

## Ryan White Part A and Part C, Part B, and THMP Eligibility Requirements Chart

### Initial Eligibility / New Applicants

	<a href="#">Part A and Part C Services</a>	<a href="#">Part B Care Services</a>	<a href="#">THMP</a> (ADAP/SPAP/TIAP)
Application form	THMP application is optional for clients <i>only</i> receiving Part A and/or Part C services.	Use of THMP application is optional for clients <i>only</i> receiving Care Services, required supportive documentation must be in the client's primary record and date stamped in ARIES.	<b>Use up-to-date application:</b> <a href="https://dshs.texas.gov/hivstd/meds/document.shtm">https://dshs.texas.gov/hivstd/meds/document.shtm</a>
HIV Status	Documentation is the same as Part B Care Services. For complete list, see Section V.B. of Eligibility PCN #0.3-0.4	MCF <i>can</i> be used to document positivity, but other proof of positivity, as described in Section 7.1.2 of the <a href="#">Eligibility Policy</a> , will also be accepted.	The Medical Certification Form (MCF) is required as documentation of positivity.
Proof of Residency	Residency eligibility is limited to the 10-county HSDA: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson.  Documentation is the same as Part B Care Services. For complete list, see Section V.C. of Eligibility PCN #0.3-0.4.	Documents found in 7.1.3 of the <a href="#">Eligibility Policy</a>	Documents THMP will accept: <a href="https://dshs.texas.gov/hivstd/meds/files/RequiredDocs.pdf">https://dshs.texas.gov/hivstd/meds/files/RequiredDocs.pdf</a>
Income Documentation	Supporting documentation is the same as Part B Care Services. For complete list, see Section V.D. of Eligibility PCN #0.3-0.4.	Supporting documentation is required to complete the <a href="#">Income Calculation Worksheet</a> .	
Insurance Verification	Provider must verify if applicant is enrolled in other health coverage and document status in client file. Enrollment must be pursued if client is income eligible for Medicaid, CHIP, Health Insurance Marketplace plans, or various other health plans as listed in Section V.E. of Eligibility PCN #0.3-0.4.	Provider must verify if applicant is enrolled in other health coverage and document status in client file. Enrollment must be pursued if client is income eligible for Medicaid, CHIP, Health Insurance Marketplace plans, or various other health plans.	

**Important:** If any guidance above conflicts with more recently updated THMP/Care Services requirements/clarification, please ensure procedures reflect the most up-to-date guidance.

## Yearly birth-month recertification

	<u><a href="#">Part A and Part C Services</a></u>	<u><a href="#">Part B Care Services</a></u>	<u><a href="#">THMP</a></u> (ADAP/SPAP/TIAP)
Application form	Use of THMP application is optional for clients <i>only</i> receiving Part A and/or Part C services.	Use of THMP application is optional for clients <i>only</i> receiving Care Services, required supportive documentation must be in the client's primary record and date stamped in ARIES.	<b>Use up-to-date application:</b> <a href="https://dshs.texas.gov/hivstd/meds/document.shtm">https://dshs.texas.gov/hivstd/meds/document.shtm</a>
HIV Status	Documentation of status is ONLY required for initial eligibility determination. (keep in client file)	Documentation of status is ONLY required for initial eligibility determination. (keep in client file)	The Medical Certification Form (MCF) is only required if there has been a medication regimen change. (This update can be faxed separately at any time)
Proof of Residency	Residency eligibility is limited to the 10-county HSDA: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson.  Documentation is the same as Part B Care Services. For complete list, see Section V.C. of Eligibility PCN #0.3-0.4.	Documents found in 7.1.3 of the <a href="#">Eligibility Policy</a>	Documents THMP will accept: <a href="https://dshs.texas.gov/hivstd/meds/files/RequiredDocs.pdf">https://dshs.texas.gov/hivstd/meds/files/RequiredDocs.pdf</a>
Income Documentation	Supporting documentation is the same as Part B Care Services. For complete list, see Section V.D. of Eligibility PCN #0.3-0.4.	Supporting documentation is required to complete the <a href="#">Income Calculation Worksheet</a> .	
Insurance Verification	Provider must verify if applicant is enrolled in other health coverage and document status in client file. Enrollment must be pursued if client is income eligible for Medicaid, CHIP, Health Insurance Marketplace plans, or various other health plans. See Section V.E. of Eligibility PCN #0.3-0.4.	Provider must verify if applicant is enrolled in other health coverage and document status in client file. Enrollment must be pursued if client is income eligible for Medicaid, CHIP, Health Insurance Marketplace plans, or various other health plans.	

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## Six-month Self-Attestation (during half-birth month)

<u>Part A and Part C Services</u>	<u>Part B Care Services</u>	<u>THMP</u> (ADAP/SPAP/TIAP)
Documentation is the same as Part B Care Services.	<ul style="list-style-type: none"> <li>➤ If supportive documentation was NOT collected during the previous certification, a self-attestation alone is not acceptable, <u>all supportive documentation is required</u>.</li> <li>➤ If all required supportive documentation was collected during previous birth month certification, a <a href="#">Ryan White Care Services Attestation</a> is acceptable. Attestation must be documented in the client's primary record and date stamped in ARIES.</li> <li>➤ If birth-month documentation was collected, <i>but there has been a change</i>, provide the necessary supportive documentation, as needed               <ul style="list-style-type: none"> <li>• If income changed, also complete a new <a href="#">Income Calculation Worksheet</a></li> <li>• if residence changed, attain current documentation of residency</li> <li>• (if insurance changed, please also update plan information)</li> </ul> </li> </ul>	<p>Use up-to-date application:  <a href="https://dshs.texas.gov/hivstd/meds/document.shtm">https://dshs.texas.gov/hivstd/meds/document.shtm</a></p> <p style="text-align: center;"><b>Supportive Documentation is Required</b></p>

**Important:** If any guidance above conflicts with more recently updated THMP/Care Services requirements/clarification, please ensure procedures reflect the most up-to-date guidance.