

**RYAN WHITE ABCD COMMON GUIDANCE
FOR
UNIVERSAL ELIGIBILITY AND ENROLLMENT**



BEFORE 2014

Part A/C/D enrollment has been standardized; clients had multiple options of agencies to enroll at

Part B had a separate enrollment process; clients could only go to Access to Healthcare Network for enrollment into Ryan White and to receive ADAP services

Clients had at minimum four enrollment appointments a year; different eligibility criteria for Part A/C/D and Part B; documentation to prove need in Part B was more stringent





**KEEP
CALM
IT'S TIME
FOR
CHANGE**



WHY CHANGE?

To benefit clients and service providers.

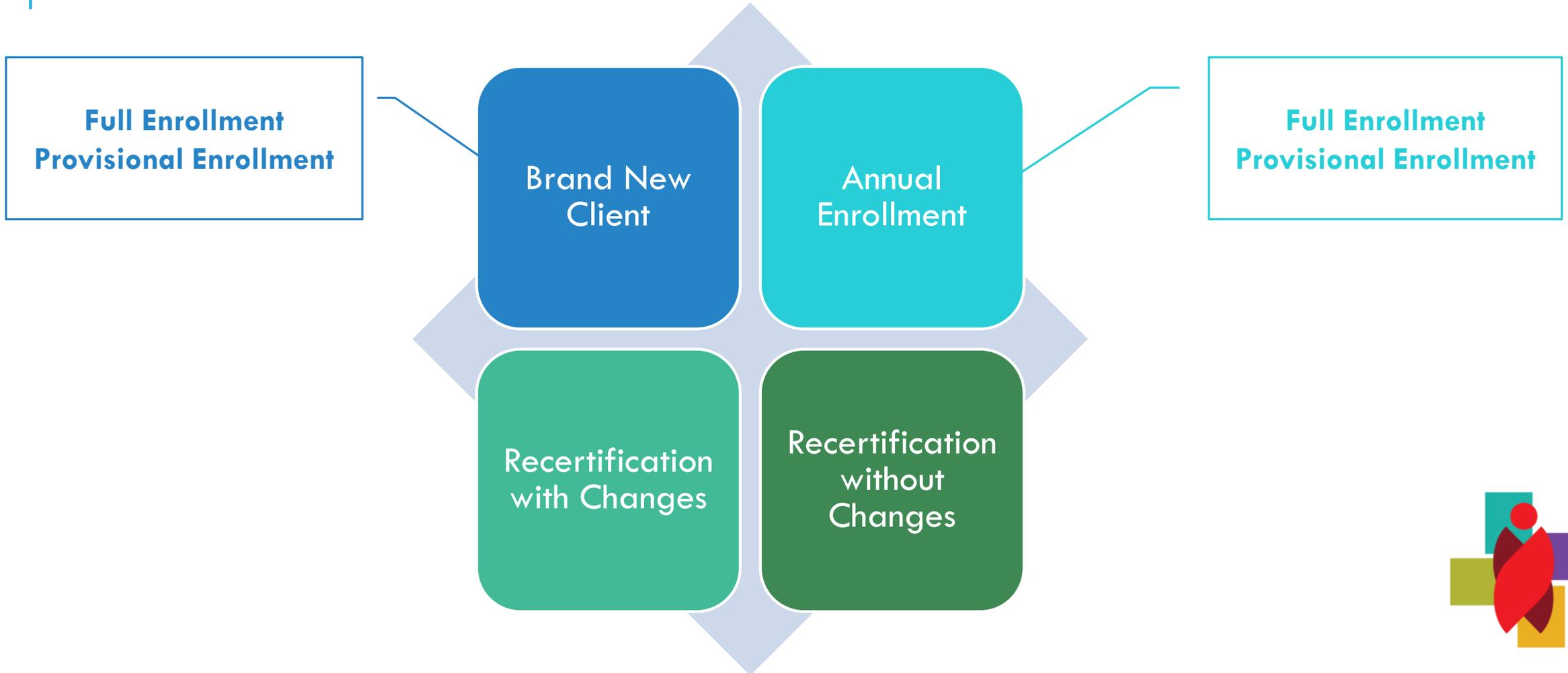


LET'S START AT THE BEGINNING

What are the different types of enrollments that can happen?
Categorize the different buckets that enrollment appointments can fall into. Be Broad.



FOUR DIFFERENT ENROLLMENT TYPES



WHAT IS NEEDED AT EACH OF THE FOUR TYPES?

Let's look at the **Eligibility & Enrollment Document Checklist** (CGD 15-54) and the **Universal Order of Documents in Eligibility Packet** (CGD 15-55)

These two documents are your guide in what is needed for each eligibility appointment.





Nevada Ryan White Parts ABCD
Common Guidance Document
Eligibility & Enrollment Document Checklist

Name: _____ URN: _____ Date: _____
Phone Number: _____ Eligibility Specialist: _____

Documents from each category must be attached to this checklist and easily located in the client file for the initial enrollment, annual and six month recertification. Please review OHA Policy 15-21 for more guidance.

<p>PROOF OF HIV DIAGNOSIS All clients must provide upon initial enrollment only one (1) medical/legal document from the list below indicating HIV infection.</p> <input type="checkbox"/> Western Blot <input type="checkbox"/> Letter on physician's letterhead, with signature of MD, indicating that the applicant is HIV positive with diagnosis date. <input type="checkbox"/> Positive HIV immunoassay and detectable HIV RNA <input type="checkbox"/> Two positive HIV immunoassays (should be different assays based on different antigens or different principles) <input type="checkbox"/> Request for Proof of Diagnosis Form completed by applicant's physician (CGD 15-39)	<p>PROOF OF INCOME LEVEL Proof of household income not to exceed 400% FPL based on their Modified Adjusted Gross Income (MAGI). Household income includes the income of anyone client claims on their taxes or the income of someone who claims client on their taxes. Provided upon initial enrollment and annually.</p> <input type="checkbox"/> Copy of most recent pay stubs for the last month <input type="checkbox"/> Copy of most recent annual disability, SSI, retirement, pension, VA, child support/alimony, unemployment benefits, etc. statements <input type="checkbox"/> One (1) month of bank statements only if pay stubs or annual statements cannot be provided <input type="checkbox"/> Pre-paid debit card statements <input type="checkbox"/> Profit and Loss Statement from self-employment (CGD 16-04) <input type="checkbox"/> Verification of No Income (CGD 15-45) <input type="checkbox"/> Dependent Support Form (CGD 15-48) <input type="checkbox"/> MAGI Worksheet (CGD 15-52) REQUIRED
<p>PROOF OF IDENTIFICATION All clients must provide upon initial enrollment only one (1) of the documents below. Driver Authorization Card is not allowable. Can be expired.</p> <input type="checkbox"/> Nevada Driver's License with Photo <input type="checkbox"/> US or Foreign Passport with Photo <input type="checkbox"/> Permanent Resident Card with Photo <input type="checkbox"/> Local, State, Federal Government issued card with Photo <input type="checkbox"/> Consulate Card with Photo <input type="checkbox"/> Resident Alien Card (U.S. citizenry not required) with Photo	<p>PROOF OF HOUSEHOLD SIZE All clients must provide upon initial enrollment and annually all individuals they claim, may claim, or will claim in most current tax year.</p> <input type="checkbox"/> Household Composition Form (CGD 16-03) REQUIRED
<p>CURRENT LABS (CD4 / VIRAL LOAD) See below for required lab schedule</p> <input type="checkbox"/> Initial Enrollment: CD4 and Viral Load, no older than six months <input type="checkbox"/> Annual Enrollment: Viral Load, no older than six months <input type="checkbox"/> Outpatient Health Client: CD4 and Viral Load, no older than six months every six months	<p>EXISTING INSURANCE COVERAGE All clients must provide upon initial enrollment and annually proof of existing insurance (public or private) or a statement of no insurance. Clients requesting insurance or Medication Assistance will not receive services until this information is provided.</p> <input type="checkbox"/> Survey of Existing Insurance Coverage (CGD 16-10) REQUIRED
<p>PROOF OF NEVADA RESIDENCY All clients must provide upon initial enrollment and annually two (2) documents from the list below. Cannot be expired.</p> <input type="checkbox"/> Current lease/Rental Agreement <input type="checkbox"/> Rent/Mortgage Receipt (dated within the past 30 days) <input type="checkbox"/> Any Bill or Invoice (dated within the past 30 days) <input type="checkbox"/> Letter from a Government Agency <input type="checkbox"/> Voter Registration/Vehicle Registration <input type="checkbox"/> Prison Release Papers <input type="checkbox"/> Current Nevada Driver's License or State ID Card <input type="checkbox"/> Consulate Identification Card <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Other verifiable government issued photo ID with address <input type="checkbox"/> Proof of property taxes paid <input type="checkbox"/> Verification of Residence (dated within the past 30 days) (CGD 15-50) <input type="checkbox"/> Dependent Support Form (CGD 15-48) <input type="checkbox"/> Non-Stable Housing Declaration Form (CGD 15-44)	<p>RECERTIFICATION – EVERY SIX (6) MONTHS One of the following is acceptable at six month recertification: full application and documentation, self-attestation of no change or self-attestation of change with documentation</p> <input type="checkbox"/> Six Month Self-Attestation of Ryan White Part ABCD Eligibility (GCD 15-46) <input type="checkbox"/> Proof of Nevada Residency (refer to this section) <input type="checkbox"/> Proof of Income Level (refer to this section) <input type="checkbox"/> Proof of Household Size (refer to this section) <input type="checkbox"/> Existing Insurance Coverage (refer to this section) <input type="checkbox"/> CD4 and Viral Load if receiving Outpatient Services through Ryan White in the past six months

Form 15-54: Revised 09/06/2016



Nevada Ryan White Parts ABCD
Common Guidance Document
Order of Documents in Eligibility Packet

Required Document Order for 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) Proof of Identification
- 4) Privacy Practice Acknowledgement (CGD 15-56)
- 5) Document Checklist (CGD 15-54)
- 6) Proof of Diagnosis
- 7) Current Labs
- 8) Proof of Residency
- 9) Proof of Income Level
- 10) Proof of Household Size (CGD 16-03)
- 11) Existing Insurance Coverage / Insurance Cards
- 12) Other Documents (Grievance form, miscellaneous documents)
- 13) All Parts Consent for Release of Confidential Information (CGD 15-51)

Required Document Order for Annual Enrollment

- 1) Coversheet / Affidavit of Understanding
- 2) Application (CGD 15-53) or two-page Client Report from CAREWare (currently Part B only)
- 3) Privacy Practice Acknowledgement (CGD 15-56)
- 4) Document Checklist (CGD 15-54)
- 5) Current Labs (Viral Load only)
- 6) Proof of Residency
- 7) Proof of Income Level
- 8) Proof of Household Size (CGD 16-03)
- 9) Existing Insurance Coverage / Insurance Cards
- 10) Other Documents (Grievance form, miscellaneous documents)
- 11) All Parts Consent for Release of Confidential Information (CGD 15-51)

Form 15-55: Revised 09/21/16



Nevada Ryan White Parts ABCD
Common Guidance Document
Order of Documents in Eligibility Packet

Required Document Order for Recertification with Changes

- 1) Six Month Self-Attestation Form (CGD 15-46)
- 2) Any Document(s) that correspond with a change
- 3) Labs if Receiving Outpatient Services through Ryan White

Required Document Order for Recertification without Changes

- 1) Six Month Self-Attestation Form (CGD 15-46)
- 2) Labs if Receiving Outpatient Services through Ryan White

Form 15-55: Revised 09/21/16

CGD 15-54

CGD 15-55



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) **Proof of Identification**
- 4) **Privacy Practice Acknowledgement (CGD 15-56)**
- 5) **Document Checklist (CGD 15-54)**
- 6) **Proof of Diagnosis**
- 7) **Current Labs**
- 8) **Proof of Residency**
- 9) **Proof of Income Level**
- 10) **Proof of Household Size (CGD 16-03)**
- 11) **Existing Insurance Coverage / Insurance Cards**
- 12) **Other Documents (Grievance form, miscellaneous documents)**
- 13) **All Parts Consent for Release of Confidential Information (CGD 15-51)**



ANNUAL ENROLLMENT

- 1) Coversheet / Affidavit of Understanding
- 2) Application (CGD 15-53) or two-page Client Report from CAREWare (currently Part B only)
- 3) Privacy Practice Acknowledgement (CGD 15-56)
- 4) Document Checklist (CGD 15-54)
- 5) Current Labs (Viral Load and CD4)
- 6) Proof of Residency
- 7) Proof of Income Level
- 8) Proof of Household Size (CGD 16-03)
- 9) Existing Insurance Coverage / Insurance Cards
- 10) Other Documents (Grievance form, miscellaneous documents)
- 11) All Parts Consent for Release of Confidential Information (CGD 15-51)

Not Required
Proof of Identification
Proof of Diagnosis



RECERTIFICATION WITH CHANGES

- 1) Six Month Self-Attestation Form (CGD 15-46)
- 2) Any Document(s) that correspond with a change
- 3) Labs if Receiving Outpatient Services through Ryan White

Not Required

Proof of Identification

Proof of Diagnosis

**Labs if haven't received any
Outpatient Services**

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



RECERTIFICATION WITHOUT CHANGES

- 1) Six Month Self-Attestation Form (CGD 15-46)
- 2) Labs if Receiving Outpatient Services through Ryan White

Not Required

Proof of Identification

Proof of Diagnosis

**Labs if haven't received any
Outpatient Services**

**Backup documents of any
information**



LET'S LOOK CLOSER AT THE DOCUMENT CHECKLIST (CGD 15-54)



Nevada Ryan White Parts ABCD Common Guidance Document Eligibility & Enrollment Document Checklist

Name: _____ URN: _____ Date: _____
Phone Number: _____ Eligibility Specialist: _____

Documents from each category must be attached to this checklist and easily located in the client file for the initial enrollment, annual and six month recertification. Please review OHA Policy 15-21 for more guidance.

PROOF OF HIV DIAGNOSIS	
All clients must provide upon initial enrollment only one (1) medical/legal document from the list below indicating HIV infection.	
<input type="checkbox"/>	Western Blot
<input type="checkbox"/>	Letter on physician's letterhead, with signature of MD, indicating that the applicant is HIV positive with diagnosis date.
<input type="checkbox"/>	Positive HIV immunoassay and detectable HIV RNA
<input type="checkbox"/>	Two positive HIV immunoassays (should be different assays based on different antigens or different principles)
<input type="checkbox"/>	Request for Proof of Diagnosis Form completed by applicant's physician (CGD 15-39)

PROOF OF IDENTIFICATION	
All clients must provide upon initial enrollment only one (1) of the documents below. <u>Driver Authorization Card is not allowable. Can be expired</u>	
<input type="checkbox"/>	Nevada Driver's License with Photo
<input type="checkbox"/>	US or Foreign Passport with Photo
<input type="checkbox"/>	Permanent Resident Card with Photo
<input type="checkbox"/>	Local, State, Federal Government issued card with Photo
<input type="checkbox"/>	Consulate Card with Photo
<input type="checkbox"/>	Resident Alien Card (U.S. citizenry not required) with Photo

CURRENT LABS (CD4 / VIRAL LOAD)	
See below for required lab schedule	
<input type="checkbox"/>	Initial Enrollment: CD4 and Viral Load, no older than six months
<input type="checkbox"/>	Annual Enrollment: CD4 and Viral Load, no older than six months
<input type="checkbox"/>	Outpatient Health Client: CD4 and Viral Load, no older than six months every six months

PROOF OF NEVADA RESIDENCY	
All clients must provide upon initial enrollment and annually two (2) documents from the list below. Cannot be expired.	
<input type="checkbox"/>	Current lease/Rental Agreement
<input type="checkbox"/>	Rent/Mortgage Receipt (dated within the past 30 days)
<input type="checkbox"/>	Any Bill or Invoice (dated within the past 30 days)
<input type="checkbox"/>	Letter from a Government Agency
<input type="checkbox"/>	Voter Registration/Vehicle Registration
<input type="checkbox"/>	Prison Release Papers
<input type="checkbox"/>	Current Nevada Driver's License or State ID Card
<input type="checkbox"/>	Consulate Identification Card
<input type="checkbox"/>	Resident Alien Card
<input type="checkbox"/>	Other verifiable government issued photo ID with address
<input type="checkbox"/>	Proof of property taxes paid
<input type="checkbox"/>	Verification of Residence (dated within the past 30 days) (CGD 15-50)
<input type="checkbox"/>	Dependent Support Form (CGD 15-48)
<input type="checkbox"/>	Non-Stable Housing Declaration Form (CGD 15-44)

PROOF OF INCOME LEVEL	
Proof of household income not to exceed 400% FPL based on their Modified Adjusted Gross Income (MAGI). Household income includes the income of anyone client claims on their taxes or the income of someone who claims client on their taxes. Provided upon initial enrollment and annually.	
<input type="checkbox"/>	Copy of most recent pay stubs for the last month
<input type="checkbox"/>	Copy of most recent annual disability, SSI, retirement, pension, VA, child support/alimony, unemployment benefits, etc. statements
<input type="checkbox"/>	One (1) month of bank statements only if pay stubs or annual statements cannot be provided
<input type="checkbox"/>	Pre-paid debit card statements
<input type="checkbox"/>	Profit and Loss Statement from self-employment (CGD 16-04)
<input type="checkbox"/>	Verification of No Income (CGD 15-45)
<input type="checkbox"/>	Dependent Support Form (CGD 15-48)
<input type="checkbox"/>	MAGI Worksheet (CGD 15-52) REQUIRED

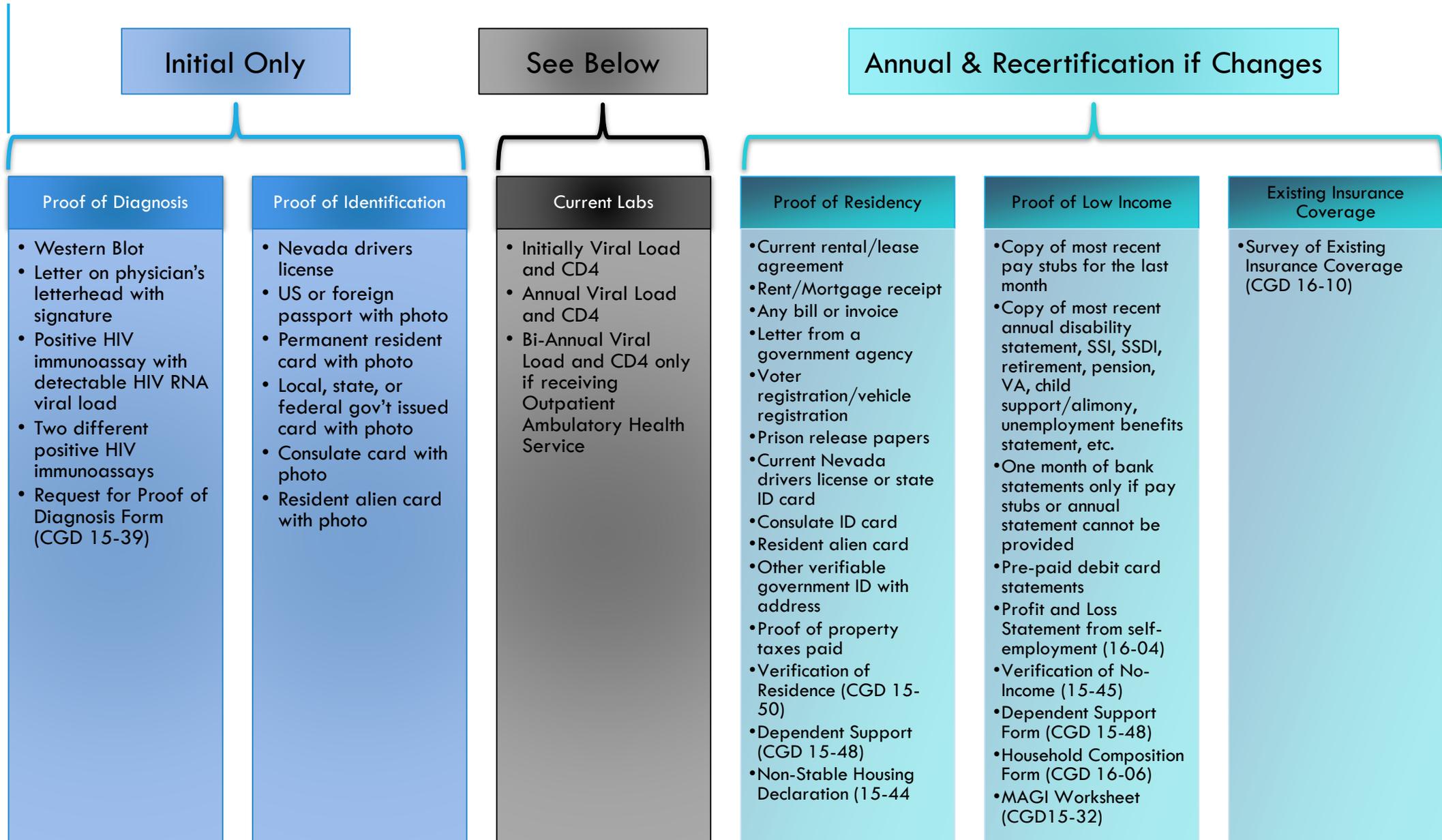
PROOF OF HOUSEHOLD SIZE	
All clients must provide upon initial enrollment and annually all individuals they claim, may claim, or will claim in most current tax year.	
<input type="checkbox"/>	Household Composition Form (CGD 16-03) REQUIRED

EXISTING INSURANCE COVERAGE	
All clients must provide upon initial enrollment and annually proof of existing insurance (public or private) or a statement of no insurance. Clients requesting Insurance or Medication Assistance will not receive services until this information is provided.	
<input type="checkbox"/>	Survey of Existing Insurance Coverage (CGD 16-10) REQUIRED

RECERTIFICATION - EVERY SIX (6) MONTHS	
One of the following is acceptable at six month recertification: full application and documentation, self-attestation of no change or self-attestation of change with documentation	
<input type="checkbox"/>	Six Month Self-Attestation of Ryan White Part ABCD Eligibility (GCD 15-46)
<input type="checkbox"/>	Proof of Nevada Residency (refer to this section)
<input type="checkbox"/>	Proof of Income Level (refer to this section)
<input type="checkbox"/>	Proof of Household Size (refer to this section)
<input type="checkbox"/>	Existing Insurance Coverage (refer to this section)
<input type="checkbox"/>	CD4 and Viral Load if receiving Outpatient Services through Ryan White in the past six months



ELIGIBILITY AND ENROLLMENT DOCUMENT CHECKLIST



PROOF OF DIAGNOSIS

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

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



PROOF OF IDENTIFICATION

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

- Nevada drivers license
- US or foreign passport with photo
- Permanent resident card with photo
- Local, state, or federal gov't issued card with photo
- Consulate card with photo
- 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.



LABS

Brand New Client

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

Annual Enrollment

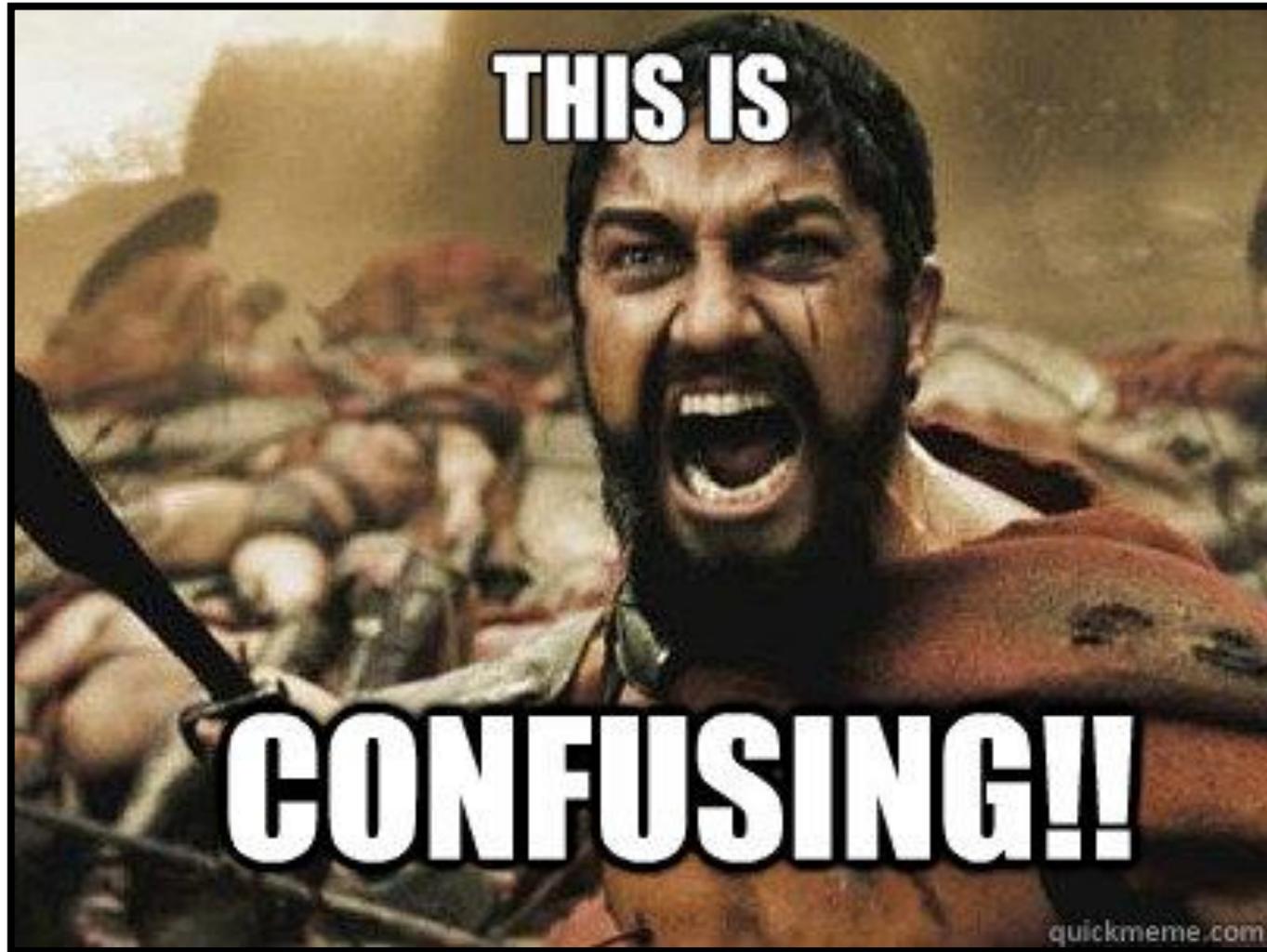
Viral Load and CD4 information no older than 6 months must be provided within 60 days of eligibility date.

Recertification

If client received Outpatient Ambulatory service, both CD4 and Viral Load are required.

	Brand New Client	Annual Enrollment	Recertification		Outpatient / Ambulatory Health Service Receipt	ADAP Medication / Insurance Assistance
CD4	Yes	Yes	No		Every Six Months	Annually
HIV Viral Load	Yes	Yes	No		Every Six Months	Annually
Screen for Syphilis	No	No	No		Yes	No
Screen for TB	No	No	No		Yes	No
Screened for Hep B	No	No	No		Yes	No
Screened for Hep C	No	No	No		Yes	No
Screened for Substance Abuse	No	No	No		Yes	No
Screened for Mental Health	No	No	No		Yes	No
Pap Smear	No	No	No		Yes	No





CGD 15-51: UNIVERSAL CONSENT FORM

Remind your
clients to
adhere to
regular lab
work



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
- ❖ Care Coalition
- ❖ 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
- ❖ Horizon Ridge 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
- ❖ Ridge House
- ❖ 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 _____

Until this document is signed and the client has their next lab work appointment the CD4 and VL must be hand-entered into CAREWare



PROOF OF RESIDENCY

- Current rental/lease agreement
- Rent/Mortgage receipt
- Any bill or invoice
- Letter from a government agency
- Voter registration/vehicle registration
- Prison release papers
- Current Nevada drivers license or state ID card
- Consulate ID card
- Resident alien card
- Other verifiable government ID with address
- Proof of property taxes paid
- **Verification of Residence (CGD 15-50)**
- **Dependent Support (CGD 15-48)**
- **Non-Stable Housing Declaration (CGD 15-44)**

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

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.



PROOF OF LOW INCOME STATUS

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

- **Survey of Existing Insurance Coverage (CGD 16-10) REQUIRED**

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

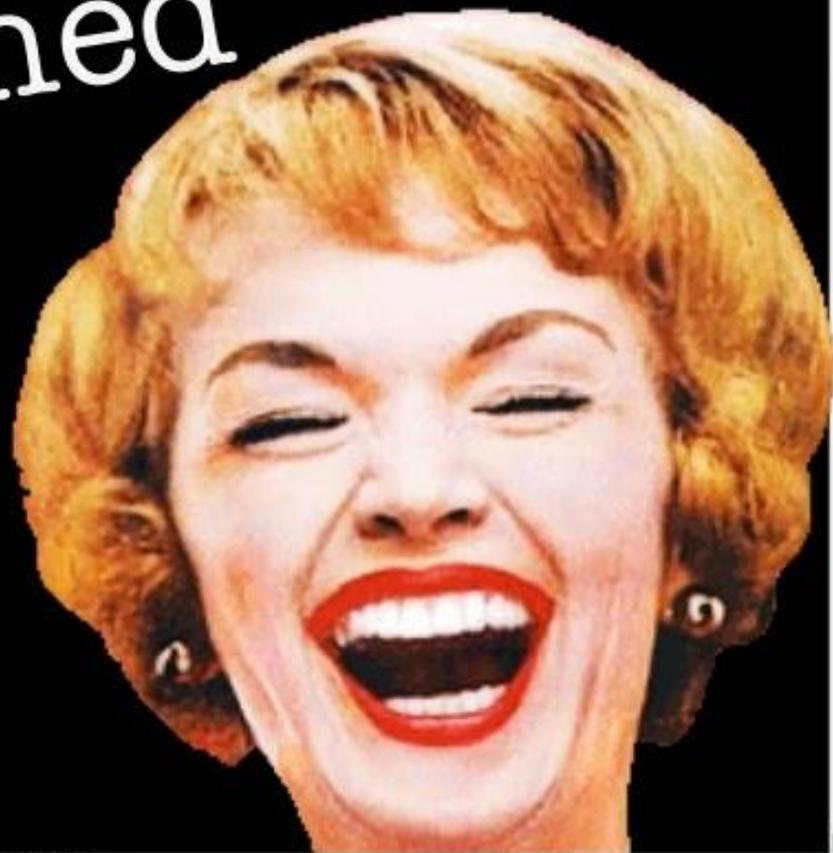
16-10: Survey of Existing Insurance Coverage [REQUIRED]

All of these are now officially adopted by Ryan White Parts ABCD for Universal Enrollment!

They will be available on their respective Grantee's websites shortly.



I smile to hide
how completely
overwhelmed
I am.

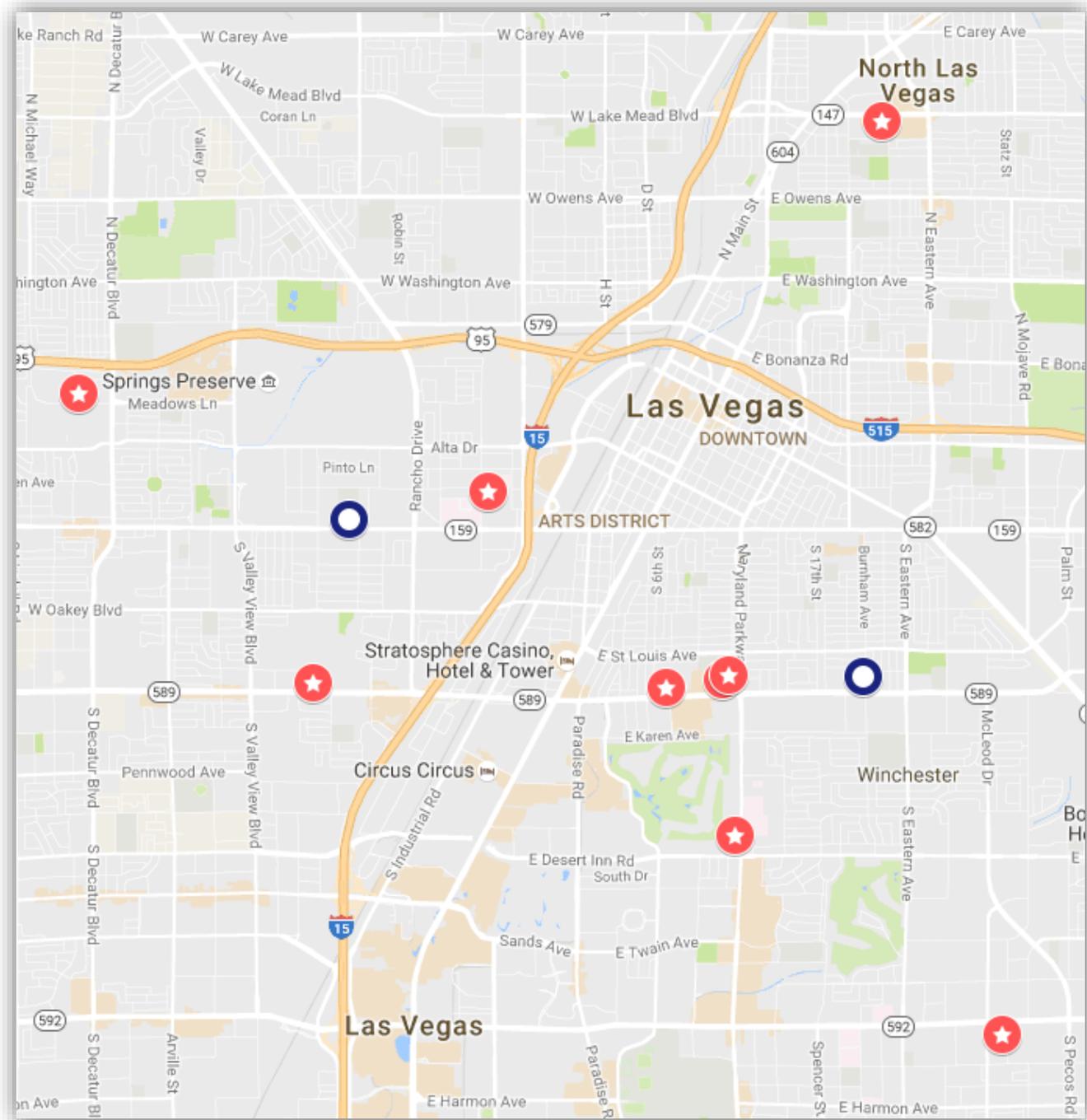


WILL THIS HELP CLIENTS?

Yes! Instead of clients having four enrollment appointments per year (two annual and two recertification) a client now only has two appointments per year or only one if none of their information changes!

Yes! Clients now have access to eight different agencies to enroll in the Ryan White HIV/AIDS Program in Nevada.

Yes! Enrollment requirements are 100% the same for all Ryan White Parts in Nevada.



No Wrong Door for Ryan White in Nevada

- Clients now have a single, streamlined way to access all Ryan White ABCD services
- Clients have the choice to enter any door to become enrolled in Ryan White services
- What are some of the opportunities that you'll have now?

FINE &
Dandy



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



HOLD UP



WAIT A MINUTE

memegenerator.net



WHAT DOES MY AGENCY HAVE TO DO WITH THIS?

	Ryan White A/C CAREWare	Ryan White B CAREWare
Access to Healthcare Network	Enter in all required E&E information and attach scanned document	Continue as normal
Aid for AIDS of Nevada	Continue as normal but share documents across staff members	Continue as normal but share documents across staff members
AIDS Healthcare Foundation	Continue as normal	Forward Eligibility Information to Access to Healthcare Network via internal referral and attached Eligibility Packet
Community Counseling Center	Continue as normal	Enter in all required E&E information and attach scanned document
Community Outreach Medical Center	Continue as normal	Enter in all required E&E information and attach scanned document
Horizon Ridge Clinic	Continue as normal	Forward Eligibility Information to Access to Healthcare Network via internal referral and attached Eligibility Packet
Nye County Health and Human Services	Continue as normal	Forward Eligibility Information to Access to Healthcare Network via internal referral and attached Eligibility Packet
Southern Nevada Health District	Continue as normal but share documents across staff members	Continue as normal but share documents across staff members
UMC Wellness Center	Continue as normal	Enter in all required E&E information and attach scanned document



Site Type One

- Aid for AIDS of Nevada
- Southern Nevada Health District
- Access to Healthcare Network

Staff within these agencies develop their own internal processes in order to enter the same Eligibility Packet into both CAREWare A/C and CAREWare B

Site Type Two

- Community Counseling Center
- Community Outreach Medical Center
- UMC Wellness

Staff within these agencies are paid for enrollment for Part A/C. Part B will allow one general staff log-in for the Eligibility & Enrollment information to be entered and packet to be uploaded.

Site Type Three

- AIDS Healthcare Foundation
- Horizon Ridge Clinic
- Nye County Health and Human Services

Staff within these agencies are paid for enrollment for Part A/C. Part B will allow one general staff log-in to create an Internal Referral to AHN for them to enter the data and upload the packet.





Process if the client's direct eligibility & enrollment appointment is being funded by the Ryan White Parts A/C/D

AIDS Healthcare Foundation

Community Counseling Center

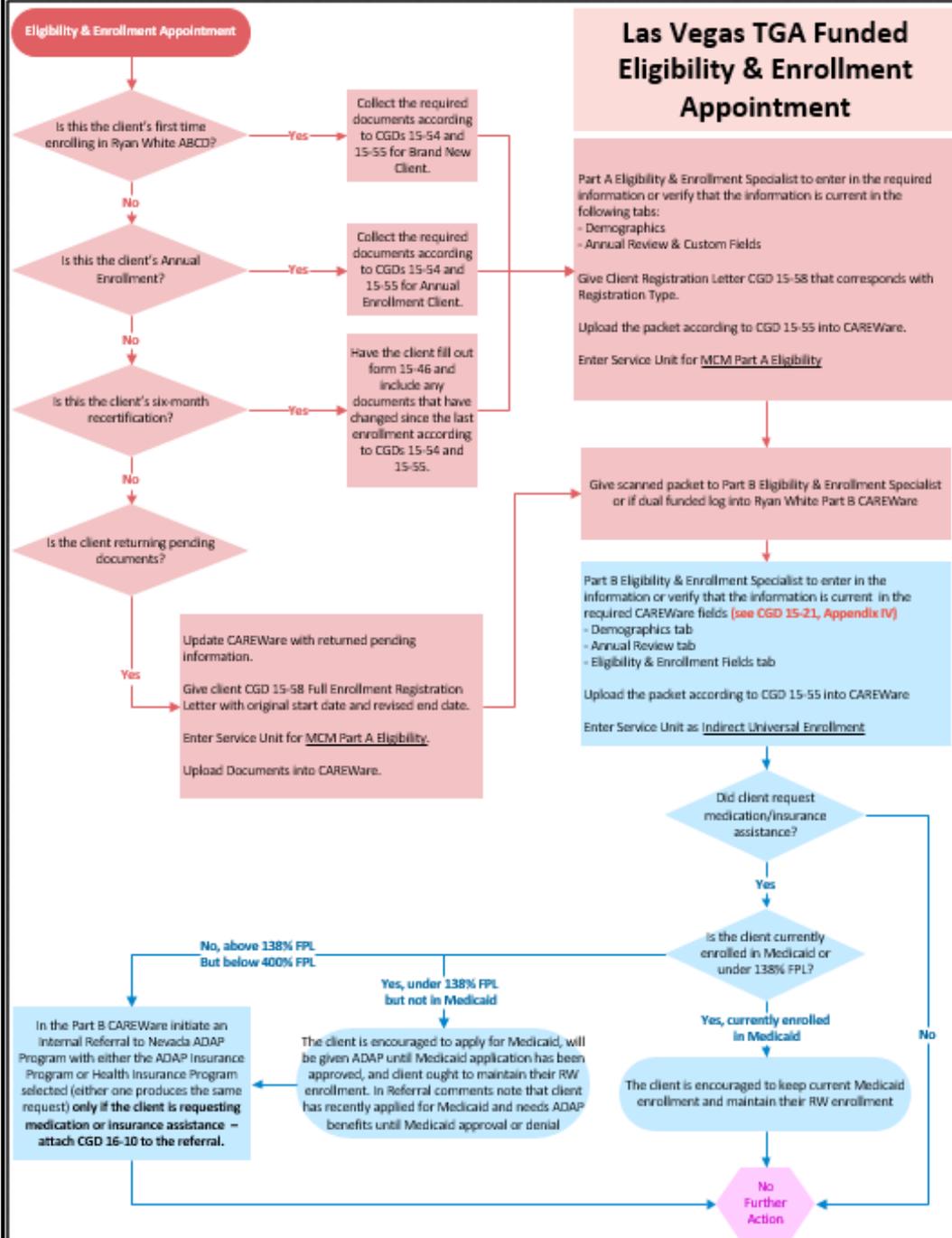
Horizon Ridge Clinic

Southern Nevada Health District

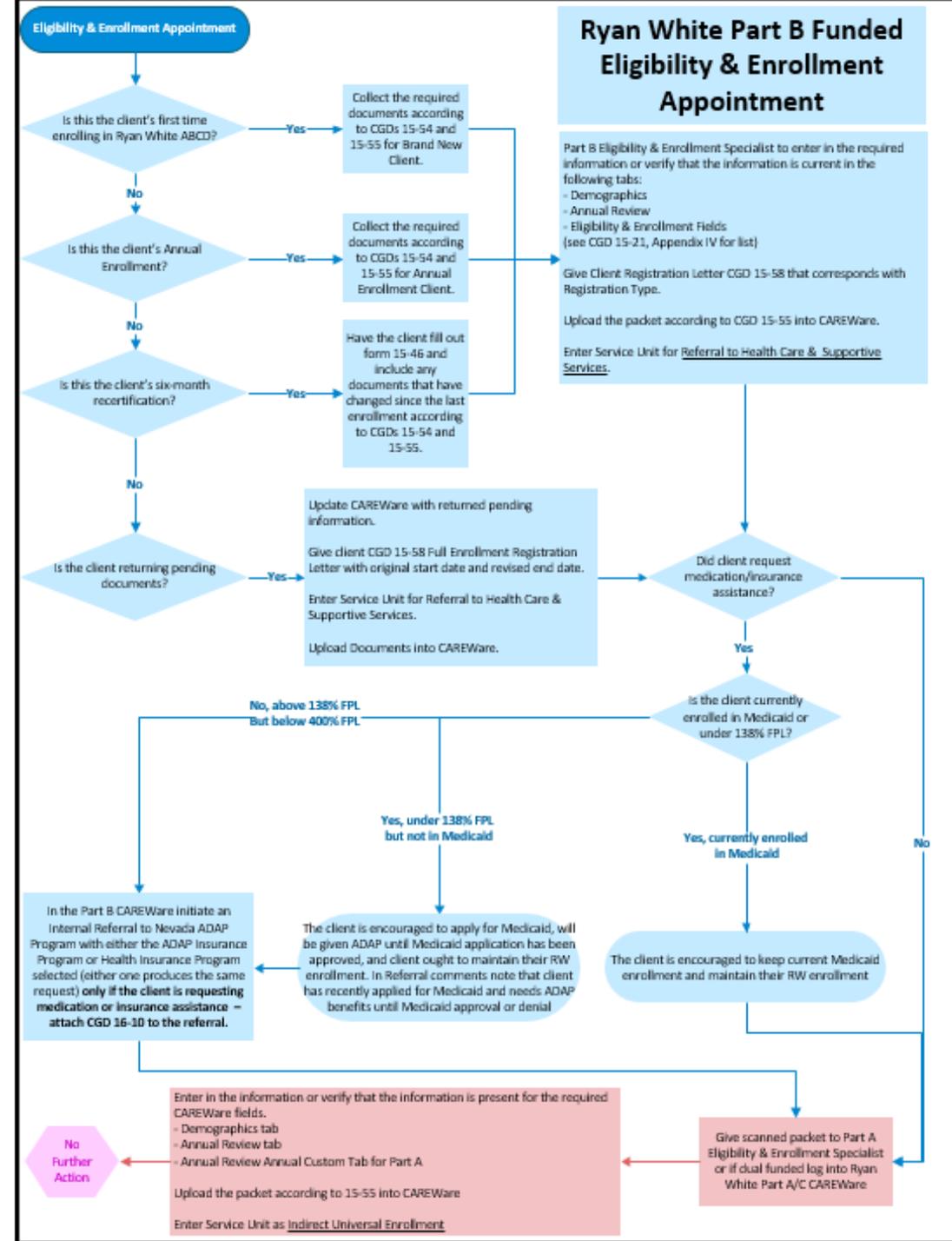
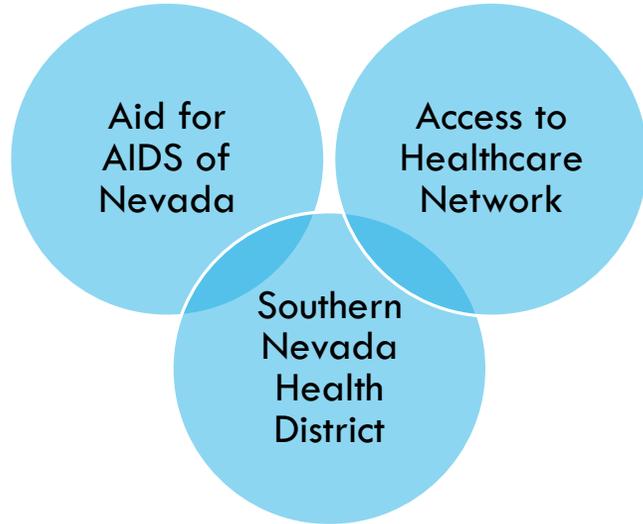
Aid for AIDS of Nevada

Community Outreach Medical Center

Nye County Health and Human Services



Process if the client's direct eligibility & enrollment appointment is being funded by the Ryan White Part B



It's only
TEMPORARY



THIS SEEMS LIKE A LOT MORE WORK

We are hoping not... but please communicate with us

There will be less client appointments in general across all agencies because of Universal Enrollment - clients no longer need to see Agency A and Agency B.

If you have upcoming appointments – check the other CAREWare to see if they are already enrolled. Contact the client and see if they still want to come in or if they want to wait until their expiration date to renew.

What are some strategies to manage this workload?





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.





PRACTICE MAKE PERFECT



LET'S PRACTICE

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CASE #1

If a client Barb E. Dahl is currently a Part A/C client whose last annual enrollment was July 15, 2016. Her next recertification would be January 31, 2017. It is currently September and she wants to enroll in Part B to get assistance with her health insurance co-payments. Barb goes to Sunshine Agency to enroll in Part B on September 6, 2016. Her new universal enrollment dates will be September 6, 2016 through March 31, 2017.



CASE #2

Client Joe King is currently a Part B client whose last annual enrollment was August 27, 2016; he is also receiving ADAP drug assistance. His next recertification will be February 28, 2017. He is also a Parts A/C client whose last annual enrollment was April 7, 2016 and his next recertification is October 31, 2016. It is now September 6, 2016. Joe came into Healthy People Agency on September 6, 2016 to reenroll in Ryan White Parts A/C because he was going out of town for three weeks in October. His new universal enrollment dates will be August 27, 2016 through February 28, 2017 – aligning with his current Part B and ADAP benefits.



CASE #3

Client Polly Ester went to Helpful Smiles Agency and tried to enroll in Ryan White for the very first time on 9/20/16. They only had an ID Card (unexpired), lab work from last week (VL and CD4), and pay stubs from the past month. At the Enrollment appointment Linda Hand hears that Polly is homeless so she has them fill out CGD 15-44 the Non-Stable Housing Declaration Form. Polly and Linda together fill out the MAGI Worksheet (CGD 15-52), Household Composition Form (CGD 16-03), Survey of Existing Insurance Coverage (CGD 16-10). In looking at the Document Checklist (CGD 15-54) all that we are missing is the Proof of HIV Diagnosis. Linda gives Polly the Provisional Enrollment Registration Letter (CGD 15-58) with a benefits period of 9/20/16 through 10/20/16 with a request that the Proof of Diagnosis be returned for the extension of benefits. Linda refers Polly to Medicaid for screening and potential enrollment. Linda then creates an Internal Referral, and attaching the Survey of Existing Insurance form (CGD 16-10) in CAREWare B to the Nevada ADAP Program requesting ADAP Benefits until Medicaid makes their determination.



CASE #4

Client Noé Zarque is provisionally enrolled in Ryan White until 10/05/2016 because he forgot his pay stubs at home. His last enrollment appointment was with enrollment specialist Al Pacca at Open Arms Agency. Al created a referral to the Nevada ADAP Program for ADAP benefits with form 16-10 and noted that Noé does get health insurance through his work but would like co-pay assistance. Noé brings his pay stubs to Tad Poole at Peace of Mind, an agency right next to his work. Tad looks in CAREWare and sees that he can receive his full enrollment now. Tad uploads the pay stubs into both CAREWares then creates an internal referral to the Nevada ADAP Program in CAREWare B noting that he is now fully enrolled in Ryan White until 3/31/16. Tad then initiates a second internal referral to the Nevada ADAP Program to ensure his Insurance Co-Pay benefits are extended to 3/31/16.



START AND END DATES

Wait! If a client enrolls on March 1st won't they be getting 7 months of benefits?

The Client will be getting six full months of benefits + benefits from the month of enrollment (214 days).

Because if a client enrolls on March 31st they still get six full months of benefits until September 30th (184 days).

Six months = 182.5 days

Eligibility Determination Month (any day during that month)	Eligibility End Date (recertification must be done by last day of month)
January	July 31 st
February	August 31 st
March	September 30 th
April	October 31 st
May	November 30 th
June	December 31 st
July	January 31 st
August	February 28 th / 29 th
September	March 31 st
October	April 30 th
November	May 31 st
December	June 30 th



