



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

PREPAREDNESS

ARIZONA RYAN WHITE PARTS A, B, AND ADAP **APPLICATION PROCESSING GUIDE**

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Update History	
<u>Date</u>	<u>Change Summary</u>
05/01/2022	<p>Guide updated to implement HRSA PCN 21-02 into practice ;</p> <ul style="list-style-type: none"> • Remove – Half-Birthday Application Requirement & all reference to half-birthdays. • Add – Allow clients enrolled into AHCCCS to use AHCCCS enrollment as Proof of Income and residency. • Add – Allow federal tax Filings to be an accepted option as proof of income and residency for all clients. • Add – Eligibility Staff may sign Release of Information attesting to client’s verbal consent of release. • Add – Clarification of outreach requirement prior to pre-approval for missing documentation. • Add – In-person requirement for intakes and renewals is waived. Applications can be completed by case managers or eligibility staff in lieu of client signature if client has verbally consented. • Update – Change of Residency requirement when changes are within same service area • Update – Change of Low-Income Subsidy (LIS) requirement. • Update – Update any hyperlinks that became invalid. • Update – Change paystub acceptable time frame.

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INTRODUCTION AND PURPOSE

The joint application processing guide is a training tool which details how agency staff can complete the full Arizona Ryan White and ADAP application. This document does not review every field of the application but focuses on the items where there have been past questions.

The most current applications and addendums can be found under the header “What are all the application forms?” at www.azadap.com.

The guide’s purpose is to document and promote consistent interpretations of the full application among agency staff assisting clients with completing applications and the Maricopa and ADHS staff processing Ryan White and ADAP applications.

The full applications are completed at the start of Ryan White services, annually during the clients’ birthday month, and/or when clients’ re-enter Ryan White care. A short, Change Form may be used for clients needing to report changes in income, household size, employment, insurance, or residency between renewals. As needed, addendums will be requested.

This document was developed in partnership with the Arizona Department of Health Services Ryan White Part B Program/ADAP, Maricopa County Ryan White Part A Program and the Care Directions Central Eligibility Office for Ryan White Part A. This is a living document and will be reviewed and updated at least annually.

DOCUMENT KEY



= Quality Check. These are items that we often get questions on. The quality check text will provide specific guidance about the expectation for completion.



= Action Items. Items with the action item image will require some action or additional paperwork.



= New Items. Items with the New item image have been updated since the previous version of the processing guide. ***Please take note of this symbol!***

GENERAL PRACTICES

- Applications are valid six months from initial completion as dated on the signed Release of Information (ROI). All supporting documents must be from within the previous sixty (60) days of submission, unless noted otherwise in the application.
- Do no white out on any page or support document(s) for this application. Except for the ROI, if a mistake is made, draw a line through the error and initial the change. If a mistake is made, on the ROI, please complete a new one.

Please Note: The ROI is a legally binding document and cannot be altered in any manner.

FULL APPLICATION INFORMATION

The full application is required when a client enters Ryan White services, annually during the clients' birthday month, and/or when a client re-enters Ryan White services.

PAGE 1: APPLICANT INFORMATION

NAME

Use the clients legal name, as reflected on a driver's license or Social Security card (if available).

Place any nicknames in the AKA box (e.g., Jimmy for James).

Do not enter special characters in names/on letters such as Müller. Apostrophes, hyphens, and/or spaces are acceptable.

BIRTHDATES

Use the client's date of birth, as reflected on a driver's license or other proof of identity (if available).

For Foreign documents, the months and days can be switched in the date order. If the client has birthdates that are different on their driver's license, defer to the "correct" date as identified by the client.

SELF-IDENTIFIED GENDER

This field refers to the client's self-reported identify. The field is required for HRSA reporting. We know that male, female, and transgender do a limited job of capturing all the possible gender identifications and we have shared this feedback with HRSA. Since it is mandated field, please guide the client's in selecting a gender that the client feels most closely reflects them.

SEX AT BIRTH

This field refers to the client's biological sex assigned at birth:

- Male
- Female

LANGUAGE PREFERENCE

Provide the client's language of preference. Even if a client can speak English, if the client prefers to communicate and receive services in a different language, enter the preferred language.

SOCIAL SECURITY NUMBER

 Provide the client's Social Security number, if available. The SSN information is not used for eligibility determination. The SSN is only used to verify income, employer-sponsored benefits, AHCCCS eligibility (if applicable), and/or Medicare coverage.

If no Social Security number is available, leave this field blank.

Do not enter non-valid or expired Social Security numbers.

ADDRESSES

 The home/eligibility address must match the address on the residency documents. The home/eligibility address must be in the state of Arizona.

As a rule, the home/eligibility address is where the client lives. The home address cannot be a P.O. Box (*unless the client lives where the USPS has not assigned a physical address, i.e., Native American Reservation*). If a residential address has NOT been assigned by USPS and this has been verified by the eligibility staff, a P.O. Box may be submitted with the residency attested to, by the client's case manager or CE staff.

If the client is Homeless, check the "Homeless" box on the application. The client's case-manager agency may be used as the mailing address with the agency's permission

 Mailing address *is not required* and may be different than the home/eligibility and/or shipping address. The mailing address does not need to match the residency document. Client's may use a P.O. Box for the mailing address. The mailing address is also not required to be in the state of Arizona. Clients who do not provide a mailing address will not receive eligibility renewal applications nor mail regarding potential benefits from the RWPA Office and RWPA providers.

RWPB/ADAP only:

Because of potential HIPAA violations, "General Delivery" is NOT an acceptable mailing or shipping address.

Please complete the "OK to Mail" section.

Please note: If the client initials that they do not want mail from Ryan White or ADAP, the client **MUST** provide a shipping address for medications only. No eligibility documentation, etc. will be sent to a shipping address.

 ONLY use shipping address applies when a clients has indicated they do not want mail from Ryan White or ADAP. The shipping address may be different than the home/eligibility address and does not need to match the residency document. Client's may use a P.O. Box for the shipping address. Clients

living on the reservations and/or are close to other states, may have a mailing and/or shipping address outside of Arizona, however their home address **must** be in Arizona.

Please Note: ADAP 340B medications WILL NOT be shipped out of the State.

E-MAIL

Please provide email if desired. Email section may be left blank. Make sure to indicate if it is OK to receive e-mail.

PRIMARY/SECONDARY PHONE NUMBERS

A primary number **must** be provided for ADAP clients. ADAP and their contracted 340B pharmacy require an active phone to call clients about medication pickups and shipping. ADAP also calls clients to remind them about upcoming or past due ADAP applications.

If the client has no phone, they can use the case manager's phone number and mark the type as "other" with the case manager's permission.

A phone number is not required for RWPA & RWPB only clients but is encouraged to facilitate communication between clients and providers.

Regarding messages - Please complete the "OK to leave message" checkbox. Not being able to leave a message can create medication delays due to the inability to contact the client.

It is the expectation of all Ryan White Parts (A/B & ADAP) that all client messages are discreet.

NAME OF AUTHORIZED REPRESENTATIVE/ALTERNATIVE CONTACT

The intent of this field is to identify other parties (e.g., partner, family members, etc.) of whom the program can talk to about applications, retention reminders, etc.

*If the individual is not listed as **aware of status** DO NOT discuss anything with the caller. This is a HIPAA violation*

CONTACT INSTEAD OF CLIENT

The intent of this field is to identify if RWPA/ADAP should follow up directly with the client or the case manager.

Yes → Eligibility staff will follow up with the case manager identified in the application regarding any missing documents. The case manager would then communicate with the client to complete and submit any requested items.

No → Eligibility staff will follow up directly with the client. RWPA/ADAP will record client communications in any active referrals from the agency. However, RWPA/ADAP will not send additional notifications to the case management agency regarding the status of the application.

DOCTOR CONTACT INFORMATION

The intent of this field is to identify the client’s Medical Provider if answers for medical questions are necessary (e.g., Viral Load, allergies, etc.). This is the Medical Provider RWPA/ADAP will contact for current labs, etc. Also, in case of any medication allergies/interaction, the contract pharmacy will also reach out to this Medical Provider.

OFFICE USE ONLY



RWPB Providers: Please complete the “application type” and “applicant is applying for” section for all RWPB, ADAP, and Delta Dental referrals. This will ensure that referrals are routed correctly. Referrals will not be assigned if this area is blank or unanswered.

RWPA CE is required to complete this entire section.

PAGE 2: RESIDENCY

Only ONE proof of residency required!

 The residency support document must be from within the approved date range described in the application **and** include the client’s name and address. The address on the support document must match the home/eligibility address identified in the application.

P.O. Box cannot be the home address unless the client lives where the USPS has not assigned a physical address (e.g., Native American Reservation).

Residency Attestation or Attestation of Homelessness is included in the application. These must be complete if the “attestation of residency or homelessness from a social...” box is checked.



Effective May 2022 - Two documents have been added as acceptable proof of residency. Those documents are “documented current AHCCCS enrollment” and “most recent federal or state tax return, filed within the past year”.

PAGE 3: INCOME AND HOUSEHOLD SIZE

The income limits for Ryan White Part B and ADAP services are 400% of the federal poverty level (FPL). If the client is above the 400% FPL, please submit the application to ADAP Only as exceptions can be considered on a case-by-case basis.

The income limits for Ryan White Part A services are set by the Phoenix EMA Planning Council annually.



CAREWare federal poverty limit calculation is the benchmark for determining federal poverty level status. There is a delay between release of the FPL amounts and implementation in CAREWare. The CAREWare calculation will be used throughout the year.

MAGI guidelines are used to determine household size and income. Refer to MAGI guidelines at <https://www.healthcare.gov/income-and-household-information/income/> for more information.

 If a client has income from SSDI, the client will get Medicare after two years of SSDI checks. Inquire as to the date the client began or will begin SSDI benefits.

 If a client has income from SSI, the client should be enrolled into AHCCCS.

INCOME SOURCE DOCUMENTS

Copies of all applicable income from identified sources and household members must be provided. There are multiple acceptable types of documents however, depending on the client's individual situation, a particular may be preferred, and other documents should only be submitted if the preferred documents are unavailable. Income support document must be from within the approved date range described in the application and include the first and last name, date/pay period, and company name as applicable

Unless enrolled into AHCCCS, support documents are required for all income sources, from all household members as defined by MAGI. Eligibility Staff will determine if income will be included in household annual income calculations at time of review.



If client is enrolled into AHCCCS, no additional supporting documents are needed, the proof of AHCCCS enrollment satisfies the income document requirement. This includes clients who are approved for traditional Medicaid, Federal Emergency Services (FES), and Medicare Savings Program (MSP) (e.g., QMB, SLMB, & QI-1).

EARNED/UNEARNED INCOME

- Preferred documents include federal tax returns, paystubs, and award notifications

Income support document must be from within the approved date range described in the application and include the first and last name, date/pay period, and company name as applicable.

 If a client is receiving a lifetime pension or retirement award, the acceptable document must include verbiage indicating 'lifetime' as the duration of the award, awarded amount, the client's full name, and the company. These letters may be dated in the distant past, additional supporting documentation with 'current' dates, is not required.

SELF-EMPLOYMENT/NON-TRADITIONAL INCOME

- Preferred documents federal tax returns

- **Tax returns** should include Schedule C, Schedule C-EZ, Schedule E, or Schedule F.
- Secondary documents would include profit & loss records, bank statements or other financial records
 - If tax returns are not available, or the most recent tax returns are not an accurate reflection of what the client expects to make in the current/upcoming year they may submit **Profit & Loss statements (or other financial business records)** including the most recent 3 months.
- If no official support document can be provided, the client will need to complete the **Self-Employment/Non-Traditional Income Worksheet & Attestation**.
 - The worksheet can be found online at www.azadap.com. If neither bank statements nor other business income records are available, the client will need to complete a statement of fact indicating other support document is unable to be obtained.

NO INCOME

- If client or an adult household member have no income, a Certificate of Income is required for each member with no income. If in the certificate of income states, they are receiving assistance for obtaining food, water, housing, and clothing from an entity, the assisting party can sign the Certificate of Support or provide a letter of support.

If a client is receiving a lifetime pension or retirement award, the acceptable document must include verbiage indicating 'lifetime' as the duration of the award, awarded amount, the client's full name, and the company. These letters may be dated in the distant past, additional supporting documentation with 'current' dates, is not required.

Income from dependents under 18 years old must be reported and will be evaluated to determine if it is to be included in the household income.

ACTION REQUIRED



For Eligibility Staff: FPL to be entered into the approved data system should be 138% FPL, the maximum allowed by AHCCCS. If the client has multiple people in the household, the income entered should = 138% FPL for the individual client, and 0% for each household member.

HOUSEHOLD SIZE

Household size includes the client, spouse biological, adopted, and stepchildren, even if the client does not file taxes. If the client files taxes, qualified relatives that are claimed on taxes are also included in the household.

TOTAL ANNUAL INCOME

Completion of the annual income will give the assister a sense of clients' eligibility for Ryan White programs. When the applications are received, ADAP and the RWPA CE Office utilize a standard worksheet to calculate the annual income based on the support documents provided.

ACTION REQUIRED



If not previously completed and submitted, a copy of this worksheet must be completed by Eligibility staff and included in all referrals.

EMPLOYMENT STATUS FOR APPLICANT/ADULT IN THE FAMILY UNIT

These fields are used to identify and document the need for any additional insurance screening requirements. The fields are included in the income section because they are tied to income sources.

CERTIFICATE OF SUPPORT

If the client identifies in the certificate of income that they are receiving assistance for obtaining food, water, housing, and clothing from an entity, they must provide a letter of support OR the assisting party can sign the certificate of support.

PAGE 4: MEDICAL/DENTAL INSURANCE/OTHER PAYER

Ryan White Programs are the payer of last resort. This section of the application helps to document the efforts to screen and enroll clients into available cost-effective health plans.

The Ryan White Programs and/or ADAP can support client enrollment in health insurance. Health insurance can help pay for services above and beyond what Ryan White direct services can provide. For example, health insurance can help pay for emergency-room visits and in-patient care.

Clients can still get Ryan White funded case management and other Ryan White services (with no other payer) when also enrolled in health insurance. When enrolled in insurance, clients are generally excluded from Ryan White funded primary medical care, mental health, and substance abuse services.

AHCCCS SCREENING REQUIREMENTS

If the client is not enrolled in AHCCCS and the household income appears to be less than 150% FPL regardless of citizenship, an AHCCCS determination required.

 As a reminder, clients presenting as potentially categorically ineligible with income below 150% FPL are asked to apply for AHCCCS. This is to ensure at a minimum the client has emergency room availability through the AHCCCS Federally Emergency Services (FES) program.

Effective November 1, 2016, if the client is over 150% FPL, an AHCCCS determination is not required.; check the "Not Applicable" and "over income" on the application.

If a client on Medicare has a denial for SLMB or QI-1 this can serve as an AHCCCS plan denial.

If a client is receiving SSDI and is working, client will need to apply AHCCCS as they may be eligible for AHCCCS Freedom to Work program. Please refer to <https://www.azahcccs.gov/Members/GetCovered/Categories/workingdisabled.html> for more information on AHCCCS Freedom to Work program.

If a client's household includes children or disabled dependents, regardless of household income, client should apply for AHCCCS.

Clients without an AHCCCS determination will be given "pre-approved" status until a determination is obtained.

ACTION REQUIRED:



Eligibility Staff: is required to look up the client in the AHCCCS verification system; print the results and add the printout to the application documents.

FEDERALLY FACILITATED MARKETPLACE (FFM) INSURANCE

Client's may be eligible for the FFM if they are:

- Over 138% FPL and the client does not have Medicaid, Medicare, or other affordable private coverage.
- Under 138% FPL but does not qualify for AHCCCS due to citizenship status (e.g., Lawful Permanent Resident for less than 5 years; non-citizen legally present) and the client does not have affordable private coverage.



The Insurance team at the Medical Benefits Manager (MBM) office for ADHS, will assist clients with enrollment into the FFM.

Clients that are eligible for FFM health insurance will be contacted and provided detailed enrollment information at the beginning of open enrollment. Open enrollment typically begins in November and ends at the end of December. Open enrollment is subject to change.

Clients may be eligible for a private or Marketplace special enrollment period dependent on a qualifying life event.

If the client was enrolled in the FFM in the prior year and ADAP paid premiums for 3 or more months, the client must provide current Federal taxes at the next renewal after April 15th.

Note: *the federal tax return can be submitted prior to the next renewal, and in many cases will be necessary to ensure accurate marketplace enrollment and reporting.*

HOW CAN A CLIENT GET FFM COVERAGE OUTSIDE OF OPEN ENROLLMENT?

Outside open enrollment, clients can enroll in most private or Marketplace insurance only if they have certain life events that give them a special enrollment period. These include:

- Getting Married;

- Having, adopting, or placement of a child;
- Permanently moving to a new area that offers different health plan options;
- Losing other health coverage (for example due to a job loss, divorce, loss of eligibility for Medicaid or CHIP, expiration of COBRA coverage, or a health plan being decertified);
 - Note: Voluntarily quitting other health coverage or being terminated for not paying your premiums is not considered loss of coverage. Losing coverage that is not minimum essential coverage is also not considered loss of coverage.
- For people already enrolled in Marketplace coverage, having a change in income or household status that affects eligibility for tax credits or cost-sharing reductions.

Most special enrollment periods are only for the 60 days prior to the date of the qualifying life event.

If the client is ADAP eligible, submit the FFM enrollment documents/invoice to the MBM office for premium payment (if they do not already have it).

If the client is not yet ADAP eligible, RWPA/RWPB may be able to assist with the first premium; refer the client to a case manager.

MEDICARE

 Please check if the client was **EVER** enrolled in Medicare. Individuals who previously had coverage may still have some coverage even though they don't think they do. Special enrollment periods exist for Medicare. Please check to see if a potential Medicare enrollee may qualify.

If available, clients enrolled in Medicare should provide a copy of the following cards:

- Part D – Prescription coverage
- Part C Plan (a.k.a. “Medicare Advantage Plan”) – Part A, B, & D combo coverage
- Medicare Supplemental Plan – Extended Medicare coverage
- Part A and B – “Red, White, and Blue Card”

DOCUMENTING MEDICARE PART D EXTRA HELP/LOW INCOME SUBSIDY (LIS)



If a client's income is below 175% FPL, and they are enrolled into, or eligible to enroll into Medicare Part D, they are required to apply for Medicare Part D Extra Help/Low Income Subsidy (LIS) when they are new to Ryan White, new to ADAP, or new to Medicare.

The client is not required to reapply for LIS unless their income changes, potentially changing the LIS Award amount. Based on the grid below, after the initial LIS determination is received, a new LIS evaluation will not be required unless the client's Household FPL changes percentage range.

LIS % Award	FPL % Range
100%	<= 135%
75%	136% to 140%
50%	141% to 145%
25%	146% to 150%

0%	>150%
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If the client is enrolled into QMB, SLMB, or QI-1, the client is automatically enrolled into LIS, receiving 100% LIS. Current/valid documentation of QMB/SLMB/QI-1 approval/enrollment qualifies as a valid AHCCCS and LIS determination.

Applicable clients without a valid low-income subsidy determination, will be given an approved status. It is the programs expectation that this be requested from the client, but failure to submit will not result in loss of services.

ACTION REQUIRED:



- If Medicare Part A and/or B eligible, client must enroll/choose in a plan for Medicare Part D
- Please contact the ADAP or CE Office for any questions about Medicare look ups or Medicare requirements.

OTHER GOVERNMENT HEALTH INSURANCE PROGRAM

Veterans Affairs (VA) and Indian Health Services (IHS) are **NOT** considered other payers for Ryan White services, per HRSA guidance. Clients can access Ryan White and Veteran’s Affairs and/or Indian Health Services at the same time.

However, if the client is also eligible for AHCCCS, FFM or employer coverage, the AHCCCS, FFM or employer coverage would be considered an “other payer” ahead of Ryan White for medical, mental health, substance abuse and medications.

- Indian Health Services and Veteran’s Affairs clients are required to enroll in employer’s insurance if available.
- Clients with other governmental health insurance programs (e.g., IHS or VA) will also need to apply for AHCCCS if their documented income is below 150% FPL.
- ADAP requires Marketplace screening and enrollment for VA and IHS enrolled ADAP clients.
- ADAP Assist services cannot be coordinated with/at VA or IHS services/facilities.

PRIVATE OR EMPLOYER-PROVIDED HEALTH INSURANCE

If a client and/or their spouse are employed, but the client is not enrolled into or eligible for Medicaid, Medicare, or other qualified coverage, additional information/documentation will be needed for review.

WHEN TO REQUIRE ENROLLMENT IN EMPLOYER INSURANCE

Clients are required to enroll in employer insurance if their annual premium cost is less than 9.56% of the primary enrollee's gross annual income. Gross income is the amount paid to the employee before any deductions.

When a client's legal spouse has insurance, the client is required to enroll in the spouse's insurance if the annual premium is less than 9.56% of the family's gross annual income. The spouse may or may not be an ADAP client.

The 9.56% refers to an IRS ruling and changes annually.

Household of One Example:

Joe Client has \$100 a month taken out of his paycheck from payroll. He makes \$25,000 a year in gross income.

Annual income = \$25,000

Affordability Threshold (annual income X 9.56%) = \$2,390.

Monthly premium = \$100

Annual premium (monthly premium X 12) = \$1,200

The Annual Premium of \$1,200 is less than the Affordability Threshold of \$2,390. This client is required to enroll in employer insurance. They must apply for ADAP Assist.

ACTION REQUIRED:



- If the client is enrolled in insurance, a copy of the insurance card is greatly appreciated.
- If the client has a valid social security number (SSN) and indicates they (or their spouse) are employed, regardless of the number of hours worked, the employer(s) will be required to complete the Benefit Verification Form (BVF), addendum document. Please see BVF description for further information.

Clients will be given a pre-approved status pending receipt of a completed BVF.

DENTAL INSURANCE SCREENING

This section helps to satisfy the requirement for documenting third party payer screening for direct and dental insurance services.

REFERRAL NEEDS

This section helps clients to self-report potential referral needs.

When a client indicates a self-reported need(s) in this section, and the client does not have a case manager, a case management referral should be offered.

RWPA clients who have not seen a medical provider in 6 months are required to be offered a medical case management referral and this is documented on the Client Choice Referral Form.

PAGE 5: JOINT RELEASE OF INFORMATION (ROI) FOR RYAN WHITE PART A, RYAN WHITE PART B, ADAP AND DELTA DENTAL

All RWPA, RWPB, ADAP, and/or Delta Dental applicants are required to sign and submit the joint ROI at least annually, unless otherwise specified by recipient.



Release of Information may be signed by eligibility staff attesting that the client provided verbal consent to the release.

Reminder: Do not use white out on any page of the application or any of the supporting documents. Except for the ROI, if a mistake is made, draw a line through the error and initial the change. If a mistake is made on the ROI, please complete a new form. *The ROI is legally binding document and cannot be altered in any manner.*

SUPPORT DOCUMENT GUIDE

This page is not required for submission. It includes a checklist of the most common required support documents.

ADDITIONAL ELIGIBILITY FORMS

There are a few additional, standard forms that may be required along with the application depending on a client specific situation.

Additional Form	Description	When to Use
Change Form	Collects and sends updates to select client information.	Mid-cycle change to client name, residency, household size, employment, income, or insurance.
New Applicant Addendum	Collects demographic and diagnosis information required for federal reporting.	When a client is new to Arizona Ryan White services.
MPP	Medical Provider Page, can be used to provide HIV provider information, prescribed HIV medication, current lab values, and HIV diagnosis information.	When a client is new to Arizona ADAP services. Can also be used as a submission of current lab results, Provider may choose to submit in lieu of current lab copies.

Additional Form	Description	When to Use
Ryan White Self Employment/Non-Traditional Income Worksheet & Attestation	Variable income can be difficult to calculate. This form averages 3 months of income	This form should only be used if the client does not have one of the other preferred support documents available.
90 Day Medical Provider Override Form	Sometimes a doctor may choose to not prescribe antiretroviral medications to their client. This form documents this choice. Please be advised that clients with no HIV medication would be the first people waitlisted if a waitlist was needed.	Prescribing clinician to complete, as needed, when client is not taking HIV medications.
Benefit Verification Form	<p>Ryan White is the payer of last resort. This form is used to confirm the client’s healthcare coverage eligibility/enrollment.</p> <p>May also be used for basic employment information.</p> <p>Form is expected to be completed by employer.</p> <p>There are two versions - one with an ADAP fax number and one without.</p>	Form is required on an as-needed basis to assist the program in determining eligibility for employer offered insurance coverage.
Affidavit of Understanding for Individuals enrolled in a federally facilitated marketplace (FFM) health plan	Required by ADAP. Explains the advanced premium tax credits and client responsibility to report changes in income.	Yearly, by all marketplace enrollees receiving ADAP assistance.
Statement of Facts	Document with narrative space to be completed by the client.	<ul style="list-style-type: none"> • When there is a difference between critical (income, residency, etc.) information provided at different agencies. • When additional information is requested regarding a client’s unique situation that could not otherwise be captured on other available forms.

CHANGE FORM

The Change Form is required for clients with eligibility-related changes occurring mid-renewal cycle.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application. If the client's name, household size, income or insurance respectively has changed since the last renewal, updated support documentation is also required to be submitted.



If the client has moved within the same service area, (e.g., Phoenix, AZ to Avondale, AZ, both within Ryan White Part A Service Area) the mailing address is required to be updated. Updated proof of residency is not required at this time but will be collected at the next annual renewal.

If the client has moved out of the service area (e.g., Tucson, AZ, Ryan White Part B Service Area to Phoenix, AZ, Ryan White Part A Service Area) a new application with all requested supporting documentation is required.

NEW APPLICANT ADDENDUM

The New Applicant Addendum is required for new clients only.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application and is only used when a client enters Ryan White care. It includes many federally required reporting elements.

HIV status and risk factors have been moved to this addendum to support client confidentiality, reduction in the application size and since it is required to be gathered only once.

ETHNICITY AND RACE

This data is required for aggregated, federal reporting. During the annual reporting process, any unknowns will be referred to the programs for clarification.



This field refers to the client's self-reported ethnicity and race. Please inquire and report the client's racial subgroup, if known.

RISK/EXPOSURE CATEGORY

This data is required for aggregated, federal reporting. During the annual reporting process, any unknowns will be referred to the programs for clarification.



This field refers to the client's self-reported risk and exposure category.

HIV DIAGNOSIS

Sometimes when virally suppressed people move from another state there can be challenges with providing a qualifying proof of diagnosis. If your client is unable to access proof of diagnosis, the State health department may be able to assist. Please contact the health department with the client's identifying information (name, birthday, etc.) and the previous state where the client has been diagnosed.

MEDICAL PROVIDER PAGE (MPP)

The Medical Provider Page is required for new/initial clients only.

The MPP should include:

- Quantifiable viral load test results completed within past six months
- Electronic or paper copy of prescription to include HIV medications
- Signature indicating Proof of Diagnosis **(for ADAP Only)**

VIRAL LOAD LAB RESULTS



Client's must provide quantifiable viral load test results, completed within the past six months. These labs are an eligibility requirement for Part A, B and ADAP. The collection and review of labs help us to measure if Ryan White services are helping make clients healthier

RWPB Only: *A clinician signed MPP may be substituted for a copy of a viral load test.*

ADAP Assist (Insurance assistance program) ongoing eligibility requires:

- Quantifiable viral load test results completed within past six months
- Proof of medication fills may be required if ADAP is unable to access documentation that client is filling HIV prescription.

Sometimes a clinician will choose to not prescribe HIV medications. If the clinician has not prescribed HIV medications, the client may be preapproved for ADAP for 90 days. If the clinician decides to not begin medications after 90 days, a Medical Provider Request for Maintenance of Program Coverage will be required. This form can be found and described in the addendums.

ACTION REQUIRED:



In reviewing MPP's, if the Eligibility Staff notice a request for HCV medication assistance, please forward this to the ADAP Operations Manager immediately. Necessary follow up needs to occur to inquire if the client could benefit from our HCV assistance program for co-infected enrollees.

RYAN WHITE SELF-EMPLOYMENT/NON-TRADITIONAL INCOME WORKSHEET & ATTESTATION

The Self-Employment/Non-Traditional Income Worksheet & Attestation is required for all clients who are unable to provide the most years' recent Federal Tax Returns or other acceptable support document.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application. Clients may choose to complete the Self-Employment/Non-Traditional Income Worksheet & Attestation if they are either; unable to provide their most recent federal tax returns, if their most recent tax returns do not reflect their current and expected income situation, or they are unable to provide any of the other acceptable income support documents.

90 DAY MEDICAL PROVIDER OVERRIDE FORM

The 90 Day Medical Provider Override Form is required when a client wanting ADAP or ADAP Assist services, is not currently prescribed HIV medications.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application. If the clinician has not prescribed HIV medications, the client may be preapproved for ADAP for 90 days to allow access to non-HIV medications. This form is required if the clinician decides to not begin HIV medications after the initial 90-day pre-approved coverage period.

The purpose of the ADAP program is to link clients to life saving medications and support viral load suppression. When or if the loss of funding requires an enrollment waitlist be implemented, assisting clients with HIV medications will be prioritized. Clients that are not accessing HIV medications would be among the first group to be waitlisted.

Client enrolled in antiretroviral clinical trials that wish to remain on ADAP for copay assistance for non-HIV medications will also use this form. The client's doctor must complete this form indicating clinic trial in the "other" box.

BENEFIT VERIFICATION FORM (BVF)

The Benefit Verification Form is mandatory for all clients who indicate being employed or that a spouse is employed, regardless of the number of hours worked, unless the client is currently enrolled into a non-FFM insurance plan, e.g., employer coverage (client or spouse), Medicare or AHCCCS.

This attachment will not be mailed with the renewal packets. Document will exist in the addendum documents separate from application and used as needed. This form documents the Ryan White program's federally mandated payer of last resort and vigorous pursuit requirements. All questions must be completed and signed by the employer human resources/benefit liaison **NOT** the client.

Why are there two Benefit Verification Forms?

- One version contains the ADAP fax number so the client's employer can return the document.
- The second version does not include an ADAP fax number. During the pilot, some clients were concerned that the ADAP fax number could be traced back to the ADAP program and the client's status could be disclosed. With the second version, the client is responsible for providing the form to the employer for completion and returning the completed form to ADHS.

INCOME WORKSHEET – INTERNAL USE ONLY DOCUMENT

The Income Worksheet is required to be completed by RWPA/ADAP staff.

The income worksheet is an excel document separate from the application. A copy may be requested directly from RWPA/ADAP staff.

The income worksheet calculates income for clients with paycheck stubs and/or multiple sources of income. The worksheet will calculate the monthly and annual income and FPL for the client; the monthly and annual income should be written on the application. The annual income is entered into the approved data system.

This form ensures consistency of income calculation.

Multiplier - how often the client is paid

52 = Weekly

26 = Every other week (Bi-Weekly)

24 = Two times per month (Semi-Monthly)

12 = Once a month

of pay periods – The number of pay periods for which the client has provided documentation (for example, “2” would be entered for 2 check stubs covering 2 pay periods. Enough pay periods need to be provided to cover one month of income.

Period #1, Period #2, etc. – Enter the gross dollar amount from the check stub.

TRAINING MATERIAL FOR ADAP AND CE STAFF

RWPA CENTRAL ELIGIBILITY STATUS TERMS

Eligible – CE status when a client has provided all required documentation and has been determined able to receive Ryan White services. (Formerly “Current” in RWPA or “Active” in ADAP)

Not Eligible – CE status when a client has not provided all required documentation within the specified timeframe and cannot receive Ryan White services. (Formerly “Not Active” in ADAP)

Pending – CE status for the birthday month during which a client is due to renew eligibility; only used in RWPA.

Pre-Approved – CE status when a client has provided the preliminary documentation required for eligibility and has been determined able to receive Ryan White services for a Pre-Approval Timeframe (see definition above) until the final eligibility documents are submitted. (Formerly “Conditional Eligibility” in RWPA).

Pre-Approval Timeframe (PAT) – the timeframe from the date when the client is given “pre-approved” eligibility status until the end of the month following the intake/renewal month (ex: a client who receives pre-approval status on 4/12 has until 5/31 to submit documents). Once the documents are received, processed and accepted, the client will become “eligible”. If documents are not received by the end of the PAT, the client’s eligibility status will become “not eligible”.

TABLE OF INTEGRATED ELIGIBILITY TERMS

Old RWPA/CE Status	OLD ADAP Status	New Status
Current	Active	Eligible
Pending – Inc/Res Due	N/A	Pending – Inc/Res Due
Not Eligible	Not Active	Not Eligible
Pre-Approved Labs Pending	N/A	Pre-Approved – Labs
N/A	PCD	Pre-Approved – AHCCCS
N/A	PCD	Pre-Approved – BVF
Pre-Approved Renewal in Process	N/A	Pre-Approved – Renewal in Process (RWPA Only)
Pending – Conditional Eligibility	N/A	Pre-Approved – Intake – Diagnosis (RWPA Only)
Pending – Conditional Eligibility	N/A	Pre-Approved – Intake – Income (RWPA Only)
Pending – Conditional Eligibility	N/A	Pre-Approved – EIS (RWPA Only)
N/A	PCD	Pre-Approved – Change Form in Process

CAREWARE ADDITIONAL DATA ENTRY (FOR CE/ADAP STAFF)

ADAP and CE must enter additional information for client’s applying to the program. This data entry helps with completeness for RSR and ADR annual reporting and should be based on the application. Most RSR and ADR items are already managed with the direct entry. The following items need staff input, decision(s), and data entry.

ELIGIBILITY DATA ENTRY & PROCESSING

As per RWPA, RWPB, or ADAP Rules.

HOUSING DATA ENTRY

Reflects client’s most recent housing status. There are multiple options, but the programs are only using the following three.

Type of Housing	Key Questions	Examples
Stable Housing	Is this a long-term living solution? (rental agreements count!) If another program is helping pay – the rules or name should not include words like “short term” or “temporary”	<ul style="list-style-type: none"> • Unsubsidized rental or owning of a room, house, or apartment • Public housing, which may be subsidized • HOPWA – except Short-Term Rent, Mortgage and Utility (STRMU) Assistance Program • Long term facilities (may be psychiatric, foster care, etc.)
Temporary Housing	Short term assistance or solutions	<ul style="list-style-type: none"> • Transitional housing for homeless people • “Couch surfing” with family and friends • Visiting an institution (psychiatric facility, substance abuse facility, etc.) • Ryan White funded housing
Unstable Housing	Is there a housing emergency or the person is incarcerated?	<ul style="list-style-type: none"> • Emergency shelter • Living in your care • Jail, Person, or Juvenile detention facility • Hotel or motels paid with emergency shelter voucher

MEDICAL CLINIC HIV CARE IDENTIFICATION

The RSR and ADR also require information on what type of medical practice the clients are being seen at. The following locations are used by the programs:

1. **Hospital Outpatient Center** – Examples include MIHS, PIMC, VA, El Rio, Petersen Clinic (UofA), North Country, Northland Cares, etc.
2. **Private Practice** – Any Other non-Ryan White funded clinic. Examples include Pueblo Family Physicians, Spectrum Medical Group
3. **No Primary Source of Care** – Only if the client has not identified a clinic. Would include listing of an emergency room

ACRONYMS

ADAP – AIDS Drug Assistance Program

ADHS – Arizona Department of Health Services

AHCCCS – Arizona Health Care Cost Containment System (Arizona’s version of Medicaid)

BVF – Benefits Verification Form

CE – Central Eligibility

DES – Department of Economic Security

FFM – Federally Facilitated Marketplace

FPL – Federal Poverty Level

IHS – Indian Health Service

LIS – Low Income Subsidy (for Medicare Part D)

MAGI – Modified Adjusted Gross Income

MBM – Medical Benefits Manager

MPP – Medical Provider Page

PAT – Pre-approved timeframe. For use by ADAP and RWPA Central Eligibility Office in defined situations.

RWPA – Ryan White Part A

RWPB – Ryan White Part B

TANF – Temporary Assistance to Needy Families

VA – Veteran’s Administration

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QUESTIONS, COMMENTS, OR CONCERNS?

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