

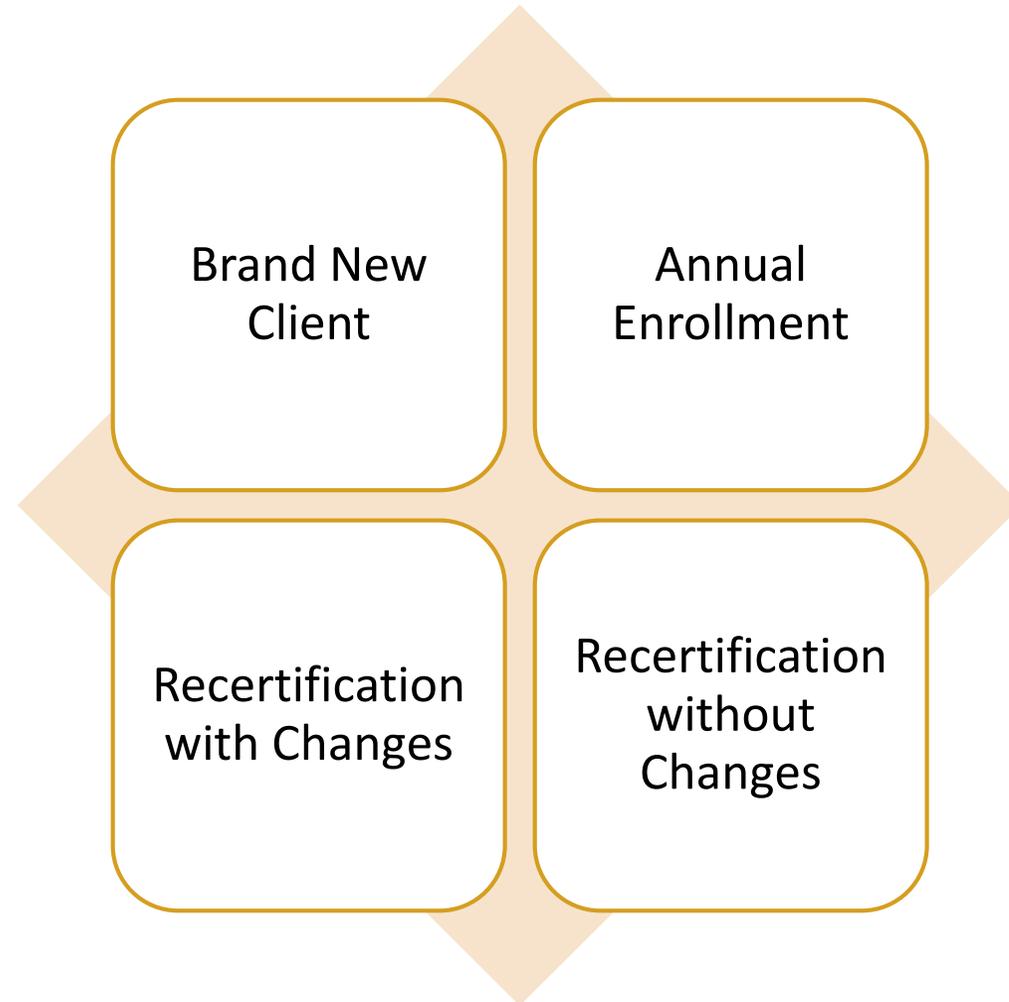
# Ryan White ABCD Common Guidance for Universal Eligibility and Enrollment

Presented by:

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# Four Different Enrollment Types



# Full Enrollment Brand New Client

1. Coversheet / Affidavit of Understanding
2. Application (CGD 15-53) or two-page Client Report from CAREWare (currently Part B only)
3. Ryan White Registration Letter (CGD 15-58)
4. **One Proof of Identification**
5. Ryan White Notice of Privacy Practice (CGD 15-56)
6. Ryan White Eligibility/Enrollment Document Checklist (CGD 15-54)
7. **Proof of Diagnosis**
8. **Current Labs (No older than 6 months)**
9. **Two proofs of Residency**
10. **All proofs of Income Level**
11. Ryan White Household Composition Form (CGD 16-03)
12. Ryan White Survey of Existing Insurance Coverage (CGD 16-10) / Insurance Cards
13. **Other Documents (Grievance form, miscellaneous documents)**
14. **All Parts Consent for Release of Confidential Information (CGD 15-51)**



*Client only needs to bring one proof of ID, proof of diagnosis, current labs, two proofs of residency, documentation of income level, and insurance information. All other documents can be generated at the appointment.*



# Full Annual Enrollment

1. Coversheet / Affidavit of Understanding
2. Application (CGD 15-53) or two-page Client Report from CAREWare (currently Part B only)
3. Ryan White Registration Letter (CGD 15-58)
4. Ryan White Notice of Privacy Practice (CGD 15-56)
5. Document Checklist (CGD 15-54)
6. Current Labs (No Older than 6 months)
7. Two proofs of residency
8. All proofs of Income Level
9. Ryan White Household Composition Form (CGD 16-03)
10. Ryan White Survey of Existing Insurance Coverage (CGD 16-10) / Insurance Cards
11. Other Documents (Grievance form, miscellaneous documents)
12. All Parts Consent for Release of Confidential Information (CGD 15-51)

Not Required

Proof of Identification

Proof of Diagnosis



*Client only needs to bring current labs, two proofs of residency, documentation of income level, and insurance information. All other documents can be generated at the appointment.*



# Recertification

1. **Six Month Self-Attestation Form (CGD 15-46)**
2. **Ryan White Registration Letter (CGD 15-58)**
3. **Any Document(s) that correspond with a change**

**Not Required**

**Proof of Identification**

**Proof of Diagnosis**

**Lab Results**

**Backup documents of any information that did not change**



*Client only needs to send in the Self-Attestation Form and any backup documentation of a change.*



# Provisional Enrollment (New or Annual)

The Ryan White HIV/AIDS Programs have determined that the minimum required documents needed for are:

Document	Where to Find it:
<b>Coversheet / Affidavit of Understanding</b>	Generated out of CAREWare; or, Last page of CGD 15-53 – found online
<b>Application; or, Two-page Client Report from CAREWare (currently Part B only)</b>	CGD 15-53 – found online; or, Generated out of CAREWare
<b>Universal Registration Letter of Pending Registration</b>	GCD 15-58 – found online
<b>Proof of Identification</b>	Client brings in acceptable form of ID (for new clients only; returning Annual client who already have Proof of ID on file do not need this)
<b>Privacy Practice Acknowledgement</b>	CGD 15-56 found online
<b>Document Checklist</b>	CGD 15-54 – found online
<b><u>One</u> Proof of Residency</b>	Client brings in <u>one</u> acceptable form of residency
<b>MAGI Worksheet</b>	CGD 15-52 – found online
<b>Proof of Household Size</b>	CGD 16-03 – found online
<b>Survey of Existing Insurance Coverage</b>	CGD 16-10 – found online
<b>Other Documents (Grievance form, miscellaneous documents)</b>	found online
<b>All Parts Consent for Release of Confidential Information</b>	CGD 15-51 – found online

## Documents that can be brought in within the next 30\* days

1. Proof of Diagnosis
2. Current Labs (no older than 6 months; can be provided within 60 days)
3. Proof of Income Level (income documents to support what was entered into the MAGI Worksheet previous submitted)
4. One additional Proof of Residency
5. Insurance Cards / Explanation of Health Insurance Benefits



# Proof of Diagnosis

1. Western Blot
2. Letter on Physician Letterhead with signature of MD indicating that the applicant is HIV positive with a diagnosis date.
3. Positive HIV Immunoassay and detectable HIV RNA
4. Two different positive HIV immunoassays
5. **Request for Proof of Diagnosis Form completed by applicant's physician (CGD 15-39)**

## Brand New Client

Only one of the documents is required if there is no prior Application with Proof of Diagnosis in either Ryan White A/C CAREWare or Ryan White B CAREWare



# Proof of Identification

1. Nevada drivers license
2. US or foreign passport with photo
3. Permanent resident card with photo
4. Local, state, or federal gov't issued card with photo
5. Consulate card with photo
6. Resident alien card with photo

*The photo ID can be expired. The copies of the ID scanned into CAREWare must be clear and in color. Only the front side is needed to be scanned. The photo must reasonably look like the client who is giving you the ID. For situations where this is not reasonable contact your Grantee office. In essence, any 1) government issued ID with the client's 2) legal name and a 3) recent photo is acceptable.*

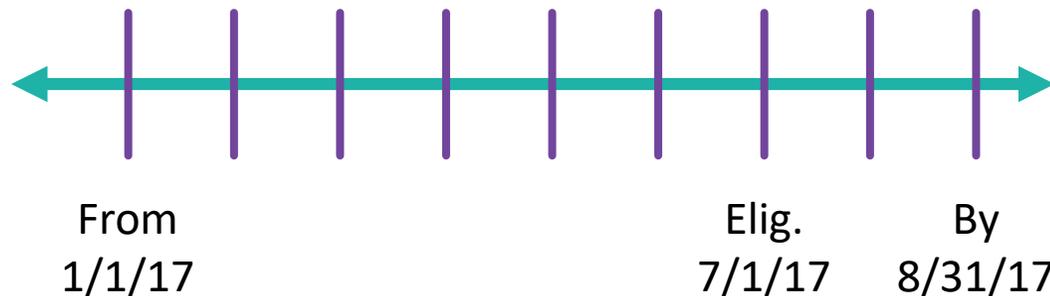
## Brand New Client

Only one of the documents is required if there is no prior Application with Proof of Identification in either Ryan White A/C CAREWare or Ryan White B CAREWare



# Labs

1. All applicants and clients are required to provide CD4 and HIV Viral Load information once a year.
2. The labs brought to the first or annual appointment can be up to 6 months old.
3. If labs cannot be provided then the individual has 2 months to:
  - a. Get them done, or
  - b. Find them and bring them to any eligibility agency
4. This ends up being an eight month window that the client has to provide labs in.



## Brand New Client

Both CD4 and Viral Load information no older than 6 months must be provided within 60 days of enrollment.

## Annual Enrollment

Viral Load and CD4 information no older than 6 months must be provided within 60 days of eligibility date.



# Proof of Residency

1. Current rental/lease agreement
2. Rent/Mortgage receipt
3. Any bill or invoice
4. Letter from a government agency
5. Voter registration/vehicle registration
6. Prison release papers
7. Current Nevada drivers license or state ID card
8. Consulate ID card
9. Resident alien card
10. Other verifiable government ID with address
11. Proof of property taxes paid
12. **Verification of Residence (CGD 15-50)**
13. **Dependent Support (CGD 15-48)**
14. **Non-Stable Housing Declaration (CGD 15-44)**

*The receipt, invoice, letter, or form must not be older than 30 days. The ID card must be unexpired. The copies of the ID scanned into CAREWare must be clear and in color. Only the front side is needed to be scanned. Addresses must match.*

**Brand New Client**  
Two documents from the list

**Annual Enrollment**  
Two documents from the list

**Recertification**  
Only if there is a change from the prior enrollment



# Proof of Low Income Status

1. Copy of most recent pay stubs for the last month
2. Copy of most recent annual disability statement, SSI, SSDI, retirement, pension, VA, child support/alimony, unemployment benefits statement, etc.
3. One month of bank statements only if pay stubs or annual statement cannot be provided
4. Pre-paid debit card statements
5. **Profit and Loss Statement from self-employment (CGD 16-04)**
6. **Verification of No-Income (CGD 15-45)**
7. **Dependent Support Form (CGD 15-48)**
8. **Household Composition Form (CGD 16-06) REQUIRED**
9. **MAGI Worksheet (CGD 15-52) REQUIRED**

**Brand New Client**  
Provide all that is applicable

**Annual Enrollment**  
Provide all that is applicable

**Recertification**  
Only if there is a change from the prior enrollment



# Existing Insurance Coverage

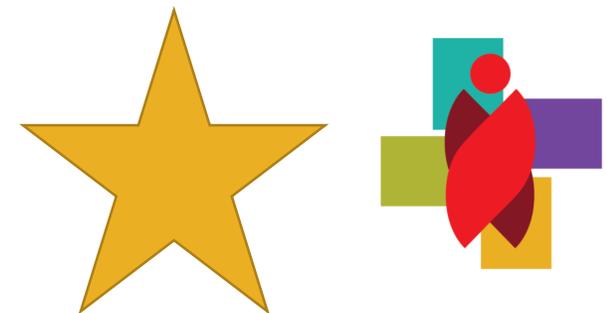
## 1. Survey of Existing Insurance Coverage (CGD 16-10) REQUIRED

*The State created a Primer document to explain the 16-10 Form and the changes related to the Vigorous Pursuit of Minimum Essential Coverage policy requirement in Policy 17-08.*

**Brand New Client**  
Form 16-10 Required

**Annual Enrollment**  
Form 16-10 Required

**Recertification**  
Only if there is a change from the prior enrollment



# Common Guidance Documents (CGDs)

- 15-39: Proof of Diagnosis
- 15-44: Non-Stable Housing Declaration
- 15-45: Verification of No Income
- 15-46: Six Month Self-Attestation Form
- 15-48: Dependent Support Form (*form does not have any Ryan White identifiers*)
- 15-49: Employer Insurance Verification Form (*form does not have any Ryan White identifiers*)
- 15-50: Verification of Residence (*form does not have any Ryan White identifiers*)
- **15-51: All Parts Consent for Release of Information [REQUIRED]**
- **15-52: MAGI Worksheet [REQUIRED]**
- 15-53: Ryan White ABCD Application
- **15-54: Application Documentation Checklist [REQUIRED]**
- 15-55: Order of Documents
- **15-56: Acknowledgement of Receipt of Privacy Practices [REQUIRED]**
- **15-58: Registration Letters (Provisional Enrollment and Full Enrollment) [REQUIRED]**
- **16-03: Household Composition Form [REQUIRED]**
- 16-04: Profit and Loss Statement from Self-Employment
- **16-10: Survey of Existing Insurance Coverage [REQUIRED]**



# CGD 15-51: Universal Consent Form



## Nevada Ryan White Parts ABCD Common Guidance Document Universal Consent for Release of Confidential Information

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, do hereby authorize any of the agencies listed below who participate in the community based Ryan White All Parts (ABCD) Programs in the State of Nevada to release and/or share information concerning my eligibility, medical record status, and information concerning my HIV screening, diagnosis, and treatment. The following agencies/programs authorized are:

- ❖ Access Community Cultural Education Programs & Trainings
- ❖ AIDS Healthcare Foundation
- ❖ Access to Healthcare Network
- ❖ Aid for AIDS of Nevada
- ❖ OptumRx-Pharmacy Benefits Manager
- ❖ Carson City Health and Human Services
- ❖ Community Counseling Center
- ❖ Community Outreach Medical Center
- ❖ Clark County Social Service
- ❖ Dignity Health
- ❖ Division of Public and Behavioral Health HIV Surveillance Program
- ❖ Golden Rainbow
- ❖ HELP of Southern Nevada
- ❖ Horizon Ridge Clinic
- ❖ Huntridge Family Clinic
- ❖ Las Vegas Urban League
- ❖ Nevada Medicaid
- ❖ Medicare
- ❖ Nevada AIDS Research & Education Society
- ❖ Nevada Legal Services
- ❖ Nevada Office of HIV/AIDS
- ❖ North County Healthcare
- ❖ Northern Nevada HOPES
- ❖ Nye County Health & Human Services
- ❖ Ramsell Corp. – Pharmacy Benefits Manager
- ❖ Southern Nevada Health District
- ❖ The Gay & Lesbian Center of Southern Nevada
- ❖ University Medical Center-Wellness Center
- ❖ University Nevada, Las Vegas School of Community Health Sciences
- ❖ UNLV School of Dental Medicine
- ❖ Washoe County Health District
- ❖ Your Health Insurance Company
- ❖ Your Physician: \_\_\_\_\_

Information may be released between the above listed agencies throughout the duration of my active enrollment in the Ryan White All Parts (ABCD) program. I may withdraw this consent by notifying, in writing, the Ryan White agency where my eligibility was completed. I understand that my records are protected under federal HIPAA regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent in writing any time, except to the extent that any action has been taken while it is still in force. This consent expires automatically one (1) year from registration or previously signed consent.

A copy of this authorization legally constitutes an original copy.

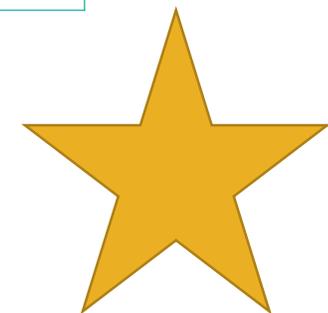
_____ Client Signature	_____ Date
_____ Parent/Guardian Signature if under 18	_____ Date
_____ Registering Agency Staff Member	_____ Date



# Start and End Dates

Determined Eligible during any date of this month	Recertification Window Opens (A client cannot recertify earlier than this date unless permission is given by Grantee Office)	Eligibility End Date (Recertification must be done by the last day of the month)
January 1 – 30	June 16	July 31
February 1 – 28/29	July 16	August 31
March 1 – 31	August 16	September 30
April 1 – 30	September 16	October 31
May 1 – 31	October 16	November 30
June 1 – 30	November 16	December 31
July 1 – 31	December 16	January 31
August 1 – 31	January 16	February 28/29
September 1 – 30	February 16	March 31
October 1 – 31	March 16	April 30
November 1 – 30	April 16	May 31
December 1 – 31	May 16	June 30

If a client due for their **recertification** and does not recertify before their end date then a full Annual Packet needs to be collected. No client though will ever be considered a *Brand New Client* if they were previously enrolled at any point.

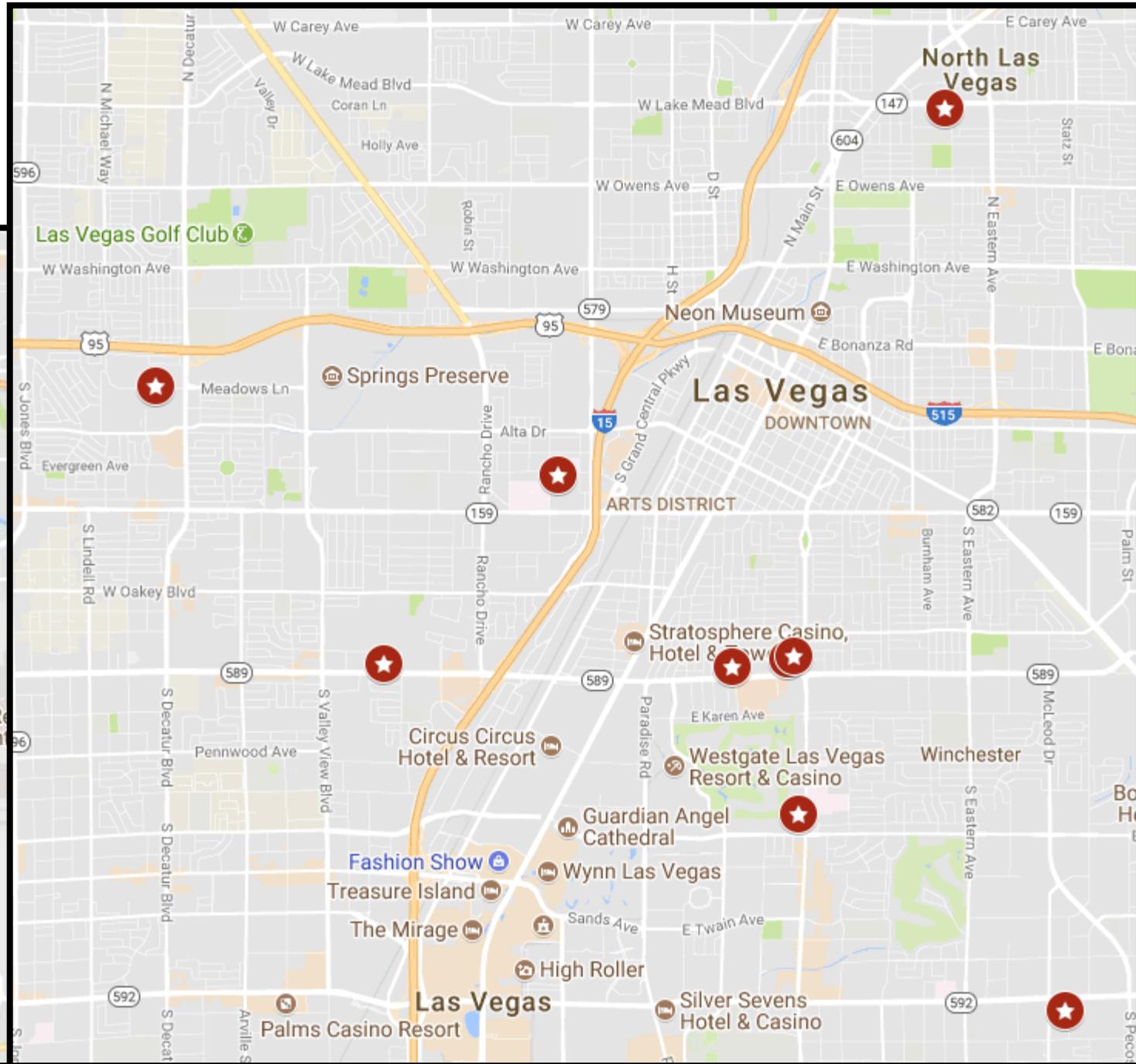
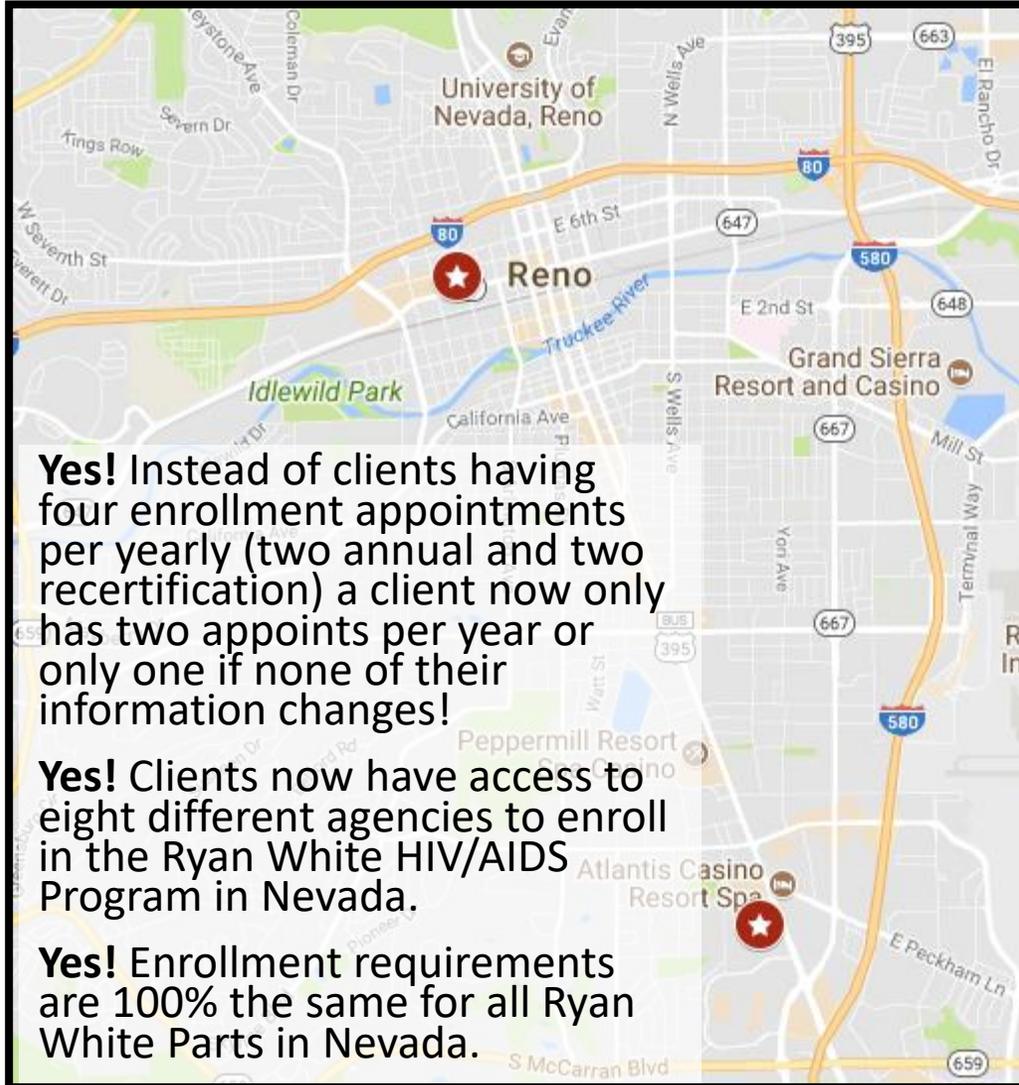


# Retroactive Eligibility

- Part A – EIS Service – Six Months of eligibility after initial positive test
- Part B – EIS, Medical Case Management & Non-Medical Case Management, backdate eligibility 30 days from initial eligibility appointment.



# Will this help Clients?



# How does this work in CAREWare? How will the Two CAREWares interact?

## Short Term

- No automatic interaction -  
Eligibility & Enrollment  
Specialist facilitated interaction

## Long Term

- Automatic data sharing



# The ADAP Medication and Insurance Assistance Programs

- Still managed by Access to Healthcare Network
- In some circumstances clients might need to provide additional documentation (income, insurance invoices, payment booklets, medication list, etc.) to AHN for intake and assessment of which ADAP program to place the client in.
- AHN will have 3-5 days to process the referral. ADAP Medication benefits will be granted immediately until full assessment is done (max. 30 days).
- Only clients with emergency circumstances will have the ability to pick up medications on the same day as their enrollment appoint if they are currently expired/unenrolled.
- Any time any provider hears of an insurance status change or a change in a life event that may qualify the client for insurance that must be communicated to AHN.



# ADAP Flow

