- Are provided in the client's primary language. If that language is not English, interpretation must be provided by a staff member or other means
- Are provided in areas with posted and written materials in appropriate languages for the clients served
- Provide interpreters or access to real-time interpreter services (including phone, Skype, etc.) For HIPPA covered services, interpretation services must follow HIPPA requirements; family and friends should not be used for interpretation. For non-HIPPA covered services, family and friends should only provide interpretation as a last resort and with the prior permission of the client.

5. Providers at Ryan White CARE Act funded Agencies may request Fiscal Agent interpretation, at any time, of these or any other Services Standards adopted by the HIV Health Services Planning Council.

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. Current and approved grievance policies and procedures for the RW Agency will be made available to each client upon intake. A copy of the signed grievance policy and procedure, including client acknowledgement, is to be included in the individual client file. Such policies and procedures shall include an explanation of the criteria and process for accessing any available advocacy or ombudsman services.

Adopted:  Date: 05/25/22

Richard Benavidez, Chair