

**Ryan White Program  
Client Eligibility Documentation**

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*(NOTE: The following client eligibility requirements are effective March 1, 2011.)*

**Excerpt from the FY 2011-2012 Professional Services Agreement for  
Ryan White Part A and MAI-funded Services, as may be amended**  
*(YR 21 Continuation Contract Shells)*

**Article VII**  
**Reporting, Record-keeping, and Evaluation Studies**

- 7.1 The SERVICE PROVIDER shall keep adequate, legible 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 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 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 minority client's HIV+ status. See Exhibit A, Section 1, of this Agreement for more details, as incorporated herein by reference.
  - (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 and signed Tax Return Forms; Third Party Query Procedure (TPQY) screenings for verifying SSA/SSI benefit information; 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 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). See Exhibit A, Section 1, of this Agreement for more details, as incorporated herein by reference.

In addition, providers are required to check for Property Information on the property tax page of the Miami-Dade County Tax Collector website ([www.miamidade.gov/proptax/](http://www.miamidade.gov/proptax/)) to ensure that all Ryan White Program-eligible clients are screened at initial intake and at each 6-month re-assessment to ensure that they do not have additional income from rental property. Clients who have more than one property listed in their name must have their gross household income adjusted accordingly. Documentation to support the completion of this search (showing additional properties or no properties) must be filed in the client's chart.

- (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 forms of documentation 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. See Exhibit A, Section 1, of this Agreement for more details, as incorporated herein by reference.
- (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.
- (5) Service provider receiving a Ryan White Program Certified Referral or OON Referral must maintain a copy of the referral in the client's chart.
  - (i) Failure of the referring agency to maintain appropriate eligibility documentation in the client chart, or of the receiving agency to maintain the actual Ryan White Program Certified Referral in the client chart, is subject to corrective action and fiscal repayment to the County.
  - (ii) For the service provider receiving an OON referral, failure to maintain the actual OON referral and its allowable supporting documentation and consent forms on file in the client's chart is also subject to corrective action and fiscal repayment to the County.
- (6) A cost allocation plan along with supporting documentation for any shared costs included in the SERVICE PROVIDER'S approved contract budget(s) for the provision of HIV-related services under the Ryan White Part A and/or MAI Programs, where applicable.

**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, Composite Consent 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 April 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) .