

Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements

*Policy Clarification Notice (PCN) #13-02 (Revised 5/1/2019)
Relates to Policy Notice #16-02*

Scope of Coverage: Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification outlines the HRSA 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 “to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program” and other specified payment sources (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act). HRSA RWHAP funds may be used to complete health care coverage that maintains people living with HIV (PLWH) in care when the individual is either underinsured or uninsured for a specific allowable service, as defined by the HRSA RWHAP. Recipients and subrecipients must assure that reasonable efforts are made to secure non-RWHAP funds whenever possible for services to individual clients. Recipients and their subrecipients 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 HRSA RWHAP grant resources to new clients and/or needed services.

Instructions

HRSA RWHAP Initial Eligibility Requirements

The RWHAP legislation requires that individuals receiving services through the HRSA RWHAP must have a diagnosis of HIV and be low-income as defined by the HRSA RWHAP recipient. HRSA HAB [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) further clarifies that, “[w]hen setting and implementing priorities for the allocation of funds, Recipients, 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.” HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Client Eligibility Recertification

To maintain eligibility for HRSA 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 recipient eligibility requirements and to verify that the HRSA RWHAP is the payor of last resort. The recertification process includes checking for the availability of all other third party payers. Recipients have flexibility with regard to timing and process, especially in consideration of health care coverage enrollment periods, but all recipients across all Parts must engage in eligibility determination and recertification.

It is the expectation of HRSA HAB that at least once a year, after an initial eligibility determination (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.

HRSA HAB provides the following clarifications on HRSA 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 HRSA HAB for initial eligibility determination or recertifications, although recipients may choose to collect this for quality management purposes or HRSA HAB reporting purposes;
 - Recipients 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, recipients may accept client self-attestation for verifying that an individual's income, residency, and insurance status complies with the recipient eligibility requirements. Appropriate documentation is required for changes in eligibility status and at least once a year (whether defined as a 12-month period or calendar year).
- HRSA RWHAP recipients may utilize recertification data-sharing agreements with other recipients and/or subrecipients in order to reduce burden on recipients, subrecipients, and clients.
- If a HRSA RWHAP Part B recipient has developed a multi-tiered and continuous residency, insurance, and income verification review process, that state verification process may satisfy the HRSA RWHAP recertification requirement, so that HRSA RWHAP Part B recipients do not have to conduct a separate HRSA RWHAP six month recertification process. However, the HRSA 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. HRSA HAB will consider requests to approve these review processes as the HRSA RWHAP six month recertification process on a case-by-case basis and will document approval as appropriate in the

Electronic Handbook.

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

Rapid Eligibility Determinations

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP 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 HRSA RWHAP program.

REQUIRED DOCUMENTATION TABLE

Eligibility Requirement	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	Recipient may choose to require a full application and associated documentation or Self-attestation of no change Self-attestation of change - grantee must require documentation of change in eligibility status
Residency	Documentation required	Recipient may choose to require a full application and associated documentation or Self-attestation of no change Self-attestation of change -

		recipient must require documentation
Insurance Status	Recipient must verify if the applicant is enrolled in other health care coverage and document status in client file	Recipient must verify if the applicant is enrolled in other health coverage Self-attestation of no change Self-attestation of change - recipient must require documentation
CD4/Viral Load	Discretion of recipient	Discretion of recipient