MARICOPA COUNTY PUBLIC HEALTH

ARIZONA DEPARTMENT OF HEALTH SERVICES
PREPAREDNESS

LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES

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

DATE	CHANGE SUMMARY
05/01/2022	Guide updated to implement HRSA PCN 21-02 into practice: • Remove – Half-Birthday Application requirement & all reference to half-birthdays. • Add – Allow clients enrolled into AHCCCS to use AHCCCS enrollment as Proof of Income and residency. • Add – Allow federal tax filings to be an accepted option as proof of income and residency for all clients. • Add – Eligibility Staff may sign Release of Information attesting to client's verbal consent of release. • Add – Clarification of outreach requirement prior to pre-approval for missing documentation. • Add – In-person requirement for intakes and renewals is waived. Applications can be completed by case managers or eligibility staff in lieu of client signature if client has verbally consented. • Update – Change of Residency requirement when changes are within same service area • Update – Change of Low-Income Subsidy (LIS) requirement. • Update – Update any hyperlinks that became invalid. • Update – Change paystub acceptable time frame.
06/09/2023	• Add verbiage for Ryan White Portal processing • Change- Proof of residency is now required at any reported change. • Part A Menu of Services has been updated to reflect current service category income limits. • Change- All applications involving FFM will be reviewed and processed by the Part B/ADAP office. • Change - the CE Office will review and process RWPA & ADAP Eligibility for all part A clients/applications, unless otherwise noted. • Change - the CE Office will complete initial/basic insurance review for affordability and adequacy, the Part B/ADAP eligibility office will complete secondary review.

DATE	CHANGE SUMMARY
	• Change - Exception requests to receive services outside of the standard residency area. • Update - hierarchy of allowed support documentation for individuals with self-employment or non-traditional income sources. • Update - Definition of what constitutes a "change" in income. • Add/Update - For individuals who are self-employed or have non-traditional income, must also provide proof/documentation of the income and expenses reported. • Add - Part B/ADAP Eligibility Office Cell Phone information • Add - Private/Employer Screening criteria
06/25/2023	• ADAP Program Manager title has been updated to ADAP Medication Access Manager.
08/22/2023	• Add – clarification of requirement of Proof of homelessness for persons experiencing temporary or unstable housing • Add – AHCCCS Data Confirmation Page is required, and must be signed within 60 days of application submission if the AHCCCS Eligibility Verification screening is being used for income or residency.

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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 AIDS Drug Assistance Program (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 www.azadap.com

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 Eligibility Office workers processing Ryan White and ADAP applications.

The full applications are completed at the start of Ryan White services, annually during the client's birthday month, and/or when clients re-enter Ryan White care. A Change Application may be used for clients needing to report changes in income, household size, employment, insurance, or residency between renewals. 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

- When paper applications are received, they must be data-entered into the Ryan White Portal (RWP) regardless of whether the applicant has an existing portal profile.
- All supporting documents must be from within the previous sixty (60) days of submission, unless noted otherwise in the application.
- Do no white out on any page or support document(s) for this application.
- If a mistake is made on the ROI, a new ROI should be completed electronically. The ROI should first be reviewed verbally with the client and an assistor/reviewer should attest to the client's understanding in RWP.
- If the ROI is received as part of the paper application, this may be scanned into RWP and cannot include ANY alterations/mistakes/corrections. If any alteration exists, please defer to the electronic ROI.

Please Note: The ROI is a legally binding document and cannot be altered in any manner.

ABOUT ME (Applicant Information)

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

LEGAL NAME
Use the client's legal name, as reflected on a driver's license, Social Security card, or other government issued identification document (if available). Place any nicknames, or previously used names in the **"Have you been known by any other names"** field (e.g., Jimmy for James).

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

PREFERRED NAME
This is the name the program staff will use when communicating with the client. If the client has submitted a paper application and has left this section blank be sure to check boxes advising "My legal first/last name is my preferred first/last name".

BIRTH DATE
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.

PREFERRED LANGUAGE
Provide the client's language of preference. If the client prefers to communicate and receive services in a different language, even if they speak English, enter the preferred language.

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

If no Social Security number is available, answer 'No' in RWP.

Note: SSN is required for clients enrolled/eligible for Medicare.

Do not enter non-valid or expired Social Security numbers.

If at some point in the future, after a valid SSN has been entered, you become aware that the SSN is no longer valid, please remove the SSN from the RWP. Add a note to the client's Record under the Notes section advising that the SSN has been removed and a brief explanation of why.

For Eligibility Staff: If the client has either Deferred Action for Childhood Arrivals (DACA) status, Work Authorization dates, or SSN status changes, details about this information should be documented in the main client record, in the Notes section.

ARIZONA DRIVER'S LICENSE/IDENTIFICATION NUMBER

If a client indicates they have an Arizona driver's license or Arizona identification, they will need to provide the ID number found on that card.

This information will be used at a future date to validate client's Arizona Residency against other approved systems

SEX AT BIRTH

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

- Male
- Female

SELF-IDENTIFIED GENDER

This field refers to the client's self-reported gender identity. This field is required for Health Resources and Services Administration (HRSA) reporting.

Options to choose from include:

- Female
- Trans Female
- Male
- Trans Male
- Non-Binary

Please Note: Non-Binary is inclusive of gender nonconforming, genderqueer, nonbinary, gender fluid, bigender, two-spirited, etc.

We understand that the provided options do a limited job of capturing all possible gender identifications and we have shared this feedback with HRSA. Since it is a mandated field, please guide the client in selecting a gender that the client feels most closely reflects them.

JOINT RELEASE OF INFORMATION (ROI) FOR RYAN WHITE PART A, RYAN WHITE PART B, ADAP, AND DELTA DENTAL

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

In the Ryan White Portal, the Release of Information may be signed by eligibility staff attesting that the client provided verbal consent to the release, or the client will be able to review and acknowledge directly in RWP.

Reminder: If the ROI is received as part of the paper application, this may be scanned into RWP and cannot include ANY alterations/mistakes/corrections. If any alteration exists, please defer to the electronic ROI.

The ROI is a legally binding document and cannot be altered in any manner.

CONTACT INFORMATION

PRIMARY/ADDITIONAL PHONE NUMBERS

A phone number is not required but is strongly encouraged to facilitate communication between clients and providers. Providing a phone number now will help the client stay linked to care as well as provide the required contact information needed by the 340B pharmacy. The 340B pharmacy requires an active phone to call clients about medication pickup and shipping. ADAP also calls clients to remind them about upcoming or past due renewals.

Regarding messages - Please enter responses to questions asking, “May we leave a voice message at this number" and "What type of message may we leave”. Not being able to leave a message can create medication delays due to the inability to contact the client.

It is the expectation of all Ryan White Parts A, B & ADAP that all client messages conducted in a confidential manner and Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant.

- If a paper application is received, and the client did not provide a primary phone number, in RWP check the statement “I do not have a phone number to provide at this time”.
- If a paper application is received, and the client does not indicate what type of message can be left (basic or detailed), Basic will be the default response entered into RWP.

ADDRESSES

Provide the client’s type of housing (Stable, Temporary, or Unstable) using guidance from the table below. Options and corresponding guidance are derived from HRSA housing status data reporting requirements.

Type of Housing	Key Questions	Examples
Stable Housing	Is this a long-term living solution? (rental agreements count!) If another program is helping pay - the rules or name should not include words like “short term” or “temporary”	● Renting or owning of a room, house or apartment ● Living with family on an ongoing basis ● Permanent subsidized housing ● Housing Opportunities for Persons with AIDS (HOPWA), Section 8 voucher, or other public housing ● Long term facilities (foster care, Long-term care facility, residential treatment, etc.)
Temporary Housing	Short term assistance or solutions	● Transitional housing for someone previously homeless. ● ‘Couch surfing’ ● Short-term stay in an institution or facility such as a hospital, treatment facility, etc ● Ryan White funded housing
Unstable Housing	Is there a housing emergency or is the person incarcerated?	● Emergency shelter ● Living in your car, tent, outside, or other place not typically meant for sleeping/housing ● Jail, prison, or juvenile detention facility ● Hotel or motels paid with emergency shelter voucher.

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, e.g., Native American Reservation)*. If a residential address has NOT been assigned by the United States Postal Service (USPS) and this has been verified by the eligibility staff, a P.O. Box may be submitted with the residency attested to.

Someone who is experiencing unstable housing, an attestation of homelessness is no longer required. The checked statement in the Ryan White Portal satisfies this requirement.

Mailing address *is not required* and may be different from the home/eligibility and/or shipping address. The mailing address does not need to match the residency document. Clients may use a P.O. Box for the mailing address. The mailing address is also not required to be in the state of Arizona.

Clients who do not provide a mailing address will need to acknowledge the statement stating: "I understand by not providing a mailing address I will not receive eligibility renewal notifications or other mail regarding potential benefits from the Ryan White or ADAP programs".

If a mailing address is not provided, this statement must be acknowledged before the eligibility team can process the client's application.

- ➔ If the client is homeless, the client's case-management agency may be used as the mailing address with the agency's permission
- ➔ Because of potential HIPAA violations, "General Delivery" is NOT an acceptable mailing or shipping address.

Shipping address is requested when a client has indicated they do not want mail from Ryan White or ADAP. The shipping address is used for medications only and may be different from the home/eligibility address and does not need to match the residency document. Clients may use a P.O. Box for the shipping address. Clients living on the reservations and/or are 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.

Clients who do not provide a shipping address will need to acknowledge the statement, "I understand by not providing a shipping address, if needed, I must pick up my medications from the approved ADAP pharmacy, in person".

If a shipping address is not provided, this must be acknowledged before the eligibility team can process the client's application.

E-MAIL
An email address is required to use the RWP. While an email address is not required to submit a paper application, it is strongly encouraged to facilitate communication with clients regarding eligibility. An email account can be set up quickly for no cost and will allow clients to self-advocate and increase their access to eligibility information via the RWP.

If an email address is provided, the client must answer the question, "May we contact you via email?" If this is not answered, the system will default to No.

BEST WAY TO REACH YOU?
This is a new, required, question in RWP. The client must indicate their preferred contact type. This preferred method will be used whenever possible. However, if calling or emailing will result in quicker

response to link the client to care those methods may be used by the eligibility offices. RWP will have an additional text box to provide more details about this preferred contact method if needed.

For Eligibility Staff: The Part B/ADAP Eligibility Office cell phone may be used if the client has requested to send their documents via text, they may do so by sending documentation to the Part B/ADAP eligibility office cell phone. This phone number is 480-601-4943. This number can be provided by any staff, and the Part B/ADAP Eligibility Office staff will upload the document to RWP accordingly.

CARE TEAM

ALTERNATIVE CONTACT PERSON

The intent of this field is to identify other parties (e.g., partner, family members, etc.) to whom the program can talk about applications, retention reminders, eligibility status, etc.

For Staff: If the individual listed here is not listed as **aware of status** DO NOT discuss anything with the caller. This is a HIPAA violation. The most that can be done is to advise the person you are calling about an assistance program for insurance and request a call back.

If the client advises that they have a person of contact, all questions related to this individual are required before the eligibility teams can process the application.

HIV MEDICAL CARE

The intent of this area is to identify the client's Medical Provider if answers for medical questions are necessary (e.g., viral load, allergies, etc.). Eligibility staff will contact this Medical Provider for current labs, etc. Also, in case of any medication allergies/interaction, the contract pharmacy will also reach out to this Medical Provider.

"Where do you get your HIV medical care?" is a required field. If the client has a current HIV provider, the provider's name is required.

If the client does not have an HIV medical provider at this time, they will need to answer the follow up questions regarding past HIV care before their application can be processed.

While the Phone and Fax Number fields are not required, they are helpful for communicating with the indicated provider.

INCOME AND HOUSEHOLD INFORMATION

The income limits for Ryan White Part B and ADAP services are 400% of the federal poverty level (FPL). If the client is above the 400% FPL, the application will be reviewed for an ADAP Only exception and considered on a case-by-case basis.

The income limits for Ryan White Part A services are set by the Phoenix EMA Planning Council annually.

Part A Menu of Services		**FPL**
Case Management Substance Use Support Groups Medical Care Housing Services Mental Health Services	Emergency Financial Assistance Deductible & Copay Assistance Dental Care Food bank/Vouchers Nutrition Services Medical Transportation Services -Taxi/Rideshare	Under 400%
	Medical Transportation Services -Bus Passes	Under 200%
Please contact the service provider for specific service guidelines and any additional eligibility criteria.		

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

Modified Adjusted Gross Income (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 Social Security Disability Insurance (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 Supplemental Security Income (SSI), the client should be enrolled into AHCCCS.

For Eligibility Staff: Client's enrolled in AHCCCS may use their enrollment as proof of income unless the client's confirmed income differs in any way from what was reported during their last AHCCCS application.

If the income is the same, the FPL to be entered into the approved data system should equal 138% FPL, the maximum allowed by AHCCCS. If the client has multiple people in the household, the income entered should = 138% FPL for the individual client, and 0% for each household member.

- If the AHCCCS eligibility verification screen is being used as proof of income or residency, it must be accompanied by the AHCCCS Data Confirmation Form. This form must be signed within 60 days of a client's application submission date.
- If the client's reported income confirmed using the AHCCCS Data Confirmation form is different in any way from the prior renewal, the newly reported income should be used, support documents collected, and appropriately reported to AHCCCS.

HOUSEHOLD SIZE

Reportable household members include the client, spouse, children (biological, step, and adopted) and individuals that qualify as taxable household dependents. Whether taxes are filed or not, reporting household size and income should be treated as if the client were able/going to file taxes with the Internal Revenue Service (IRS).

Roommates and other family members who live in the same house but cannot be claimed on the same tax filing as the client do not need to be included in the household for Arizona Ryan White and ADAP eligibility determinations.

For additional information about determining household size and who should be included in the household, visit https://www.healthcare.gov/income-and-household-information/household-size/

First Name, Last Name, Relationship, and Birth Date, and response to 'Claimed on Taxes' is required for each household member. ***The eligibility staff will not be able to process the application without this information.***

INSURANCE

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 also 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. An AHCCCS determination will be required annually or sooner if the client's income changes resulting in potential new AHCCCS eligibility.

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 Federal Emergency Services (FES) program.

If a client on Medicare has a denial or approval referring to for Specified Low-Income Beneficiary (SLMB), Qualified Medicare Beneficiary (QMB) or Qualified Individual (QI-1) this can serve as an AHCCCS medical plan denial.

If a client is denied AHCCCS for failure to provide documentation, this does not qualify as a valid denial letter. The client will need to re-apply for AHCCCS and provide DES the documentation that was requested.

If a client is receiving SSDI and is working, the client will need to apply for AHCCCS as they 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, the client should apply for AHCCCS.

Please make sure AHCCCS is applied for prior to application submission to avoid possible disruptions in care while the client waits for a determination. Clients without an AHCCCS determination will be given "pre-approved" status pending a valid determination.

Eligibility Staff is required to look up the client in the AHCCCS verification system; print the results and add the printout to the appropriate Document Upload section in RWP. If this screening is going to be used as proof of Residency and Income, it will need to be verified using the *AHCCCS Data Confirmation* form, prior to being uploaded to the applicable document upload section of RWP. This form must be signed within 60 days of the client's application submission date.

FEDERALLY FACILITATED MARKETPLACE (FFM) INSURANCE

If a client appears to be eligible for, or is enrolled into the FFM, a referral should be sent, using the Part A/B Web Application, to the Insurance MBM CAREWare domain.

Examples of when a client may be eligible for FFM:

- If the client's household income is over 138% FPL and the client does not have or qualify for Medicaid, Medicare, or other affordable/adequate private coverage.
- If the client's household income is under 138% FPL but 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.
    - ***Exception***: clients with DACA status are not eligible for AHCCCS or FFM regardless of income level.

The team at the Medical Benefits Manager (MBM) office for ADHS will assist clients with enrollment into the FFM.

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

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

If the client was enrolled in the FFM in the prior year and premiums were paid for 3 or more months, the client must provide complete, current Federal taxes. This submission must include ALL pages of the tax return including any Schedule Forms, Advance Premium Tax Credit (APTC) reconciliation forms, etc.

> ***Note****: The federal tax return can be submitted prior to the next renewal, and in many cases will be necessary to ensure accurate Marketplace enrollment and reporting.*

Please note: The MBM team will conduct outreach on a quarterly basis. This outreach will only be to confirm and/or update the client's current annual household income as reported to the FFM. It is the programs expectation that any change in income or residency be reported to the eligibility offices via RWP application submission. Circumstances where reporting an income change is required would include;

- Client receives a permanent increase or decrease in salary/wages
- Client has a change of employment, change of expected hours, or change of self-employment income
- Changes to income amount from other sources such as Social Security or investments
- Changes in household size (gaining or losing a taxable dependent)

Changes in income may result in the client having to apply for other payer sources (e.g. AHCCCS if income is now <150% FPL, new self or spouse employer insurance, etc.)

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 after the date of the qualifying life event.

If the client is ADAP eligible, submit the FFM enrollment documents/invoice to the MBM office for premium payment (if they do not already have it). They will work with ADHS and the client, and reach out as needed.

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") – Part A, B, & D combo coverage
- Medicare Supplemental Plan – Extended Medicare coverage
- Part A and B – "Red, White, and Blue Card"

Note: Although it is not required to submit copies of the insurance cards, it is strongly encouraged to help staff assist the client should any pharmacy coverage issues arise.

DOCUMENTING MEDICARE PART D EXTRA HELP/LOW INCOME SUBSIDY (LIS)

If a client's income is below 175% FPL, and they are enrolled into, or eligible to enroll into Medicare Part D, they are required to apply for Medicare Part D Extra Help/Low Income Subsidy (LIS) when they are new to Ryan White, new to ADAP, or new to Medicare.

The client is not required to reapply for LIS unless their income changes, potentially changing the LIS award amount. Based on the grid below, after the initial LIS determination is received, a new LIS evaluation will not be required unless the client's household FPL changes the percentage range.

LIS % Award	FPL % Range
100%	<= 135%
75%	136% to 140%
50%	141% to 145%
25%	146% to 150%
0%	>150%

For Example: A Medicare enrolled individual received 75% LIS Award when they first enrolled into Ryan White and ADAP services decides to get a part time job. This resulted in the client increasing their income from 138% FPL to 147% FPL. This individual would then need to reapply for LIS. They would need to reapply because their income FPL changed the possible award amount.

If the client is enrolled into Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or Qualified Individual (QI-1), the client is automatically enrolled into LIS, receiving 100% LIS. Current/valid documentation of QMB/SLMB/QI-1 approval/enrollment qualifies as a valid AHCCCS and LIS determination.

Applicable clients without a valid low-income subsidy determination, will be given an approved status. It is the program's expectation that this be requested from the client, but failure to submit will not result in loss of services.

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

OTHER GOVERNMENT HEALTH INSURANCE PROGRAM

Veterans Affairs (VA) and Indian Health Services (IHS) are **NOT** considered other payers for Ryan White services, per HRSA guidance. Clients can access Ryan White and Veterans 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 Veterans Affairs clients are required to enroll in employer's insurance if available.

Clients with other governmental health insurance programs (e.g., 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.

EMPLOYER-PROVIDED HEALTH INSURANCE

All clients enrolled into or possibly eligible to enroll into employer-provided insurance coverage must have their insurance reviewed and evaluated for affordability and adequacy.

Determination regarding affordability and adequacy will be made by the Eligibility Offices. If the insurance is deemed unaffordable or inadequate, the application will be escalated for confirmatory review by the ADHS ADAP staff. Additional information may be requested, and will be required for continued enrollment into RWPA, RWPB and ADAP.

SCREENING FOR EMPLOYER-PROVIDED INSURANCE

When is screening required? Screening of employer coverage will be required during every birthday renewal or sooner if:

- Client is enrolled into an employer-provided insurance plan that has not yet been reviewed by the Eligibility Office

OR

- Client is not enrolled/pending enrollment into Medicare or Medicaid, and
- Client is not eligible to enroll into Medicare or Medicaid, and
- Client and/or spouse are employed

Please note: If the client is enrolled into VA/IHS, and is requesting ADAP Prescription Assistance, the client must follow Private/Employer-provided insurance screening requirements.

What information is needed to review coverage for affordability and adequacy?

- Summary of Benefits: This document provides a summary of the benefits covered by the plan under review.
- Employee portion of premium costs: This information is required to calculate affordability as it is defined by the Affordable Care Act.
- Formulary coverage information, specifically the client's prescribed ART.

Please note: Information will be required for all plans offered by all employers.

Example: if client and spouse each have 1 full time, and 1 part time job, information will be required from all four (4) employers. If each employer offers 5 different plans, information will be required from all 20 insurance plans offered.

When an insurance review determines that action in the future will be needed, it will be the Part B/ADAP Eligibility Office's responsibility to follow up directly with the client. This team will regularly run and review the "Future Dated Insurance" report to identify these clients 45 days in advance of their upcoming date. They will work with case managers, clients, and employers to request, review, and ensure clients are enrolled into available coverages if deemed affordable and adequate.

Determining Affordability

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 a Ryan White or ADAP client.

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

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

Annual Household income = $25,000

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

- 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 they (or their spouse) are employed, regardless of the number of hours worked, the employer(s) will be required to complete the Benefit Verification Form (BVF) addendum document. Please see BVF description for further information.

The client will be given a pre-approved status pending receipt of a completed BVF.

DENTAL INSURANCE SCREENING
This section helps to satisfy the requirement for documenting third party payer screening for direct and dental insurance services. Responses to this section will determine if the eligibility team initiates a request for Ryan White Dental enrollment.

The Part B/ADAP Eligibility Office will complete an electronic referral via the Part A/B Web Application for dental services, if a request for dental was made on the application. If dental enrollment is requested at any other time, the case manager is responsible.

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

When a client indicates a self-reported need(s) in this section, and the client does not have a case manager, a case management referral should be offered.

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.

UPLOAD SUPPORT DOCUMENTS

A checklist is included with the paper application capturing the most common required support documents.

INCOME DOCUMENTS
One Month of income statements is required for each income source identified in the household unless otherwise specified throughout this document.

If a client is receiving a lifetime pension or retirement award, the acceptable document must include verbiage indicating 'lifetime' as the duration of the award, awarded amount, the client's full name, and the company. These letters may be dated in the distant past; additional supporting documentation with 'current' dates is not required.

Earned/Unearned Income - Income support document must be from within the approved date range described in the application and include the first and last name, date/pay period, and company name as applicable. Support documents should be provided for all income sources, from all household members as defined by MAGI. Eligibility Staff will determine if income will be included in household annual income calculations at time of review.

Self-Employment Income/Non-Traditional Income - Clients can submit recent federal tax returns, current Profit & Loss Statement, or Self-Employment worksheet with applicable supporting documentation as proof of self-employment income and expenses.

- ➔ **Tax returns** should include Schedule C, Schedule C-EZ, Schedule E, or Schedule F.
- ➔ If Tax returns are not available, or the most recent tax returns are not an accurate reflection of what the client expects to make in the current/upcoming year, they may submit **Profit & Loss statements (or other financial business records)** including the most recent 3 months. When entering data into the RWP n the client may choose to fill out the 3 months individually or fill out the annual amounts.
- ➔ If neither Tax returns nor Profit & Loss statements are available, the client will need to complete the **Self-Employment Worksheet.** The worksheet will be made available in the RWP application or can be found in the addendums section. In addition to the self-employment worksheet the client may need to provide bank statements or business records. If neither bank statements nor other business income records are available, the client will need to complete the applicable acknowledgements.

No Income - If client or an adult household member has no income, the client will complete the applicable no income attestation/acknowledgement via the RWP. If a client has completed the paper application, the Eligibility Staff will complete the online attestations on behalf of the client per submitted document.

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.

Please note: Clients enrolled into the Federally Facilitated Marketplace must submit their most recent tax return regardless of income type. Additional income documentation may be submitted if the client believes their most recent tax return does not/will not accurately reflect their current income situation.

If the client is unable to provide requested documentation due to domestic violence/spousal abuse, please complete the Statement of Fact (SOF) form (available in the addendums). This

information will be taken into consideration during the eligibility determination to determine income, household size, etc.

Clients unable to provide all required income source documents may be given "pre-approved" status pending specified documents.

Note – a Self-Employment/Non-Traditional Income Worksheet & Attestation is not acceptable as the final proof of income unless no other documentation can ever be obtained.

ARIZONA HOME ADDRESS DOCUMENTS
Only **ONE** proof of residency is required!

The residency support document must be from within the approved date range described in the application and include the client's name and address. The address on the support document must match the home/eligibility address identified in the application.

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

If no home address documents are available, the staff is encouraged to provide an attestation residency or homelessness.

If someone who is experiencing unstable or temporary housing, an attestation of homelessness is no longer required. The checked statement in the Ryan White Portal satisfies this requirement.

Effective May 2022 - Two documents have been added as acceptable proof of residency. Those documents are "AHCCCS Eligibility Verification screening" and "most recent federal or state tax return, filed within the past year".

If the AHCCCS Eligibility Verification screening is being used as proof of residency, it must be submitted with the AHCCCS Data Confirmation form. The AHCCCS Data Confirmation form verifies income and residency. This form must be signed within 60 days of the client's application submission date.

VIRAL LOAD LAB DOCUMENTS
Lab results do not need to be submitted with applications for services but can be. The eligibility offices will only reach out if the viral load labs for the patient are not located in the state surveillance system or cannot be located from other available data systems.

If the eligibility offices are unsuccessful in obtaining lab values after multiple attempts, clients could be placed on pre-approval pending results as necessary.

ADDITIONAL ELIGIBILITY QUESTIONS

The following is a list of additional documents that may be requested/required as part of the application process. These forms are not included in the paper application packet but are available as needed. The most current form versions are available at www.azadap.com, under Additional Eligibility Forms.

Additional Form	Description	When to Use
Affidavit of Understanding for Individuals Enrolled in a Federally Facilitated Marketplace (FFM) Health Plan	Required by ADAP. Explains the advanced premium tax credits and client responsibility to report changes in income.	Yearly, by all marketplace enrollees receiving ADAP assistance.
AHCCCS Data Confirmation Form	Form used to confirm income and residency via AHCCCS.	When the AHCCCS Eligibility Verification screening is wanted to be used as proof of income and/or residency.
Benefit Verification Form	Ryan White is the payer of last resort. This form is used to confirm the client's healthcare coverage eligibility/enrollment. May also be used for basic employment information. Form is expected to be completed by employer. There are two versions - one with an ADAP fax number and one without.	Form is required on an as-needed basis to assist the program in determining eligibility for employer offered insurance coverage.
Change Application	Collects and sends updates to select client information.	Mid-cycle change to client name, residency, household size, employment, income, or insurance.
Extra-jurisdictional Services Authorization Form	Form used to request jurisdictional exception.	When a client would like enrollment into a jurisdiction other than their residential assigned jurisdiction.

Additional Form	Description	When to Use
MPP	Medical Provider Page, can be used to provide HIV provider information, prescribed HIV medication, current lab values, and HIV diagnosis information.	Can be used as a submission of current lab results, prescribed HIV medication, and HIV diagnosis information. Provider may choose to submit in lieu of other acceptable documentation. Provider signature is required for this document to be accepted as proof of confirmatory diagnosis.
New Applicant Addendum	Collects demographic and diagnosis information required for federal reporting.	When a client is new to Arizona Ryan White services.
Ryan White & ADAP Rapid Start Form	Form used to expedite application processing if the client meets specific criteria.	When clients are defined as newly diagnosed or as out of care.
Ryan White Self Employment/Non- Traditional Income Worksheet & Attestation	Variable income can be difficult to calculate. This form averages 3 months of income	This form should only be used if the client does not have one of the other preferred support documents available.
Statement of Facts	Document with narrative space to be completed by the client.	When there is a difference between critical (income, residency, etc.) information provided at different agencies. When additional information is requested regarding a client's unique situation that could not otherwise be captured on other available forms.

AFFIDAVIT OF UNDERSTANDING FOR INDIVIDUALS ENROLLED IN A FEDERALLY FACILITATED MARKETPLACE (FFM) HEALTH PLAN

The Affidavit of Understanding for individuals enrolled in a Federally Facilitated Marketplace (FFM) Health Plan is mandatory for all clients who are enrolled into the FFM, and requesting program assistance with premium payments.

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

AHCCCS DATA CONFIRMATION FORM

The AHCCCS Data Confirmation Form must be submitted along with the AHCCCS Eligibility Verification screening, if the AHCCCS Eligibility Verification screening print out is being used as proof of income or residency. The AHCCCS Data Confirmation form must be signed within 60 days of the application submission date.

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

BENEFIT VERIFICATION FORM

The Benefit Verification Form (BVF) is mandatory for all clients who indicate being employed or that a spouse is employed, regardless of the number of hours worked, unless the client is currently enrolled into a non- FFM insurance plan, e.g., 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. All questions must be completed and signed by the employer human resources/benefit liaison **NOT** the client.

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

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.

Note: If the employer refuses to complete the BVF on the client's behalf, there are a few options available to move forward and minimize any disruptions in service access. Additional options are listed in order of program preference.

1. The employer may be provided the Employer Coverage Tool found at https://www.healthcare.gov/downloads/employer-coverage-tool.pdf
2. Case Manager or Eligibility Staff may complete the Benefit Verification Form if information can be obtained verbally from appropriate employer staff. [Appropriate employer staff includes, employer HR staff members, employer payroll & benefits coordinator staff, employer owner]. Program staff must indicate the name, title, and contact info of whom they received verbal confirmation.
3. ADHS, ADAP program staff may be contacted for assistance in collection of requested information.

CHANGE APPLICATION

The Change Application is required for clients to report any changes, especially changes to the key eligibility areas such as home address, income, or diagnosis.

If the client's name, residential address, household size, income (amount or source) or insurance have changed since the last renewal, updated support documentation is also required to be submitted.

Clients will be pre-approved pending receipt of the requested documentation.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application.

EXTRA-JURISDICTIONAL SERVICES AUTHORIZATION FORM

This form is used for clients who want to request enrollment into Ryan White services outside of their assigned resident jurisdiction. The client must provide a detailed explanation/reason for requesting services outside of their resident jurisdiction. Both Ryan White Parts must review and approve the request. This form should be uploaded into the "other documents" section of RWP for the Eligibility Offices' review.

Example: If the client's resident jurisdiction is RWPA, and the client is requesting RWPB or RWPA Las Vegas Transitional Grant Area (TGA) services, the RWPA Eligibility Staff will review the request. If approved, the request will be forwarded to the RWPB Eligibility Staff for review and approval. If approved, the request will be processed, and the client will become eligible for Ryan White services under the requested Ryan White jurisdiction.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application as well as be available in the RWP.

MEDICAL PROVIDER PAGE (MPP)

If signed by a clinician with prescribing privileges (MD, DO, NP, PA), the MPP may be submitted to meet one or more of the following eligibility requirements:

- HIV diagnosis
    - Client must provide proof of positive HIV diagnosis when entering the Ryan White/ADAP program(s).
- Proof of quantifiable viral load test results
    - 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.
- Prescribed HIV medication
    - Ongoing eligibility requires HIV prescription utilization. Proof of medication fills may be requested if ADAP is unable to retrieve documentation that the client is filling an HIV prescription.

Clinician signature may be electronic.

> ***Note***: Some providers have integrated the MPP as part of their EMR. If the MPP is completed digitally via EMR. These do not need to be signed by a clinician unless this document is being used as Proof of Diagnosis and a detectable viral load is not listed.

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

NEW APPLICANT ADDENDUM

The New Applicant Addendum is 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 only 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 to support client confidentiality, reduction in the application size and since it is required to be gathered only once.

ETHNICITY AND RACE

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

This field refers to the client's self-reported ethnicity and race. Please inquire and report the client's racial subgroup, if known. ***This is a required field in RWP to continue with application submission.***

RISK/EXPOSURE CATEGORY

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

This field refers to the client's self-reported risk and exposure category. ***This is a required field in RWP to continue with application submission.***

HIV DIAGNOSIS

The Proof of Diagnosis document must include the applicant's full, legal name. Confirmatory proof of diagnosis includes:

- Supplemental testing to confirm HIV diagnosis.
- Any previous lab report that shows a detectable viral load by dBNA or PCR.
- Medical Provider Page signed by a clinician with prescribing privileges. Clinician signature may be electronic.
- Signed, confirmatory statement from a clinician with prescribing privileges, on agency, clinic or public health department letterhead, prescription pad or medical record. May use an electronic signature from the clinician.

Copy of a preliminary positive screening test, or other temporary proof of diagnosis, may be used as a preliminary proof of diagnosis. One of the 'confirmatory proof of diagnosis' documents must be supplied by the end of the following month, or the client will no longer be eligible.

Preliminary proof of diagnosis includes:

- Hospital discharge paperwork or medical records clearly referencing the client's legal name, HIV status and the agency name and contact information.
- Pictures of pill bottles with the client's legal name and a prescription for HIV medications. The medication cannot be standalone PrEP or hepatitis medication.
- Initial, single HIV screening test with a positive result.

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 the client's identifying information (name, birthday, etc.) and the previous state where the client has been diagnosed.

FREQUENCY FOR COLLECTING DIAGNOSIS DOCUMENTS

Proof of HIV diagnosis is only required at initial enrollment into Ryan White Parts A, B and ADAP services.

RYAN WHITE & ADAP RAPID START FORM

This form is used for clients who are defined as out of care or newly diagnosed to initiate expedited application processing.

Newly Diagnosed Clients are defined as such if they have been diagnosed with HIV within the past 30 calendar days. In addition to the Ryan White & ADAP Rapid Start Form, proof of HIV status is required. Initial HIV tests screening positive are acceptable without a confirmatory test if a confirmatory result is unavailable

Out of care clients are defined as such if they meet one of three criteria below:

- Has run out of HIV medications or will run out of HIV medications in the next seven calendar days
- Has not seen a medical provider for HIV care in over 12 months and is not virally suppressed
- Has been re-engaged through the Data to Care Program

In addition to the Ryan White & ADAP Rapid Start Form, documentation of HIV status (if not already on-file/accessible by the eligibility offices) is required to be uploaded to RWP.

Clients will be placed on pre-approval pending any applicable confirmatory proof of HIV status, proof of Arizona residency, and proof of income as defined throughout this document and the Joint Ryan White & ADAP Eligibility Policy document. **Failure to submit the required documentation before the end of the pre-approval period will result in disenrollment from the program.**

RYAN WHITE SELF-EMPLOYMENT/NON-TRADITIONAL INCOME WORKSHEET & ATTESTATION

The Self-Employment/Non-Traditional Income Worksheet & Attestation is required for all clients who are unable to provide the most recent year's Federal Tax Returns or other acceptable support document.

Clients may choose to complete the Self-Employment/Non- Traditional Income Worksheet & Attestation if they are either unable to provide their most recent federal tax returns, if their most recent tax returns do not reflect their current and expected income situation, or they are unable to provide any of the other acceptable income support documents. a Self-Employment/Non-Traditional Income Worksheet & Attestation is not acceptable as the final proof of income unless no other documentation can ever be obtained.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application.

STATEMENT OF FACT

This is an optional form that can be used for a number of reasons. The primary function of this form is to provide a narrative space for clients to provide additional information that could not be captured completely within the standard application. Common reasons for the use of this form are explaining unique income frequency, estranged spousal situations, extended household circumstances, etc.

This attachment will not be mailed with the renewal packets. The document will exist in the addendum documents separate from the application.

RYAN WHITE ELIGIBILTY STATUS TERMS

Active – Status when a client has provided all required documentation and has been determined able to receive ADAP services.

ADAP – ADAP enrollment type indicating when a client is uninsured, or inadequately insured and is eligible to receive full 340B pharmacy assistance.

ADAP Assist – ADAP enrollment type indicating when a client has insurance and is eligible to receive copay assistance for medications obtained from a pharmacy of their choice in the Arizona ADAP Pharmacy Benefit Manager (PBM) network and their primary insurance network.

ADAP Limited – ADAP enrollment type indicating when a client has insurance but has received programmatic exception approval to receive full 340B pharmacy assistance for a particular medication.

Eligible – Status when a client has provided all required documentation and has been determined able to receive Ryan White services.

Not Active – Status when a client has not provided all required documentation within the specified timeframe and/or has been determined not eligible to receive ADAP services.

Not Eligible – Status when a client has not provided all required documentation within the specified timeframe and cannot receive Ryan White services.

Pending – Status when a client is due for renewal. The RWISE system automatically updates the status on the first of the month for the birthday month during which a client is due to renew eligibility.

Pre-Approved – 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 (PAT) (see definition below) until the final eligibility documents are submitted. Clients will be pre-approved only for OAHS, ADAP, and MCM services.

Acceptable documentation for pre-approval:

1. AHCCCS Determination	2. ARV Therapy
3. Benefit Verification Form (BVF)	4. Proof of Residency (POR)
5. Proof of Diagnosis (Dx)	6. Employment Coverage Tool (ECT)
7. Employer Enrollment Information	8. FFM Affidavit of Understanding
9. Taxes	10. Insurance Cards
11. Lab Report (Viral Load, and if avail. CD4 results)	12. Enrollment into Medicare Part A/B
13. Proof of Income (POI) – e.g., Self-Employment Worksheet, Paystubs, Award Letters, Bank Statements, Profit & Loss Summaries	14. Enrollment into Medicare Part D

Pre-Approval Timeframe (PAT) – From the date when the client is given "pre-approved" eligibility status until the end of the month following the intake/renewal month.
If documents are not received by the end of the PAT, the client will become "not eligible".

> *Example:* Client is pre-approved on February 1 or February 28 they are pre-approved until March 31.

ACRONYMS

ADAP – AIDS Drug Assistance Program

ADHS – Arizona Department of Health Services

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

APTC – Advanced Premium Tax Credit

BVF – Benefits Verification Form

CE – Central Eligibility

DES – Department of Economic Security

ECT – Employer Coverage Tool

EJS – Extra-jurisdictional Services Authorization Form

FES – Federal Emergency Services

FFM – Federally Facilitated Marketplace

FPL – Federal Poverty Level

HCV – Hepatitis C Virus

HIPAA - Health Insurance Portability and Accountability Act of 1996

HOPWA - Housing Opportunities for Persons with AIDS

HRSA – Health Resource and Services Administration

IHS – Indian Health Service

LIS – Low Income Subsidy (for Medicare Part D)

MAGI – Modified Adjusted Gross Income

MBM – Medical Benefits Manager

MPP – Medical Provider Page

PAT – Pre-approved Timeframe.

PBM - Pharmacy Benefit Manager

POI – Proof of Income

POR – Proof of Residency

RWP – Ryan White Portal – Online Application

RWPA – Ryan White Part A

RWPB – Ryan White Part B

SEP – Special Enrolment Period

SEW – Ryan White Self Employment/Non-Traditional Income Worksheet & Attestation

SOF – Statement of Fact

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

TGA – Transitional Grant Area

VA – Veterans Administration

QUESTIONS, COMMENTS, OR CONCERNS?

Ryan White Part A Central Eligibility Office
1366 E Thomas, Suite 203
Phoenix, AZ 85014
602-212-3788 (local)
866-716-2177 (toll free)
602-212-3784 (fax)
Email: ceoffice@aaaphx.org

Arizona Department of Health Services - AIDS Drug Assistance Program (ADAP)
150 N. 18th Ave., Suite #280
Phoenix, AZ. 85007
602-364-3610 (local)
800-334-1540 (toll free)
602-364-3263 (fax)
Secure email: careandservices@azdhs.gov