



ARIZONA RYAN WHITE PARTS A, B, AND ADAP ELIGIBILITY POLICIES

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DATE	CHANGE SUMMARY
03/10/2022	<p>Policies updated to implement HRSA PCN 21-02 into practice:</p> <ul style="list-style-type: none"> ● Remove – Half-Birthday Application requirement & all reference to half-birthdays. Note: Labs continue to be due at six-month intervals. ● Add – Allow clients enrolled into AHCCCS to use AHCCCS enrollment as Proof of Income and Residency. ● Update – Change of Residency requirement when changes are within same service area. ● Add – Allow Federal Tax Filings to be an accepted option as Proof of Income and Residency for all clients. ● Add – Eligibility workers 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 workers in lieu of client signature if client has verbally consented. ● Add -- Joint Arizona Acuity Scale to determine client’s needs. ● Update – The Self-Employment Worksheet has been renamed and is now called the Self-Employment/Non-Traditional Income Worksheet & Attestation. (This worksheet is often used for clients with cash payments who are not self-employed) ● Add – Rapid Start for newly diagnosed and out of care clients ● Add – Eligibility Office can receive texted and emailed images of support documents. <p>Part A Changes:</p> <ul style="list-style-type: none"> ● Update – Replace the Part A’s Central Eligibility Initial HIV/Case Management Acuity/Risk Assessment tool with the Joint Arizona Acuity Scale.

DATE	CHANGE SUMMARY
	<ul style="list-style-type: none"> ● Update – Reduce time for Central Eligibility to update client status in the approved data system for correct and complete applications from 7 days to 5 days. ● Update – opt out case management referrals for all new Part A clients, case management agencies selected by the clients.
06/09/2023	<ul style="list-style-type: none"> ● 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. ● 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. ● Remove - Provider Eligibility Responsibilities, these will be placed in a separate, provider specific document. ● Update - Timeline for eligibility workers processing applications
06/25/2023	<ul style="list-style-type: none"> ● ADAP Program Manager title has been updated to ADAP Medication Access Manager.

ARIZONA RYAN WHITE PARTS A, B, AND ADAP ELIGIBILITY POLICIES
 Effective Date: 06/26/2023. Last Revised: 02/06/2025

DATE	CHANGE SUMMARY
08/22/2023	<ul style="list-style-type: none"> ● 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.
08/26/2024	<ul style="list-style-type: none"> ● Update - Eligibility FPL for RWPA services ● Update - Clarification that any change in the household, requires new documentation for all household members ● Change - Increasing the date of requirement for clients to report a change from 10 days to 30 days to align with the Arizona ADAP State Rules under A.R.S. § 41-1092.0 ● Change - Mailing/Email requirement to meet Arizona ADAP State Rules under A.R.S. § 41-1092.0
02/06/2025	<ul style="list-style-type: none"> ● Update - Eligibility FPL for RWPA services

ELIGIBILITY SUMMARY

Clients seeking Ryan White A, B and AIDS Drug Assistance Program (ADAP) services must be determined “eligible” under the statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B and ADAP Application Processing Guide.


Client eligibility must be reviewed at least every 12 months and when there is a change to the client’s name, residency, household size, income, employment, or insurance.

Labs continue to be required every 6 months. However, lab results do not need to be submitted with applications for services. The eligibility offices will only reach out if the viral load labs for the patient were not located in the state surveillance system.

At the start of services and before the end of the client’s birthday month, all residency, income, and health insurance documents will be collected and reviewed.

At any time between annual renewal due dates, clients are expected to report any changes within 30 business days of the change. Please note, most changes will require support documentation.

To be or remain eligible and billable to Part A, B or ADAP, a client must meet and have on file verification of the following conditions:

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1. **Proof of HIV diagnosis.** Collected once at the start of Ryan White services.
 2. **Household income at or below 400% of the federal poverty level (FPL).**
 - a. Ryan White Part A services - 400% FPL, effective November 1, 2024
 - b. Ryan White Part B services - 400% FPL
 - c. AIDS Drug Assistance Program services - 400% FPL
 3. **Proof of residency in Arizona.** Must be outside Maricopa and Pinal Counties for Part B clients.
 4. **Screening and documentation for applicable payer sources.** At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
 5. **HIV labs** from the past 6 months. Viral load labs are required only if labs were not found in the state surveillance system. CD4 labs are not required for eligibility but are included in the Ryan White HIV/AIDS Program Services Report (RSR) reporting.
 6. Marketplace clients must provide copies of most recent taxes, demonstrating past year’s premium tax credits have been reconciled.
 - a. **Note:** that this is ONLY applicable for clients whose FFM premiums are paid through ADAP. This does NOT apply to clients whose premiums are paid through HIPCSA.
 7. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy is located on www.azadap.com

- a. **For ADAP eligibility:** Documented utilization of antiretroviral medications is required but not required for eligibility. The eligibility offices will only reach out if proof of utilization cannot be obtained from other methods.

Client eligibility status, HIV diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs (if not in state surveillance system) will be uploaded to the approved data system. If you need to access the documents after they have been posted to an approved data system, do so through the appropriate web application. Eligibility workers will process all applications electronically. Documents are submitted and posted in the approved data system. A viewable eligibility status for Parts A, B, and ADAP will be accessible to data system users.

INITIAL ELIGIBILITY REQUIREMENTS FOR CLIENTS

The initial intake and any following renewals can be completed via the Ryan White Portal (RWP), phone, or other remote means. When offices are open, they may be completed in person. Case Managers and eligibility workers can attest that the client provided consent for them to prepare, apply, and sign in lieu of a client signature. This includes the authorizing signature on the Release of Information, mailing & shipping acknowledgements, and no income attestations.

PART A

The Part A Central Eligibility Office is required to meet with new clients to complete the Ryan White Application and Joint Arizona Acuity Scale. High need areas identified during the interview require an offer of related referrals.

All new clients will be offered opt-out referrals for Case Management Services. Accepted or declined referrals will be documented on the Client Choice Referral form.

Ryan White Acuity Scale will be used to determine Expedited Referrals. Expedited referrals must occur within 2 business days of documented eligibility completion and must be documented in the client chart. Expedited referrals entered into the approved data system should include a comment indicating that the referral is expedited.

The Central Eligibility Office does not assign clients to Case Managers as the selection is client driven. Clients will select their agency for case management and any other Ryan White service referrals based on review of the Ryan White Service Directory or the client may opt out of referrals at that time. Referrals will be recorded via the Client Choice Referral Form in the client chart and documented in the approved data system. The Ryan White Part A Office will monitor referrals.

PART B

The Part B/ADAP Eligibility Office does not complete initial intake assessments for Part B clients. The Part B new applicant process is decentralized and completed by the client's chosen case management agency. Case Management providers use the Joint Arizona Acuity Scale, as defined in the Part B Standards of Care. Case Managers are responsible for making referrals to local resources with the exception of dental enrollment requests at the time of the eligibility application processing. 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.

HIV POSITIVE DIAGNOSIS & LAB REQUIREMENTS

DIAGNOSIS DOCUMENT REQUIREMENTS

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.

LAB DOCUMENT REQUIREMENTS

Lab documentation is required as part of the standards of care and can be submitted/collected as part of the eligibility application. The lab document must include the applicant's full, legal name and date of birth. Examples of acceptable lab submissions include:

- Lab report that contains qualitative viral result
- Completed Medical Provider Page (MPP)

FREQUENCY FOR COLLECTING LAB DOCUMENTS

Current viral load labs are imported from the state surveillance system, and other electronic import means. Viral load labs are required every six months for reporting and standards of care purposes. CD4 labs are optional and used in other federal reporting such as the RSR. Documentation of current labs must be submitted only if they are not able to be located from the available data systems.

If lab records are not able to be located, eligibility workers will reach out to the client, their case manager, or the clinic in attempts to obtain. Case managers who have received lab documentation would need to enter the lab values and upload the associated lab report/documentation in the approved data system. If outreach attempts are unsuccessful, a client may be placed on pre-approval pending current (within 6 months) labs.

RESIDENCY VERIFICATION

PARTS A AND B RESIDENCY REQUIREMENTS IN ARIZONA

Client residency requirements are different for the following Ryan White programs.

Program	Residency Requirements
Phoenix Eligible Metropolitan Area (EMA) Part A	Maricopa and Pinal County
Las Vegas Transitional Grant Area (TGA) Part A	Mohave County. <i>Will be processed the same as Arizona Part B.</i>
Arizona Part B	In Arizona, but outside of Maricopa, Pinal, and Mohave counties
ADAP	Arizona

RESIDENCY DOCUMENT REQUIREMENTS

Residency documents must be dated as indicated on the application and include the client's name and home address. Acceptable submission dates for all proof of income are listed on the most current joint application posted to www.azadap.com.

Note: The residency address may be a P.O. Box only if the United States Postal Service (USPS) has not established a residential address for the location. This is often the case on Native American Tribal Reservations.

Note: For the purposes of Ryan White and ADAP enrollment, residency is not referring to immigration status.

Note: Someone who is experiencing unstable or temporary housing, a separate attestation of homeless is no longer required. The checked statement in the Ryan White Portal satisfies this requirement.

FREQUENCY FOR COLLECTING RESIDENCY DOCUMENTS

Proof of residency is required at least annually. Residency documents are collected during the new application, birthday renewals, and when there is a change in residency between annual renewal due dates. When a client's residency address changes between renewals, a Change Application is required. Residency changes require that both the new home, mailing, and shipping addresses be provided in the Change Application. This must be reported within 30 days of the home address change as required by the Arizona ADAP State Rules under A.R.S. § 41-1092.0. It is the expectation that a client's home/residency address is updated, and if necessary the client will be pre-approved pending support documentation.

Note: Mailing and shipping address can be changed at any time. A Change Application is needed to report the change, but no additional support documentation is required.

CLIENTS LIVING NEAR ARIZONA'S RYAN WHITE PART A AND PART B BORDERS

Some clients living in the outer edges of the Phoenix Eligible Metropolitan Area (EMA) Part A jurisdiction may be closer to Ryan White Part B clinics than Ryan White Part A clinics.

To request an exception to standard residency requirements, you will need to complete the Extra-jurisdictional Services Authorization Form and submit the request via approved data system. The eligibility offices will coordinate and provide feedback if an exception is granted. The Extra-jurisdictional Services Authorization Form can be requested from the Central Eligibility or Part B/ADAP Eligibility offices, or by emailing careandservices@azdhs.gov



NOTIFICATION REQUIREMENTS

It is the program's expectation that clients will provide either a valid mailing address or a valid email address to receive notifications from the Ryan White and ADAP programs. This requirement is enforced through the Arizona ADAP State Rules required under A.R.S. § 41-1092.03.

Please note: 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 Ryan White Portal.

INCOME VERIFICATION

INCOME LIMITS


The income limits for all Ryan White Part B and ADAP services are 400% of the federal poverty level.

The income limits for Ryan White Part A services are set by the Phoenix EMA Planning Council annually. As of November 1, 2024, the income limits for all Ryan White Part A services are 400% of the federal poverty level.

INCOME DOCUMENT REQUIREMENTS

Proof of income must be provided for the client and each adult member of their household. Adult household members include spouses and tax dependents. The proof of income must include the payee's name, pay period, employer information and gross income.

INCOME SOURCE DOCUMENTS

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- Annual award letter – Social Security, VA, annual pension, etc.; Current year & valid
 - Other award letter – TANF, Unemployment, etc.; Current period & valid
 - 1 month of check stubs – If no check stub is received, may submit an employer statement.
 - Self-employment records – Taxes (if accurate representation of expected income), Profit and Loss statements, Bank Statements, Income statements & receipts, or Self Employment Worksheet;
 - **Note:** only use the Self Employment/Non-Traditional Income Worksheet if other documents are not available
 - Current federal tax returns – filed within the last year
 - Proof of current Arizona Health Care Cost Containment System (AHCCCS) enrollment with AHCCCS Data Confirmation
 - Other income source not listed above

Acceptable submission dates for all proof of income are listed on the most current joint application posted to www.azadap.com

Please note: The eligibility offices reserve the right to request additional documentation as necessary to determine eligibility for services.

CALCULATING INCOME

Arizona Ryan White and ADAP programs use the modified adjusted gross income (MAGI) to calculate client income. The calculated income is used to identify the client's federal poverty limit. The federal poverty calculations are published by the Department of Health and Human Services and can be found at <http://www.healthcare.gov/income-and-household-information/income>

FREQUENCY FOR COLLECTING INCOME DOCUMENTS

Initial and Annual Birthday Renewals: Proof of household income must be collected at least annually. Proof of income must be submitted with any birthday and full renewals.

Changes in income at any time: Updated household income documents must be submitted to the Eligibility Office along with a Change Application. This must be reported within 30 days of the income change as required by the Arizona ADAP State Rules under A.R.S. § 41-1092.0.

It is the expectation that the client's income is updated, and if necessary the client will be pre-approved pending support documentation.

Please note: *If one household member's income changes, current support documentation is required for each household member.*

TAXES REQUIRED FOR ADAP MARKETPLACE CLIENTS

Taxes are required as proof of income for clients who are or were enrolled into the Federally Facilitated Marketplace (FFM), aka "the Marketplace", in the prior year, and when ADAP paid premiums for 3 or more months on the client's behalf. Copies of complete federal taxes, as filed with the Internal Revenue

Service (IRS) for the most recently completed calendar year must be provided at the client's first eligibility renewal after April 15th.

Note: Federal Taxes may be requested prior to the annual renewal for purposes of verifying eligibility for enrollment into the FFM.

UNEMPLOYED CLIENTS

Clients that are unemployed, not receiving any federal/state assistance, such as General Assistance, Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI), and have no other sources of income may use the attestation of no income included in the online application.

Clients receiving unemployment insurance should provide documentation of their unemployment insurance. This income will be annualized.

SEASONAL INCOME

Clients with intermittent or seasonal income resulting in unsubstantial payment documentation must provide most recent proof of income. Depending on the level of support documentation available, it may be requested that the client complete the Self-Employment/Non-Traditional Income Worksheet & Attestation and/or the Statement of Fact.

SELF-EMPLOYMENT/NON-TRADITIONAL INCOME

Federal taxes as filed with the IRS is the preferred documentation for self-employment/non-traditional income sources. Individuals with non-traditional income, that are either self-employed, do not receive a pay stub, or are paid in cash, can provide the Self-Employment/Non-Traditional Income Worksheet & Attestation **only if** federal tax returns, profit & loss documentation, or other financial business records are unavailable or do not reflect of the client's current income. This includes categorically ineligible clients working for cash payment such as day laborers, etc.

Note: Clients reporting expenses/deductions, must also provide documentation/receipts for those expenses to be considered.

USING AHCCCS ENROLLMENT AS PROOF OF INCOME

Clients enrolled in AHCCCS may use their enrollment as proof of income unless the client has reported any change in income. AHCCCS has many different programs with varying [income eligibility limits](#).

Income for AHCCCS clients will be reported in the approved data system as 138% of the Federal Poverty Level.

Note: If AHCCCS verification screen is being used as proof of income, it must be accompanied by the AHCCCS Data Confirmation form. The AHCCCS Data Confirmation page verifies income and residency. This form must be signed within 60 days of the client's application submission date.

CHANGES IN INCOME

When client income changes, please submit the Change Application with the new acceptable proof of income to your eligibility office for review. Changes in income may result in clients having to apply for other payer sources (e.g., AHCCCS if < 150% FPL, new employer insurance, etc.) accordingly.

Circumstances where reporting a change in income is required would include:

- Client now appears eligible for state Medicaid
- Client now appears eligible for other insurance sources
- Client receives a permanent increase or decrease in salary/wages
- Client has a change of employment, change in 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)

REQUESTING EXCEPTIONS TO INCOME FOR ADAP

Clients over 400% of the federal poverty level may be referred to the Part B/ADAP Eligibility Office for independent review. Depending on the specific client situation and available funding, an exception may be granted. To request a review, call the ADAP Medication Access Manager to determine/discuss next steps. Next steps may include but are not limited to:

- Denial
- Referral for copay cards
- Income exception and ADAP enrollment
- Assistance through a non-ADAP copay assistance program

VERIFYING THIRD-PARTY (OTHER PAYER) SCREENING

Ryan White is the payer of last resort and other funding sources must be vigorously pursued.

Providers are responsible to ensure that clients are screened and ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid/AHCCCS, all other forms of insurance or third-party payers such as private and commercial insurance plans, and other payers.

OTHER PAYER DOCUMENT REQUIREMENTS

Ryan White is the payer of last resort.

Health Resource and Services Administration (HRSA) requires Ryan White recipients and subrecipients to vigorously pursue other funding for client services. When available, clients are required to enroll in third-party coverage. Clients eligible for private, marketplace or employer insurance may be contacted prior to or during open enrollment periods to follow up on enrollment.

Clients with another payer source may not be billed to Ryan White.

At a minimum, clients must be screened for the following types of private and public coverage.

Insurance Type	Required When?	Acceptable Screening Documents to Submit with Applications	Applicable Program
Arizona Medicaid - AHCCCS (Arizona Health Care Cost Containment System)	Clients with household income under 150% of the federal poverty level.	Acceptable denial letter from AHCCCS, dated within the six months prior to eligibility due date and reflective of the client's current income status. Approval letter from AHCCCS for FES or MSP (i.e. SLMB, QMB, QI-1)	RWPA, RWPB, ADAP
Employer Insurance	Clients must enroll in affordable and adequate employer insurance plans because Ryan White is the payer of last resort.	Benefit Verification Form or Employer Coverage Tool	RWPA, RWPB, ADAP
Employer Insurance through a Spouse	Enrollment requirements extend to spouse's employer insurance plans regardless of spousal enrollment into Ryan White programs.	Benefit Verification Form or Employer Coverage Tool	RWPA, RWPB, ADAP
Medicare	Clients eligible for SSDI for at least 24 months or over 65 years old.	Copy of Medicare card OR Application and dated screenshots of Medicare look up. If clients cannot remember their zip code on file, they may have to call Medicare to confirm.	RWPA, RWPB
Medicare Part D	Clients enrolled into Medicare Parts A and/or B	Medicare Part D card, if available otherwise proof of enrollment.	ADAP
Medicare LIS	Client's enrolled into Medicare and under 175% of the federal poverty level	Application and dated screenshots of Medicare look up.	RWPA, RWPB, ADAP

Insurance Type	Required When?	Acceptable Screening Documents to Submit with Applications	Applicable Program
Marketplace Insurance	Required when clients are in the following scenarios: <ul style="list-style-type: none"> - Clients with income over 138% of federal poverty level and are not eligible or enrolled in Medicaid, Medicare, or private insurance - If client is legally present less than 5 years, regardless of income 	Documentation is collected during the open enrollment period.	RWPA, RWPB, ADAP

THIRD-PARTY PAYER SCREENING FREQUENCY AND REQUIREMENTS

Ryan White is the payer of last resort. In addition to client eligibility, providers must screen for third-party payers. If there is no other payer for the service in your region, the Ryan White eligibility is sufficient.

Service Category	Screening frequency	Screening Method
AIDS Drug Assistance Program (ADAP)	New applications, birthday renewals, and change application	AHCCCS screening, Employer Benefits Verification Form, review of adequacy/affordability insurance, completion of the Joint Arizona Ryan White and ADAP Application Note: Insurance Cards are not required as part of eligibility but may be requested to assist with pharmacy/insurance troubleshooting
Early Intervention Services	Not applicable	Not applicable
Food Bank/ Home Delivered Meals	Every time an application is submitted	Not applicable

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Service Category	Screening frequency	Screening Method
Housing	Each new application for assistance with housing (These include application for rental or utility assistance, application for emergency shelter, application for transitional housing, or application for first month's rent)	Review and determination by Ryan White housing services provider that no equivalent housing services are promptly available to meet client housing needs.
Health Insurance Premiums & Cost Sharing Assistance (HIPCSA)	Every premium payment	If paying premiums, need at least annual proof that insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications. Note: Clients must be actively enrolled into ADAP to qualify for premium payment assistance.
Medical Case Management	Not applicable	Clients eligible for Arizona Long Term Care System (ALTCS) case management are ineligible for Ryan White funded medical case management.
Medical Nutrition	Every visit. Must be completed prior to billing Ryan White	Not applicable
Medical Transportation	Every time an application is submitted	AHCCCS and Medicare must be screened for transportation services and used before Ryan White funded transportation
Mental Health	Every visit. Must be completed prior to billing Ryan White	AHCCCS, Medicare, private insurance
Non-Medical Case Management	Not applicable	Clients eligible for Arizona Long Term Care System (ALTCS) case management are ineligible for Ryan White funded medical case management.
Psychosocial Services	Not applicable	Not applicable
Outpatient/ Ambulatory Medical Care	Every visit. Must be completed prior to billing Ryan White	AHCCCS, Medicare, private insurance

Service Category	Screening frequency	Screening Method
Oral Health	Every service request (in person or for insurance)	Private insurance
Substance Use	Every visit. Must be completed prior to billing Ryan White	AHCCCS, Medicare, private insurance
Treatment Adherence	Every time an application is submitted	Not applicable

It is the responsibility of each Provider to develop an internal system/procedure to monitor this screening process and ensure that third-party reimbursements are appropriately tracked, utilized, and accounted for. When the screening requirement is less frequent, providers are encouraged to incorporate the screening with regular, existing assessments. Agencies that provide Mental Health and/or Substance Use services, but do not offer primary medical care, may not have access to the same payer screening databases as primary medical care providers. These programs will need to identify alternate methods for screening.

All agencies providing services which may reasonably be covered by a third-party payer are required to document screening for third-party payers at every client visit. Documentation must be kept in the client record (Electronic Health Record (EHR), client chart, paper file, CAREWare, etc.) showing that every client from the billing month has been verified through a review of the AHCCCS database prior to submission of monthly bills. Individual service categories may have different requirements in terms of frequency of third-party payer screenings.

When screening for third-party payer, agencies must consider how AHCCCS calculates client income, based on the [AHCCCS Policy Manual](#).

VETERANS AFFAIRS AND INDIAN HEALTH SERVICES

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.

TriCare and CHAMPUS health insurance are not the same as Veterans Affairs coverage. These are considered private insurance and must be billed prior to the Ryan White services.

AHCCCS SCREENING REQUIREMENTS

All clients under 150% of the federal poverty level must complete a documented AHCCCS screening at least annually during their full or birthday renewal.

Clients who are ineligible for AHCCCS services must be screened for other insurance eligibility, including but not limited to FFM plans and private insurance (e.g., employer insurance). This includes screening for other insurance eligibility into a family health insurance plan offered through the client's spouse and/or their employer.

The annual AHCCCS screening does not replace mandatory ongoing third-party screening for applicable providers.

If there are concerns raised by an applicant with regards to their immigration status and applying for AHCCCS, please reach out to the ADAP medication Access Manager.

IMPACT OF AHCCCS ENROLLMENT ON RYAN WHITE AND ADAP SERVICES

AHCCCS enrolled clients can still use other Ryan White Part A and B Care services, when there is no other payer.

All applicants are screened for ADAP however, AHCCCS clients are typically not eligible for ADAP. The two exceptions:

- Dually enrolled AHCCCS and Medicare clients may enroll in ADAP Assist.
- AHCCCS clients may apply to ADAP 340B for assistance with AHCCCS denied medications. More information may be found in the HAB PCN 13-04. PCN 13-04 can be found at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-1304-private-insurance.pdf>

USING AHCCCS LETTERS

Clients may provide an AHCCCS determination letter dated within the past six months and reflective of the client's current income status. The only AHCCCS denial reason that will be accepted as proof of third-party payer screening clearly states, "we took this action because your countable income is more than the maximum allowable limit for this program."

Approval notifications for Federal Emergency Services or Medicare Savings Program are also allowable determination letters for proof of ineligibility for an AHCCCS health plan.

This screening does not replace the mandatory ongoing third-party screening for applicable providers, as outlined in the table, [THIRD-PARTY PAYER SCREENING FREQUENCY AND REQUIREMENTS](#).

MEDICARE SCREENING

Providers are responsible for identifying Social Security Disability Income (disability income) clients and assisting clients in the Medicare application process after they have been enrolled in and received disability income benefits for two years. Medicare eligible clients are expected to enroll in all Medicare parts during their open enrollment period. Failure to enroll in either Medicare Part B or Part D may result in client ineligibility for Ryan White funded services.



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 above or below 150% of the FPL, potentially changing the LIS award amount.

For Example: A Medicare enrolled individual received 100% 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 152% 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.

Clients without a valid low-income subsidy determination, will be required to submit **proof of application** to the Social Security Administration for LIS before their RW/ADAP application determination can be made. Once proof of the LIS application is received, the client will be given an approval status if all other required documents are submitted. **Clients will not be pre-approved** for proof of LIS application or LIS determination. The program encourages submission of the LIS determination once received, however failure to submit LIS determinations, will not result in loss of services.

- If the client is Medicare Part A and/or Medicare Part B eligible, they must enroll into Medicare Part D plan to cover their prescriptions.
- Please contact the Part B/ADAP or CE Office for any questions about Medicare look ups or Medicare requirements.

FEDERALLY FACILITATED MARKETPLACE SCREENING AND ENROLLMENT

Clients may be eligible for the Federally Facilitated Marketplace if they are:

- Over 138% of the federal poverty level and the client does not have Medicaid, Medicare, or other affordable private coverage.
- Under 138% of the federal poverty level and does not qualify for AHCCCS due to citizenship status (e.g., Lawful Permanent Resident (LPR) for less than 5 years; non-citizen legally present-excluding Deferred Action for Childhood Arrivals (DACA)) and is not eligible to enroll into affordable and adequate private coverage.

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 in December. **Open enrollment is subject to change.**

SPECIAL QUALIFYING EVENTS FOR THE FEDERALLY FACILITATED MARKETPLACE

Outside open enrollment, clients can enroll in most private or Marketplace insurance during qualifying life events under the Special Enrollment Period (SEP). Please consult the Marketplace website (www.healthcare.gov) for specific Special Enrollment Period related information.

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

CLINIC SPECIFIC PRESCRIPTION ASSISTANCE PROGRAMS

Clients enrolled in a clinic-funded Prescription Assistance Program (PAP) are not eligible for Ryan White funded services. Services normally covered under Ryan White need to be supported by use of the program income generated by the PAP at the clinic. Clients who are enrolled into Medicare or other Private insurances must be enrolled into ADAP. Exceptions can be requested from the Part B/ADAP eligibility office via Statement of Fact (SOF). The SOF should be uploaded to RWP for review.

INADEQUATE/UNAFFORDABLE INSURANCE

When a client's insurance appears to be inadequate, providers may submit a request to the appropriate eligibility office for review. Requests should include:

- Source of insurance coverage (AHCCCS, employer, etc.)
- Brief description of the shortage. For example, "Mental Health coverage only pays for 2 visits."
- The entire insurance "Summary of Benefits" as this will typically be the proof that the service is not covered by the insurance program including Medicaid and Medicare. Additional documents may be requested as needed to determine insurance coverage adequacy.

The eligibility office will review. The ADAP Medication Access Manager may allow use of Ryan White funds to pay for additional services. The provider agency must:

1. ensure the client is still eligible for Ryan White services; and
2. keep a copy of the email approval in the client file; and
3. fully utilize the insurance before charging Ryan White.

WHEN CLIENTS HAVE INSURANCE THAT IS NOT ACCEPTED AT THE RYAN WHITE AGENCY

When clients have insurance, Ryan White cannot pay for services that would be covered by the insurance. For example, an agency may be funded for primary medical care and the client has TriCare health insurance. The agency must refer the client to a TriCare medical provider. Ryan White will not reimburse for services when there is another payer.

DIFFERENCES BETWEEN A/B/ADAP ELIGIBILITY REQUIREMENTS

Items	Care Services for A and B	ADAP
Residency		
Location	Based on home address, clients can access Part A or Part B funded care services. Las Vegas Part A client's living in Arizona's Mohave County may be eligible for Part B funded dental insurance.	Qualifying clients must live in Arizona.
Income		
Income limit exceptions	No exceptions to the income limits.	May request an income exception for reasonable cases.
Third-Party Payer		
Frequency	Different services require additional screening above and beyond annual eligibility renewals.	Completed with the application.
Insurance		
Insurance Documentation	Handled at the agency level and tied to specific service category screening processes.	ADAP 340B clients are screened by the contracted pharmacy prior to each prescription refill. ADAP Assist clients are strongly encouraged to provide copies of the insurance cards, and other insurance coverage information to assist staff in troubleshooting potential prescription coverage and/or billing issues.

ELIGIBILITY OFFICE RESPONSIBILITIES

It is the responsibility of the Eligibility Offices to review, process, and approve eligibility documents compliant with Ryan White Part A and B Policies and Procedures. The Eligibility Offices are responsible for maintaining accurate and appropriate electronic client files in the RWP, for any client who certifies/recertifies at their agency. The results of these efforts will be published in the approved data system as a baseline eligibility status for all clients within Arizona. Electronic applications and support documents will be available to all Ryan White Providers through the RWP. Eligibility Offices will accept paper and digital copies of support documents, including but not limited to texted, faxed, and emailed images.

Note: It is the program's expectation that case managers assisting clients in completing the application will submit requested documentation using the RWP. Alternative methods of submission are reserved for clients who are unable to submit their application and/or supporting documents electronically.

Eligibility must be completed in a timely manner.

Applications appropriately identified as Rapid Start, that are satisfactorily complete, must be processed in the approved data system the same business day, unless received after 3:00pm. If received after 3:00pm, the application must be processed the following business day.

Renewal applications received for clients with an "Eligible" or "Pending" eligibility status in the approved data system, will remain eligible until the last day of their final month of eligibility.

Renewal applications received via the RWP, Eligibility Offices have 5 business days to update the client's application status from "In Review" to "Complete" or "Incomplete"

If the application status is updated as "complete", a corresponding update is made to the client's Ryan White Eligibility status and ADAP Status in the approved data system.

If the application status will be updated as "Incomplete", the Eligibility Offices will outreach to the client (or if indicated, Case Manager) in attempts to obtain the missing information/documents. These outreach efforts will entail at least 3 attempts, every 2-3 days via different contact methods authorized by the client. Attempts will be documented in the Application Notes in the RWP. The last working day prior to the end of the client's renewal period, if there is satisfactory information in the client's application to assess the client's likely eligibility status, the client's application will be processed and the client's eligibility status will be updated to Pre-Approved pending any missing required documentation.

Applications submitted via paper, or other electronic means other than the RWP to the Eligibility Offices must be entered into the RWP the same business day, unless received after 3:00pm. If received after 3:00pm, the application must be entered into the RWP the following business day. The review and processing timeline described above will be followed.

Applications in the RWP should be in “In Review” status for no more than 5 business days unless exceptional circumstances exist.

Clients will be disenrolled if satisfactory information and/or documentation is not received and processed by the Eligibility Offices by the last day of the last month of their eligibility.

The Eligibility Offices are required to complete data entry for:

- **Arizona Ryan White Programs Applications:** Information from the application will be entered into the RWP.
- **HIV Diagnosis:** Copies should be scanned and uploaded to the Diagnosis section of the Upload Documents portion of the electronic application in the RWP

The Eligibility Offices are required to follow-up on all applications initiated through their office and submitted from other providers, client inquiries, and follow-up documentation submitted via the RWP or any other manner. Communication attempts must be conducted in a confidential manner and Health insurance Portability and Accountability Act of 1997 (HIPAA) compliant.

STANDARD ELIGIBILITY FORMS

All Providers are required to utilize the forms and processes approved in this policy.

Standard Eligibility Forms include forms that relate directly to the processing and establishment of baseline eligibility. All current and approved forms are online at www.azadap.com. Standard, forms include:

- **Full Application:** Completed at time of initial application and annual renewal.

The following forms are used as needed:

Additional Form	Description	When to use
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.
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.

Additional Form	Description	When to use
Benefit Verification Form	<p>Ryan White is the payer of last resort. This form is used to confirm the client’s healthcare coverage eligibility/enrollment through an employer.</p> <p>May also be used for basic employment information.</p> <p>Form is expected to be completed by the employer.</p> <p>There are two versions - one with an ADAP fax number and one without.</p>	Form is required on an as- needed basis to assist the program in determining eligibility for employer offered insurance coverage.
Change Application	Collects and updates to client information to client name, contact information, residency, household size, employment, income, or insurance. Clients have 30 days to report changes as required by the Arizona ADAP State Rules under A.R.S. § 41-1092.0	Mid-cycle changes
Extra-jurisdictional Services Authorization Form (EJS)	Form used to request jurisdictional exception. When a client would like enrollment into a jurisdiction other than their residential assigned jurisdiction.	As needed to request an exception
Medical Provider Page (MPP)	Medical Provider Page, can be used to provide HIV provider information, prescribed HIV medication, current lab values, and HIV diagnosis information.	<p>Providers may choose to submit in lieu of other acceptable documentation.</p> <p>Provider signature is required for this document to be accepted as proof of confirmatory diagnosis.</p>
New Applicant Addendum	Collects demographic and diagnosis information required for federal reporting.	When a client is new to Arizona Ryan White services.

Additional Form	Description	When to use
Ryan White & ADAP Rapid Start Form	Form used to expedite application processing if the client meets specific criteria.	As needed
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.	To be used as needed to provide clarification and/or additional information regarding a client's unique situation that could not otherwise be captured on other available forms.

PART A SPECIFIC FORMS

- **Client Choice Referral Form:** This form documents the client’s referral selections or refusal of referrals. The Central Eligibility Office must include it in the client file.
- **Notice of Privacy Practices:** The Central Eligibility Office must include in the client file a signed acknowledgement of the receipt of a copy of the *Ryan White Part A Notice of Privacy Practices* also known as Client Handbook Signature Page.

RECERTIFICATION

Client recertification includes completion of the Arizona Ryan White Programs Application during the client’s birthday month for an annual recertification.

All relative support documentation is required. Recertification is not required to be completed in person. Related communications from Ryan White Providers and Eligibility Offices must be transmitted in a confidential manner and HIPAA compliant.

Part A: Renewing clients may request that their case manager represents the client during the eligibility process. The Case Manager and agency name will be reflected in the application. The Case Manager will act as a liaison between the client and the Central Eligibility Office and all communications between the Eligibility Offices and client will be directed through the designated Case Manager.

Part B: The Case Manager is the default contact for eligibility unless the client contacts the eligibility office directly.

DISENROLLMENT

In some situations, a client may be determined ineligible for services or have their eligibility status terminated.

Reasons for disenrollment from all Ryan White services may include, but are not limited to:

- Client did not complete or submit eligibility renewal paperwork.
- Relocation outside of Arizona.
- Income exceeding the Federal Poverty Level (FPL) qualifications for services.
- Information submitted by the client is inaccurate, incomplete, or falsified.

Clients may be disenrolled or ineligible for specific service categories when:

- The client has a payer for the service. For example, clients with Medicaid (AHCCCS) are not eligible for Ryan White funded primary medical care or ADAP. However, the clients are still eligible for psychosocial services.
- Client income exceeds the allowable federal poverty level. For example, a client experiences a change in income or household size raising them above the allowed FPL for the services provided.

Note: It is the provider's responsibility to screen and document in the client's file, the client's eligibility for the specific service category prior to delivering requested services.

Please note that the client may be re-enrolled upon demonstration of meeting appropriate eligibility requirements for the requested service category.

Specific agencies may disenroll clients if/when a Provider determines that the client exhibits violent or threatening behavior to an employee, volunteer, or fellow client of the Provider or Ryan White Part A or B program. The agency is required to notify the Ryan White Part A or B Office of the client disenrollment. Clients may be re-enrolled at the discretion of the agency.

ELIGIBILITY – UNIQUE CIRCUMSTANCES

INCONSISTENT CLIENT DATA

The Eligibility Offices are required to follow up on documented client claims which are inconsistent and impact client eligibility. At a minimum, the completion of a Statement of Facts form must be solicited from the client. The Eligibility Offices will have 5 business days from the date received to clarify the claim and determine a decision regarding which information to use in the application. Requirements for the clarification process beyond the collection of the Statement of Facts form will be determined by the Eligibility Offices. Clarification activities must be reasonable and lead towards documentation that clarifies the item of discrepancy. Activities may include but are not limited to requests for written statements from employers, research in a Base Wage database, requests for additional income documentation, or requests for more detailed insurance information.

DUPLICATE CLIENT RECORDS

Providers that encounter potential duplicate clients in the approved data system will notify their Eligibility Office with the two client AZCUIDs. Providers will also identify which AZCUID is believed to be correct and why.

RAPID START FOR NEWLY DIAGNOSED CLIENTS

Patients diagnosed with HIV within the past 30 calendar days can go through a special rapid pre-approval process to expedite eligibility and linkage to care if all documents are unavailable.

For Rapid Start pre-approval, eligibility workers or partner organizations must submit the following:

- **Proof of HIV Status** - For Rapid Start, initial HIV tests screening positive are acceptable without a confirmatory test if a confirmatory result is unavailable

Clients will remain ADAP and Ryan White eligible until the end of the following month. They must provide the remaining required documents before the end of their pre-approval period to complete the application. The required documents include confirmatory proof of HIV status, proof of residency and proof of income as defined in the policy. Failure to provide all required documents to the Ryan White and ADAP program before the end of the pre-approval period will result in disenrollment from the program.

RAPID START FOR OUT OF CARE CLIENTS

Patients are defined as out of care when they meet one of the 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

For Rapid Start pre-approval, eligibility workers or partner organizations must submit the following:

- **Proof of HIV Status** - For Rapid Start, initial HIV tests screening positive are acceptable without a confirmatory test if a confirmatory result is unavailable

Clients will remain ADAP and Ryan White eligible until the end of the following month. They must provide the rest of the required documents to complete the application before the end of their pre-approval period. The required documents include confirmatory proof of HIV status, proof of residency and proof of income as defined in the policy. Failure to provide all required documents to the Ryan White and ADAP program before the end of the thirty days will result in disenrollment from the program.

ACRONYMS

ADAP – AIDS Drug Assistance Program

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

ALTCS – Arizona Long Term Care Services

AZCUID – Arizona Client Unique Identifier

BVF – Benefits Verification Form

CE – Central Eligibility

DACA – Deferred Action for Childhood Arrivals

EJS – Extra-jurisdictional Services Authorization Form

EMA – Eligible Metropolitan Area

EHR – Electronic Health Record

FES – Federal Emergency Services

FFM – Federally Facilitated Marketplace

FPL – Federal Poverty Level

HIPCSA – Health Insurance Premiums & Cost Sharing Assistance

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

IRS – Internal Revenue Service

LIS – Low Income Subsidy (for Medicare Part D)

MAGI – Modified Adjusted Gross Income

MBM – Medical Benefits Manager

MPP – Medical Provider Page

PAP – Patient Assistance Program

PBM - Pharmacy Benefit Manager

QI-1 – Qualified Individual

QMB – Qualified Medicare Beneficiary

RSR – Ryan White HIV/AIDS Program Services Report

RWISE – Ryan White Integrated Statewide Eligibility

RWP – Ryan White Portal – Online Application

RWPA – Ryan White Part A

RWPB – Ryan White Part B

SEP – Special Enrolment Period

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SLMB – Specified Low-Income Beneficiary

TGA – Transitional Grant Area

URN – Unique Record Number

USPS – United States Postal Service

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