



Alabama's Ryan White HIV/AIDS Program Part B and AIDS Drug Assistance Program Program Eligibility Standards



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PURPOSE

This document establishes guidelines to determine eligibility of persons seeking services through Alabama's Ryan White HIV/AIDS Program (RWHAP) Part B and AIDS Drug Assistance Program (ADAP). This policy is binding to all organizations awarded RWHAP Part B funding through the Alabama Department of Public Health (ADPH) and all designated organizations enrolling clients in ADAP.

PROGRAM AUTHORITY

The authority for this policy is the Ryan White HIV/AIDS Treatment Modernization Act of 2009, Public Health Service (PHS) Act under Title XXVI, as administered through the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), and the Division of State HIV/AIDS Programs (DSHAP).

ADPH is Alabama's RWHA Part B and ADAP primary grant recipient. As the official grant recipient, ADPH is responsible for administering all aspects of the program and compliance to legal requirements. Authority to administer the RWHA Part B and ADAP is delegated by ADPH to the Division of HIV Prevention and Care.

SOURCE CITATIONS

The following policies and regulations are sources used in the development and or requirements stated in Alabama's RWHAP Part B and ADAP Program Eligibility Standards.

[National Monitoring Standards for Ryan White Part B and Part B Grantees: Universal Monitoring Standards Part A and B](#), April 2013

[HRSA Policy Clarification Notice \(PCN\) 16-02: RWHAP Services: Eligible Individuals & Allowable Uses of Funds](#), effective fiscal year 2017 (i.e., April 1, 2017).

[HRSA PCN 16-01: Clarification of the RWHAP Policy on Services Provided to Veterans.](#)

[HRSA PCN 07-01: Use of Funds for American Indians and Alaska Natives and Indian Health Service Programs.](#)

HRSA program guidance letter, May 26, 1999, reference: Eligibility of Non-Citizens Receiving Ryan White Services (no longer published on the World Wide Web).

[HRSA PCN 13-02: Clarifications of Ryan White Program Client Eligibility Determinations and Recertifications Requirements.](#)

BACKGROUND

The HRSA, RWHAPB supports a comprehensive system of care that ensures ongoing access to high quality HIV care, treatment, and support services. The RWHAPB provides services to low-income persons living with HIV (PLWH), as well as their families, who have no health care coverage (public or private), have insufficient health care coverage, or lack financial resources to get the HIV care and treatment they need to achieve positive health outcomes. Alabama's RWHAPB and ADAP provides continuous access to life-saving treatment and care for *low-income, uninsured, and underinsured* individuals infected with or affected by HIV through Part B core medical and support services and the ADAP. By law, the Ryan White Treatment Modernization Act is the **payer of last resort**. As such, providers are required to determine and verify an individual's eligibility for services from all sources to ensure the individual is provided the widest range of needed medical and support services. Ryan White funds may pay for services that fill the gaps in coverage of these other private and public health care programs, however funds cannot be used for services that should be reimbursed or paid by the other payers.

RYAN WHITE HIV/AIDS PROGRAM SERVICES: ELIGIBLE INDIVIDUALS

HIV funds are intended to support only the HIV-related needs of eligible individuals. Recipients and sub-recipients must be able to make an explicit connection between any service supported with RWHAP funds and the intended client's HIV status, or care-giving relationship to a person with HIV. [HRSA Policy Clarification Notice \(PCN\) 16-02: RWHAP Services: Eligible Individuals & Allowable Uses of Funds.](#)

Affected individuals (people not identified with HIV) may be eligible for RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under RWHAP may be used for services to individuals affected with HIV only in the circumstances described below.

- a. The service has as its primary purpose enabling the affected individual to participate in the care of someone with HIV or AIDS. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for someone who is living with HIV.

- b.** The service directly enables an infected individuals to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a RWHAP client's portion of family health insurance policy premium to ensure continuity of insurance coverage for a low-income HIV-infected family member, or child care for children, while an infected parent secures medical or support services.
- c.** The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services **funded by RWHAP Part D only**, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.
- d.** Services to non-infected clients that meet these criteria may not continue subsequent to the death of the HV-infected family member.

PART B SERVICE CATEGORY EXCEPTION:

Early Intervention Services (EIS) allows HIV testing of individuals with unknown HIV status in support of early identification of individuals with HV/AIDS (EIIHA). RWHAP core medical service category EIS may be utilized under Parts A, B, and C. RWHAP Parts A and B EIS services must include the following four components:

- 1. Targeted HIV Testing** to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected. Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts. HIV testing paid by EIS cannot supplant testing effort paid for by other sources.
- 2.** Referral services to improve **HIV care and treatment services** at key points of entry.
- 3.** Access and linkage to **HIV care and treatment services** such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
- 4.** Outreach Services and Health Education/Risk Reduction **related to HIV diagnosis**.

EIS funding stops after HIV testing for individuals not infected with HIV. Individuals found to be HIV-positive through EIS-funded EIIHA must be provided with the additional three components of EIS.

VETERANS and AMERICAN INDIANS/ALASKA NATIVES

Veterans: RWHAP recipients and sub-recipients may not deny services, including prescription drugs, to a veteran who is eligible to receive RWHAP services. RWHAP recipients and sub-recipients may not cite the “payer of last resort” language to compel an HIV-infected veteran to obtain services from the (VA) health care system or refuse to provide services. [HRSA PCN 16-01: Clarification of the RWHAP Policy on Services Provided to Veterans.](#)

American Indians (AIs) and Alaska Natives (ANs): RWHAP recipients and sub-recipients may not cite the “payer of last resort” language to force an HIV-infected eligible AIs/ANs to obtain services from the Indian Health Services (IHS) health care system or refuse to provide services. AIs/ANs can claim RWHAP services for which they are eligible where they choose, regardless of the availability of services that may also be available to them (e.g., through IHS, tribal, or urban Indian health programs and services). Any AI/AN who is otherwise eligible to receive RWHAP funded services from any Part may request and must receive those services regardless of whether or not they are also eligible to receive the same services from the IHS, and regardless of whether or not those IHS services are available and accessible to the AI/AN. [HRSA PCN 07-01: Use of Funds for American Indians and Alaska Natives and Indian Health Service Programs.](#)

Veterans and AIs/ANs are never required to access their health care services from the VA or IHS, but rather they are free to obtain their health care services from the provider of their choice. Eligible veterans and AIs/ANs may choose to receive their care from the VA or IHS health care systems. However, a veteran or AI/AN does not have to use the VA or IHS as their exclusive health care provider.

Veterans and AIs/ANs with private health insurance may elect to use those benefits in seeking services from non-VA or IHS providers as a supplement to their VA or IHS care. VA and IHS is not, however, an insurance plan or an entitlement program and the VA or IHS authority to pay for services from individual non-VA or IHS providers are extremely limited.

STANDARD

Some VA or IHS facilities do not have infectious disease specialists or HIV experienced providers. ADAP and Part B sub-recipient providers are required to be familiar with which VA or IHS facilities in their local area have this expertise and which ones do not.

IMMIGRANTS or UNDOCUMENTED NON-CITIZENS

Per program guidance from HRSA, undocumented individuals that test positive for HIV are eligible for care under the RWHAP including ADAP, as well as all other programs available to other individuals regardless of immigration status.

CLIENT ELIGIBILITY

There are four (4) requirements that must be met to receive RWHAP Part B and/or ADAP services. In addition, all clients must complete a biannual (twice a year) eligibility assessment to remain eligible for services. Alabama's RWHAP Part B and ADAP utilizes a date of birth (DOB) eligibility schedule, with all clients recertifying during the birth month and half birth month.

1. HIV positive
2. Alabama resident
3. Total gross income at or below 400 percent of the federal poverty level (FPL)
4. Ryan White must be the payer of last resort (e.g., No third party payer available)
5. To remain eligible, complete birth month and half birth month recertification

Specifics of each eligibility requirement are discussed in detail below. Additional documentation is required for ADAP-funded HPAL and Enhanced Plus insurance enrollment. See HPAL and Enhanced Plus enrollment sections below for additional information.

Prior to providing services, each ADAP and/or Part B sub-recipient provider must complete a full client eligibility assessment, including all required documentation, within Alabama's RWHAP Part B and ADAP shared eligibility system. The eligibility assessment, as well as the required birth month and half birth month recertification, must be completed before providing services or requesting payment for services rendered.

***All documentation must be dated within the 90 days prior to application (or recertification)* and must be included in Alabama's RWHAP Part B and ADAP shared eligibility system and available for review upon request.**

***Exception made for valid (non-expired) state issued identification cards utilized to document proof of address for Alabama residency.**

1. *Documentation of HIV status:*

A positive status needs to be established only once, during the initial (first ever) intake to establish HIV positive diagnosis via a laboratory result confirming HIV infection or a statement from a clinician confirming a history of HIV diagnosis.

2. *Documentation of Alabama residency:*

Established at each new/returning program application and during each birth month and half birth month eligibility recertification. Documentation is required during the new/returning program application and during the annual (birth month) certification.

Remote self-attestation of no change may be utilized during the partial (half birth month) recertification.

Acceptable documentation includes state issued (non-expired) identification card listing physical Alabama residence, utility bill, or other document listing residential address. Acceptable documentation may also include a post office (P.O.) box with supporting documentation of the applicant's street address (i.e., utility bill; or other legal address documents) **or** a post-marked envelope addressed to the client by the ADAP or Part B sub-recipient provider mailed to and received by the client at the residential address. When SSI/SSDI letter is more than 90 days additional proof of residency is needed. When no permanent physical address is available (i.e., homeless; transient), a **Statement of Temporary Housing** is required.

3. Client Financial Assessment:

Established at each new/returning program application and during each birth month and half birth month eligibility recertification. Documentation is required during the new/returning program application and during the annual (birth month) certification. Remote self-attestation of no change may be utilized during the partial (half birth month) recertification.

Alabama's RWHAP Part B and ADAP income eligibility guidelines are set 400 percent of the current years FPL, as established by the U.S. Department of HHS. To be eligible for services, a client's total gross income must be less than or equal to no more than 400 percent of the FPL. Gross income is income before deductions of income taxes, social security tax, etc. The FPL guidelines change annually and can be accessed at:

<https://aspe.hhs.gov/poverty-guidelines>.

The following types of documentation are acceptable forms of income verification:

- Copy of most current year's W2, 1040 (include Schedule C; i.e. business owner), or 1040EZ signed by client.
- Payroll stubs (2 consecutive stubs) dated within the 90 days prior to the new/returning application or biannual (twice a year) recertification. The 90 day/30-day exemption, (e.g., current monthly payroll stub of clients that are paid on a monthly basis).
- Statement from an employer on official company letterhead showing gross pay for the 30-days prior to the new/returning application or biannual (twice a year) recertification.

- Letter with current year's date from the department of Social Security Services detailing annual benefits is acceptable as financial proof, if applicable, (e.g. SSI/SSDI letter with current year annual SSI/SSDI financial benefits).

Note: The 90-day/30-day client exemptions, (e.g. clients receiving annual pay documentation detailing benefits or when clients receiving monthly payroll stubs).

When claiming no income, a detailed explanation of daily living expense source(s) is required and the **No Income Statement** must be completed by answering and certifying the "No Income" question in Alabama's RWHAP Part B and ADAP shared eligibility system.

4. *Ensure Ryan White is the Payer of Last Resort:*

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source.

Established at each new/returning program application and during each birth month and half birth month recertification. Documentation is required during the new/returning program application and the annual (birth month) certification. Remote self-attestation of no change may be utilized during the partial (half birth month) recertification.

Individuals enrolled in public or private insurance are not eligible to receive RWHAP funded services in most cases. *However, enrollment or eligibility to enroll in other payer sources does NOT automatically exclude a client from eligibility to receive Ryan White services during special instances with supporting documentation, (i.e., a waiting period; gaps in coverage; underinsured, missed open enrollment).*

Documentation of enrollment or eligibility to enroll in any public or private insurance should include the following sources:

- Medicare, Children's Health Insurance Program (CHIP), Medicaid
- Low Income Subsidy Assistance "Extra Help" to enroll in MEDCAP
- All other Public or Private Insurance (e.g., Blue Cross Blue Shield (BCBS) of Alabama and other private insurance purchased individually or available through the applicant/client's employer)
- When requesting ADAP-Rx as an *underinsured* PLWH, a copy of the insurance benefits card, as well as the insurance benefits summary outlining insurance coverage, is required.

5. **Biannual (Twice a Year) Recertification:**

Per HRSA, all clients must complete a biannual (twice a year) eligibility assessment. Alabama's RWHAP Part B and ADAP utilizes a DOB eligibility schedule, with all clients recertifying during the birth month and half birth month. Documentation is required during the annual (birth month) certification. Remote self-attestation of no change may be utilized during the partial (half birth month) recertification.

Alabama's RWHAP Part B and ADAP recertification schedule can be accessed at:

http://www.alabamapublichealth.gov/hiv/assets/rwhap_partb_cert_recert_schedule.pdf

ALABAMA'S AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Alabama's ADAP, in collaboration with community health care providers, is committed to offering lifesaving medications for *low-income, uninsured, and underinsured* PLWH in Alabama in an effort to increase life expectancy and improve quality of life among PLWH, while reducing HIV transmission to others. PLWH who achieve and maintain viral suppression are 96 percent less likely to pass HIV on to their sexual partners. For PLWH who reach undetectable levels, there are no documented case of sexual transmission. This is the premise of the Undetectable Equals Untransmittable (U=U) initiative, which the Centers for Disease Control and Prevention (CDC) supports agreeing there is "effectively no risk" of sexually transmitting HIV when on treatment and undetectable.

Alabama's ADAP offers one of three plans to eligible PLWH, with the most cost-effective plan selected for the HIV-infected individual:

- 1. ADAP prescription only (ADAP-Rx)** - includes a limited drug formulary of Food and Drug Administration (FDA) approved antiretroviral (ARV) and opportunistic infection (OI) medications to treat HIV disease, as well as other medications aimed at improving the overall health of PLWH in Alabama. The ADAP drug formulary includes at least one drug from each class of HIV ARV medications.
- 2. ADAP-funded health insurance provided by HealthPlus Alabama (HPAL)** – includes enrollment in a cost effective health insurance plan with optional standalone dental coverage. Premiums, prescription, and certain medical copayments and deductibles are covered by ADAP. Clients have access to the full prescription formulary offered under the covered health insurance plan.
- 3. ADAP-funded prescription insurance provided by the Medicare Approved Part D Plan (Blue Rx Enhanced Plus)** - includes enrollment in a cost effective Medicare Part D prescription insurance plan. Premiums and out of pocket prescription payments are covered by ADAP. Clients have access to the full prescription formulary offered under the Medicare Part D prescription insurance plan.

Per HRSA requirements, providing ADAP-funded insurance assistance is consistently cost-effective over purchasing 340B and/or ADAP Crisis Task Force (ACTF) negotiated sub-340B medications for ADAP-Rx clients. An example of the average monthly cost per client

during 2018 is shown below. Similar pricing scenarios are seen every year, proving the cost effectiveness of Alabama's ADAP-funded insurance assistance plans.

1. **ADAP-Rx** = \$1,075 approximate average monthly cost per client during 2018
2. **HPAL** = \$830 approximate average monthly cost per client during 2018
3. **Medicare Part D Enhanced Plus** = \$595 approximate average monthly cost per client during 2018

The ADAP-Rx average monthly cost per client includes medication purchase and dispensing fees only. The HPAL and Enhanced Plus average monthly cost per client includes insurance premiums payments, prescription copayments, certain medical and mental health copayments, and deductibles, and insurance administration.

ADAP UNINSURED/UNDERINSURED, PRESCRIPTION ONLY (ADAP-Rx)

ADAP-Rx is available to all *low-income, uninsured, and underinsured* eligible PLWH in Alabama. Eligible PLWH must be Alabama residents who meet the FPL eligibility criteria with no third party payer source available. Ryan White must be the payer of last resort. Enrollment in ADAP-Rx is available year round and provides access to a limited drug formulary including FDA-approved ARV and OI medications to treat HIV disease, as well as other medications aimed at improving the overall health of PLWH. The ADAP drug formulary includes at least one drug from each class of HIV ARV medications. A link to Alabama's ADAP-Rx Drug Formulary (both alphabetical and by drug class) can be accessed at:

<http://www.alabamapublichealth.gov/hiv/adap.html>

Ramsell Corporation provides pharmacy benefits manager (PBM) services for ADAP-Rx clients, allowing access to a limited network of 340B pharmacies located throughout the state, with several mail delivery options available to ADAP-Rx clients without a brick and mortar pharmacy in close proximity.

ADAP-Rx clients who no longer meet ADAP eligibility requirements will be dis-enrolled. Any preapproval for transition to the ADAP-funded health insurance plan (HPAL) upon January 1st of the next upcoming insurance plan year will also be terminated. Eligible PLWH may reapply for ADAP with enrollment into ADAP-Rx at any time. However, preapproval to transition into HPAL during the next open enrollment period must be reinitiated. Depending on the timing of ADAP re-enrollment, there is a chance eligible clients may miss the upcoming annual insurance open enrollment period and have to wait an additional year to be transitioned to HPAL.

To avoid disruption of services, all RWHAP Part B and ADAP clients should successfully recertify during the birth month and half birth month recertification. Successfully

recertifying will ensure clients have access to continuous care with clients receiving ADAP services able to remain adherent to HIV ARV medications without experiencing breaks in medication resulting in elevated viral loads and potential ARV resistance.

ADAP-FUNDED HEALTHPLUS ALABAMA (HPAL)

Alabama's ADAP provides cost-effective, ADAP-funded health insurance assistance to *low-income, uninsured* PLWH in Alabama through enrollment in HPAL. Eligible PLWH must be Alabama residents who meet the FPL eligibility criteria with no third party payer source available. Ryan White must be the payer of last resort. HPAL enrollment occurs only during the annual insurance open enrollment period, unless a document Qualifying Life Event (QLE) is present. ADAP-Rx clients may be preapproved for HPAL enrollment year round, but will not be transitioned to HPAL until January 1st of the upcoming insurance plan year. Clients with a documented QLE may be enrolled in HPAL at any time.

HPAL pays monthly health insurance premiums, prescription copayments, and certain medical copayments and deductibles. Currently, all HPAL clients are enrolled in the BCBS of Alabama Blue Value Gold plan, with optional standalone dental coverage in BCBS of Alabama Dental Blue Select. HPAL clients have access to the full BCBS of Alabama Blue Value Gold drug formulary.

In addition to standard ADAP enrollment requirements, BCBS of Alabama requires several additional forms for enrollment in the Blue Value Gold and Dental Blue Select HPAL plans. These forms are in addition to the *Alabama RWHAP Part B Authorization for Release of Protected Health Information (ROI)* required of all RWHAP Part B and ADAP applicants. All documentation must be uploaded into Alabama's RWHAP Part B and ADAP shared eligibility system.

Alabama's RWHAP Part B lead agency (UWCA) acts as the insurance benefits manager (IBM) for HPAL clients, managing insurance enrollment and payment of all associated premiums, copayments, and/or deductibles. Clients successfully enrolled in HPAL will receive a health insurance card directly from BCBS of Alabama. A secondary HPAL benefits card will be issued by UWCA to cover prescription copayments and certain medical and mental health copayments and deductibles. If enrollment in the optional standalone dental insurance is requested, a second dental insurance card will be issued by BCBS of Alabama and UWCA will issue a DentalPlus Alabama (DPAL) benefits card to cover dental deductibles and payments. Clients must present both the primary BCBS of Alabama insurance card **and** the secondary HPAL/DPAL benefits card to any participating in-network pharmacy, health, and/or dental provider to ensure full payment. The HPAL/DPAL benefits card will ensure ADAP is billed for the customer portion of the copayment and/or deductible.

HPAL clients who no longer meet ADAP eligibility requirements will be dis-enrolled. Dis-enrolled clients are given an opportunity to take over payment of their BCBS of Alabama monthly premiums, copayments, and deductibles. Clients unable to make payment are dis-enrolled by BCBS of Alabama and have the option to reapply for ADAP with enrollment in the ADAP-Rx plan at any time. However, ADAP-Rx clients cannot be transitioned back into HPAL until the next annual insurance open enrollment period, with any applicable insurance waiting period starting again upon insurance re-enrollment (e.g., the current BCBS of Alabama Dental Blue Select plan requires a 6 month waiting period for basic dental services and 1 year waiting period for major dental services).

To avoid disruption of services, all RWHAP Part B and ADAP clients should successfully recertifying during the birth month and half birth month recertification. Successfully recertifying will ensure clients have access to continuous care with clients receiving ADAP services able to remain adherent to HIV ARV medications without experiencing breaks in medication resulting in elevated viral loads and potential ARV resistance.

ADAP-FUNDED MEDICARE Approved Part D Plan (Blue Rx Enhanced Plus)

Alabama's ADAP provides cost-effective, ADAP-funded prescription insurance assistance to *low-income* PLWH in Alabama enrolled in Medicare Part D. Eligible PLWH must be Alabama residents who meet the FPL eligibility criteria with no third party payer source available. Ryan White must be the payer of last resort. Enhanced Plus enrollment follows the Medicare Part D annual open enrollment period of October 15th through December 7th, with services beginning January 1st of the upcoming insurance plan year. Clients with a documented QLE may enroll in Medicare Part D at any time.

Currently, all Enhanced Plus clients are enrolled in the BCBS of Alabama Blue Rx Enhanced Plus plan. Documentation of successful enrollment in BCBS of Alabama Blue Rx Enhanced Plus plan Medicare Part D Plan must be provided for the enrollment year, and annually thereafter. Eligible clients enrolled in other Medicare Part D plans must transition to the Blue Rx Enhanced Plus plan during the October 15th through December 7th open enrollment period to be enrolled in MEDCAP.

IMPORTANT: *Clients eligible to enroll in Medicare Part D prescription insurance services who choose not to enroll in the Medicare Approved Part D plan, Alabama Blue Rx Enhanced Plus plan are NOT be eligible for ADAP services.*

Enhanced Plus pays monthly Medicare Part D prescription insurance premiums and all associated customer payments for prescription medications. Enhanced Plus clients have access to the full BCBS of Alabama Blue Rx Enhanced Plus drug formulary.

Ramsell Corporation provides PBM services for Enhanced Plus clients, allowing access to a broad network of BCBS of Alabama Blue Rx Enhanced Plus retail pharmacies that have

also chosen to contract with Ramsell for Enhanced Plus PBM services. This broad retail network includes multiple mail delivery options.

Alabama's RWHAP Part B lead agency, UWCA acts as the IBM for Enhanced Plus clients, managing Medicare Part D prescription insurance enrollment and payment of all associated premiums.

Clients successfully enrolled in Enhanced Plus receive a prescription insurance card directly from BCBS of Alabama. A secondary Enhanced Plus benefits card is issued by Ramsell Corporation to cover all client prescription costs. Clients must present both the primary Medicare Part D BCBS of Alabama Blue Rx Enhanced Plus prescription insurance card **and** the secondary Ramsell benefits card to any participating in-network pharmacy to ensure full payment. The Ramsell benefits card will ensure ADAP is billed for the customer portion of the prescription drug copayment and/or deductible.

In addition to standard ADAP enrollment requirements, Enhanced Plus applicants and clients **must** apply for Low Income Subsidy Assistance "Extra Help" during initial program application and during each annual (birth month) certification.

- Apply for the Low Income Subsidy Assistance "Extra Help" by contacting the Social Security Administration (SSA) at 1-800-722-1213, or by visiting the Social Security website at www.ssa.gov.
- Submit a letter of denial for Low Income Subsidy Assistance "Extra Help" from the SSA for the new enrollment year with the Enhanced Plus application and annually thereafter during the annual (birth month) certification.
- Applying for Low Income Subsidy Assistance "Extra Help" will not disqualify Enhanced Plus clients needing Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals.

NOTE: A worksheet from the Social Security web site will be accepted to process the application until an official denial letter is received from the SSA. All documentation must be uploaded into Alabama's RWHAP Part B and ADAP shared eligibility system. These forms are in addition to the *Alabama RWHAP Part B Authorization for Release of Protected Health Information (ROI)* required of all RWHAP Part B and ADAP applicants.

Enhanced Plus clients who no longer meet ADAP eligibility requirements will be dis-enrolled. Dis-enrolled clients are given an opportunity to take over payment of their BCBS of Alabama monthly premiums, copayments, and deductibles. Clients unable to make payment are dis-enrolled by BCBS of Alabama and have the option to reapply for ADAP with enrollment in the ADAP-Rx plan at any time. However, ADAP-Rx clients cannot be

transitioned back into MEDCAP until the next Medicare Part D annual open enrollment period of October 15th through December 7th.

To avoid disruption of services, all RWHAP Part B and ADAP clients should successfully recertifying during the birth month and half birth month recertification. Successfully recertifying will ensure clients have access to continuous care with clients receiving ADAP services able to remain adherent to HIV ARV medications without experiencing breaks in medication resulting in elevated viral loads and potential ARV resistance.

**Alabama Ryan White HIV/AIDS Program (RWHAP) Part B
and AIDS Drug Assistance Program (ADAP) Services
Basic Program Services and Descriptions**

AIDS Drug Assistance Program (ADAP) uninsured/underinsured prescription only plan (ADAP-Rx)	ADAP-Rx provides Food and Drug Administration (FDA) approved antiretroviral (ARV) and opportunistic infection (OI) medications to treat HIV disease, as well as other medications aimed at improving the overall health of <i>low-income, uninsured, and underinsured</i> persons living with HIV (PLWH) in Alabama. The ADAP drug formulary includes at least one drug from each class of HIV ARV medications. Eligible PLWH must be Alabama residents who meet the federal poverty level (FPL) eligibility criteria. Ryan White must be the payer of last resort (i.e., no third party payer source available).
ADAP-funded health insurance plan, HealthPlus Alabama (HPAL)	ADAP provides cost effective health insurance assistance to <i>low-income, uninsured</i> PLWH in Alabama. Health and optional standalone dental insurance premiums are covered as well as prescription and certain medical copayments and deductibles. Eligible PLWH must be Alabama residents who meet the FPL eligibility criteria. Ryan White must be the payer of last resort (i.e., no third party payer source available).
ADAP-funded prescription insurance plan, Medicare Part D Client Assistance Plan (Enhanced Plus)	ADAP provides cost effective prescription insurance assistance to <i>low-income, uninsured</i> PLWH in Alabama. Medicare Part D prescription insurance premiums and out of pocket expenses are covered for clients who do not qualify for Low Income Subsidy assistance (LIS). Eligible PLWH must be Alabama residents who meet the FPL eligibility criteria. Ryan White must be the payer of last resort (i.e., no third party payer source available).
Part B Core Medical and Support Services, with or without ADAP Services	Ryan White HIV/AIDS Program (RWHAP) Part B core medical and support services are available to eligible Alabama residents who meet the FPL eligibility criteria. Ryan White must be the payer of last resort (i.e., no third party payer source available).

ALABAMA'S RWHAP PART B AND ADAP SHARED ELIGIBILITY SYSTEM

Alabama's RWHAP Part B and ADAP utilizes a shared eligibility system for all new and returning applications and all biannual (twice a year) recertification. Eligible individuals may apply and recertify for services at a designated ADAP and/or Part B sub-recipient provider. A map of Alabama RWHAP Part B and ADAP providers can be accessed at:

<http://www.alabamapublichealth.gov/hiv/provider-locations.html>

In addition to successfully completing a new/returning eligibility application, all clients must complete a biannual (twice a year) eligibility assessment to remain eligible to receive RWHAP Part B and/or ADAP services. Alabama's RWHAP Part B and ADAP utilizes a DOB eligibility schedule, with all clients recertifying during the birth month and half birth month. Alabama's RWHAP Part B and ADAP recertification schedule can be accessed at:

http://www.alabamapublichealth.gov/hiv/assets/rwhap_partb_cert_recert_schedule.pdf

Documentation of all program requirements is required during the annual (birth month) certification. Per HRSA/HAB RWHAP guidelines, remote self-attestation of no change may be utilized during the partial (half birth month) recertification.

Per HRSA, no grace period is allowed for client recertification. Any client not successfully recertified during the birth month and half birth month **must** be removed from Alabama's RWHAP Part B and ADAP (i.e., no services can be received).

Eligible individuals may reapply for services at any time through a designated ADAP and/or Part B sub-recipient provider. Enrollment in ADAP-Rx and Part B core medical services remain available on a year round basis. However, ADAP-funded insurance assistance may be negatively affected as clients without a qualifying life event (QLE) can only be re-enrolled in insurance programs during the once a year open enrollment period. Loss of coverage due to failure to recertify **is not** a QLE. In other words, if a client enrolled in ADAP-funded HPAL or MEDCAP fails to recertify, this client will lose health and/or prescription insurance coverage until the next year's insurance open enrollment period. In addition to losing health insurance coverage, HPAL clients enrolled in optional standalone dental insurance will be required to restart the applicable dental insurance waiting period upon re-enrollment (i.e., 6 month waiting period for basic dental services and 1 year waiting period for major dental services).

To avoid disruption of services, all RWHAP Part B and ADAP clients should successfully recertifying during each and every birth month and half birth month recertification. Successfully recertifying will ensure clients have access to continuous care with clients receiving ADAP services able to remain adherent to HIV ARV medications without

experiencing breaks in medication resulting in elevated viral loads and potential ARV resistance.

To reduce burden on providers and barriers for clients Alabama's RWHAP Part B and ADAP utilizes a shared eligibility system operationalizing [HRSA PCN 13-02: Clarification on Ryan White Program Client Eligibility Determinations and Recertifications Requirement](#). In addition, Alabama's RWHAP Part B and ADAP allows remote self-attestation of no change during the partial (half birth month) recertification reduce burden on providers and barriers for clients. For recently enrolled/re-enrolled clients who's first annual (birth month) certification falls within 3 months of his/her application, documentation dated within the 90 days prior to the annual (birth month) certification remains valid, another method utilized by Alabama's RWHAP Part B and ADAP to reduce burden on providers and barriers for clients.

ADAP eligibility is determined by ADAP eligibility specialists assigned to the respective ADAP provider clinic. Clients determined eligible for ADAP are, by default, also eligible to receive Part B Services. However, the reverse is not true as a client may be ineligible for ADAP, but eligible to receive Part B services (e.g., a client with public or private insurance may be ineligible for ADAP, but still able to receive Part B services). RWHAP Part B core medical and support services eligibility is determined by the Part B sub-recipient providers. The ADPH Part B Service Manager and Alabama's RWHAP Part B lead agency (UWCA) conduct monthly remote seat audits by randomly sampling clients receiving Part B services using the shared eligibility system to document client eligibility.

Part B sub-recipient providers can utilize Alabama's RWHAP Part B and ADAP shared eligibility system to assess and document client eligibility. However, each Part B sub-recipient provider is individually responsible for ensuring all clients are eligible to receive services prior to providing Part B services. In other words, an eligibility assessment completed incorrectly by one Part B sub-recipient provider does not exempt another Part B sub-recipient provider from providing services to an ineligible client.

Note: Each Part B sub-recipient provider is individually responsible for ensuring all clients are eligible to receive services prior to providing Part B services.

The following process should ensure eligible individuals receive continuous access to Part B and/or ADAP services and that ineligible individuals do not receive services.

1. As part of the new/returning enrollee intake process, information requested on Alabama's RWHAP Part B and ADAP application must be collected and verified before a client receives services.

2. Reassessment of a client's eligibility to receive RWHAP Part B and/or ADAP services must be completed twice a year according to the DOB recertification schedule reassessment.
3. All required documentation must be maintained in the client's online, shared eligibility assessment and available for review. This includes a signed copy of the *Alabama RWHAP Part B Authorization for Release of Protected Health Information (ROI)* as well as any additional forms that may be required for enrollment into specific ADAP plan options (e.g., BCBS of Alabama forms required for HPAL enrollment).
4. The correct client assessment should be submitted in Alabama's RWHAP Part B and ADAP shared eligibility system. All biannual (twice a year) recertification's are due during the client's birth month and half birth month no later than the final day of the month. There are six available client assessments.
 - ADAP/HPAL/Enhanced Plus/Part B – Full (annual birth month) Certification
 - ADAP/HPAL/Enhanced Plus/Part B –New/Returning Enrollee Application
 - ADAP/HPAL/Enhanced Plus/Part B – Partial (half birth month) Recertification
 - Part B Only (ADAP/HPAL/Enhanced Plus Ineligible) - Full (annual birth month) Certification
 - Part B Only (ADAP/HPAL/Enhanced Plus Ineligible) - New/Returning Enrollee Application
 - Part B Only (ADAP/HPAL/Enhanced Plus Ineligible) - Partial (half birth month) Recertification

Required and acceptable forms of documentation are described above in the CLIENT ELIGIBILITY section. Documentation can be shared and uploaded to any of the six available client assessments across all programs.

***All documentation must be dated within the 90 days prior to application (or recertification)* and must be included in Alabama's RWHAP Part B and ADAP shared eligibility system and available for review upon request.**

***Exception made for valid (non-expired) state issued identification cards utilized to document proof of address for Alabama residency.**

For additional information on Alabama's RWHAP Part B and ADAP shared eligibility system, see the ServisPoint Training Manual and associated training module videos available for ServisPoint users on the UWCA secure Ryan White portal.

GENERAL INFORMATION

The objectives of the eligibility determination are to:

- Establish client eligibility prior to providing services.
- Ensure all clients adhere to HRSA/HAB RWHAP biannual (twice a year) recertification requirements.
- Collect basic applicant information to facilitate client identification, follow up, and HRSA-required performance measurement.
- Inform the applicant of services available and what the client can expect if eligible for services.
- Refer the applicant for case management and other services and programs, if ineligible.
- A client file must be complete and established for each individual requesting RWHAP Part B and/or ADAP funded services.
- The Certification Statement must be signed by the client electronically in the shared eligibility system during each new/returning application for services and every biannual (twice a year) birth month and half birth month recertification.

All new/returning and active clients must adhere to the Standards and Guidelines of Eligibility to participate in the RWHAP Part B and ADAP by submitting all required documentation. When there are any changes during the course of service that may affect enrollment into Alabama's RWHAP Part B and/or ADAP, submit updated documentation to the shared eligibility system.

All standards and guidelines established in this section for eligibility determination must be completed and documented as stated for review in Alabama's RWHAP Part B and ADAP shared eligibility system. (No exceptions)

1. Documentation of HIV Status

Documentation of HIV positive status is confirmed prior to initial (first ever) ADAP enrollment by ADAP eligibility specialists. For clients receiving Part B services, documentation is reviewed during onsite visits and remote seat audits by ADPH and Alabama's RWHAP Part B Lead Agency representatives to validate compliance with this standard.

In addition, confirmation of HIV status is assessed by ADAP eligibility specialists and/or the Part B Manager for all HIV-positive clients recorded in Alabama's RWHAP Part B and ADAP shared eligibility system prior to issuing a Ryan White identification number.

All individuals receiving RWHAP Part B and/or ADAP services in Alabama should be recorded in the shared eligibility system with documentation of HIV status prior to program enrollment and receipt of services. The only exception is for clients receiving HIV-testing through Part B early intervention services found to be HIV-negative. These clients are not enrolled to receive additional RWHAP Part B and/or ADAP services and are not entered into the shared eligibility system.

STANDARD: *A person must have a documented and confirmed HIV diagnosis **prior to** receiving RWHAP Part B and/or ADAP services. Confirmation of HIV positive status must only be documented once, during initial (first ever) program enrollment.*

The Guidelines:

A laboratory test to document the person's HIV diagnosis will be confirmed by the ADAP eligibility specialist or Part B Manager prior to issuing a Ryan White identification number through assessment of Alabama's HIV Surveillance database. If the applicant/client is not reported to HIV Surveillance, Alabama's RWHAP Part B and ADAP will initiate the report and will require documentation of confirmed HIV status through one of the following:

- A confirmed positive HIV antibody test
- A positive HIV direct viral test such as PCR or P24 antigen
- A positive HIV 1/2 type differentiating (e.g. Geenius, Multispot)
- A positive HIV viral culture result statement if no lab results from accepted from the clinical provider.
- In the absence of HIV positive laboratory confirmation, the medical provider (i.e., medical doctor, certified nurse practitioner, or physician assistant) may submit a written statement confirming HIV diagnosis.

A positive HIV confirmatory test must be in the client's file or electronic health record for record review during onsite visits.

2. Documentation of Alabama Residency

Documentation of Alabama residency is confirmed during ADAP enrollment and recertification by ADAP eligibility specialists. For clients receiving Part B services, documentation is reviewed during onsite visits and remote seat audits by ADPH and Alabama's RWHAP Part B Lead Agency representatives to validate compliance with this standard.

Standard: *A person must be have documentation of Alabama residency **prior to** receiving RWHAP Part B and/or ADAP services. Documentation of Alabama residency is required during program application and biannual (twice a year) recertification.*

The Guidelines:

- A client who does not reside in Alabama is not eligible for services and should be referred to other appropriate agencies.
- Documentation of current Alabama address must be provided at application and recertification. See the CLIENT ELIGIBILITY section above for acceptable forms of documentation.
- As client who spends time in Alabama but maintains a permanent residence in another state must access services in that state.
- Clients do not have to document citizenship or immigration status in order to be eligible for Ryan White funded services.

3. Client Financial Assessment

Documentation of financial eligibility is confirmed during ADAP enrollment and recertification by ADAP eligibility specialists. For clients receiving Part B services, documentation is reviewed during onsite visits and remote seat audits by ADPH and Alabama's RWHAP Part B Lead Agency representatives to validate compliance with this standard.

Standard: *A person must be have documentation of financial eligibility **prior to** receiving RWHAP Part B and/or ADAP services. Documentation of financial eligibility is required during program application and biannual (twice a year) recertification.*

The Guidelines:

- A client must have a total gross household income (before taxes) less than or equal to 400 percent of the current FPL.
- Documentation of financial eligibility must be provided at application and recertification. See the CLIENT ELIGIBILITY section above for acceptable forms of documentation.
- During the case management session, an unemployed Client should be provided information regarding filing for unemployment compensation benefits. Case notes must provide documentation of any counseling and assistance provided to the client in applying for unemployment compensation benefits.

4. Ensure Ryan White is the Payer of Last Resort

Ryan White must be the payer of last resort. Documentation of private or public insurance is assessed during ADAP enrollment and recertification by ADAP eligibility specialists. For clients receiving Part B services, documentation is reviewed during onsite visits and remote seat audits by ADPH and Alabama's RWHAP Part B Lead Agency representatives to validate compliance with this standard.

Standard: *RWHAP Part B and ADAP services can only be utilized when no other source of payment exists. Ryan White must be the payer of last resort. Documentation that Ryan White is the payer of last resort must be confirmed **prior to** a client receiving RWHAP Part B and/or ADAP services. Documentation that Ryan White is the payer of last resort is required during program application and biannual (twice a year) recertification.*

The Guidelines:

- An individual may not be eligible for RWHAP Part B and/or ADAP services if eligible for or already receiving benefits from other programs; especially where payment of services is made by third party payers, including private insurance, Medicare, Medicare Part D, Medicaid, or other state or local programs.
- Documentation that Ryan White is the payer of last resort must be provided at application and recertification. See the CLIENT ELIGIBILITY section above for acceptable forms of documentation.
- A person who is enrolled and participates in Alabama's Medicaid Program may not be eligible for Ryan White funded services unless the requested services are not offered by the Medicaid Program. Proof of Medicaid service not offered must be a part of client record.
- A person eligible and active with ADAP who becomes eligible for SOBRA Medicaid must enroll into the SOBRA Medicaid Program.
- A Client determined eligible for RWHAP Part B and/or ADAP and is determined eligible for Alabama Medicaid or Medicare must show proof of or denial for enrollment in Medicaid or Medicare.
- Medicare clients without a Part D Plan can enroll in MEDCAP after meeting ADAP/Enhanced Plus eligibility requirements.

NO EXCEPTIONS

All RWHAP Part B and ADAP applicants must adhere to eligibility guidelines across all of the RWHAP Part B and ADAP service areas.

EXCEPTIONS

There may be unusual circumstances which require an exception to the established process. Flexibility to ensure clients in need receive services is sometimes warranted. When in doubt, staff determining the eligibility status of an individual applying for ADAP must refer all questions to their supervisor and/or the ADAP Manager or assigned ADAP eligibility specialist. Staff determining the eligibility status of an individual applying for Part B services must refer all questions to their supervisor and/or the Part B Manager or RWHAP Part B lead agency, UWCA representatives to secure a final decision prior to providing any RWHAP Part B funded services.

CONTACT INFORMATION

RW ADAP:

ADAP Eligibility Hotline
Toll Free: 866-574-9964
Monday through Friday,
8:00am – 5:00pm CST (excluding holidays)

ADAP Manager
Terri Jenkins, RN, MSN
Phone: 334-206-2094
Terri.Jenkins@adph.state.al.us

ADAP-Rx and MEDCAP Pharmacy Calls
Ramsell Corporation, PBM
Toll Free: 888-311-7632
Monday through Friday, 5:00am – 7:00pm PST
Saturday, 8:00am – 5:00pm PST

HPAL and MEDCAP Health Claims Department
RWHAP ADAP IBM (UWCA)
Toll Free: 888-492-9161

RW PART B CORE MEDICAL AND SUPPORT SERVICES:

ADPH RWHAP Part B Manager
Gloria Sims, RN, MSN
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ADPH RWHAP Part B
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