

**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/](http://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](http://www.miamidade.gov/ryanwhite/service_definitions.asp).

Revised January 2010

Section VI, Page 4 of 4