



# Nevada Office of HIV/AIDS Ryan White Part B Program Standard of Care

## Referral to Health Care and Supportive Services

### I. HRSA Service Definition

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance: Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

The State of Nevada recommends that all agencies utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools please contact the Grantee Office and we will provide necessary guidance. It is an expectation that all agencies implement a program that can have measurable positive effects on for clients.

### II. Service Goals and Objectives

To enroll clients into the Ryan White Part B Program (RWPB) and make appropriate referrals to other benefit programs. In partnership with all Ryan White programs in Nevada, utilization of a generalized Ryan White application process permits the creation of a broad database of persons eligible for assistance in the core and support service categories, from ADAP and insurance assistance to counseling and specialty health care. This is a benefit to service providers and eligible RWPB clients as it increases efficiency in providing a centralized and streamlined system.

### III. Currently Funded Referral to Health Care and Supportive Services Activities

- A) Eligibility – Annual Review
- B) Eligibility – Recertification

### IV. Ryan White Part B Eligibility Criteria

The criteria for eligibility in RWPB program services is determined on a state-by-state basis according to the federal guidelines and benefits are administered under these policies. Anyone moving to Nevada from another state will need to re-apply for RWPB. The statewide eligibility

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criteria are reviewed periodically to determine if the program has been successful in providing medication and other medical services to low-income People Living with HIV (PLWH).

### V. Service Delivery

#### Eligibility – Annual Review

Ryan White Part B subrecipients for Referral to Healthcare & Supportive Services: Eligibility & Enrollment must conduct a comprehensive annual eligibility assessment of a client to determine the ability of that client to access other RWPB services. Clients must be reassessed every six months but can have a shorter self-assessment/recertification six months after their Annual Review. Clients may be given a grace period for the completion of the annual and recertification application as determined by the Eligibility Specialists complying with the minimal required documentation: 1) Proof of HIV Diagnosis 2) Proof of Residence 3) Proof of Income at or below 400% federal poverty level (see Provisional Enrollment section for more detail). However, the eligibility process can only be finalized when all documentation required is provided. In combination with the Ryan White Part B Application (Form 15-53) Eligibility Specialists will use the Eligibility and Enrollment Document Checklist (Form 15-54) to verify the following information:

- Proof of HIV Diagnosis
- Proof of Identification
- Current Labs (CD4/Viral Load)
- Existing Insurance
- Proof of Nevada Residency
- Proof of Low Income Status (income and household size to determine federal poverty level)

#### Eligibility – Recertification

Enrollment must be recertified six months after an Annual Review. Eligibility Specialists will update client eligibility files and provide the state with the recertified application and supporting documentation at that time. The recertification process may be completed by mail or phone. Clients may be given a grace period for the completion of the recertification process as determined by the Eligibility Subgrantee. If a client has not recertified prior to the expiration of their current benefits, they may be dropped from all elements of the RWPB program.

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### **Responsibilities of Clients**

After an initial enrollment, clients are responsible for updating their eligibility criteria every six months. Clients must make a recertification appointment before the expiration date of their benefits.

### **Responsibilities of Eligibility & Enrollment Provider**

Eligibility screening has transitioned from a paper-based system to a computer-based system with the implementation of CAREWare. The CAREWare system was built by HRSA and is maintained and updated regularly throughout the year. The subgrantees conducting eligibility screening for the RWPB Program are responsible for maintaining complete, accurate and up-to-date client-level information. The eligibility subgrantees are required to verify, scan, and upload into CAREWare supporting documentation demonstrating the client's eligibility as well as other necessary documents and forms (consent forms, client rights, HIPAA acknowledgment, releases of information, etc.)

If an applicant has a unique circumstance or if eligibility is not conclusive the applicant should not be given an initial authorization for services but should be told they will be contacted once the question has been clarified. Once a determination has been made, the initial application can be processed as approved or denied by the subgrantee. The State holds secondary application reviews and reserves the right to approve or deny based on the application information or request for further documentation.

The Eligibility & Enrollment providers will make the eligibility determination for all RWPB applications per HRSA and state criteria. Any denial of RWPB services must be issued to the applicant in writing at the time of denial or by letter with proof of mailing. All denials are reviewed by the State. Clients are able to appeal the decision. If clients have any change in their information regardless of the timing during their recertification cycle, the change must be documented immediately within the client's file with copies submitted to the state. Failure of a client to provide timely documentation of a change in information that may impact eligibility will result in a termination of benefits.

### **Waivers**

Waivers from the general RWPB rules may only be granted by the State for unique and verifiable circumstances. Please call the Nevada RWPB office if you have a client with a special need. Vacation waivers are granted upon state approval.

### **Due Diligence**

At any time, an enrollee's eligibility may be investigated by the eligibility subgrantee. Eligibility Specialists will document the reason for suspected ineligibility, perform their investigation and relay the findings to the State RWPB Program.

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**VI. Licensing, Knowledge, Skills, and Experience**

Referral to Health Care and Supportive Services: Eligibility and Enrollment services are provided by a non-medical personnel but shall have had at least six months of relevant experience in the areas of outreach work; community services; supportive work with families and individuals; aging; supportive work with youth; corrections; or public relations. The minimum educational experience shall be a High School Degree or GED. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV they must receive HIV specific training within six months of hire.

**VII. Summary**

These service specific standards shall be followed by all funded providers that provide Part B funded Referral to Health Care and Supportive Services: Eligibility and Enrollment. It is expected that all providers follow these standards as well as the universal programmatic and administrative standards of care. Provider organizations and staff may exceed any of these standards as part of the program delivery.

**VIII. Recommendations**

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

**IX. References and further reading**

All Part B funded providers should read their individual Part B contracts as well as but not limited to the Quality Management Plan and all local policies and guidelines set forth by the Part B office regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative Standards of Care.

[HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Standards of Care, 2014-2015.](#)

[Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, February 2016.](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.](#)

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**X. [Revision Schedule](#)**

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**XI. [Contact](#)**

For further information or clarification please contact the Nevada Office of HIV Prevention and Care, Ryan White Part B Program Care Services Specialist at (775) 684-3499.