



<b>HIV Resources Administration Unit (HRAU)</b>	
<b>Title: Client Eligibility Verification</b>	<b>Policy Number: 0.3</b>
<b>Type: Grant</b>	
<b>Approved:</b> Unit/Program Manager: <i>Gregory L. Boldt</i>	<b>Date Approved:</b> <i>6/5/12</i>
<b>Attachments:</b>	
<ol style="list-style-type: none"> <li>1. Sample of the Austin TGA Ryan White Part A Client Eligibility Form/revised 11/12</li> <li>2. Instructions for use and completion of the above form.</li> <li>3. Affidavit of Self-Disclosed Income/June/12</li> <li>4. Residency Verification Form/June/12</li> <li>5. Copy of the Austin Transitional Grant Area Eligibility Criteria by Service Category</li> </ol>	
<b>Effective Date: 06/05/2012</b>	
<b>Review Date: 12/01/2012</b>	<b>Reviewed By:</b>
<b>Review Date:</b>	<b>Reviewed By:</b>

**I. Purpose:**

The purpose of this policy is to ensure standardization of documentation and procedures for providing funded services based on eligibility.

**II. Scope:**

The Goal of the Austin HRAU is to ensure that clients funded through Ryan White (RW) service categories meet ALL eligibility requirements set out in the HRSA Monitoring Standards.

**III. Policy:**

All persons seeking HRAU funded services must provide the following documentation in order to be eligible for services:

- HIV+ diagnosis<sup>1</sup>
- Verification of identity
- Verification of current residency within the Austin TGA
- Verification of current household income

<sup>1</sup> For services available to non-HIV+ persons, documentation of the client's relationship to an HIV+ person and the HIV+ person's diagnosis must be provided and present in the client's file.

#### **IV. Guidance for Service Providers**

##### **1. Duration of Eligibility:**

All documentation accepted during eligibility verification must be current (i.e. no greater than 180 days from the day the client presents for registration or update). For purposes of this policy, the client's eligibility will expire six months (180 days) from the date the client's eligibility was established or updated by the agency. The "Austin Eligibility Verification Form" will display the eligibility expiration date. (Proof of HIV+ diagnosis, needs to be present in the clients file at all times but does not have an expiration date and does not need to be updated).

In addition, as RW is the payer of last resort for those services that are reimbursable by Medicaid/Medicare or third party, the files of clients receiving Medicaid/Medicare or third party eligible services must contain documentation of the agency's efforts to verify Medicaid/Medicare or third party eligibility at every visit or on a monthly basis. (in lieu of maintaining the information in individual client files, the agency may employ a mechanism that assures Medicaid/Medicare or third party verification at least monthly).

##### **2. HIV+ Diagnosis:**

Acceptable documentation: all viral load tests must indicate that they were detectable (if the test result reads < the results will not be considered an HIV+ Diagnosis for purposes of Eligibility Verification). The following documents must be noted in the clients file. If using ARIES documentation from the TGA Ambulatory care clinic the screen indicating the document supporting HIV+Diagnosis must be printed and placed in the client file. For clients that are seen at other Ambulatory care clinics a copy of the supporting document must be present in the client file. Please Note: CD4 results will not be accepted for HIV+ for status.

- A. A computer –generated HIV+ lab test with the individual's name pre-printed. Examples are:
  - Antibody screening test [e.g. Reactive Enzyme Immunoassay (EIA) with confirmatory western blot or Indirect Immunofluorescence Assay test (IFA)]; OR
  - HIV Nucleic Acid (DNA or RNA) detection test [e.g. Polymerase Chain reaction (PCR), HIV p24 Antigen test, HIV Isolation (viral culture)] OR
- B. Healthcare Professional documentation who is providing HIV medical care to the client:
  - A statement or letter signed by a medical professional (acceptable signatories listed below), indicating that the individual is HIV+, including the individual's name and the phone number of the medical professional;

- A medical progress note, hospital discharge paperwork, or other document signed by a medical professional (acceptable signatories listed below), indicating that the individual is HIV+, including the individual's name and the phone number of the medical professional;
- A Texas Department of Criminal Justice (TDJC) physician-completed Medical Certification Form (MCF)

Acceptable signatories:

- A licensed physician,
- A licensed physician assistant,
- A licensed nurse practitioner,
- A registered nurse working under the supervision of a physician,
- A licensed Master's level social worker (LMSW) working under the supervision of a physician,
- An advanced Practice Nurse

**NOTE:** Proof of HIV+ Diagnosis does not have an expiration date and does not need to be updated annually.

### **3. Identity:**

Acceptable documentation:

- Unexpired Texas Driver's License
- Unexpired Texas State ID Card
- Unexpired Tribal ID
- Unexpired Military ID
- Unexpired U.S. Immigration documents with picture
- Unexpired Student ID with picture
- Texas Department of Corrections ID Card
- Metro ID Card with picture
- Government-issued ID from a country other than the U.S. with picture
- Social Security Card
- Birth Certificate (with marriage license for married women)
- Texas learner's Permit or Temporary License

The following documentation is acceptable only for undocumented and/or homeless clients and clients recently released from or referred by the County jails in the TGA:

- Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client;
- Letter on company letterhead from a County Jail in the TGA.

### **4. Residency:**

**Acceptable documentation: (must be current)**

- Lease/Rental agreement in the name of the client or listing the client as an occupant
- Property tax documents in client's name
- Utility/phone/cable bill in the client's name
- Credit card bill in the client's name
- Letter on company letterhead signed by the director of a recognized group home, care home or transitional living facility stating that the client is a resident
- Any type of current business/or governmental correspondence with the client's name and address preprinted, (e.g. auto registration insurance, band/brokerage statement, food stamp letter, Social Security letter, Medicaid/Medicare letter)
- Pay stub with client's name and address preprinted

The following documentation is acceptable only for undocumented and/or homeless clients:

- "Residency Verification Form- for homeless clients signed by Client and HIV Case Manager (valid for only 60 days from the start of services at the agency)
- Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

Residency documentation for minors is required for a parent or guardian with whom the minor resides.

**5. Proof of Income:**

Acceptable documentation:

- Payroll stub/copy of payroll check/bank statement showing direct payroll deposit;
- Letter from employer on company letterhead indicating weekly or monthly wages;
- Unemployment benefits letter/copy of check or bank statement showing direct deposit;
- IRS 1040 form (tax return)/W2 form/1099 form
- Social Security award letter;
- VA benefits letter;
- Private disability/pension letter on company letterhead;
- Medicaid letter;
- Child or spousal support order with judge's signature and date;
- Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter;

- Temporary "Affidavit of Self Disclosed Income Form" (valid for only 60 days from the start of services at the agency);
- Documentation of any other income.

The following documentation is acceptable only for clients claiming no income:

- "Affidavit of Self Disclosed Income Form" (valid for only 60 days from the start of services at the agency);
- Proof of application for Social Security (valid for 6 months only);
- Client living off savings: bank/investment account statements from 3 consecutive months showing withdrawals for living expenses;
- Client being supported by someone else; statement signed and dated by the supporter, which includes the amount and type of support (room only, room and board, cash assistance, etc.) and the supporter's phone number for verification;
- Homeless client: letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

All clients must be screened for financial eligibility for RY Part A and C funded services. Services should not be provided to clients whose household income exceeds the cap approved by the RW Planning Council for each service category.<sup>2</sup>

Documentation of income must be provided for all members of the client's household.<sup>3</sup>

Income documentation for minors is required for the parent(s) or guardian(s), with whom the minor resides.

#### **6. Medicaid/Medicare or Third Party Eligibility Verification:**

The following service categories must provide verification of client ineligibility for Medicaid/Medicare or third party coverage (to assure that RW Part A and C is payer of last resort) at every visit or monthly (whichever is less frequent).

#### **Medicaid/Medicare or Third Party Reimbursable Service Categories**

- Primary Medical Care (including pediatric and women's services)
- Psychiatry
- Local Pharmacy Assistance Program (LPAP)
- Dental
- Rehabilitation/PT/OT
- Substance Abuse Treatment
- Vision Services
- Transportation (Medicaid only)
- Hospice
- Case Management (Certain populations)

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<sup>2</sup> See the US Dept. of Health and Human Services Poverty Guidelines for the current year and the "Ryan White Federal Poverty Guidelines" table.

<sup>3</sup> As per Federal definition, a same sex spouse or partner is not considered to be a household member.

**Acceptable documentation:**

- Verification of employment, i.e. payroll stub, copy of payroll check, bank statement showing direct payroll deposit, letter from employer on company letterhead indicating weekly or monthly wages no greater than 6 months old (to demonstrate Medicaid/Medicare or third party eligibility status);
- Medicaid/Medicare or third party rejection letter covering the dates of service;
- Signed note in patient record showing date and time of call to Medicaid/Medicare or third party (must be done monthly or at every visit, whichever is less frequent)

The following documentation is acceptable only for undocumented and/or homeless clients:

- Letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

The City of Austin HRAU and Contract Compliance Unit will, during site visits to agencies providing Medicaid/Medicare or third party reimbursable services, record the social security numbers of "reviewed" client records only. This measure is intended for the sole purpose of assuring that RW Part A & C is the payer of last resort, as directed/dictated by The Health Resources and Services Administration Unit (HRSA).

After the Medicaid/Medicare or third party eligibility status has been verified/established, all records of the Social Security Number will be destroyed. All references to a client will be made by the use of the established ARIES number.

Services rendered under RW Part A or C for days on which a client was eligible for Medicaid/Medicare, or another third party payer will be recouped by City of Austin. The agency however, will not be cited for failing to use RW as the payer of last resort if the above documentation showing the client is ineligible for Medicaid/Medicare or third party is in the client file at the time of the site visit.

## **V. Internal HRAU Eligibility Verification Procedure**

1. The City of Austin HRAU staff will, during site visits to agencies will look for documentation outlined in this procedure for each of the following areas:
  - HIV+ diagnosis
  - Verification of identity
  - Verification of current residency within the Austin TGA
  - Verification of current household income
2. Any elements that are missing from client files will be communicated to the agency and they will need to be able to demonstrate why the information is missing and what they have done to obtain it. If they are unable to provide satisfactory documentation for the missing element(s) then the agency will have 30 days to obtain appropriate information or forfeit all funds billed and received by RW Part A and/or C.
3. Regarding payer of last resort the City of Austin will, during site visits and/or desk review for agencies providing Medicaid/Medicare or third party reimbursable services, record the social security numbers of "reviewed" client records. This measure is intended for the sole purpose of assuring that RW Part A & C is the payer of last resort, as directed/dictated by The Health Resources and Services Administration Unit (HRSA).

After the Medicaid/Medicare or third party eligibility status has been verified/established, all records of the Social Security Number will be destroyed. All references to a client will be made by the use of the established ARIES number.

Services rendered under RW Part A or C for days on which a client was eligible for Medicaid/Medicare, or another third party payer will be recouped by City of Austin. The agency however, will not be cited for failing to use RW as the payer of last resort if the above documentation showing the client is ineligible for Medicaid/Medicare or third party is in the client file at the time of the site visit.

**NOTE:** In situations where a client is eligible for paid services by Medicaid/Medicare, or another third party payer, but they are only reimbursed for one service per day, if it is necessary for the secondary service to occur on the same day, as long as there is documentation in the clients file it is acceptable for the agency to bill the RW Grant for the second service only if the first service was billed to either Medicaid/Medicare, or another third party payer.

## **VI. Resources**

1. Sample documents are available on the AustinHIV.com website.

## **VII. Revision History**

<b>Revision</b>	<b>Date</b>	<b>Description of Changes</b>	<b>Completed By</b>
0.0	9/01/2012	New Policy	GBean
0.1	12/01/2012	Information on Lab Results for detectable Viral Loads indicating proof of positivity and appropriate documentation added.	GBean

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