

Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements

Policy Clarification Notice (PCN) #13-02

Relates to Policy Notice #10-02 and 2011 National Monitoring Standards

Scope of Coverage: Ryan White Parts A, B, C, D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification outlines the Ryan White HIV/AIDS Program (RWHAP) expectations for client eligibility assessment and clarifies the recertification requirements.

Background

By statute, RWHAP funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act). RWHAP funds may be used to complete coverage that maintains PLWH in care when the individual is either underinsured or uninsured for a specific allowable service, as defined by the RWHAP. Grantees and subgrantees must assure that reasonable efforts are made to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their subgrantees are expected to vigorously pursue eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, other state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) to extend finite RWHAP grant resources to new clients and/or needed services.

Instructions

RWHAP Initial Eligibility Requirements

The RWHAP legislation requires that individuals receiving services through the RWHAP must have a diagnosis of HIV/AIDS and be low-income as defined by the RWHAP grantee. The Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) Policy Notice 10-02 *Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services* further clarifies that, “[w]hen setting and implementing priorities for the allocation of funds, Grantees, Part A Planning Councils, community planning bodies, and Part B- funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services.” HAB expects all RWHAP grantees to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Client Eligibility Recertification

To maintain eligibility for RWHAP services, clients must be recertified at least every six months. The primary purposes of the recertification process are to ensure that an individual's residency, income, and insurance statuses continue to meet the grantee eligibility requirements and to verify that the RWHAP is the payer of last resort. The recertification process includes checking for the availability of all other third party payers. The HRSA HAB 2011 National Monitoring Standards (NMS) further clarify the RWHAP expectations for assessing client eligibility and recertification. The NMS Section B on Eligibility Determination states that Part A and B grantees must conduct assessment of clients to determine eligibility for RWHAP services within a predetermined time frame and must reassess clients at least every six months to determine continued RWHAP eligibility. Grantees have flexibility with regard to timing and process, especially in consideration of health insurance marketplace enrollment periods, but all grantees across all Parts must engage in eligibility determination and recertification.

It is the expectation of the HIV/AIDS Bureau that at least once a year (whether defined as a 12-month period or calendar year), the recertification procedures include the collection of more in-depth supporting documentation, similar to that collected at the initial eligibility determination.

HAB provides the following clarifications on RWHAP recertification processes expectations:

- Unless otherwise required by State statute, regulations, or policy:
 - Re-verification of HIV diagnosis is not required;
 - Current CD4/viral load documentation is not required by HAB for initial eligibility determination or recertifications, although grantees may choose to collect this for quality management purposes or HAB reporting purposes;
 - Grantees may accept post office boxes as an address, as long as there is another means to verify the address such as a current utility bill or a case manager's verification letter;
 - At one of the two required recertifications during a year, grantees may accept client self-attestation for verifying that an individual's income, residency, and insurance status complies with the grantee eligibility requirements. Appropriate documentation is required for changes in status and at least once a year (whether defined as a 12-month period or calendar year).
- RWHAP grantees may utilize recertification data-sharing agreements with other grantees and/or sub-grantees in order to reduce burden on grantees, sub-grantees, and clients.
- If a RWHAP State Part B grantee has developed a multi-tiered and continuous residency, insurance, and income verification review process, that state verification process may satisfy the RWHAP recertification requirement, so

that RWHAP Part B grantees do not have to conduct a separate RWHAP six month recertification process. However, the RWHAP Part B verification processes and supporting documentation must be consistently applied to each individual and available for review either in hard copy or electronically. HAB will consider requests to approve these review processes as the RWHAP six month recertification process on a case-by-case basis and will document approval as appropriate in the Electronic Handbook.

- RWHAP Part C, Part D and Part F grantees where funding supports direct care and treatment services are encouraged to coordinate and streamline eligibility systems and processes with RWHAP Part A and Part B grantees.

REQUIRED DOCUMENTATION TABLE

	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (minimum of every six months)
HIV Status	Documentation required for Initial Eligibility Determination Documentation is not required for the once a year/12 month period recertification	No documentation required
Income	Documentation required	Grantee may choose to require a full application and associated documentation Self-attestation of no change Self-attestation of change - grantee must require documentation
Residency	Documentation required	Grantee may choose to require a full application and associated documentation Self-attestation of no change Self-attestation of change - grantee must require documentation
Insurance Status	Grantee must verify if the applicant is enrolled in other health coverage and document status in client	Grantee must verify if the applicant is enrolled in other health coverage

	file	Self-attestation of no change Self-attestation of change - grantee must require documentation
CD4/Viral Load	Discretion of grantee	Discretion of grantee

Additional NMS eligibility recertification questions and answers can be found at <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.