CUYAHOGA COUNTY BOARD OF HEALTH

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Cleveland TGA Ryan White Part A Eligibility Requirements













Cleveland TGA Ryan White Part A Eligibility

Applicants must provide documents establishing the following:

- 1. <u>HIV/AIDS diagnosis</u> Must have client's name, along with a licensed provider's signature and/or official healthcare letterhead.
- 2. <u>Cleveland TGA residency</u> Currently living in one of these OH counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, or Medina.
- **3.** <u>Low income</u> Monthly income must be at or below 500% of the current Federal Poverty Level (FPL) for all service categories.
- 4. <u>Uninsured or underinsured</u> Agencies must explore and eliminate all other possible sources of third party payment before using Ryan White funds to pay for services. Clients with insurance or access to insurance must submit documentation of coverage.



Proof of HIV Status

- Must be medical documentation signed by a medical provider, or on official healthcare letterhead.
- Client's full name must be present and legible.
- Only needs to be uploaded one time.
 - This is the only eligibility criteria that does not need to be uploaded every year.





Proof of Residency

- Must be recent and legal documentation.
- Client's full name must be present and legible.
- <u>Common forms</u>:
 - *Recommended (if applicable): screenshot of Medicaid eligibility on JFS website showing address and/or county of residence
 - Valid drivers' license
 - Rental lease
 - Utility bills
 - Social Security benefit awards letter showing address





Proof of Income

- Must be recent and legal documentation.
- Client's full name must be present.
- <u>Common forms</u>:
 - *Recommended (if applicable): screenshot of Medicaid eligibility on JFS website
 - Pay stubs
 - Social Security benefit awards letter showing amount received per month
 - Signed letter from employer



Self-Attestation Statements

Only acceptable as a last resort.

If a client receives zero income, explore all options first before uploading a statement of zero income.

- Is the client eligible for Medicaid?
- Any self-attestation statement must be dated and signed off by client with a written explanation how this client is being supported financially.
- If you have any questions about self-attestation statements, email Brittanie Evans at <u>bevans@ccbh.net</u>.



Proof of Insurance

- Must be recent and legal documentation.
- Client's full name must be present.
- <u>Common forms</u>:
 - *Recommended (if applicable): screenshot of Medicaid eligibility on JFS website
 - Scanned insurance card
- If a client receives zero income, they are likely eligible for Medicaid.
 - Medicaid application can be uploaded as **temporary** proof of insurance if application is still processing.
 - Medicaid approval/denial letter can then be uploaded.



REVIEW - Updated 2021 HRSA Guidelines

- Eligibility only needs to be established once per year.
 - 6NC documentation is no longer needed.
- Providers should utilize all available resources to confirm eligibility before reaching out to the client.
 - i.e. Information obtained from Medicaid database or another database.
 - This lessens the burden on the client.
- Staff are highly encouraged to check in with client intermittently throughout the year to ensure client eligibility is maintained.
- Immigration status is irrelevant to eligibility.
 - As long as clients can provide proof that they are living in the Cleveland TGA, they are eligible for services regardless of immigration status.



Eligibility Application

- Eligibility must be established and application uploaded **at least once per year**, along with all supporting documentation (proof of residency, income, and insurance).
 - Eligibility expires exactly one year from the date that the application is completed and signed.
 - Supporting documentation expires one year from the date that it is initially uploaded.
- Application must be completed in its entirety do not leave any lines blank.
- Ensure that you are using the most recent eligibility application.
 - Available on the Ryan White website and each agency's FY2024 flash drive.



Eligibility File Naming Format

The following chart outlines the naming format by eligibility document type:

Eligibility	File Name Format
Document	
Eligibility Application	mm dd yy APP
Proof of Residency	mm dd yy RES
Proof of Income	mm dd yy POI
Proof of HIV Status	mm dd yy HIV
Proof of Insurance	mm dd yy INS

Please ensure that each file is uploaded with 2 digits for the month, 2 digits for the date, and 2 digits for the year, followed by the appropriate spacing and abbreviation. **No extra numbers or letters should be added.**

• Ex: 05 02 23 POI

Sliding Scale Fee & Grievance Policy

- Required for eligibility monitoring
- All clients should have a sliding scale fee and a grievance policy in their client record that is reviewed and signed off annually.
 - Sliding scale fee should state that Ryan White clients will not be charged for any Ryan White services.
- If your agency provides clients with a packet upon intake that includes the grievance policy, clients may sign a form stating that they have read, understand, and agree to it, as long as they sign this form annually.
 - Sliding scale fee must be a separate document that is directly signed off by the client and uploaded in EMR.
- These documents should be uploaded into the agency EMR or kept as a paper copy.
 - Should <u>NOT</u> be uploaded into CAREWare.



Changes Throughout the Year

- If a client's residency, insurance, or income changes at any point in the year, then documentation must be uploaded showing this change.
 - i.e. A previously unemployed client gets a job, a client loses their insurance, etc.
 - Date this document based on the date that it is uploaded, along with a comment such as "income change," "client moved," "new insurance."
 - This document will be valid for one year from the date that it is uploaded.
- This does not apply to clients whose income changes monthly.
 - The client receives hourly wages and/or works part-time.
 - In this case, uploading their most recent 2-3 pay stubs is sufficient proof of income.
- A whole new eligibility application does not have to be completed, as long as the client is still eligible for services.
 - The client's current application will still expire one year after the date that it was completed and signed.



Eligibility Responsibility

- Review documents BEFORE seeing clients.
 - The agency providing the service is responsible for ensuring eligibility requirements are met and current in CAREWare.
 - View the uploaded files to ensure that they are correct and legible.
- Documents should be uploaded within 3 business days.
 - This is important to ensure that another provider does not complete a duplicate eligibility application because yours was not uploaded.
- Agencies cannot delete files in CAREWare.
 - If a file needs to be deleted, please reach out to Brittanie Evans at <u>bevans@ccbh.net</u>
 - If a file was incorrectly uploaded, reach out as soon as possible, as this could be a violation of HIPAA.
- Step-by-step instructions are in the CAREWare Manual.



Frequent Mistakes

- Re-uploading the exact same file that was uploaded at last recertification.
 - Clients must prove all aspects of eligibility once per year, even if their information has not changed.
- Self-attestation statements should only be used as a last resort.
- Cannot use a screenshot from the client's eligibility application to prove insurance, income, or residency must be legal documentation.
- If one document (i.e. proof of Medicaid) is being used for multiple aspects of eligibility, it needs to be uploaded in EACH category.
- Not adhering to the file naming format (ie. MM DD YY APP).
- Documentation does not have identifying client information.
 - i.e. Social Security benefits award letter shows the amount that client receives monthly, but does not include the page with the client's name.



Things to Remember

- Eligibility is established when <u>all</u> verification and documentation criteria are met and up to date.
 - HIV status, income, residency, insurance
- Ryan White is the payer of last resort.
 - Agency eligibility staff must screen the client for other potential thirdparty payers and assist the client in completing related applications, as needed.
- All supporting documents must be uploaded into CAREWare within 3 business days.
 - Uploaded documentation is required before services are billed.



Things to Remember

• Update client eligibility record under "Eligibility" on the Demographics page in CAREWare.



Eligibility Documents

All Eligibility documents are available on our website!

http://www.ccbh.net/ryan-white/





Questions?





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