

Changes from the March 5, 2013 version are highlighted.

### **Memphis TGA Ryan White Part A and MAI, Part B, and Part D Eligibility Policy**

The Shelby County Government Ryan White Program, within the Division of Community Services, is the recipient of Ryan White Part A and Minority AIDS Initiative (MAI) funding for the Memphis Transitional Grant Area (TGA). This area includes the following counties: Shelby, Tipton, and Fayette (TN); Crittenden (AR); and Desoto, Marshall, Tate and Tunica (MS). The purpose of the Ryan White funding is to provide core medical and supportive services to people living with HIV/AIDS who have no other means to pay for these services. The Health Resources Services Administration (HRSA), the funding source for Ryan White, requires that all individuals who are provided services with Ryan White Part A and MAI funding meet eligibility criteria established in the Ryan White legislation and that documentation of client eligibility be maintained by the service providers. In addition, Ryan White legislation requires that recertification for client eligibility is completed every 6 months.

The Arkansas, Mississippi, and Tennessee State Health Departments are the recipients of Ryan White Part B funding, which provide AIDS Drug Assistance Program (ADAP) services for PLWH who are residents of the respective states. These programs may require additional documentation for proof of client eligibility.

The Regional One Health's Adult Special Care Clinic and East Arkansas Family Health Center are the recipients of Ryan White Part C funding, which is direct funding to clinics for the provision of outpatient medical services. There are no additional eligibility requirements for these services. Clients outside of the Memphis TGA may be eligible for Part C funded services.

Le Bonheur Community Health and Well-Being is a recipient of Ryan White Part D funding, which provides family-centered care including outpatient medical care for women (primarily obstetrical and gynecological), infants, children, and youth with HIV/AIDS. There are no specific eligibility documentation requirements for Part D services. Clients outside of the Memphis TGA may be eligible for Part D funded services.

The Memphis TGA Ryan White Program has established the following process for ensuring the eligibility of clients:

- Client Ryan White eligibility must be certified by a Medical Case Manager
- Client proof of eligibility must be established for all of the 4 criteria for Part A/MAI services
  - Proof of HIV status
  - Proof of residency in the Memphis TGA
  - Proof of income (at or below 300% of the Federal Poverty Level)
  - Proof of lack of insurance or under-insurance
- Clients with health insurance for medical care are eligible for other core medical and support services that are not covered by the health insurance plan if they meet the other eligibility criteria
- Clients must be a racial or ethnic minority to be eligible for MAI-funded services
- Documents relating to the above criteria must be maintained in the client's Medical Case Management record
- Client eligibility must be re-certified every 6 months
- Medical Case Managers will complete the Eligibility card (sample attached) with client name, URN number and check all eligible services. Medical Case Manager will sign and date the card, and write in date that client is eligible for re-certification.
- Medical Case Manager will provide clients with a laminated Eligibility Card at each certification/re-certification that will be accepted as proof of client eligibility at Ryan White Part A/MAI funded service

providers

- Ryan White Part A/MAI funded service providers must ensure that client's eligibility is current when providing services and will maintain a copy of the client's eligibility card with service records
- Ryan White funded service providers must verify that the URN number on the client's eligibility card matches the URN number generated when client services are entered into CAREWare (note that any differences in spelling or date of birth will result in a different URN number- instructions for entering client name are provided in the CAREWare section of the provider manual)
- Some services may be provided on an emergency basis with presumptive eligibility (e.g., medical care, early intervention services, medical case management, food bank) when the client has an immediate need and meets the eligibility criteria, but does not have all the documentation at the time services are needed. Medical Case Manager and/or EIS staff must complete a presumptive eligibility form (form included in TF2015), obtain client signature and place in the client's record. Services may be provided for up to 60 days during the presumptive eligibility period.

The following documents are acceptable for establishing client eligibility:

### **1) Residency in the TGA**

One of the documents from the list below or two written statements from individuals who can attest to the individual's residence can be used as proof of residency:

- Utility bill in the individual's name
- Voter's registration card
- Lease and/or rental agreement
- Rent receipts noting address and Landlord's name
- Notarized letter from housing provider for individual stating that the individual resides at that address
- Valid Driver's License
- ID card issued by Military or State Department of Motor Vehicles
- Statement from a homeless services provider on that provider's letterhead attesting to the individual's residence within the 8 county area as a homeless individual
- A Letter of Award from Social Security, Food stamps, TANF, VA, or SSI
- A postcard/envelope addressed to the individual at his/her stated residence, with that correspondence having a postmark within 30 days from the date he/she is seeking eligibility certification. Note: A Post Office (PO) box alone is NOT an acceptable form by which to establish residency.
- For undocumented immigrants, a statement by the Medical Case Manager and signed by the individual stating that the individual does not have a valid state ID due to his/her undocumented immigration status and does not possess any documents that could otherwise be used to verify residency.

### **2) Modified Adjusted Gross Income (MAGI)<sup>1</sup> for the Household**

MAGI for the household must be at or below 300% of the Federal Poverty Level<sup>2</sup>. Household income is the combined income of the client and all household residents who are family or related to the client by marriage. MAGI is equal to the Adjusted Gross Income (AGI) **without:**

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<sup>1</sup> Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post Implementation of the Affordable Care Act Policy Clarification Notice (PCN) #13-03 (Revised 9/13/2013) available at <http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1303eligibilityconsiderations.pdf>.

- Any passive loss or passive income, or
- Any rental losses (whether or not allowed by IRC § 469(c)(7)), or
- IRA, taxable social security, or
- One-half of self-employment tax (IRC § 469(i)(3)(E)), or
- Exclusion under 137 for adoption expenses, or
- Student loan interest, or
- Exclusion for income from US savings bonds (to pay higher education tuition and fees), or
- Qualified tuition expenses (tax years 2002 and later), or
- Tuition and fees deduction, or
- Any overall loss from a PTP (publicly traded partnership)<sup>3</sup>

One of the documents/methods listed below may be used as proof of income.

- Proof that the individual has Medicare (TennCARE) can be *de facto* proof of income
- Bank Statements
- SSI/SSD, TANF, Food Stamp or VA Award Letters
- Wage and Tax Statements (W2 form)
- Copy of most recent Federal Income Tax Return (1040), unless self-employed
- Paycheck stubs covering at least 2 pay periods OR year-to-date pay prior to the date the individual is seeking eligibility certification.
- Self-employed individual's income will be determined by taking their total income (line 22 on form 1040) and subtracting, one-half of self-employment tax (line 27), Self-employed SEP, SIMPLE, and qualified plans (line 28), and Self-employed health insurance deduction (line 29) (if applicable). Note: An individual may not count IAP payment of premiums, co-pays and deductibles as a deduction on his/her federal income tax return and use it to reduce total income to qualify for the Ryan White Services programs.
- A signed "Self-Declaration of 0 (zero) Income" statement (form included in TF2015)
- A third Party Query System (TPQY) from the Social Security Office and Employment Security Commission.
- Letter from the Department of Human Services (DHS), showing calculated income and/or resources.
- Statement of Direct Deposit as long as the gross income is reflected;
- For undocumented immigrants, a statement signed by the case manager or eligibility worker and the individual, stating that the individual does not hold a valid work permit from INS, and that the individual is not receiving any federal, state or country entitlements and that this has been verified by the agency.

Dependent children residing outside the individual's home may be counted, if the individual can produce evidence of court ordered child support

Garnishments may also be deducted from Gross Income.

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<sup>2</sup> Current guidelines are available at <http://aspe.hhs.gov/poverty/15poverty.cfm>.

<sup>3</sup> Passive Activity Loss ATG - Exhibit 2.2: Modified Adjusted Gross Income Computation available at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Passive-Activity-Loss-ATG-Exhibit-2-2-Modified-Adjusted-Gross-Income-Computation>.

### **3) Disease Status**

One of the following may be used as proof of the client's disease status (required only at the time of initial certification):

- Any laboratory results confirming HIV infection
- Written statement from a clinician confirming a history of HIV/AIDS diagnosis

*A positive result from only one HIV antibody test should not be a barrier to linkage to care to a Ryan White-funded Outpatient provider, or other HIV care provider, since the majority of people receiving a positive test result from a single test have HIV infection and would benefit from quick linkage to ongoing care and prevention services.*

*For example, an individual with one positive rapid test should be counseled about the likelihood of infection and the real (although small) possibility of a false positive test. If the testing site does not obtain confirmatory testing, the client should be linked at that time to an HIV provider to receive follow-up HIV testing, and, if confirmed, medical care.*

### **4) Proof of Lack of Insurance or Under-Insurance**

PLWH with health insurance may be eligible for core medical and supportive services that are not covered by their health insurance policy if they meet other eligibility criteria for HIV status, income and residency. The following documentation may be used as proof of lack of insurance:

- Research of a Third Party query system to verify individual's lack of healthcare coverage under other Medicare, Medicaid, or private insurance companies. Written documentation of the results of this verification must be dated and kept in the individual's file.
- Denial letter from Medicaid or Medicare and documentation at re-certification that client continues not to meet eligibility criteria
- A signed "Self-Declaration of No Health Insurance" statement (form included in TF2015)

As the Affordable Care Act is implemented, more people living with HIV/AIDS (PLWH) are becoming eligible for public or private health coverage. Ryan White providers are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer sponsored health insurance coverage, and/or other private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services. Providers must ensure that individual clients are enrolled in health care coverage whenever possible or applicable and are informed about the consequences of not enrolling.<sup>4</sup>

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<sup>4</sup> Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post Implementation of the Affordable Care Act Policy Clarification Notice (PCN) #13-03 (Revised 9/13/2013) available at <http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1303eligibilityconsiderations.pdf>.