

**Ryan White Program
Service Delivery Guidelines
Fiscal Year 2010-2011
(Year 20)**

**Section VI –
Client Eligibility Requirements**



*Miami-Dade County
Office of Grants Coordination*

**Ryan White Program
Client Eligibility Documentation**

(NOTE: The following client eligibility requirements are effective March 1, 2010.)

**Excerpt from the FY 2010-2011 Professional Services Agreement for
Ryan White Part A and MAI-funded Services, as may be amended**
(YR 20 Continuation Contract Shells)

Article VII
Reporting, Record-keeping and Evaluation Studies

7.1 The SERVICE PROVIDER shall keep adequate records of clients served and the services provided to those clients as required by the COUNTY and by the U.S. Department of Health and Human Services. Furthermore, the SERVICE PROVIDER shall maintain, and shall require that its subcontractors and suppliers maintain complete and accurate records to substantiate compliance with the requirements set forth herewith in the Scope of Services (Exhibit A). The SERVICE PROVIDER and its subcontractors and suppliers shall retain such records and all other documents relevant to the services furnished under this Agreement for a period of five (5) years from the expiration date of this Agreement and any extension thereof, unless State of Florida laws and/or the COUNTY'S record retention schedule require a lengthier retention period.

A. At a minimum, the following records shall be kept:

- (1) **Documentation of the client having HIV or AIDS.** Said documentation shall include a copy of one (1) or more of the following: lab test results (Western Blot, ELISA with Western Blot, detectable HIV viral load or culture; a positive HIV viral culture or test result); or a certified referral form. A PAC Waiver Notification of Level of Care (Form 603) will also be accepted as proof of a client's HIV+ status;

If the client is referred by another Ryan White Part A or Minority AIDS Initiative (MAI)-funded medical case management service provider, a Ryan White Program Certified Referral Form indicating the type of allowable documentation that is maintained on file at the referral site will be accepted as sufficient documentation of a client's HIV or AIDS status under this Agreement. If the client is referred by a non-Ryan White Part A or MAI provider (e.g., Medicaid, PAC Waiver, General Revenue, and Ryan White Parts B, C, or D), an Out of Network Referral (OON) form along with allowable supporting documentation will be accepted as sufficient proof of a client's HIV or AIDS status;

- (2) **Documentation of the client's economic status that establishes their gross household income.** Said documentation shall include but not be limited to a copy of one (1) or more of the following: the client's paycheck stubs for the most current two (2) pay periods; Supplemental Security Income (SSI) checks or benefit/award letters; Social Security Disability Insurance (SSDI) benefit/award letters; Social Security Administration (SSA) benefit/award letter; Temporary Assistance for Needy Families (TANF) checks or benefit/award letters; HOPWA/Section 8 Rental Assistance Statement; other letters of Notification of Benefits (i.e., Medicaid, Medicare, Food Stamps, private disability, retirement/pension, Worker's Compensation, etc.); other public assistance checks; current W2 Forms; current Tax Return Forms; notarized letter from

Head of Household (HOH) detailing the client's relationship to the HOH, the level of financial assistance provided to the client, and indication that there is no co-mingling of income and/or assets; (for undocumented clients only) a letter from the employer indicating the level of pay provided to the client; a certified referral form; or in extreme and rare cases, a notarized self-declaration letter from the client indicating their income (which must be approved by a Ryan White Program Case Management Supervisor or the Office of Grants Coordination).

If the client is referred by another Ryan White Part A or Minority AIDS Initiative (MAI)-funded medical case management service provider, a Ryan White Program Certified Referral Form indicating the type of allowable documentation that is maintained on file at the referral site will be accepted as sufficient documentation of a client's economic status under this Agreement. If the client is referred by a non-Ryan White Part A or MAI provider (e.g., Medicaid, PAC Waiver, and Ryan White Parts B, C, or D), an Out of Network Referral (OON) form along with allowable supporting documentation will be accepted as sufficient proof of a client's economic status;

- (3) **Documentation of the client's permanent physical residency in Miami-Dade County.** Such documentation shall include but not be limited to a copy of one (1) of the following, showing the client's physical living address in Miami-Dade County: the client's current and valid, government-issued State of Florida Driver's License or State of Florida Identification Card; rental lease, mortgage documents, or rent receipts in the name of the client; notarized Head of Household (HOH) letter only if the client physically resides with the person completing the HOH letter; property search of Miami-Dade County Tax Collector website (www.miamidade.gov/proptax/) if the residence is listed in the client's name; Declaration of Domicile (Form 578; also known as the Declaration of Residence) as issued by the Miami-Dade County Courthouse; utility bills in the client's name; Department of Corrections Certification; or a certified referral form.

If the client is referred by another Ryan White Part A or Minority AIDS Initiative (MAI)-funded medical case management service provider, a Ryan White Program Certified Referral Form indicating the type of allowable documentation that is maintained on file at the referral site will be accepted as sufficient documentation of a client's permanent physical residency in Miami-Dade County under this Agreement. If the client is referred by a non-Ryan White Part A or MAI provider (e.g., Medicaid, PAC Waiver, and Ryan White Parts B, C, or D), an Out of Network Referral (OON) form along with allowable supporting documentation will be accepted as sufficient proof of a client's permanent physical residency in Miami-Dade County under this Agreement;

- (4) Service eligibility determination must be made and documented based on the most current Ryan White Program Service Delivery Guidelines and the corresponding Ryan White Program Cost and Eligibility Summary Chart;

Out of Network Referral for Ryan White Part A/MAI Services

Referral Start Date: _____ Referral Stop Date*: _____

*Maximum referral length is generally 6 months; refer to Ryan White Program Service Descriptions for any time limits on the particular service for which you are referring.

NOTE: Only case managers from outside the Ryan White Part A/MAI Medical Case Management System may use this form.

REFERRAL FROM:

Case Manager Name: _____
Agency Name: _____
Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

REFERRAL TO:

Service Provider (Agency Name): _____
Service Referred For: _____
Phone: _____ - _____ - _____ Fax: _____ - _____ - _____
Special Instructions _____

CLIENT INFORMATION:

Name: _____ Insurance ID# _____
PAC# _____ Street Address _____
City _____ Zip _____ Phone: _____ - _____ - _____
DOB ____/____/____ Social Security # _____
Emergency Contact Name _____ Phone: _____ - _____ - _____
Primary Care Physician _____ Phone: _____ - _____ - _____

INSURANCE INFORMATION:

Ryan White Part B _____ C _____ D _____ SFAN (General Revenue) _____
OR Medicaid _____ PAC Waiver _____ Medicare _____ Private Insurance _____
Other (specify) _____

I attest that all documentation provided with this referral is complete, accurate and true.

Client Signature _____ Date ____/____/____

Required Documentation: The Out of Network (OON) referral must be accompanied by proof of HIV positive status, financial eligibility and permanent Miami-Dade County residency. Please see the back of this form for a list of acceptable eligibility documents and check the type of proof provided with this referral.

Referring Agency Representative's Signature _____

Note to Ryan White Part A/MAI Providers: Prior to rendering Ryan White Part A/MAI services a current, signed and dated SDIS Authorization for the Release and Exchange of Information and a Miami-Dade Notice of Privacy Practices must be signed by the client and agency representative and maintained in the client's chart.

Revised January 2010

Out of Network Referral for Ryan White Part A/MAI Services

Please check the eligibility documentation provided for this referral and attach to the OON referral form.

Acceptable eligibility documentation includes but is not limited to:

Medical Eligibility (HIV+ status):

HIV Western Blot _____
ELISA with Western Blot _____
Detectable viral load or culture _____
Positive HIV viral culture or test result _____
PAC Waiver Level of Care Determination (Form 603) _____

Financial Eligibility [Income not to exceed 400% of the Federal Poverty Level (FPL) (Core Services – see below)*:

Paycheck stubs for the most current 2 pay periods _____
SSI, SSDA, SSA, TANF checks or award letter _____
HOPWA/Section 8 Rental Assistance Statement _____
Food Stamp Award Letter _____
VA Benefits Statement/Award Letter _____
Current W2 Form _____
Tax Return Forms _____
Other Letters of Notification of Benefits (e.g., Private Disability, Retirement/Pension, Worker's Compensation Statement) _____

Residency Eligibility (permanent Miami-Dade County residency/address):

Current Government Issued ID (e.g., State of Florida Identification Card or Driver's License) _____
Rental lease (in client's name) _____
Mortgage or rent receipts (in client's name) _____
Miami-Dade County utility bills (in client's name) _____
Declaration of Domicile letter _____
Department of Corrections Certification _____
Notarized Head of Household Letter ONLY when client resides at same address as Head of Household _____

***Core Services:** Health Insurance Services, Medical Case Management, Mental Health Counseling/Therapy, Oral Health Care, Outpatient Medical Care, Prescription Drugs, Nutritional Counseling, Outpatient Substance Abuse Counseling/Treatment
Support services: Food Bank, Home Delivered Meals, Legal Assistance, Outreach, Psychosocial Support Services, Residential Substance Abuse Treatment, Transportation Services (Vans), Transportation Vouchers

The financial requirements (% of FPL) vary depending on the support service for which a client is referred; for income eligibility for support services please call the providing agency. The most current Ryan White Program Service Delivery Guidelines are available at http://www.miamidade.gov/ryanwhite/service_definitions.asp.

Revised January 2010

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