ARIZONA DEPARTMENT
OF HEALTH SERVICES
PREPAREDNESS

ARIZONA RYAN WHITE PARTS A, B, AND ADAP ELIGIBILITY POLICIES

Effective Date: 05/01/2022

Last Updated Date: 04/05/2022

Update History

Date	Change Summary
03/10/2022	Policies updated to implement HRSA PCN 21-02 into practice ; • Remove – Half-Birthday Application Requirement & all reference to half-birthdays. *Note: labs continue to be due at six-month intervals.* • Add – Allow clients enrolled into AHCCCS to use AHCCCS enrollment as Proof of Income and residency. • Update – Change of Residency requirement when changes are within same service area. • 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. • Add Joint Arizona Acuity Scale to determine client's needs. • Update -The Self-Employment Worksheet has been renamed and is now called the Self-Employment/Non-Traditional Income Worksheet & Attestation (this worksheet is often used for clients with cash payments who are not self-employed) • Add Rapid Start for newly diagnosed and out of care clients • Add Eligibility Office can receive texted and email images of support documents. Part A Changes: • Update – Replacing the Part A's Central Eligibility Initial HIV/Case Management Acuity/Risk Assessment tool with the Joint Arizona Acuity Scale. • Update – reduce time for Central Eligibility to update client status in the approved data system for correct and complete applications from 7 days to 5 days. • Update – opt out case management referrals for all new Part A clients, case management agencies selected by the clients.

CONTENTS

ELIGIBILITY SUMMARY

Clients seeking Ryan White A, B and ADAP services must be determined "eligible" under the statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B and ADAP Application Processing Guide.

Client eligibility must be reviewed at least every 12 months and when there is a change to the client's name, residency, household size, income, employment, or insurance. Labs continue to be required every 6 months. However, lab results do not need to be submitted with applications for services. The eligibility offices will only reach out if the viral load labs for the patient were not located in the state surveillance system.

At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed.

At any time between annual renewal due dates, clients are expected to report any changes within 10 business days of the change. Please note, most changes will require support documentation.

To be or remain eligible and billable to Part A, B or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis**. Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level**.
3. **Proof of residency in Arizona**, must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are required through the application only if labs were not found in the state surveillance system. CD4 labs are not required for eligibility but are included in RSR reporting.
6. Marketplace clients must provide copies of most recent taxes, so that premium tax credits can be reconciled.
7. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.
    a. For new to ADAP clients only: please submit either a list of current antiretroviral medications from the medical provider or the completed Medical Provider Page (MPP) signed by the medical provider.

Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs (if not in state surveillance system) will be uploaded to the approved data system. If you need to access the documents after they have posted to approved data system, do so through the appropriate web application. Eligibility staff will process all referrals electronically.

Documents are submitted and posted in in the approved data system, a viewable eligibility status for Parts A, B and ADAP will be accessible to data system users. The ADAP Office posts eligibility for all Part B clients and ADAP clients outside of Maricopa and Pinal County, including Mohave County Part A clients. The Central Eligibility Office posts eligibility for Phoenix Part A.

DOCUMENT KEY

= 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!***

HIV POSITIVE DIAGNOSIS (MEDICAL ELIGIBILITY):

DIAGNOSIS DOCUMENT REQUIREMENTS

The Proof of Diagnosis document must include the applicant's full, legal name.

Confirmatory proof of diagnosis includes:

- Supplemental testing to confirm HIV diagnosis.
- Any previous lab report that shows a detectable viral load by dBNA or PCR.
- Medical Provider Page signed by a clinician with prescribing privileges. Clinician signature may be electronic.
- Signed, confirmatory statement from a clinician with prescribing privileges, on agency, clinic or public health department letterhead, prescription pad or medical record. May use an electric signature from the clinician.

Copy of a preliminary positive screening test may be used as a preliminary proof of diagnosis. One of the 'confirmatory proof of diagnosis' documents must be supplied by the end of the following month or the client will no longer be eligible.

FREQUENCY FOR COLLECTING DIAGNOSIS DOCUMENTS

Proof of HIV diagnosis is only required at initial enrollment into Ryan White Parts A, B and ADAP services.

RESIDENCY VERIFICATION

PARTS A AND B RESIDENCY REQUIREMENTS IN ARIZONA

Client residency requirements are different for the following Ryan White programs.

Program	Residency Requirements
Phoenix Eligible Metropolitan Area (EMA) Part A	Maricopa and Pinal County
Las Vegas Transitional GrantArea (TGA) Part A	Mohave County. *Will be processed the same as Arizona Part B.*
Arizona Part B	In Arizona, but outside of Maricopa, Pinal, and Mohave counties
ADAP	Arizona

RESIDENCY DOCUMENT REQUIREMENTS

Residency documents must be dated as indicated on the application and include the client's name and home address. Residency documents must be current and issued within timeframes described in the chart below.

> **Note:** the residency address may be a P.O. Box if the United States Postal Service (USPS) has not established a residential address for the location. This is often the case on Native American Tribal Reservations

Image 1 Residency document requirements from page 2 of Statewide Application v05012022

RESIDENCY DOCUMENTS (check **ONE** and attach a copy of documents)
☐ Annual income award letter from a government agency or pension - *issued for the current year*
☐ Mortgage, lease/rental agreement, or non-permanent housing letter – *most recent, not expired*
☐ Any Document or mail with the client's name and address – *issued within the last 60 days* Examples include: DES, Medicare, utility bill, bank statement, other bills, check stubs
☐ Driver's License or AZ ID Card – *issued within the last year*
☐ Tribal enrollment, US Immigration Identification Card – *most recent, not expired*
☐ Proof of current Arizona Health Care Cost Containment System (AHCCCS) enrollment
☐ Federal or state tax return showing Arizona residency - *filed within the last year*
☐ Attestations of residency or homelessness from a social service provider, medical provider, or family/friend- signed within 30 days (use one of the attestations below or provide a signed and dated written statement with the client's name, date of birth, and address)

FREQUENCY FOR COLLECTING RESIDENCY DOCUMENTS

Proof of residency is required at least annually. Residency documents are collected during the new application, full birthday renewals, and sometimes when there is a change in residency between annual renewal due dates.

When a client's residency changes between renewals, a Change Form is required. Residency changes require that both the new home and mailing addresses be provided in the Change Form. When a client moves within the same service area, an updated mailing address is requested but an updated proof of residency document is not required until the next renewal.

Moving between service areas means the client is moving from a Part A program jurisdiction (Maricopa, Pinal, or Mohave counties) to a Part B jurisdiction (Apache, Navajo, Coconino, Gila, Graham, Greenlee, Santa Cruz, Cochise, La Paz, Yuma, Yavapai, or Pima counties) or vice versa. In these cases, a client will need to provide an updated proof of residency when they move as this move affects whether they are enrolled in the Ryan White Part A or Part B program. This must be reported within 10 days of the home address change.

CLIENTS LIVING NEAR ARIZONA'S RYAN WHITE PART A AND PART B BORDERS

Some clients living in the outer edges of the Phoenix EMA Part A jurisdiction may be closer to Part B clinics than Ryan White Part A clinics.

To request an exception to standard residency requirements, send an email request to the Ryan White Part A or B Program Manager. Please complete the Extrajurisdictional Services Authorization Form. The eligibility offices will coordinate and provide feedback if an exception is granted. The Extrajurisdictional Services Authorization Form can be requested from the Central Eligibility and ADAP Eligibility offices.

INCOME VERIFICATION

INCOME LIMITS

The income limits for all Ryan White Part B and ADAP services are 400% of the federal poverty level.

- There are no income exceptions for Ryan White Part B.
- ADHS may grant exception to the 400% income limit, on a case-by-case basis for ADAP Only.

The income limits for Part A services are set by the Phoenix EMA Planning Council annually with most services set at 400% federal poverty level. You may refer to the Part A Menu of Services for each service category income limit which is provided with the Provider's policies and procedures.

INCOME DOCUMENT REQUIREMENTS

Proof of income must be provided for the client and each adult member of his or her household. Adult household members include spouse and tax dependents. The proof of income must include the payee's name.

Acceptable submission dates for all proof of income are listed on the most current joint application posted to www.azadap.com.

IF APPLICABLE, CLIENTS MAY NEED TO PROVIDE A SELF-EMPLOYMENT/NON-TRADITIONAL INCOME WORKSHEET & ATTESTATION OR SIGNED CERTIFICATE OF INCOME OR SUPPORT.

Image 2 Income documents from Page 3 of Statewide Application v05012022

INCOME SOURCE DOCUMENTS (check **ALL** that apply and attach copies)
☐ Annual award letter – *Social Security, VA, annual pension, etc. ; Current year & valid*
☐ Other award letter – *TANF, Unemployment, etc.; Current period & valid*
☐ 1 month of check stubs – If no check stub received, may submit employer statement.
☐ Self-employment records – only *use the Self Employment/Non-Traditional Worksheet if other documents not available*
☐ Current federal tax returns – *filed within the last year*
☐ Proof of current Arizona Health Care Cost Containment System (AHCCCS) enrollment
☐ Other income source not listed above –*requires Certification of income and/or Support*
☐ No Income – *requires Certification of Income and/or Support*

CALCULATING INCOME

RWPA, RWPB and ADAP use the modified adjusted gross income (MAGI) to calculate client income. The calculated income is used to identify the client's federal poverty limit. The federal poverty calculations are published by the Department of Health and Human Services and can be found at https://www.healthcare.gov/income-and-household-information/income/.

FREQUENCY FOR COLLECTING INCOME DOCUMENTS

Initial and Annual Birthday Renewals: Proof of household income must be collected at least annually. Proof of income must be submitted with any birthday and full renewals.

Changes in income at any time: Updated income documents must be submitted to the Eligibility Office along with a Change Form. Must be submitted within 10 business days of the change.

TAXES REQUIRED FOR ADAP MARKETPLACE CLIENTS

Taxes are required as proof of income for clients who are or were enrolled into the Federally Facilitated Marketplace (the Marketplace) in the prior year, and when ADAP paid premiums for 3 or more months on the client's behalf. Copies of federal taxes, as filed with the Internal Revenue Service (IRS) for the most recently completed calendar year must be provided at the client's first eligibility renewal after April 15th.

Note: Federal Taxes may be requested prior to the annual renewal for purposes of verifying continued eligibility for enrollment into the federally facilitated marketplace.

UNEMPLOYED CLIENTS

Clients that are unemployed and not receiving any federal/state assistance, such as General Assistance, SSI, or SSDI, may use the certificate of income and the certificate of support from in the application to document how the client supports themselves.

SEASONAL PAY

Clients with intermittent or seasonal pay resulting in unsubstantial payment documentation must provide most recent proof of income. Depending on the level of support documentation available, it may be requested that the client complete the Self-Employment/Non-Traditional Income Worksheet & Attestation.

NON-TRADITIONAL INCOME

Clients with non-traditional income, that are either self-employed, do not receive a paystub, or are paid in cash, can provide the Self-Employment/Non-Traditional Income Worksheet & Attestation in lieu of Federal tax returns. This includes categorically ineligible clients working for cash payment such as day laborers, etc.

USING AHCCCS ENROLLMENT AS PROOF OF INCOME

Clients enrolled in AHCCCS may use their enrollment as proof of income. AHCCCS has many different programs with varying income eligibility limits. Income for AHCCCS clients will be reported in the system as 138% of the Federal Poverty Level.

CHANGES IN INCOME

When client income changes, please submit the Change Form with the new acceptable proof of income to your eligibility office for review. Changes with income may result in client having to apply for other payer sources (i.e., AHCCCS if < 150% FPL, etc.) accordingly.

REQUESTING EXCEPTIONS TO INCOME FOR ADAP

Clients over 400% of the federal poverty level may be referred to the ADAP office for independent review. Depending on the specific client situation and available funding, an exception may be granted. To request a review, call the ADAP Program Manager to determine/discuss next steps. Next steps may include but are not limited to:

- Denial
- Referral for copay cards
- Income Exception and ADAP enrollment
- Assistance through a non-ADAP copay assistance program

VERIFYING THIRD-PARTY (OTHER PAYER) SCREENING

Ryan White is the payer of last resort and other funding sources must be vigorously pursued.

Providers are responsible to ensure that clients are screened and ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid/AHCCCS, all other forms of insurance or third-party payers such as private and commercial insurance plans, and other payers.

OTHER PAYER DOCUMENT REQUIREMENTS

Ryan White is the payer of last resort.

HRSA requires Ryan White recipients and sub-recipients to vigorously pursue other funding for client services. When available, clients are required to enroll in third party coverage. Clients eligible for private, marketplace or employer insurance may be contacted prior to or during open enrollment periods to follow up on enrollment.

Clients with another payer source may not be billed to Ryan White.

At a minimum, clients must be screened for the following types of private and public coverage.

Insurance Type	Required When?	Acceptable Screening Documents to submit with applications	Applicable Program
AHCCCS (Arizona Health Care Cost Containment System)/Medicaid	Clients with household income under 150% of the federal poverty level.	Ineligibility – Acceptable denial letter from AHCCCS, dated within the year prior to eligibility due date.	RWPA, RWPB, ADAP
Employer Insurance	Clients must enroll in affordable and adequate employer insurance plans because Ryan White is the payer of last resort.	Benefit Verification Form	RWPA, RWPB, ADAP
Spouse's Employer Insurance	Enrollment requirements extend to spouse's employer insurance plans regardless of spousal enrollment into Ryan White programs.	Benefit Verification Form	RWPA, RWPB, ADAP
Medicare	Clients eligible in SSDI for at least 24 months or over 65 years old.	Copy of Medicare card OR Application and dated screenshots of Medicare look up. If clients cannot remember zip code, may have to call Medicare to confirm.	RWPA, RWPB
Medicare Part D	Clients enrolled into Medicare Parts A and/or B	Medicare Part D card, if available otherwise proof of enrollment.	ADAP

Insurance Type	Required When?	Acceptable Screening Documents to submit with applications	Applicable Program
Medicare LIS	Client's enrolled into Medicare and under 175% of the federal poverty level	Application and dated screenshots of Medicare look up.	ADAP
Marketplace Insurance	Required when clients are in the following scenarios: • Clients with income over 138% federal poverty level and not enrolled in Medicaid, Medicare, or private insurance • If client is legally present less than 5 years, regardless of income Excludes clients with Deferred Action for Childhood Arrivals (DACA) status.	Documentation is collected during open enrollment period.	RWPA, RWPB, ADAP

THIRD PARTY PAYER SCREENING FREQUENCY AND REQUIREMENTS

Ryan White is the payer of last resort. In addition to client eligibility, providers must screen for third party payers. If there is no other payer for the service in your region, then Ryan White eligibility is sufficient.

Service Category	Screening frequency	Screening Method
AIDS Drug Assistance Program (ADAP)	New applications, birthday renewals, and change forms	AHCCCS screening, Employer Benefits Verification Form, adequate insurance, completion of Arizona Ryan White Integrated Statewide Eligibility Application ADAP Assist clients must provide a copy of their health insurance card
Early Intervention Services	Not Applicable	Not Applicable
Food Bank/ Home Delivered Meals	At intake and every twelve months thereafter	Not Applicable

Service Category	Screening frequency	Screening Method
Housing	Placement requests	Clients using HOPWA are ineligible for Ryan White Housing
Health Insurance Premiums & Cost Sharing	Every premium payment	Must apply for ADAP. If paying premiums, need at least annual proof that insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications
Medical Case Management	At intake and every twelve months thereafter.	Clients eligible for ALTCS case management are ineligible for Ryan White funded case management.
Medical Nutrition	Every visit. Must be completed prior to billing Ryan White.	Not Applicable
Medical Transportation	At intake and every six months thereafter.	AHCCCS and Medicare must be screened for transportation services and used before Ryan White funded transportation
Mental Health	Every visit. Must be completed prior to billing Ryan White.	AHCCCS, Medicare, private insurance
Non-medical Case Management	Not applicable.	Not Applicable
Psychosocial Services	Not applicable.	Not Applicable
Outpatient/ Ambulatory Medical Care	Every visit. Must be completed prior to billing Ryan White.	AHCCCS, Medicare, private insurance
Oral Health	Every service request (in person or for insurance)	Private insurance
Substance Abuse	Every visit. Must be completed prior to billing Ryan White.	AHCCCS, Medicare, private insurance
Treatment Adherence	At intake and every twelve months thereafter.	Not Applicable

It is the responsibility of each Provider to develop an internal system/procedure to monitor this screening process and ensure that third party reimbursements are appropriately tracked, utilized, and accounted for. When the screening requirement is less frequent providers are encouraged to incorporate the screening with regular, existing assessments. Agencies that provide Mental Health, Substance Abuse, but do not offer primary medical care may not have access to the same payer screening databases as primary medical care providers. These programs will need to identify alternate methods for screening.

All agencies providing services which may reasonably be covered by a third-party payer are required to document screening for third party payers at every client visit. Documentation must be kept on file showing that every client from the billing month has been verified through a review of the AHCCCS database prior to submission of monthly bills. Individual service categories may have different requirements in terms of frequency of third-party payer screenings.

VETERANS AFFAIRS AND INDIAN HEALTH SERVICES

Veterans Affairs (VA) and Indian Health Services (IHS) eligibility do not preclude clients from receiving Ryan White services.

Use of Veteran's Affairs or Indian Health Services does not preclude clients from completing applicable third-party payer screenings. For example, a Veterans Affairs client may be asked to complete an AHCCCS application before accessing Ryan White funded Substance Abuse.

TriCare and CHAMPUS health insurance are not the same as veteran affairs coverage. These are considered private insurance and must be billed prior to the Ryan White services.

AHCCCS SCREENING REQUIREMENTS

All clients under 150% of the federal poverty level must complete a documented AHCCCS screening at least annually during their full or birthday renewal.

Clients who are ineligible for AHCCCS services must be screened for other insurance eligibility, including but not limited to Federal Marketplace plans and private insurance (i.e. employer insurance). This includes screening for other insurance eligibility into a family health insurance plan offered through the client's spouse and/or his/her employer.

The annual AHCCCS screening does not replace mandatory ongoing third-party screening for applicable providers.

IMPACT OF AHCCCS ENROLLMENT ON RYAN WHITE AND ADAP SERVICES

AHCCCS enrolled clients can still use other Ryan White Part A and B Care services, when there is no other payer.

Generally, AHCCCS clients are not eligible for ADAP. The two exceptions:

- Dually enrolled AHCCCS and Medicare clients may enroll in ADAP Assist.
- AHCCCS clients may apply to ADAP 340B for assistance with AHCCCS denied medications. More information may be found in the HAB PCN #13-04. PCN 13-04 can be found at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-1304-private-insurance.pdf

USING AHCCCS DENIAL LETTERS

Clients may provide an AHCCCS denial letter dated within the past six months and reflective of the client's current income status. The only AHCCCS denial reason that will be accepted as proof of third-party payer screening clearly states, "we took this action because your countable income is more than the maximum allowable limit for this program."

This screening does not replace the mandatory ongoing third-party screening for applicable providers, as outlined in the table, "Third-party Payer screening frequency and requirements by Ryan White/ADAP services"

MEDICARE SCREENING

Providers are responsible for identifying Social Security Disability Income (disability income) clients and assisting clients in the Medicare application process after they have been enrolled in and received disability income benefits for two years. Medicare eligible clients are expected to enroll in all Medicare parts during their open enrollment period. Failure to enroll in either Medicare Part B or Part D may result in client ineligibility for Ryan White funded services provided by Medicare Part B and/or Part D.

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%

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.

FEDERALLY FACILITATED MARKETPLACE SCREENING AND ENROLLMENT

Clients may be eligible for the Federally Facilitated Marketplace if they are:

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

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

SPECIAL QUALIFYING EVENTS FOR THE FEDERALLY FACILIATED MARKETPLACE

Outside open enrollment, clients can enroll in most private or Marketplace insurance during qualifying life events under the Special Enrollment Period (SEP). Please consult the Marketplace website (www.healthcare.gov) for specific Special Enrollment Period related information.

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

CLINIC SPECIFIC PRESCRIPTION ASSISTANCE PROGRAMS

Clients enrolled in a clinic-funded Prescription Assistance Program (PAP) are not eligible for Ryan White Part B funded outpatient ambulatory health services, mental health, substance abuse, health insurance premium cost sharing assistance (HIPCSA) and/or ADAP premium or copay assistance. Services normally covered under the four (4) service categories identified should be supported by use of the program income generated by the PAP at the Clinic. Please refer to HRSA PCN 15-03 for any questions related to the approved use of program income.

INADEQUATE/UNAFFORDABLE INSURANCE

When a clients' insurance appears to be inadequate, providers may submit an email request to the Ryan White Program Manager's, as applicable, to review. Requests should include:

- Client URN
- Source of insurance coverage (AHCCCS, employer, etc.)
- Brief description of the shortage. For example, "Mental Health coverage only pays for 2 visits."
- The entire insurance "Summary of Benefits" as this will typically be the proof that the service is not covered by the insurance program including Medicaid and Medicare.

The Program Manager will review. The Program Manager may allow use of Ryan White funds to pay for additional services. The agency must …

1) ensure the client is still eligible for Ryan White services,
2) keep a copy of the email approval in the client file and
3) fully utilize the insurance before charging Ryan White.

WHEN CLIENTS HAVE INSURANCE THAT IS NOT ACCEPTED AT THE RYAN WHITE AGENCY

When clients have insurance, Ryan White cannot pay for services that would be covered by the insurance. For example, an agency may be funded for primary medical care and the client has TriCare health insurance. The agency must refer the client to a TriCare medical provider. Ryan White will not reimburse for services when there is another payer.

HIV LABS

LAB DOCUMENT REQUIREMENTS

Current labs must be electronically submitted only if they were not located in the state surveillance system. If lab records are not located an eligibility worker will reach out to the applicant, caseworker, or clinic to obtain the labs. Caseworkers obtaining labs would need to upload in the approved data system. The lab document must include the applicant's full, legal name, date of birthday. Examples of acceptable lab submissions include:

- Lab report that contains qualitative result
- Completed Medical Provider Page (MPP)

FREQUENCY FOR COLLECTING LABS

Current viral load labs are required every six months and collected during all client renewals. CD4 labs are optional and used in other federal reporting such as the RSR.

DIFFERENCES BETWEEN A/B/ADAP ELIGIBILITY REQUIREMENTS

Items	Care Services for A and B	ADAP
Residency		
Location	Based on home address, clients can access Part A or Part B funded care services.[1]	Qualifying clients must live in Arizona

[1] Las Vegas Part A clients living in Arizona's Mohave County may be eligible for Part B funded dental insurance.

Items	Care Services for A and B	ADAP
Returned Mail	Does not disenroll due to returned mail. Residency documentation may be requested.	If Mail is returned and the ADAP Office is unable to confirm address, ADAP clients may be disenrolled from the program
Income		
Income limit exceptions	No exceptions to the income limits.	May request an income exception for reasonable cases.
Third Party Payer		
Frequency	Different services require additional screening above and beyond RWISE eligibility renewals.	Completed with the application.
Insurance		
Insurance Documentation	Handled at the agency level and tied to specific service category screening processes.	ADAP Assist clients must provide a copy of 1) their insurance card, 2) summary of the benefits and coverage, and 3) copy of prescription formulary.

RYAN WHITE INTEGRATED STATEWIDE ELIGIBILITY POLICIES AND PROCEDURES

The Ryan White Integrated Statewide Eligibility system (RWISE) is a set of rules and approved data systems which allows clients to use a single application process to establish a shared eligibility status for Ryan White Parts A, B and ADAP.

The Central Eligibility Office and the ADAP Office programs will be referred to as the Eligibility Offices.

- The Central Eligibility Office is the lead for reviewing and determining eligibility for clients living in the Phoenix Eligible Metropolitan area which includes Maricopa and Pinal Counties.
- The ADAP Office is the lead for reviewing and determining eligibility for Arizona clients living outside of the Phoenix Eligible Metropolitan Area.

PROVIDER ELIGIBILITY RESPONSIBILITIES

- Assure that Ryan White funds are utilized as the payer of last resort as defined by HRSA and as outlined above under “Guidelines for Documenting Verification of Other Payer Source.” This requirement may result in additional screening beyond the baseline eligibility established by the Eligibility Offices.

- Distribute their agency-specific Grievance Policy and maintain on file proof that each Ryan White client has received a copy of the policy.
- Use the approved data system to monitor the eligibility status and income level of each client prior to providing Ryan White services. Only services for “Eligible” or “Pre-approved” clients will be reimbursed. Clients in a “pending” status will be reimbursable until the end of the calendar month.
- Use custom reports in the approved data systems to ensure that units provided during a client’s ineligible period are not included in the billing submission. In cases where an ineligible unit appears, the provider must delete the ineligible service and related costs, as applicable. Do NOT delete the client. Until all ineligible services are removed, the bill will not be considered complete and ready for processing and payment.
- Whenever there is a change in client residency, income or insurance, submit a change form with support documents to the Eligibility Office.
- Any applications submitted via referral must include the application and supporting documents as a single document. Except for the initial application, where the diagnosis document should be uploaded separately.
- Coordinate all written communications regarding Ryan White Integrated Statewide Eligibility through the Eligibility Office.

ELIGIBILITY OFFICE RESPONSIBILITIES

It is the responsibility of the Eligibility Offices to review, process, and approve eligibility documents compliant with Ryan White Part A and B Policies and Procedures. The Eligibility Offices are responsible for maintaining accurate and appropriate client files for any client who certifies/recertifies at their agency. The results of these efforts will be published in the approved data system as a baseline eligibility status for all clients within Arizona. Copies of the applications and support documents will be available to all Ryan White Providers through the Part B Provider Network or the Part A Portal. Eligibility Offices will accept paper and digital copies of support documents, including but not limited to texted and emailed images.

It is the responsibility of the Eligibility Offices to distribute, collect, and file the following required supplemental forms, as needed: Release of Information, Statement of Clients Rights and Responsibilities, and Notice of Privacy Practices. See appendix for copies of each form.

Eligibility must be completed in a timely manner.

- After receipt of a correct and complete Ryan White Application, the Central Eligibility Office has 5 business days to update client status in the approved data system.
- The Eligibility Offices will complete at least 3 documented attempts to contact the client prior to updating the client’s eligibility status to pre-approved pending any missing documentation.

- Part B/ADAP requires the RWISE referrals remain open for 30 days, with attempts to contact the client or case manager every 2-3 days.
- Returning clients with a “not eligible” status in approved data system will follow the same timelines as new clients.

- Renewing clients with an “eligible” or “pending” status in the approved data system will have until the last day of their final eligibility month to provide appropriate support documentation and have their status updated in the approved data system.
- Part A Ryan White & ADAP Pre-Approval Forms must be entered into the approved data system within 2 business days of receipt.
- Part B’s Effective Eligibility date will be the date of the client’s signatures. Three conditions must be met:
    - 1st Condition: A full application with all required documents must be submitted in a referral to RWISE, within one month of client signature date. Applications signed on the 31st will have until the last day of the following month. Please note: The date on the client signature is a defining date. It is beneficial to the provider and client to submit eligibility documentation as close to the date of signature as possible.
    - 2nd Condition: The application and ALL required support documents are included in the referral to the RWISE domain.
    - 3rd Condition: The support documents meet applicable timeframe requirements, based on the date of the client signature. Applicable timeframes of support documents are detailed in the application.
- In cases when there is a timeline conflict regarding the updating of a client status for Part B, the earliest timeline must be met.

The Eligibility Offices are required to complete data entry for:

- **Arizona Ryan White Programs Application:** Information from the Application will be entered into related data system. Scanned copies will be uploaded, including related support documents.
- **Permanent HIV Diagnosis:** Scanned and uploaded separately from the application.

The Part A Eligibility Office is also required to upload copies of:

- **Joint Arizona Acuity Scale:** Scanned copy will be uploaded for new clients.
- **Client Choice Referral Form:** Scanned copy will be uploaded.
- **Ryan White & ADAP Pre-Approval Form:** When used, information from the Ryan White & ADAP Pre-Approval Form will be entered into the related data system. Scanned copy of the initial HIV test should be scanned and uploaded as an initial HIV result.

The Eligibility Offices are required to follow up on referrals generated through their office, incomplete packets, client inquiries, and change forms submitted from other providers. Communication attempts must be conducted in a confidential manner.

INCONSISTENT CLIENT DATA

The Eligibility Offices are required to follow up on documented client claims which are inconsistent and impact client eligibility. At a minimum, the completion of a Statement of Facts form must be solicited from the client. The Eligibility Offices will have 7 business days from the date received to clarify the claim and determine a decision regarding which information to use in the application. Requirements for the clarification process beyond the collection of the Statement of Facts form will be determined by the

Eligibility Offices. Clarification activities must be reasonable and lead towards documentation that clarifies the item of discrepancy. Activities may include but are not limited to requests for written statements from employers that pay cash, research in a Base Wage database, or requests for copies of bank statements.

INITIAL ELIGIBILTY REQUIREMENTS FOR CLIENTS

The initial intake and any following renewals can be completed via mail, phone, or other remote means. When offices are open, they may be completed in person. Case Managers and eligibility workers can attest that the client provided consent for them to prepare, apply, and sign in lieu of a client signature. This includes the authorizing signature on the Release of Information.

PART A

The Part A Central Eligibility Office is required to meet with new clients to complete the Ryan White Application and Joint Arizona Acuity Scale. High need areas identified during the interview require an offer of related referrals.

All new clients will be offered expedited, opt-out referrals for Case Management services. Expedited referrals must occur within 2 business days of documented eligibility completion and must be documented in the client chart. Expedited referrals entered the approved data system should include a comment indicating that the referral is expedited.

The Central Eligibility Office does not assign clients to Case Managers as the selection is client driven. Clients will select their agency for case management and any other Ryan White service referrals based on review of the Ryan White Service Directory or the client may opt out of referrals at that time. Referrals will be recorded via the Client Choice Referral Form in the client chart and documented in the approved data system. The Ryan White Part A Office will monitor referrals.

PART B

The ADAP Office does not complete assessments for Part B clients. The Part B new applicant process is decentralized and completed by the client's case management agency. The Case Management Providers use the Joint Arizona Acuity Scale, as defined in the Part B Standards of Care. The case managers make referrals to local resources

RAPID START FOR NEWLY DIAGNOSED CLIENTS

Patients diagnosed with HIV within the past 30 calendar days can go through a special rapid pre-approval process to expedite eligibility and linkage to care if all documents are unavailable.

For Rapid Start pre-approval eligibility workers or partner organizations must submit the following:

- Proof of HIV Status - for Rapid Start initial HIV tests screening positive are acceptable without a confirmatory test if a confirmatory result is unavailable
- Ryan White & ADAP Pre-Approval Form

Clients will remain ADAP and Ryan White eligible for until the end of the following month. They must provide the rest of the required documents to complete the application before the end of their thirty days. The required documents include confirmatory proof of HIV status, proof of residency and proof of income as defined in the policy. Failure to provide all required documents to the Ryan White and ADAP program before the end of the thirty days will result in disenrollment from the program.

RAPID START FOR OUT OF CARE CLIENTS

Patients are defined as out of care are patients who meet one of the three criteria below:

- Has run out of HIV medications or will run out of HIV medications in the next seven calendar days.
- Has not seen a medical provider for HIV care in over 12 months and is not virally suppressed
- Has been re-engaged through the Data To Care Program

For Rapid Start pre-approval eligibility workers or partner organizations must submit the following:

- Proof of HIV Status
- Ryan White & ADAP Pre-Approval Form

Clients will remain ADAP and Ryan White eligible for until the end of the following month. They must provide the rest of the required documents to complete the application before the end of their thirty days. The required documents include confirmatory proof of HIV status, proof of residency and proof of income as defined in the policy. Failure to provide all required documents to the Ryan White and ADAP program before the end of the thirty days will result in disenrollment from the program.

ACCEPTABLE PAPERWORKD AND DATA ENTRY

ACCEPTABLE PAPERWORK

All Providers are required to utilize the forms and process approved in this policy.

Standard Eligibility Forms include forms that relate directly to the processing and establishment of baseline eligibility. All current and approved forms are online at www.azadap.com. Standard, required forms include:

- Full Application: Completed at time of initial application and recertification.

  - Release of Information for all Ryan White Services, included with the Full Application packet.
- New Applicant Addendum: Completed with the initial application for Ryan White services in Arizona.

The following forms are :used as needed:

Additional Form	Description	When to use
Change Form	Collects and sends updates to select client information. Support documents may also be required.	Mid-cycle change to name, residency, income, employment, household size, or insurance.
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 submissionof current lab results, Provider may choose tosubmit in lieu of current lab copies.
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.

Additional Form	Description	When to use
Benefit Verification Form	Ryan White is the payer of last resort. This form is used to confirm the client's healthcare coverage eligibility/enrollment. May also be used for basic employment information. Form is expected to be completed by employer. There are two versions – one with the ADAP fax number and one without.	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 credit 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.	• 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.

Client Choice Referral Form: Documents the client's referral selections or refusal of referrals.

- **Ryan White & ADAP Pre-Approval Form**: Provides a temporary pre-approval eligibility period up till the end of the following month. This form is used for a pre-approval process for expedited linkage of uninsured, newly diagnosed, and early intervention service clients into care. This form is for completion by the Provider and is only available in English.
- **Notice of Privacy Practices**: The Central Eligibility Office must include in the client file a signed acknowledgement of the receipt of a copy of the Ryan White Part A Notice of PrivacyPractices

Agency Forms are required in the client charts:

- Agency specific grievance Forms.
- Statement of Clients Rights and Responsibilities: Must include in the client file, a signed acknowledgment of receipt, of a copy of the Client Rights and Responsibilities or anannotation referencing client's refusal to sign a statement.

DATA ENTRY

Electronic submission of the Ryan White Programs Application should only occur after the application is completed and required eligibility documents are collected.

Providers that encounter potential duplicate clients in the approved data system will notify their Eligibility Office with the two client URNs. Providers will also identify which URN is believed to be correct and why.

In cases where a client does not which to receive mail, the provider should complete a Change Form indicating "no mail" and send the change form to the Central Eligibility office. Please note that ADAP 340B clients who do not provide a mailing or shipping address, must pick up their medications from the approved pharmacy.

Insurance in the approved data system should reflect the client's insurance enrollments at time of application/renewal with the Eligibility Offices.

RECERTIFICATION

Client recertification includes completion of the Arizona Ryan White Programs Application during the client's birthday month for an annual recertification.

If there are income changes which impact the services a client is eligible to receive, additional support documentation may be requested. Recertification is not required to be completed in person. Related communications from Ryan White Providers and Eligibility Offices must be transmitted in a confidential manner.

Part A: Renewing clients may request that their case manager represents the client during the eligibility process. The Case Manager and agency name will be reflected in the application. The Case Manager will act as a liaison between the client and the Central Eligibility Office and all communications between the Eligibility Offices and client will be directed through the designated Case Manager.

Part B: The Case Manager is the default contact for eligibility unless the client contacts ADAP directly.

DISENROLLMENT

In some situations, a client may be determined ineligible for Ryan White Part A, B and/or ADAP services or have their eligibility status terminated.

Reasons for disenrollment from all Ryan White services may include, but are not limited to:

- Client did not complete or submit eligibility renewal paperwork.
- Relocation outside of Arizona.
- Income exceeding the Federal Poverty Level (FPL) qualifications for services.
- Information submitted by the client is inaccurate, incomplete, or falsified.

Clients may be disenrolled or ineligible for specific service categories when:

- The client has a payer for the service. For example, clients with Medicaid (AHCCCS) are not eligible for Ryan White funded primary medical care or ADAP. However, the clients are still eligible for psychosocial services.
- Client income exceeds the allowable federal poverty level. For Example, a client experiences a change in income or household size raising them above the allowed FPL for the services provided.

Please note that the client may be reenrolled upon demonstration of meeting appropriate eligibility requirements for the requested service category.

Specific agencies may disenroll client's if/when a Provider determines that the client exhibits violent or threatening behavior to an employee, volunteer, or fellow client of the Provider or Ryan White Part A or B program. The agency is required to notify the Ryan White Part A or B Office of the client disenrollment. Client may be reenrolled at the discretion of the agency.

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

EMA – Eligible Metropolitan Area

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

MPP – Medical Provider Page

RWISE – Ryan White Integrated Statewide Eligibility

RWPA – Ryan White Part A

RWPB – Ryan White Part B

TGA – Transitional Grant Area

URN – Unique Record Number

VA – Veteran's Administration

QUESTIONS, COMMENTS, OR CONCERNS?

Ryan White Part A Central Eligibility Office
1366 E Thomas, Suite 203
Phoenix, AZ 85014

602-212-3788 (local)
866-716-2177 (toll free)
602-212-3784 (fax)

Email: ceoffice@aaaphx.org

Arizona Department of Health Services - AIDS Drug Assistance Program (ADAP)
150 N. 18th Ave. – Suite #280
Phoenix, Az. 85007

602-364-3610 (local)
800-334-1540 (toll free)
602-364-3263 (fax)

Email: careandservices@azdhs.gov