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

The Shelby County Health Department Ryan White Program 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 care, medications, 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.

The Arkansas, Mississippi, and Tennessee State Health Departments are the recipients of Ryan White Part B funding, which provides AIDS Drug Assistance Program (ADAP) services for PWH 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, Aaron E. Henry Community Health Center, 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.

Methodist Le Bonheur Community Outreach is a recipient of Ryan White Part D funding, which provides family-centered care including Emergency Financial Assistance (EFA), Food bank/vouchers, Medical Transportation and Psychosocial Services, for cisgender women, transgender women, infants, children, youth, and males under the age of 25 with HIV/AIDS. Part D eligibility is based on Part A eligibility. Services are eligible to residence of all 8 counties in the Memphis Transitional Grant Area (TGA).

The Shelby County Health Department Ryan White Program is the recipient of Ending the HIV Epidemic (EHE) initiative funding for Shelby County, TN. The purpose of the HRSA EHE initiative funding is to support innovative strategies to support PWH to access care, support, and treatment services. EHE services address barriers to care, support, and treatment for newly diagnosed, out of care, and not virally suppressed priority populations.

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, (Labs, medication bottle label with client's name, documentation from medical provider)
  - Proof of residency in the Memphis TGA (Shelby, Fayette, Tipton Counties in TN, Desoto, Tate, Tunica and Marshall Counties in MS, and Crittenden County, AR)

<sup>1</sup> HRSA PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program available at

https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf

<sup>2</sup> Current guidelines are available at <a href="https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines">https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines</a>

<sup>3</sup> Calculating MAGI: https://www.healthcare.gov/income-and-household-information/income/#magi

 $<sup>4 \</sup> HRSA \ PCN \ 13-03: Ryan \ White \ HIV/AIDS \ Program \ Client \ Eligibility \ Determinations: Considerations \ Post-Implementation of \ Affordable \ Care \ Act \ available \ at \ \underline{https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-1303-eligibility-considerations.pdf}$ 

- Proof of income (at or below 400% 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 certified annually in-person. Certification must include Psychosocial Assessment, Care Plan, and Adherence Counseling in order to be deemed eligible.
  - o Annual certifications can be self-attested.
  - A self- attestation form must be completed by the Medical Case Manager and saved in the client file.
- Medical Case Manager will complete the Eligibility card 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 next annual certification.
- Medical Case Manager will provide clients with an Eligibility Card at each 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.
  - Effort should be made to determine client eligibility before refusing services if client does not have eligibility card at point of service including contacting client Medical Case Manager or other service provider through secure methods.
- 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)
- Services may be provided on an emergency basis with Presumptive Eligibility 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, obtain client signature and place in the client's record. Services may
  be provided for up to 45 days during the Presumptive Eligibility period.
  - Medical Case Manager will provide clients with an Eligibility Card reflective of the Presumptive Eligibility start and end date.

The following documents are acceptable for establishing client eligibility:

#### 1) Residency in the TGA

<u>One</u> of the documents from the list below or written statements from individuals who can attest to the individual's residence can be used as proof of residency (support letter with address will be sufficient):

Utility bill in the individual's name

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3 Calculating MAGI: https://www.healthcare.gov/income-and-household-information/income/#magi

4 HRSA PCN 13-03: Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of Affordable Care Act available at <a href="https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-1303-eligibility-considerations.pdf">https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-1303-eligibility-considerations.pdf</a>

- 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, State Issued I.D. or current photo ID. If ID does not include current address a documentation of current residency has to be provided
- 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, SNAP, TANF, VA, or SSI
- A postcard/envelope addressed to the individual at his/her/their stated residence, with that
  correspondence having a postmark within 60 days from the date he/she/they 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 Household

MAGI for the household must be at or below 400% 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:

- 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/Medicaid can be de facto proof of income
- Bank Statements
- SSI/SSD, TANF, SNAP or VA Award Letters
- Wage and Tax Statements (W2 form)

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- Copy of most recent Federal Income Tax Return (1040), unless self-employed
- Paycheck stubs covering at least 2 consecutive 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
- 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.

### 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
- Antiretroviral medication bottle with client's name until labs are available

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.

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

PLWHA 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

With the Affordable Care Act, more people living with HIV/AIDS (PLWHA) 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, statefunded 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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