



# **ARIZONA RYAN WHITE PARTS A, B AND ADAP** **APPLICATION PROCESSING GUIDE**

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## INTRODUCTION AND PURPOSE

The joint application processing guide is a training tool which details how agency staff can complete the full Arizona Ryan White and ADAP application. This document does not review every field of the application, but focuses on the items where there have been past questions.

The most current applications and addendums can be found under the header “What are all the application forms?” at <http://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php#aids-drug-assistance-program-enroll>.

The guide’s purpose is to document and promote consistent interpretations of the full application among agency staff assisting clients with completing applications and the Maricopa and ADHS staff processing Ryan White and ADAP applications.

The full applications are completed at the start of Ryan White services, annually during the clients’ birthday month, and/or when clients’ re-enter Ryan White care. A short, half birthday attestation may be used for clients completing timely, half-birthday renewals. This guide does not detail the half-birthday attestation form. As needed, addendums will be requested.

This document was developed in partnership with the Arizona Department of Health Services Ryan White Part B Program/ADAP, Maricopa County Ryan White Part A Program and the Care Directions Central Eligibility Office for Ryan White Part A. This is a living document and will be reviewed and updated at least annually.

### General Practices

- Applications are valid six months from initial completion as dated on the signed Release of Information (ROI). All supporting documents must be from within the previous sixty (60) days of submission, unless noted otherwise in the application.
- Do not white out on any page or support document(s) for this application. With the exception of the ROI, if a mistake is made, draw a line through the error and initial the change. If a mistake is made on the ROI, please complete a new one. *Please note: The ROI is a legally binding document and cannot be altered in any manner.*

### Key



**Quality Check.** These are items that we often get questions on. The quality check text will provide specific guidance about the expectation for completion.



= **Action Items.** Items with the action item image will require some action or additional paperwork.



= **New Items.** Items with the “New” image have been updated since the previous version of the processing guide. *Please take note of this symbol!*

## FULL BIRTHDAY APPLICATION INFORMATION

The full application is required when a client enters Ryan White services, annually during the clients' birthday month, and/or when a client re-enters Ryan White services.

### Page 1: Applicant Information

#### Name

Use the client's legal name, as reflected on a driver's license or Social Security card (if available).

Place any nicknames in the A.K.A. box (i.e. Jimmy for James).



Do not enter special characters in names/on letters such as Müller. Apostrophes, hyphens and/or spaces are acceptable.

#### Birthdates

Use the client's date of birth, as reflected on a driver's license or other proof of identity (if available).



For foreign documents, the months and days can be switched in the date order. If the client has birthdates that are different on their driver's license, defer to the “correct” date as identified by the client.

#### Self-Identified Gender

This field refers to the client's self-reported gender identify. The field is required for HRSA reporting. We know that male, female and transgender does a limited job of capturing all the possible gender identifications and we have shared this feedback with HRSA. Since it is

mandated field, please guide the clients in selecting a gender that the client feels most closely reflects them.

### Sex at Birth


This field refers to the client's biological sex assigned at birth.

- Male
- Female

### Language Preference


Provide the client's language preference. Even if a client can speak English, if the client prefers to communicate and receive services in a different language, enter the preferred language.

### Social Security Number

 Provide the client's Social Security number, if available. The SSN information is not used for eligibility determination. The SSN is only used to verify income, employer-sponsored benefits, AHCCCS eligibility (if applicable), and/or Medicare coverage.


If no Social Security number is available, leave this field blank. **Do not enter non-valid or expired Social Security numbers.**

### Addresses

 The home/eligibility address must match the address on the residency documents. The home/eligibility address must be in the state of Arizona.

As a rule, the home/eligibility address is where the client lives. The home address cannot be a P.O. Box, *unless the client lives where the USPS has not assigned a physical address. (i.e. Native American Reservation)*. If a residential address has NOT been assigned by the USPS and this has been verified by eligibility staff, a P.O. Box may be submitted, with residency attested by the client case manager or CE staff.

If the client is Homeless, check the "Homeless" box on the application. The client's case-manager agency may be used as the mailing address with the agency's permission.

 Mailing address is not required and may be different than the home/eligibility and/or shipping address and not match the residency document. Clients may use a P.O. Box for the mailing address. The mailing address is not required to be in the state of Arizona. Clients who do not provide a mailing address will not receive eligibility renewal applications nor mail regarding potential benefits from the RWPA Office and RWPA providers.

**NEW**

**NEW**

RWPB/ADAP only: Because of potential HIPAA violations, "General Delivery" is NOT an acceptable mailing or shipping address.

Please note...If the client initials that s/he does not want mail from Ryan White or ADAP, client **MUST** provide a shipping address for medications only. No eligibility documentation, etc. will be sent to a shipping address.

RWPB/ADAP only: Please complete the "OK to mail" section

**ONLY** use shipping address applies when clients have indicated s/he does not want mail from Ryan White or ADAP. The shipping address may be different than the home/eligibility address and may not match the residency document. Clients may use a P.O. Box for the shipping address. Clients living on the reservations, and close to other states, may have a mailing and/or shipping address outside of Arizona. However, their home address must be in Arizona. Please note: ADAP 340B medications WILL NOT be shipped out of the State.

### **Email**

Please provide email if desired. Email section may be left blank. Make sure to indicate if it is OK to receive e-mail.

### **Primary/Secondary Phone Numbers**

A primary phone number must be provided for ADAP clients. ADAP and their contracted 340B pharmacy require an active phone to call clients about medication pickups and shipping. ADAP also calls clients to remind them about upcoming or past due ADAP applications.


If the client has no phone, they can use the case manager's phone number and mark the type as "other" with the case manager's permission.

**A phone number is not required for RWPA & RWPB only clients but is encouraged in order to facilitate communication between clients and providers.**

**Regarding messages** - Please complete the "OK to leave message" checkbox. Not being able to leave a message can create medication delays due to the inability to contact the client.

*It is the expectation of the Ryan White Parts A/B and ADAP that any and all client messages are discreet.*

### Name of Authorized Representative/Alternative Contact

 The intent of this field is to identify other parties (i.e. partner, family member, etc.) for whom the program can talk to about applications, retention reminders, etc. *If the individual is not listed as aware of status, DO NOT discuss anything with caller. This is a HIPAA violation.*

### Contact instead of client

 The intent of this field is to identify if RWPA/ADAP should follow up directly with the client or the case manager.


Yes → Eligibility staff will follow up with the case manager identified in the application regarding any missing documents. The case manager would then communicate with the client to complete and submit any requested items.

No → Eligibility staff will follow up directly with the client. RWPA/ADAP will record client communications in any active referrals from the agency. However RWPA/ADAP will not send additional notifications to the case management agency regarding the status of the application.

### Doctor Contact Information

The intent of this field is to identify the client's Medical Provider if answers for medical questions are necessary (i.e. Viral Load, allergies, etc.). This is the Medical Provider RWPA/ADAP will contact for current labs, etc. Also, in case of any medication allergies/interaction, the contract pharmacy will also reach out to this Medical Provider.


### Office Use Only

 RWPB Providers: Please complete the “application type” and “applicant is applying for” section for RWPB, ADAP & Delta Dental referrals. This will ensure that referrals are routed correctly. Referrals will not be assigned if this area is blank or unanswered.

Please note: RWPA CE is required to complete the entire section.

## Page 2: Residency

### Only ONE proof of residency required!

 The residency support document must be from within the approved date range described in the application **and** include the client name and address. The address on this support documents must match the home address identified in the application.



P.O. Box cannot be the home address, unless the client lives where the USPS has not assigned a physical address. (i.e. Native American Reservation).

Residency Attestation or Attestation of Homelessness is included in the application. These must be completed if the “attestation of residency or homelessness from a social...” box is checked.

### Page 3: Income and Household Size

The Ryan White Part B and ADAP program income limits are set to 400% of the federal poverty level. *If the client is above the 400% FPL, please submit the application to ADAP only as exceptions can be considered on a case-by-case basis.*

The Ryan White Part A Program limits are set by the Phoenix EMA Planning Council and can be found at: <http://www.maricopa.gov/rwpa/docs/cs/PP150325MenuofServices.pdf>.

CAREWare federal poverty limit calculation is the benchmark for determining federal poverty level status. There is a delay between release of the federal poverty limit amounts and implementation in CAREWare. The CAREWare calculation will be used throughout the year.

MAGI guidelines are used to determine household size and income. Refer to MAGI guidelines at <https://www.healthcare.gov/income-and-household-information/income/> for more information.



If a client has income from SSDI, the client will get Medicare after two years of SSDI checks. Inquire as to the date the client began or will begin SSDI benefits.



If a client has income from SSI, the client should be enrolled in AHCCCS.

#### Income Source Documents

Copies of all applicable income from identified sources and household members must be provided.

Self Employed Clients – Must complete the self-employed worksheet found in the addendums.



#### Household Size

Household size includes the client, spouse, biological, adopted and step-children even if the client doesn't file taxes. If the client files taxes, qualified relatives that are claimed on taxes are also included in the household.

#### Total Annual Income

Completion of the annual income will give the assister a sense of clients' eligibility for Ryan White programs. When the applications are received, ADAP and the RWPA CE Office utilize a standard worksheet to calculate the annual income based on the support documents provided. **If not**

previously completed and submitted, a copy of this worksheet must be completed by Eligibility staff and included in all referrals.

***Income from dependents under 18 years old must be reported and will be evaluated to determine if it is to be included in the household income.***

### **Employment Status for Applicant/Adult in the Family Unit**

These fields are used to identify and document the need for any additional insurance screening requirements. The fields are included in the income section because they are tied to income sources.

### **Certificate of Support**

If the client identifies in the certificate of income that they are receiving assistance for obtaining food, water, housing and clothing from an entity, they must provide a letter of support OR the assisting party can sign the certificate of support.

## **Page 4: Medical/Dental Insurance/Other Payer**

Ryan White Programs are the payer of last resort. This section of the application helps to document the efforts to screen and enroll clients into available cost effective health plans.

The Ryan White Programs and/or ADAP can support client enrollment in health insurance. Health insurance can help pay for services above and beyond what Ryan White direct services can provide. For example, health insurance can help pay for emergency-room visits and in-patient care.

Clients can still get Ryan White funded case management and other Ryan White services (with no other payer) when the client is enrolled in health insurance. When enrolled in insurance, clients are generally excluded from Ryan White funded primary medical care, mental health and substance abuse services.

### **AHCCCS Screening Requirements**

If the client is not enrolled in AHCCCS and the household income appears to be less than 150% FPL regardless of citizenship, an AHCCCS determination is required.

As a reminder, clients presenting as potentially categorically ineligible with income below 150% FPL are asked to apply for AHCCCS. This is to ensure at a minimum the client has emergency room availability through the AHCCCS Federally Emergency Services (FES) program.

Effective November 1, 2016, if the client is over 150% of the federal poverty level, an AHCCCS denial is not required; check the “Not Applicable” box and note “over income.”

If a client on Medicare has a denial for SLMB or QI-1 this can serve as an AHCCCS plan denial.

**If a client is receiving SSDI and is working, client will need to apply AHCCCS as s/he may be eligible for AHCCCS Freedom to Work program. Please refer to**


**<https://www.azahcccs.gov/Members/GetCovered/Categories/workingdisabled.html> for**

**more information on AHCCCS Freedom to Work program.**

If a client's household includes children or disabled dependents, regardless of household income, client should apply for AHCCCS.

Clients without an AHCCCS determination will be given "pre-approved" status until a determination is obtained.

#### **ACTION REQUIRED:**

-  For the CE Office, look up the client in the AHCCCS verification system; print the results and add to the application documents.

#### **Federally Facilitated Marketplace (FFM) Insurance**

If the client's income is over 138% FPL and the client does not have Medicaid, Medicare or other affordable private coverage, the client is likely FFM eligible. For the RWPA CE Office, assist with enrollment. For ADAP/RWPB...the Case Manager will need to provide the current FFM enrollment information to the client so they know how to apply.

If the client's income is under 138% FPL and the client does not qualify for AHCCCS due to citizenship status (e.g. Lawful Permanent Resident for less than 5 years; non-citizen legally present) and the client does not have affordable private coverage, the client may be FFM eligible. For the RWPA CE Office assist the client with enrollment. For ADAP/RWPB...the Case Manager will need to provide the current FFM enrollment information to the client so they know how to apply.

Clients that are eligible for FFM health insurance will be contacted and provided detailed enrollment information at the beginning of open enrollment. Open enrollment typically begins in November and ends at the end of December. *Open enrollment is subject to change.*

Clients may be eligible for a private or Marketplace special enrollment period dependent on a qualifying life event.

If the client was enrolled in the FFM in the prior year and ADAP paid premiums for 3 or more months, the client must provide current Federal taxes at the first birthday or half-birthday renewal after April 15<sup>th</sup>.

### **How can a client get FFM coverage outside of open enrollment?**

Outside open enrollment, clients can enroll in most private or Marketplace insurance only if they have certain life events that give them a special enrollment period. These include:

- Getting married;
- Having, adopting, or placement of a child;
- Permanently moving to a new area that offers different health plan options;
- Losing other health coverage (for example due to a job loss, divorce, loss of eligibility for Medicaid or CHIP, expiration of COBRA coverage, or a health plan being decertified);
  - **Note:** Voluntarily quitting other health coverage or being terminated for not paying your premiums is not considered loss of coverage. Losing coverage that is not minimum essential coverage is also not considered loss of coverage.
- For people already enrolled in Marketplace coverage, having a change in income or household status that affects eligibility for tax credits or cost-sharing reductions.

Most special enrollment periods are only for the 60 days prior to the date of the qualifying life event.

If the client is ADAP eligible, submit the FFM enrollment documents/invoice to SAAF for premium payment

If the client is not yet ADAP eligible, RWPA/RWPB may be able to assist with the first premium; refer the client to a case manager.

### **Medicare**



Please check if the client was EVER enrolled in Medicare. Individuals who previously had coverage may still have some coverage even though they don't think they do. Special enrollment periods exist for Medicare. Please check to see if a potential Medicare enrollee may qualify.

If available, clients enrolled in Medicare should provide a copy of the following cards:

- Part D – Prescription coverage
- Part C Plan - (a.k.a. "Medicare Advantage Plan" a combination of Part A, B & D)
- Medicare Supplemental Plan Card
- Part A and B - "Red, White and Blue Card"

### **Documenting Medicare Part D Extra Help/Low Income Subsidy (LIS)**

For clients using ADAP, LIS determination is required every 2 years (based on the year, not the month) during their birthday renewal. If the client is enrolled in QMB, SLMB or QI-1, the client is auto-enrolled in LIS and therefore a QMB/SLMB/QI-1 approval is proof of LIS enrollment.

**Effective November 8, 2016 LIS determinations are only required for Medicare enrollees/applicants with documented income below 175% Federal Poverty Level (FPL).**

**If a client is receiving a subsidy (full, 25%, 50%, 75%),** you can perform an LIS look-up on Medicare.gov, take a screen shot of the search screen (image 1), the screen that shows the LIS Status (image 2), and the 'additional information' page as shown below (image 3). In all screen shots the date the look up was performed must be legible.

**If a client is not receiving a subsidy,** this look up may only be used if the date provided is within the 5 months prior to the client's birthday month; If the dates are outside of this range, the client must re-apply for LIS and provide proof of application for ADAP eligibility. If the date is beyond 5 months, or no date is present, client must apply for LIS if income is below 175% FPL.

Image 1: Screenshot of the Search with legible date:

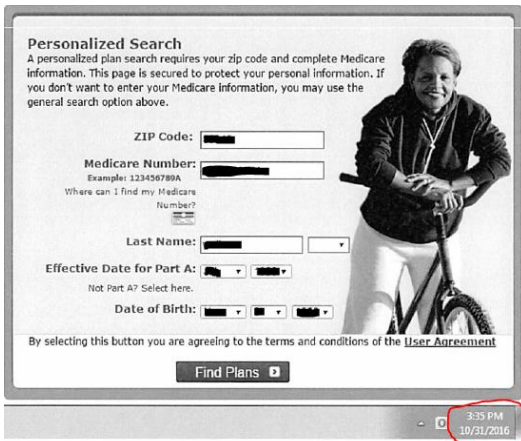
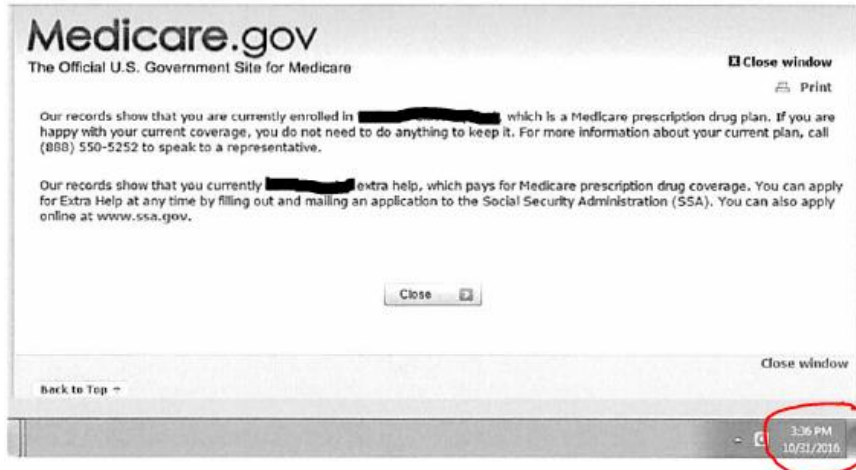


Image 2: Sample Screen with LIS status and legible date:



Image 3: Additional information with legible screenshot:



Clients without a low income subsidy determination will be given “pre-approved” status for ADAP until a determination is obtained.

#### **ACTION REQUIRED:**



- If Medicare Part A and/or B eligible, client must enroll/choose in a plan for Medicare Part D.
- Please contact the ADAP or CE Office for any questions about Medicare look ups or Medicare requirements.

#### **Other Government Health Insurance Program**

Veteran’s Affairs and Indian Health Services are *not* considered other payers for Ryan White services, per HRSA guidance. Clients can access Ryan White and Veteran’s Affairs and/or Indian Health Services at the same time.

However, if the client is also eligible for AHCCCS, FFM or employer coverage, the AHCCCS, FFM or employer coverage would be considered an “other payer” ahead of Ryan White for medical, mental health, substance abuse and medications.

- Indian Health Services and Veteran’s Affairs clients are required to enroll in employer’s insurance, if available.
- Clients with other governmental health insurance programs (i.e. IHS or VA) will also need to apply for AHCCCS if their documented income is below 150% FPL.
- ADAP requires Marketplace screening and enrollment for VA and IHS enrolled ADAP clients.
- ADAP Assist services *cannot be coordinated* with/at VA or IHS services/facilities.

## Private or Employer-Provided Health Insurance

### When to Require Enrollment in Employer Insurance

Clients are required to enroll in employer insurance, if their annual premium cost is less than 9.56% of the primary enrollee's gross annual income. Gross income is the amount paid to the employee before any deductions.

When a client's legal spouse has insurance, the client is required to enroll in the spouse's insurance if the annual premium is less than 9.56% of the family's gross annual income. The spouse may or may not be an ADAP client.

The 9.56% refers to an IRS ruling and changes annually.

### Household of One Example:

Joe Client has \$100 a month taken out of his paycheck from payroll. He makes \$25,000 a year in gross income.

Annual income = \$25,000

Affordability Threshold (annual income X 9.56%) = \$2,390.

Monthly premium = \$100

Annual premium (monthly premium X 12) = \$1,200

The Annual Premium of \$1,200 is less than the Affordability Threshold of \$2,390. This client is required to enroll in employer insurance. They must apply for ADAP Assist.

### ACTION REQUIRED:

- If the client is enrolled in insurance, a copy of the insurance card is greatly appreciated.
- If the client has a valid social security number (SSN) and indicates s/he is employed, regardless of the amount of hours worked, the client's employer will be required to complete the Benefit Verification Form (BVF) in the application addendums. Please see the BVF description for further information.



Clients will be given a pre-approved status until the BVF is received

### Dental Insurance Screening

This section helps to satisfy the requirement for documenting third party payer screening for direct and dental insurance services.

### Referral Needs

This section helps clients to self-report potential referral needs.

When a client self-reports needs in this section, and the client doesn't have a case manager, a case management referral should be offered to the client. RWPA clients who have not seen a medical provider in 6 months are required to be offered a medical case management referral and this is documented on the Client Choice Referral Form.

**Page 5: Joint Release of Information (ROI) for Ryan White Part A, Ryan White Part B, ADAP and Delta Dental**

All RWPA, RWPB, ADAP and/or Delta Dental are required to sign and submit the joint ROI at least annually, unless specified otherwise by recipient.

- Reminder: Do not white out on any page or support document(s) for this application. With the exception of the ROI, if a mistake is made, draw a line through the error and initial the change. If a mistake is made on the ROI, please complete a new one. Please note: The ROI is a legally binding document and cannot be altered in any manner.



**Support Document Guide**

This page is not required for submission. It includes a checklist of all required support documents.

**ADDITIONAL ELIGIBILITY FORMS**

Additional Form	Description	When to Use
Change Form	Collects and sends updates to select client information. <u>New form for RWPB.</u>	Mid-cycle change to residency, income or insurance.
New Applicant Addendum	Collects demographic and diagnosis information required for federal reporting.	When a client is new to Arizona Ryan White services.
MPP	Medical Provider Page	When a client is new to Arizona ADAP services. Can also be used as a submission of current lab results, if Provider chooses to submit in lieu of current lab copies.
Ryan White Self	Self-employment income can be	Self-employed clients





Employment Worksheet	difficult to calculate. This forms averages 3 months of income.	submit with their full application and birthday renewal.
90 Day Medical Provider Override Form	Sometimes a doctor may choose to not prescribe antiretroviral medications to their client. This form documents this choice. Please be advised that clients with no HIV medication would be the first people waitlisted, if a waitlist was needed.	Prescribing clinician to complete, as needed, when client is not taking HIV medications.
Benefit Verification Form	Ryan White is the payer of last resort. This form is completed by working client's HR programs and confirms client's healthcare coverage.  There are two versions - one with an ADAP fax number and one without.	Completed by working clients during full application and birthday renewal.
Affidavit of Understanding for Individuals enrolled in a federally facilitated marketplace (FFM) health plan	Requested by ADAP. Explains the advanced premium tax credits and client responsibility to report changes in income.	Yearly, by all marketplace enrollees receiving ADAP assistance.

There are additional, standard forms that may or may not be required with the client application.

### ½ Birthday Renewal Application

The ½ birthday renewal application is required during the client's ½ birthday month. The client and/or their representative are required to complete all applicable questions **and** submit current proof of name change, household size, income and/or insurance respectively if this information has changed since the birthday renewal was submitted. If the client has moved within the same service area (i.e. east Tucson to west Tucson), an updated proof of residency will be collected at the next birthday renewal. If the client has moved out of the same service (i.e. Tucson to Yuma) a new birthday application with all required supporting documentation is required.

### Change Form

Required for clients with eligibility-related changes occurring mid-renewal cycle. This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application. If the client name, household size, income or insurance respectively has changed since the last renewal, updated support documentation is also required to be submitted. If the client has moved within the same service area, an updated

**NEW**

proof of residency will be collected at the next birthday renewal. If the client has moved out of the same service (i.e. Tucson to Yuma) a new birthday application with all requested supporting documentation is required.

## New Applicant Addendum

Required for new clients only. This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application and is used when a client enters Ryan White care. It includes many federally required reporting elements.

HIV status and risk factors have been moved to this addendum so as to support client confidentiality, reduction in the general application size and since it is required to be gathered only once.

### Ethnicity and Race



Provide the client's self-reported ethnicity/race. Please inquire and report client racial subgroup, if known.

This data is required for aggregated, federal reporting. During the annual reporting process, any unknowns will be referred to the programs for clarification.

### Risk/Exposure Category



Provide the client's self-reported risk and exposure category.

This is required for aggregated, federal reporting. During the annual reporting process, any unknowns will be referred to the programs for clarification.

### HIV Diagnosis

Sometimes when virally suppressed people move from another state there can be challenges with providing a qualifying proof of diagnosis. If your client is unable to access proof of diagnosis, the State health department may be able to assist. Please contact the health department with identifying information (name, birthday, etc.) and the previous state where the client has been diagnosed.

## Medical Provider Page (MPP) – Required for New/Initial Clients Only

RWPA, RWPB & ADAP: Required for new/initial clients only.

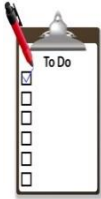
The Medical Provider Page (MPP) should include:

- Quantifiable viral load test results completed within past six months

- Electronic or paper copy of prescription to include HIV medications
- Signature indicating Proof of Diagnosis (for ADAP only)

.....

Clients must provide quantifiable viral load test results, completed within the past six months. These labs are an eligibility requirement for Part A, B and ADAP. The collection and review of labs help us to measure if Ryan White services are helping make clients healthier. **A clinician signed MPP may be substituted for a copy of a viral load test for RWPB clients.**



ADAP Assist (Insurance assistance program) ongoing eligibility requires:

- Quantifiable viral load test results completed within past six months
- Proof of medication fills may be required if ADAP is unable to access documentation that client is filling HIV prescription.

Sometimes a clinician will choose to not prescribe HIV medications. If the clinician has not prescribed HIV medications, the client may be preapproved for ADAP for 90 days. If the clinician decides to not begin medications after 90 days, a Medical Provider Request for Maintenance of Program Coverage will be required. This form is located in the addendum and described below.

In reviewing MPP's, if the Eligibility Staff notice a request for HCV medication assistance, please forward this to the ADAP Operations Manager immediately. Necessary follow up needs to occur to inquire if the client could benefit from our HCV assistance program for co-infected enrollees.

### Ryan White Self-Employment Worksheet

Clients with self-employment **must** complete, sign and submit the Ryan White Self-Employment Worksheet. The client's most recent complete IRS Tax Filing Document can be provided as a means to assist with completion of the worksheet. However, the most recent complete IRS Tax Filing Document **cannot** be submitted as a proof of income.

### 90 day medical provider override form

If the clinician has not prescribed HIV medications, the client may be preapproved for ADAP for 90 days to allow access to non-HIV medications. This form is required if the clinician decides to not begin HIV medications after the initial 90 day pre-approved coverage period.

The purpose of the ADAP program is to link clients to life saving medications and support viral load suppression. When or if the loss of funding requires an enrollment waitlist be implemented, assisting clients with HIV medications will be prioritized. Clients that are not accessing HIV medications would be among the first group to be waitlisted.

Client enrolled in antiretroviral clinical trials that wish to remain on ADAP for copay assistance for non-HIV medications will also use this form. The client's doctor must complete this form indicating clinic trial in the "other" box.

### Benefit Verification Form (BVF)

The Benefit Verification Form is mandatory for all clients who indicate being employed or that a spouse is employed, regardless of the amount of hours worked, unless the client is currently enrolled into a non-FFM insurance plan; i.e. employer coverage (client or spouse), Medicare or AHCCCS. This form documents the Ryan White program's federally mandated payer of last resort and vigorous pursuit requirements.

This attachment will not be mailed with the renewal packets. Document will exist in the addendum documents separate from application and used as needed.

All questions must be completed and signed by the employer human resources/benefit liaison **NOT** the client.

#### Why are there two Benefit Verification Forms?

One version contains the ADAP fax number so the client's employer can return the document.

The second version does not include an ADAP fax number. During the pilot, some clients were concerned that the ADAP fax number could be traced back to the ADAP program and the client's status could be disclosed. With the second version, the client is responsible for providing the form to the employer for completion and returning the completed form to ADHS.

### Income Worksheet – Internal Use Only Document

The income worksheet is an excel document separate from the application. A copy may be requested directly from RWPA/ADAP staff.

The income worksheet calculates income for clients with pay check stubs and/or multiple sources of income. This form ensures consistency of income calculation.

Multiplier - how often the client is paid

- 52 = Weekly
- 26 = Every other week
- 24 = Two times per month
- 12 = Once a month

# of pay periods - The number of pay periods for which the client has provided documentation (for example, "2" would be entered for 2 check stubs covering 2 pay periods. Enough pay periods need to be provided to cover one month of income.

Period #1, Period #2, etc. – enter the **gross** dollar amount from the check stub

The worksheet will calculate the monthly and annual income and FPL for the client; the monthly and annual income should be written on the application. The annual income is entered in CW.

## TRAINING MATERIAL FOR ADAP AND CE STAFF

### RWPA Central Eligibility Status Terms

**Eligible** – CE status when a client has provided all required documentation and has been determined able to receive Ryan White services. *(Formerly “Current” in RWPA or “Active” in ADAP)*

**Not Eligible** – CE status when a client has not provided all required documentation within the specified timeframe and cannot receive Ryan White services. *(Formerly “Not Active” in ADAP)*

**Pending** – CE status for the birthday or half-birthday month during which a client is due to renew eligibility; only used in RWPA.

**Pre-Approved** – CE status when a client has provided the preliminary documentation required for eligibility and has been determined able to receive Ryan White services for a Pre-Approval Timeframe (see definition above) until the final eligibility documents are submitted. *(Formerly “Conditional Eligibility” in RWPA).*

**Pre-Approval Timeframe (PAT)** – the timeframe from the date when the client is given “pre-approved” eligibility status until the end of the month following the intake/renewal month (ex: a client who receives pre-approval status on 4/12 has until 5/31 to submit documents). Once the documents are received, processed and accepted, the client will become “eligible”. If documents are not received by the end of the PAT, the client’s eligibility status will become “not eligible”.

### Table of Integrated Eligibility Terms

OLD RWPA/CE STATUS	OLD ADAP STATUS	NEW STATUS
Current	Active	Eligible
Pending – Inc/Res Due	N/A	Pending – Inc/Res Due
Not Eligible	Not Active	Not Eligible
Pre-Approved Labs Pending	N/A	Pre-Approved – Labs

N/A	PCD	Pre-Approved – AHCCCS
N/A	PCD	Pre-Approved – BVF
Pre-Approved Renewal in Process	N/A	Pre-Approved – Renewal in Process (RWPA only)
Pending – Conditional Eligibility	N/A	Pre-Approved – Intake – Diagnosis (RWPA only)
Pending – Conditional Eligibility	N/A	Pre-Approved – Intake – Income (RWPA only)
Pending – Conditional Eligibility	N/A	Pre-Approved – EIS (RWPA only)
N/A	PCD	Pre-Approved – Change Form in Process

### CAREWare Additional Data Entry (For CE/ADAP Staff)

ADAP and CE must enter additional information for clients applying to the program. This data entry helps with completeness for RSR and ADR annual reporting and should be based on the application. Most RSR and ADR items are already handled with the direct entry. The following items need staff input, decision(s) and data entry.

#### Eligibility Data Entry & Processing

As per RWPA, RWPB or ADAP eligibility rules.

#### Housing Data Entry

Reflects client’s most recent housing status. There are multiple options, but the programs are only using the following three.

Type of Housing	Key Questions	Examples
Stable Housing	<p>Is this a long term living solution? (rental agreements count!)</p> <p>If another program is helping pay - the rules or name should not include words like “short term” or “temporary”</p>	<ul style="list-style-type: none"> <li>• Unsubsidized rental or owning of a room, house or apartment.</li> <li>• Public housing, which may be subsidized</li> <li>• HOPWA – except Short-Term Rent, Mortgage and Utility (STRMU) Assistance Program</li> <li>• Long term facilities (may be psychiatric, foster care, etc.)</li> </ul>
Temporary Housing	Short term assistance or solutions	<ul style="list-style-type: none"> <li>• Transitional housing for homeless people.</li> <li>• ‘Couch surfing’ with family and friends.</li> <li>• Visiting an institution (psychiatric facility, substance abuse facility, etc.)</li> </ul>

		<ul style="list-style-type: none"> <li>• Ryan White funded housing</li> </ul>
Unstable Housing	Is there a housing emergency or the person is incarcerated?	<ul style="list-style-type: none"> <li>• Emergency shelter</li> <li>• Living in your car</li> <li>• Jail, prison, or Juvenile detention facility</li> <li>• Hotel or motels paid with emergency shelter voucher.</li> </ul>

**Medical Clinic HIV Care Identification**

The RSR and ADR also require information on what type of medical practice the clients are being seen at. The following locations are used by the Programs:

1. **Hospital Outpatient Center** – Example include: MIHS, PIMC, VA, El Rio, Petersen Clinic (UofA), North Country, Northland Cares etc.
2. **Private Practice** - Any other non-Ryan White funded clinic. Examples include: Pueblo Family Physicians, Spectrum Medical Group.
3. **No Primary Source of Care** – Only if the client has not identified a clinic. Would include listing of an emergency room.

**Acronyms**

**ADAP** – AIDS Drug Assistance Program

**ADHS** – Arizona Department of Health Services

**AHCCCS** – Arizona Health Care Cost Containment System (Arizona’s version of Medicaid)

**CE** – Central Eligibility

**BVF** – Benefits Verification Form

**DES** – Department of Economic Security

**FFM** – Federally Facilitated Marketplace

**IHS** – Indian Health Service

**LIS** – Low Income Subsidy (for Medicare Part D)

**MPP** – Medical Provider Page

**PAT** – Pre-approved timeframe. For use by ADAP and RWPA Central Eligibility Office in defined situations.

**RWIS** – Ryan White Integrated Statewide Eligibility

**RWPA** – Ryan White Part A

**RWPB** – Ryan White Part B

**TANF** – Temporary Assistance to Needy Families

**SAAF** – Southern Arizona AIDS Foundation

**VA** – Veteran’s Administration



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## QUESTIONS, COMMENTS OR CONCERNS?

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