

 <p>HIV/STD Prevention and Care Branch</p> <p>Eligibility to Receive HIV Services Policy</p>	Tracking Number	HIV/STD 220.001
	Effective Date (<i>original issue</i>)	July 7, 2006
	Revision Date (<i>most recent</i>)	TBD
	Subject Matter Expert (<i>title</i>)	Manager, HIV Care Services Group
	Approval Authority (<i>title</i>)	Manager, HIV/STD Prevention and Care Branch
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1.0 Purpose

The purpose is to outline the eligibility criteria for individuals to receive services funded through Ryan White Part B, and State Services.

2.0 Authority

Texas Health and Safety Code, Chapter 85, §§85.003, 85.013, 85.014 - 85.03; Ryan White Treatment Extension Act 2009; HRSA Policy Notice 10-02.

3.0 Policy

Eligibility for an individual to receive assistance under Ryan White Part B and/or State Services will be established to ensure appropriate client access to needed services while adhering to payer of last resort (PoLR) requirements.

4.0 Definitions

Administrative Agency (AA) - Entity responsible for ensuring a comprehensive continuum of care exists in their funded areas. This is accomplished through the management, distribution and oversight of federal and state funds and under contractual agreement with the Department of State Health Services (DSHS).

AIDS Drug Assistance Program (ADAP) – The State of Texas’ HIV medication program, administered by the DSHS’ HIV/STD Prevention and Care Branch; a part of the Texas HIV Medication Program.

Applicant – An individual completing the eligibility process.

AIDS Regional and Information Evaluation System (ARIES) -

Web-based, client-level software that Ryan White /State Services HIV Providers use to report all Ryan White and State services provided to Ryan White-eligible clients.

Client – An individual who has been determined to be eligible for Services, has successfully completed the eligibility process, and is receiving services (can be any agency services, not just those receiving Ryan White and/or State Services).

Contractor – The entity with whom the Department of State Health Services has contracted with to provide services. The contractor is the responsible entity even if there is a subcontractor involved who actually provides the services.

Department of State Health Services (DSHS) – The agency responsible for administering physical and mental health-related prevention, treatment, and regulatory programs for the State of Texas.

Eligibility Date – Date the individual submits completed documentation to the provider. The eligibility expiration date will be six months from the eligibility date.

Federal Poverty Level (FPL) – A measure of income level determined by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2) that is updated periodically in the Federal Register and primarily used to determine eligibility for certain programs and benefits. FPL is the set minimum amount of gross income that an individual or a family needs for food, clothing, transportation, shelter, and other necessities. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines.

Human Immunodeficiency Virus (HIV) – HIV infection destroys some types of white blood cells and is transmitted through blood or bodily secretions such as semen and as further defined by the Centers for Disease Control and Prevention (CDC) and in accordance with the Health and Safety Code, §81.101.

HIV confirmatory test – Proof of HIV disease for accurate HIV diagnosis.

Medicaid – Established by Title XIX of the Social Security Act, this program reimburses for health care services delivered to low-income clients who meet eligibility guidelines.

Medicare - A federal government insurance program providing coverage to people who are aged 65 and over; to those who are under 65 and are permanently physically disabled or who have a congenital physical disability; or to those who meet other special criteria.

Modified Adjusted Gross Income (MAGI) – is a figure used to determine eligibility for lower costs in the Marketplace and for Medicaid and Children’s Health Insurance Plan or CHIP. Generally, modified adjusted gross income is adjusted gross income plus any tax-exempt Social Security, interest, or foreign income an individual may have. Future Part B Ryan White eligibility determination will be made using MAGI, including ADAP eligibility determination.

Nucleic Acid Amplification Test - A laboratory test that amplifies the HIV RNA and detects viral genes instead of viral antibodies or antigens.

Determination Period – The 30-day period during which client undergoes initial eligibility assessment.

HIV Services - Any of the social or medical assistance defined in the HIV Services Taxonomy (<http://www.dshs.state.tx.us/hivstd/taxonomy/default.shtm>) paid for with Ryan White Part B and State Services funding streams disseminated through DSHS.

Payor of last resort (PoLR) – Ryan White or State Services funds cannot be used as a payment source for any service that can be paid for or charged to any other billable source. Providers are expected to make reasonable efforts to secure other funding instead of Ryan White or State Services funding whenever possible.

Provider – A local organization, individual clinician, or group of clinicians who provide services to HIV-positive clients.

Re-certification for eligibility – The process of re-screening and determining eligibility for the next six months.

Self-Attestation – Client’s written statement/affirmation that no change in income, residency, and insurance status has occurred since the prior eligibility certification or recertification.

Texas HIV Medication Program (THMP) - Provides medications for the treatment of HIV and its related complications for low-income Texans. The THMP is the official AIDS Drug Assistance Program for the State of Texas. It also operates the Texas HIV State Pharmaceutical Assistance Program which provides assistance with out-of-pocket costs associated with Medicare Part D prescription drug plans.

Texas Resident – An individual who resides within the geographic boundaries of the state.

Veteran – A former member of the Armed Forces of the United States of America.

Viral Load - A laboratory test that measures the amount of HIV viral copies in a milliliter of blood.

5.0 Persons Affected

DSHS HIV care services staff
Administrative Agencies
Contractors/Providers
Applicants/Clients for HIV services paid for by Ryan White Part B and State Services funds.

6.0 Responsibilities

6.1 DSHS HIV Care Services Branch – ensure that systems are in place to provide care and services to Texans who are eligible to receive these through Ryan White Part B, and State Services, and ensure that these funds are used as payment of last resort. Staff will assure that Administrative Agents appropriately monitor eligibility documentation for these payment sources as well as conduct appropriate assessments to determine eligibility for other third party payers.

6.2 Administrative Agency – develop policy for determination of eligibility; determine how providers will be trained to determine eligibility; and monitor provider billing of third party payer to determine compliance with payer of last resort requirements.

6.3 Contractor and Provider – develop policies and procedures to determine eligibility for services while ensuring Ryan White Part B and State Services funds are used as payment of last resort; develop policies and procedures to ensure that individuals seeking covered services are screened for eligibility to participate in other payer sources. Screening should occur as indicated in this policy. If individuals are determined potentially eligible for other benefits, refer them to the specific programs and assist them in completing the eligibility determination process. When providing emergency assistance to priority populations in crisis (e.g., an individual who is recently released from the criminal justice system who requires assistance in acquiring HIV medications), contractors must refer clients into appropriate program services and assist in obtaining any required eligibility documentation within 30 days of intake. Providers should also ensure the proper documentation of any and all eligibility screening and intake activities in the clients' respective charts—paper and/or electronic (e.g., ARIES).

6.4 Applicant, Client, and Family – provides the required documentation to determine eligibility for services under the Ryan White and State Services.

7.0 Requirements

7.1 Initial Screening for HIV Status and Residency

Provider must determine whether an individual meets the following eligibility requirements for services to be supported with Ryan White/ State Services:

- Have a diagnosis of HIV infection, and
- Be a Texas resident

Eligibility for services must be determined at intake into services or by 30 days after the initial date of presumptive eligibility.

7.1.1 Documentation of HIV-Infection Status

A key objective in the National HIV/AIDS Strategy is to establish a seamless system to immediately link people to quality care when they are diagnosed with HIV. To accomplish this vision, all stakeholders (HIV testing staff, eligibility workers, linkage workers, case managers, RW clinical staff, etc.) must work together to reduce administrative and other barriers to clients accessing medical care.

An individual must have a diagnosis of HIV infection to be eligible for RW medical care. There are a number of different ways to document HIV infection. While some examples of acceptable forms of documentation are provided below, this should not be viewed as a complete list.

Laboratory Documentation

Proof of HIV infection may be found in laboratory test results that bear the client's name. Some examples include:

- Positive result from HIV screening test (Multi-Spot, HIV 1/2 Combo Ab/Ag enzyme immunoassay [EIA]);
- Positive result from an HIV 1 RNA qualitative virologic test such as a HIV 1 Nucleic Acid Amplification Test (NAAT); or
- Detectable quantity from an HIV 1 RNA quantitative virologic test (e.g. viral load test)

NOTE: HIV testing technology is rapidly changing and the standards of HIV confirmation continue to evolve. Providers must stay informed of advances as these newer tests may also provide proof of HIV infection.

Other Forms of Documentation

Some examples are:

- A signed statement from a physician, physician's assistant, advanced practice nurse, or registered nurse attesting to the HIV-positive status of the person;
- A completed THMP Medical Certification Form signed by the physician; or
- A hospital discharge summary documenting HIV infection of the client.

Facilitating linkage with an HIV Preliminary Positive result

A preliminary positive is a positive result from an HIV screening test. Although a preliminary positive is not considered proof of HIV status (because it is not a confirmatory test in the current HIV testing algorithm), clients with such a result are very likely to have HIV infection and would benefit from quick linkage to ongoing care. Having only a preliminary positive result from one HIV test should not be a barrier to linkage to medical care.

The ability to utilize a preliminary positive test result to facilitate linkage to care does not negate the responsibility of the HIV testing site to conduct confirmatory testing and the receiving medical provider must be informed of the client's unconfirmed preliminary positive HIV test result. Once the confirmatory results are received from the lab, HIV testing staff must provide these results to the client and if a Medical Release of Information is signed, to the HIV care provider. Clinics receiving such clients may choose to arrange an abbreviated first appointment, during which the client could receive counseling on HIV infection, orientation to medical care, conduct eligibility, and/or begin laboratory work. Note: HIV medical providers may elect to conduct the HIV confirmatory test if a memorandum of understanding (MOU) is signed with the HIV testing agency.

Providers should contact their Administrative Agencies with questions about acceptable documentation of HIV infection.

7.1.2 Documentation of Texas Residency

To be eligible for services paid by Ryan White / State Services, an individual must reside within the geographic boundaries of Texas and:

- express intent to remain within the state, whether permanently or for an indefinite period, and not claim residency in any other state or country

Students

- Students from another state who are living in Texas to attend school can claim Texas residency based on their student status while they are residing in Texas.
- ADAP Only: Students living out-of-state (living in a state other than Texas) but who claim Texas residency based on their student status must provide a denial from that state's ADAP in order to be allowed in the Texas ADAP.

Documentation of proof of Texas residency can be determined using one of the following showing a Texas address, or issued by the State of Texas:

- valid Texas Driver License;
- Texas State identification card (including identification from criminal justice systems);
- current voter registration;
- rent or utility receipts for one month prior to the month of application in the client's name;
- a mortgage or rental lease agreement in the client's name;
- motor vehicle registration;
- school records;
- medical cards or other similar benefit cards;
- property tax receipt;
- a letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals;
- a statement/attestation with client's signature declaring that client has no resources for housing or shelter (does not require notarization); or
- Submission of the DSHS-THMP Supporter Statement

If none of the listed items are available, residence may be verified through:

- observance of personal effects and living arrangement (e.g., visit to residence), or statement from landlords, neighbors, or other reliable sources.

Individuals do not lose their Texas residency status because of temporary absences from the state. For example, a migrant or seasonal worker may leave the state during certain periods of the year, but maintain a home in Texas and return to that home after these temporary absences.

Provider should contact their Administrative Agencies with questions about acceptable documentation of Texas residency

7.1.3 Local Criteria for Eligibility Determination

Administrative Agencies may impose additional criteria to determine eligibility, such as those based on income and county of residence. Additional criteria can be imposed if justified through a needs assessment or planning process that includes public input and comment. Additional eligibility criteria may vary depending on service category. However, further eligibility determination must be applied to all clients equally, and *must not pose an undue hardship on clients*. An example of additional eligibility is establishing a sliding scale of income eligibility for a service that might receive limited allocation, such as oral health care.

Financial eligibility conducted at a local level for services under Ryan White/State Services must utilize MAGI for the financial eligibility determination.

7.2 Screening Clients for Third Party Payers

Administrative Agencies must ensure that their providers are coordinating benefits and use of third party reimbursement by:

- monitoring how subcontractors/providers determine client eligibility to ensure that Ryan White HIV/AIDS program and State Services funds are the payers of last resort (PoLR); and
- monitoring the documentation that clients have been screened for and enrolled in eligible programs prior to use of these funds.

Providers must screen individuals for ability to pay, as well as access to potential sources of payment for these services. Programs/benefits that must be used first include:

- Private/employer insurance;
- Medicare (including Part D prescription benefit);
- County Indigent Health Programs;
- Patient Assistance Programs (PAP);
- Medicaid;
- Children's Health Insurance Programs (CHIP); or
- Other comprehensive healthcare plans.

Documentation of eligibility status must be filed in the client's primary record(s).

7.3 Determination Period

Applicants are eligible for initial assessment and evaluation services during the determination period. A client may have eligibility for up to 30 days to allow for the collection of the client's required documentation, and/or the translation of the client's required documentation into English. Clients in the determination period may receive services under Ryan White Part B and State Services for up to 30 days.

7.4 Recertification

The provider will determine the system used to track clients' status and renew eligibility. While eligibility for services must be determined every six months for active clients, providers should be assessing changes in eligibility at the time of service. The providers' policies and procedures must address how clients will be contacted regarding their six-month recertification, and how to determine if changes in eligibility have occurred at the time of service. Consult the table below for guidance on the recertification process and required documentation.

During the *six-month* client recertification, grantees may accept client self-attestations of no change in income, residency, and insurance status (but self-attestations are not acceptable at the once a year/12-month recertification). Self-attestations should be documented in the client's primary record) and updated in ARIES, even if there is no change (the date stamp in ARIES should reflect the most recent recertification date). If a client's income, residency, or insurance status change at any time, documentation is required.

Recertification of HIV status after the initial eligibility determination is not required.

REQUIRED DOCUMENTATION TABLE

Documentation Type	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (every six months)
HIV status	<p>Documentation is required for initial eligibility determination.</p> <p>Documentation is NOT required for the once a year/12-month period recertification.</p>	No documentation is required.
Income	Documentation is required.	<p>Self-attestation of no change is acceptable.</p> <p>Providers should be assessing changes in eligibility every time the client comes in to receive a service.</p> <p>Attestation must be documented in the client's primary record and ARIES for date stamp.</p>
Residency	Documentation is required.	<p>Self-attestation of no change is acceptable.</p> <p>Providers should be assessing changes in eligibility every time the client comes in to receive a service.</p> <p>Attestation must be documented in the client's primary record and ARIES for date stamp.</p>
Insurance Status	Grantee must verify if applicant is enrolled in other health coverage and document status in client file.	<p>Self-attestation of no change is acceptable.</p> <p>Providers should be assessing changes in eligibility every time the client comes in to receive a service.</p> <p>Attestation must be documented in the client's primary record and ARIES for date stamp.</p>

For clients undergoing recertification for eligibility through a Ryan White and/or State Services-funded case manager, agencies should refer to the DSHS Case Management Standards of Care, located at:
<http://www.dshs.state.tx.us/hivstd/contractor/hivmedical.shtm>.

7.5 Client's Responsibility for Reporting Changes

A client should take immediate steps to report any changes in a timely manner that might affect their eligibility and ensure appropriate documentation is submitted and received by the service provider(s) within 30 days of the reported change. Clients must also report any changes during the six (6) month recertification of eligibility. Failure to provide the requested information may result in a delay of services until continued eligibility is determined.

8.0 Revision History

Date	Action	Section
11/20/2011	Policy language revised to clarify documentation requirements	
09/27/2012	Policy revised to clarify eligibility as it applies to HRSA's "recertification" language and to give guidance for additional eligibility	
01/15/2013	Policy revised to reflect HRSA-issued Policy Clarification Notices relating to Implementation of the Care Act	
XX/XX/2015	Policy revised to add definitions; clarify documentation requirements for HIV Infection Status and Texas Residency; clarify Re-certification requirements; add requirement for Magi for financial eligibility determination; and reflect advances in testing technology.	All