Eligibility Policy

Policy Number: 100.01

Effective: April 1, 2017

Previous Version: March 15, 2015

I. Introduction

This policy outlines the roles, responsibilities, and requirements for establishing and maintaining Ryan White Part A Program (program) client eligibility in the Cleveland TGA.

The program has established standard eligibility forms and uniform documentation requirements to increase the consistency of applicant eligibility-related experiences across agencies, while reducing duplicative applicant and staff efforts.

Throughout, emphasis is placed on the importance of ensuring that Ryan White is the "payer of last resort", as required under federal law, through documentation of ongoing agency efforts to identify and vigorously pursue client utilization of other third party payers, maximizing the impact of limited program resources.

II. Eligibility Criteria

Applicants must provide documents establishing the following:

1. HIV/AIDS diagnosis;

2. Cleveland TGA residency- Currently living in one of these Ohio counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain or Medina;

3. Low-Income- A MAGI-based monthly household income at or below 500% of the current Federal Poverty

4. Uninsured or Underinsured- Agencies must explore and eliminate all other possible sources of third party payment before using Ryan White funds to pay for a service(s). Clients with insurance or access to insurance must submit documentation of coverage.

III. General Policy Requirements

Agencies must establish and implement written policies and procedures which comply with this policy, the National Monitoring Standards; HRSA/HAB regulations, HAB policy notices and letters; contract terms; and all other applicable federal, state, and local statutes and requirements.

IV. Client Insurance Eligibility and Enrollment

Agencies are expected to make every reasonable effort to ensure uninsured clients are screened for eligibility in all possible public and private insurance options.

Agencies must have written policies and protocols in place to ensure they are vigorously pursuing client enrollment in health care options. They must inform uninsured clients of the consequences of not enrolling in a public or

private health insurance option. They must have a written protocol outlining their required process for the pursuit of enrollment in health care coverage, including how the process will be uniformly documented and easily accessible to monitors.   Agencies must ensure that eligibility protocols are uniformly and consistently implemented.

If after extensive documented agency efforts, a client remains un-enrolled in healthcare coverage, the client may be served by the program. Ryan White remains the payer of last resort, and agencies are expected to maximize all resources and health dollars in order to serve the most clients.

V.   Personnel Requirements

Agency staff conducting eligibility must ensure that clients are aware of and access all other public and private third party payers for which they are eligible before accessing Ryan White funds. In order to ensure accurate Ryan White eligibility determinations, staff conducting eligibility assessments, must:

1.   Have strong administrative, interviewing, and communication skills;

2.   Communicate effectively, respectfully, and sensitively with clients from diverse cultural and demographic backgrounds and have the ability to assess client linguistic needs;

3.   Be knowledgeable about Ryan White Part A eligibility requirements, policies and procedures;

4.   Have knowledge and expertise regarding the Affordable Care Act and the key components being implemented in Ohio; be knowledgeable about Ohio's Medicaid expansion for low-income adults; and understand the eligibility and enrollment processes and requirements of both programs, as well as other public and private third party payment sources.

VI.   Electronic Eligibility
All eligibility applications, forms, and verification documents must be uploaded to CAREWare. Each document must be clearly marked with the date it was obtained or completed. All eligibility information must be uploaded and named according to naming procedures.

VII.   Agency Responsibility
To reduce the burden on applicants, eligibility documents should be uploaded into CAREWare in a timely fashion. Contractually, the responsibility for documenting the provision of allowable services to eligible clients rests with the agency providing services. Every agency providing services must ensure a client's eligibility is unexpired and documented in CAREWare at the time service is provided.

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VIII.   Recertification and Documentation Schedule
In order to establish and maintain continuous eligibility, an applicant must comply with the following recertification and documentation schedule:

	Initial Eligibility	**Semi-Annual Eligibility** No Changes	**Annual Eligibility**, or Semi-Annual Recertification- With Changes
HIV Status	**Documentation required**	*No Documentation*	*No documentation*
Residency	**Documentation required**	*No documentation*	**Documentation required**
Income	**Documentation required**	*No documentation*	**Documentation required**
Insurance Status	**Documentation Required**- coverage, coverage denial, or of agency's ongoing vigorous efforts to enroll client required.	*No documentation*	**Documentation Required**- coverage, coverage denial, or of agency's ongoing vigorous efforts to enroll client required.

IX.   Initial Eligibility Determination
A new or returning applicant seeking program eligibility meets face-to-face with a member of the agency's eligibility staff to complete an Eligibility Application.

Eligibility is established when all verification and documentation criteria are met. See Section VIII for an overview of initial eligibility documentation requirements. These requirements are outlined in greater detail in the Eligibility Application and supporting documents. The applicant's self-report of initial eligibility criteria is not sufficient documentation.

Ryan White is the payer of last resort. Agency eligibility staff must screen the client for eligibility for other potential third-party payers and assist the client in completing related applications, as needed. Documentation of these efforts and copies of the third-party applications must be maintained in the client file.

X.   Semi-Annual Recertification
In order to maintain eligibility, at least every six months a client must meet face-to-face with agency eligibility staff to complete semi-annual recertification. At that time, if a client reports no changes to eligibility criteria, no documentation is required and an Eligibility Recertification- No Changes form is completed.

If a client reports any changes to eligibility criteria, an Eligibility Application must be completed . See Section VIII for an overview of related documentation requirements. It is not acceptable for a client to self-report eligibility criteria when an Eligibility Application is completed at semi-annual recertification.

Ryan White is the payer of last resort. At semi-annual recertification, agency eligibility staff must screen the client for eligibility for other potential third-party payers and assist the client in completing related applications, as needed. Documentation of these efforts and copies of the third-party applications must be maintained in the client file.

XI.   Annual Recertification

In order to maintain eligibility, a client must complete annual recertification at least once every twelve months. During annual recertification, a client meets face-to-face with agency eligibility staff to complete an Eligibility Application.

See Section VIII for an overview of Annual Recertification documentation requirements. These requirements are outlined in greater detail in the Eligibility Application and supporting documents. At annual recertification, it is not acceptable for a client to self-report eligibility criteria.

Ryan White is the payer of last resort. At annual recertification, agency eligibility staff must screen the client for eligibility for other potential third-party payers and assist the client in completing related applications, as needed. Documentation of these efforts and copies of the third-party applications must be maintained in the client file.

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