MEMPHIS TGA RYAN WHITE PART A AND MAI, PART B AND PART D ELIGIBILITY POLICY AND PROCEDURE

The Shelby County Government Ryan White Program, within the Division of Community Services, is the recipient of Ryan White Part A and Minority AIDS Initiative (MAI) for the Memphis Transitional Grant Area (TGA). This area includes the following counties: Shelby, Tipton, and Fayette (TN); Crittenden (AR); and Desoto, Marshall, Tate and Tunica (MS). The purpose of the Ryan White funding is to provide core medical and supportive services to people living with HIV/AIDS who have no other means to pay for these services. The Health Resources Services Administration (HRSA), the funding source for Ryan White, requires that all individuals who are provided services with Ryan White Part A and MAI funding meet eligibility the criteria established in the Ryan White legislation and that documentation of client eligibility be maintained by the service providers. In addition, Ryan White legislation requires that recertification for client eligibility is completed every 6 months.

The Arkansas, Mississippi and Tennessee State Health Departments are the recipients of Ryan White Part B funding, which provide AIDS Drug Assistance Program (ADAP) services for PLWHA who are residents of the respective states. These programs may require additional documentation for proof of client eligibility.

The Adult Special Care Clinic and East Arkansas Family Health Center are the recipients of Ryan White Part C funding, which is direct funding to clinics for the provision of outpatient medical services. There are no additional eligibility requirements for these services.

Le Bonheur Community Health and Well-Being is a recipient of Ryan White Part D funding, which provides family-centered care including outpatient medical care for women (primarily obstetrical and gynecological), infants, children, and youth with HIV/AIDS. There are no specific eligibility documentation requirements for Part D services.

The Memphis TGA Ryan White Program has established the following process for ensuring the eligibility of clients:

- Client Ryan White eligibility must be certified by a Medical Case Manager
- Client proof of eligibility must be established for all of the 4 criteria for Part A/MAI services

- Proof of HIV status
- Proof of residency in the Memphis TGA
- Proof of income (at or below 300% of the Federal Poverty Level)
- Proof of lack of insurance or under-insurance
- Clients must be a racial or ethnic minority to be eligible for MAI-funded services
- Documents relating to the above criteria must be maintained in the client's Medical Case Management record
- Client eligibility must be re-certified every 6 months
- Medical Case Managers will provide clients with an Eligibility Card (sample attached) at each certification/re-certification that will be accepted as proof of client eligibility at Ryan White Part A/MAI funded service providers
- Ryan White Part A/MAI funded service providers must ensure that client's eligibility is current when providing services and will maintain a copy of the client's eligibility card with service records (It is not necessary for providers other than Medical Case Managers who complete eligibility certification to have copies of client documents)

The following documents are acceptable for establishing client eligibility:

1) Residency in the TGA

One of the documents from the list below or two written statements from individuals who can attest to the individual's residence can be used as proof of residency:

Utility bill in the individual's name
Voter's registration card
Lease and/or rental agreement
Rent receipts noting address and Landlord's name
Notarized letter from resident providing housing for individual stating that the
individual resides at that address
Valid Driver's License
ID card issued by Military or State Department of Motor Vehicles
Statement from a homeless services provider on that provider's letterhead
attesting to the individual's residence within the 8 county area as a homeless
individual
A Letter of Award from Social Security, Food stamps, TANF, VA, or SSI
A postcard/envelope addressed to the individual at his/her stated residence, with
that correspondence having a postmark within 30 days from the date he/she is
seeking eligibility certification. Note: A Post Office (PO) box alone is NOT an
acceptable form by which to establish residency.

□ For undocumented immigrants, a statement by the case manager and signed by the individual stating that the individual does not have a valid state ID due to his/her undocumented immigration status and does not possess any documents that could otherwise be used to verify residency.

2) Household Income

Household income must be at or below 300% of the Federal Poverty Level (see table below). Household income is the combined income of the client and all household residents who are family or related to the client by marriage.

Household Size	300%
1	\$ 32,490
2	\$43,710
3	\$54,930
4	\$66,150
5	\$77,370
6	\$88,590
7	\$99,810
8	\$111,030

One of the documents/methods listed below may be used as proof of income.

Proof that the individual has Medicare or Medicaid can be de facto proof of
income
Bank Statements
SSI/SSD, TANF, Food Stamp or VA Award Letters
Wage and Tax Statements (W2 form)
Copy of most recent Federal Income Tax Return (1040) using line #22 (Gross
Income **), unless self-employed
Paycheck stubs covering at least 3 pay periods OR year-to-date pay prior to the
date the individual is seeking eligibility certification.
Self-employed individual's income will be determined by taking their total income
(line 22 on form 1040) and subtracting, one-half of self-employment tax (line 27),
Self-employed SEP, SIMPLE, and qualified plans (line 28), and Self-employed
health insurance deduction (line 29) (if applicable). Note: An individual may not
count IAP payment of premiums, co-pays and deductibles as a deduction on
his/her federal income tax return and use it to reduce total income to qualify for
the Ryan White Services programs.

 A signed "Self-Declaration of 0 (zero) Income" statement (sample attached) A third Party Query System (TPQY) from the Social Security Office and Employment Security Commission. Letter from the Department of Human Services (DHS), showing calculated income and/or resources. Statement of Direct Deposit as long as the gross income is reflected; For undocumented immigrants, a statement signed by the case manager or eligibility worker and the individual, stating that the individual does not hold a valid work permit from INS, and that the individual is not receiving any federal, state or country entitlements and that this has been verified by the agency. 			
* Dependent children residing outside the individual's home may be counted, if the individual can produce evidence of court ordered child support ** Garnishments may also be deducted from Gross Income.			
3) Disease Status			
One of the following may be used as proof of the client's disease status (required only at the time of initial certification):			
 Positive ELISA with confirmatory Western Blot OR Positive Western Blot Certified Laboratory test results showing detectable viral load of HIV An original letter signed by a referring physician who practices in the State of TN on the physician's letterhead stating that the eligible individual is HIV Positive (HIV+), has HIV Spectrum Disease or has AIDS 			
4) Proof of Lack of Insurance or Under-Insurance			
PLWHA with health insurance may be eligible for core medical and supportive services that are not covered by their health insurance policy if they meet other eligibility criteria for HIV status, income and residency. The following documentation may be used as proof of lack of insurance:			
 Research of a Third Party query system to verify individual's lack of healthcare coverage under other Medicare, Medicaid, or private insurance companies. Written documentation of the results of this verification must be dated and kept in the individual's file. Denial letter from Medicaid or Medicare and documentation at re-certification that client continues not to meet eligibility criteria A signed "Self-Declaration of No Health Insurance" statement. 			