

ALABAMA DEPARTMENT OF PUBLIC HEALTH

ALABAMA RYAN WHITE HIV/AIDS PROGRAM
PART B AND AIDS DRUG ASSISTANCE PROGRAM

ELIGIBILITY POLICY

EFFECTIVE DATE: February 1, 2026

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This document establishes requirements 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. This policy supersedes all prior standards and policies.

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

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

The RWHAP Part B supports a comprehensive system of care that ensures ongoing access to high quality HIV care, treatment, and support services for low-income, uninsured, and underinsured people with HIV (PWH), and in limited circumstances, individuals affected by HIV. By law, the RWHAP is the **payor 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.

RWHAP funds are intended to support only the HIV-related needs of eligible individuals. Recipients and subrecipients 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.

Affected individuals (people not identified with HIV) may be eligible for RWHAP services in limited situations as described in HRSA Policy Clarification Notice (PCN) 16-02: RWHAP Services: Eligible Individuals & Allowable Uses of Funds. These services for affected individuals must always benefit PWH.

There are four (4) requirements that individuals must meet to receive RWHAP Part B and/or ADAP services:

1. Have a HIV diagnosis (initial eligibility assessment only),
2. Reside in Alabama,
3. Have an individual total gross income at or below 500 percent of the federal poverty level (FPL), and

4. Ryan White must be the payor of last resort. In other words, the client does not have a third-party payor available for requested services.
    a. Indian Health Services (IHS) and Veterans Administration (VA) benefits are exempt from the payor of last resort requirement.
    b. Additional ADAP requirements may apply and are specified in Alabama's *Ryan White ADAP Program Policy and Procedures Manual for Providers.*
    c. For all other Part B services, the subrecipient must document all client's insurance coverage by both public (e.g. Medicaid, Medicare) and other private insurers. The subrecipient must document that the client has third-party insurance that covers the services requested before denying access to Ryan White-funded services, when applicable.

Additional considerations:

- Immigration status is irrelevant for the purposes of eligibility for RWHAP services. People with undocumented immigration status are eligible for services under the RWHAP including ADAP, if they meet other eligibility requirements.
    - Social Security Numbers are not required to determine RWHAP Part B eligibility. However, for some forms of health insurance assistance (i.e. Health Plus Alabama (HPAL), Dental Plus Alabama (DPAL), Medicare Part D Cost Assistance Program (MEDCAP)), a client's Social Security Number may be needed to establish a policy, make premium payments, and process other claims. If a client does not have a Social Security Number, they may receive RWHAP Part B services other than those listed above.
- It is acceptable to use the same document for proof of residence and income if it documents both requirements.
- A Post Office Box may be used as address for contact information purposes. However, additional information must be submitted to demonstrate residency, as listed above.
- To remain eligible, clients must complete eligibility recertification during their birth month that verifies residence, income, and lack of a third-party payor for requested services.
- The current Federal Poverty Level (FPL) guidelines change annually and can be accessed at https://aspe.hhs.gov/poverty-guidelines.

Prior to providing services, each ADAP and/or Part B subrecipient provider must complete a full client eligibility assessment, including all required supporting documentation, within Alabama's RWHAP Part B and ADAP shared eligibility system (ServicePoint). The eligibility assessment or annual birth month recertification must be completed before providing services or requesting payment for services rendered. Clients are responsible for informing case managers within 30 days of any changes in income, address, eligibility, health insurance coverage, Medicaid or Medicare coverage. When there are any changes during the course of service that may affect enrollment into Alabama's RWHAP Part B and/or ADAP, updated documentation should be summitted to the shared eligibility system.

The table below, *Diagnosis, Residence, and Income Supporting Documentation Requirements*, summarizes the acceptable forms of supporting documentation for each eligibility requirement. For each eligibility requirement, an applicant must submit one of the listed supporting documents with their program application.

DIAGNOSIS, RESIDENCE, AND INCOME SUPPORTING DOCUMENTATION REQUIREMENTS

ELIGIBILITY REQUIREMENT	SUPPORTING DOCUMENTATION REQUIREMENT
*For each eligibility requirement, **one** of the following supporting documents must be submitted.*	
HIV Diagnosis (at initial eligibility assessment only)	Confirmatory HIV test Acceptable tests include the following: • A positive HIV antibody test confirmed using a method such as Western Blot or indirect immunofluorescence assay (IFA) • A positive HIV 1 / 2 type differentiating immunoassay (e.g. Geenius, Multispot) • A direct HIV viral test (e.g. p24 antigen, viral culture or nucleic acid amplification tests (NAT)). NAT includes HIV RNA PCR, HIV DNA PCR and detectible viral load results.
	Clinician statement documenting diagnosis
Resides in Alabama	Any valid Alabama driver's license *This includes learner's permit, hardship license, and a license within the state's 60-day expiration grace period.*
	Valid Alabama non-driver ID *This includes an ID within the state's 60-day expiration grace period.*
	A valid and current mortgage or lease/rental agreement issued **within one year** of submission date of application
	Voter registration card issued **within one year** of submission date of application
	Vehicle registration issued **within one year** of submission date of application
	Copy of Social Security benefits notification letter showing address issued **within one year** of submission date of application
	Bill showing address (i.e. electricity, water, gas, phone, cable, internet or medical) dated **within 90 days** of submission date of application

	Bank statement showing address dated **within 90 days** of submission date of application
	Credit card statement showing address dated **within 90 days** of submission date of application
	Letter from landlord or roommate stating applicant's status of occupancy dated **within 90 days** of submission date of application
	Postmarked envelope to the client mailed by the provider to the client or official/government issued mail dated **within 90 days** of submission date of application
	Statement of Temporary Housing form/emergency form in ServicePoint
	FOR ADAP ONLY: Confirmation by case manager of incarceration documented on ADAP-Incarcerated Form or via other written statement
Individual Gross Income does not exceed 500% FPL*	Copy of **two (2)** most recent pay stubs showing employer's name and address. Earnings must be dated within **the last 90 days.** Adequate documentation to support calculation of annual income must be collected.
	Copy of current Social Security benefits notification letter issued **within one year** of submission date of application.
	Letter from employer on company letterhead detailing pay frequency, average hours worked, and hourly wage **within 90 days** of submission date of application.
	Copy of signed or electronically submitted federal tax return for the **most recent prior tax year** (i.e.,1040 or 1040 EZ, including the Schedule C) (if self-employed).
	Copy of signed or electronically submitted Individual Income State Tax Return form for **most recent prior tax year** (Form 40) (if self-employed).
	Form W-2, Wage and Tax Statement for the **most recent prior tax year** (if self-employed).
	Income Verification Form to document income for individuals starting a new job, who have not received a paycheck yet and who cannot obtain an employer letter.
	No Income Statement (see ServicePoint)

*Additional documentation may be requested to ensure Payor of Last Resort.

CALCULATING INCOME FOR DETERMINATION OF ELIGIBILITY

Federal RWHAP policies require that RWHAP Part B eligibility must be consistently applied across the state/territory and that funded agencies use consistent procedures and systems to determine clients' eligibility. In other words, a client should receive the same eligibility outcome regardless of which agency determines eligibility. For all Alabama Part B and ADAP clients, income calculation will be based on the client's individual gross income:

- Income information will be collected from the client only.
- The household size will always be one (the client).
- The total individual gross income will be compared to the national FPL guidelines.
- The income limit will be equal to or less than 500% of the FPL for a household size of one. Use the following method to determine the client's FPL.
    - (Client's individual gross income/100% FPL amount) x 100 = Client's FPL percentage.
    - Client's FPL percentage must be equal to or less than 500%.

ENSURING PAYOR 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. Response to all relevant payor of last resort fields in ServicePoint is required during the new/returning program application and the annual (birth month) certification to document compliance with payor of last resort requirements.

Individuals enrolled in public or private insurance are not eligible to receive RWHAP funded services if requested services are covered by their health insurance. 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; security and confidentially concerns).

In the case of ***security and confidentiality*** concerns, adult children enrolled in a parent's insurance plan who do not wish to disclose their HIV status can be enrolled in the ADAP-Rx prescription only program option. Fear of involuntary disclosure of HIV status (i.e., through an explanation of benefits letter issued to the parental insurance plan owner) is a valid security and confidentiality concern creating a barrier to care. Any related HIV services can be funded through Part B (e.g., office visits, labs, and other Ryan White core and support services).

When requesting ADAP-Rx prescription only services for these clients, other payment sources must be ***vigorously pursued*** and ***rigorously documented***. Vigorously pursued means that other forms of payment (e.g., insurance) must be sought out and the applicant must be counseled on the benefits of sharing his or her HIV status with the parent, as self-disclosure would remove the security and confidentiality concern. Rigorously documented means that the security and confidentiality concern, as well as all other actions taken to ensure Ryan White remains the payer of last resort, must be documented to record why enrollment in ADAP-Rx and related Part B services must be pursued.

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* PWH, a copy of the insurance benefits card, as well as the insurance benefits summary outlining insurance coverage, is required.

INDIVIDUAL PAYOR OF LAST RESORT EXCEPTIONS

Veterans: Recipients and subrecipients may not deny services, including prescription drugs, to a veteran who is eligible to receive RWHAP services.

American Indians (AIs) and Alaska Natives (ANs): Recipients and subrecipients may not deny services, including prescription drugs, to an eligible PWH who receives services from the Indian Health Services (IHS) health care system.

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.

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

SERVICE CATEGORY CONSIDERATIONS FOR INDIVIDUALS WITHOUT AN HIV DIAGNOSIS

Two specific service categories include testing for the purposes of identifying individuals who are not aware of their HIV status:

1. **Early Intervention Services (EIS)** allows HIV testing of individuals with unknown HIV status in support of early identification of individuals with HIV/AIDS (EIIHA). RWHAP Part B EIS must include **all of the following four components**:
    a) Targeted HIV Testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to have HIV. 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.
    b) Referral services to improve HIV care and treatment services at key points of entry.

c) Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
d) Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

RWHAP Part B 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.

2. **Stand-alone Outreach Services**

The purpose of the Outreach Services service category is identifying PWH who either do not know their HIV status, or who know their status but are not currently in care. Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to RWHAP services.

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 annual recertification. Eligible individuals may apply and recertify for services at a designated ADAP and/or Part B subrecipient 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 an annual eligibility assessment to remain eligible to receive RWHAP Part B and/or ADAP services. Alabama's RWHAP Part B and ADAP utilizes a Date of Birth (DOB) eligibility schedule, with all clients recertifying during their birth month. Alabama's RWHAP Part B and ADAP recertification schedule can be accessed at:
https://www.alabamapublichealth.gov/hiv/assets/annual_certification_schedule.pdf

If an individual's eligibility expires, that person may reapply for services at any time through a designated ADAP and/or Part B subrecipient provider. Enrollment in ADAP-Rx and Part B 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., six (6) month waiting period for basic dental services and one year waiting period for major dental services). Timely recertification is critical to avoid service interruption.

To reduce burden on providers and barriers for clients Alabama's RWHAP Part B and ADAP utilizes a shared eligibility system. For recently enrolled/re-enrolled clients whose first annual (birth month) certification falls within three (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 subrecipient providers. Alabama's RWHAP Part B lead agency (United Way of Central Alabama (UWCA)) conducts monthly remote seat audits by randomly sampling clients receiving Part B services using the shared eligibility system to document client eligibility. ADPH OHPC staff review these findings.

Part B subrecipient providers must utilize Alabama's RWHAP Part B and ADAP shared eligibility system to assess and document client eligibility. However, each Part B subrecipient 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 subrecipient provider does not exempt another Part B subrecipient provider from providing services to an ineligible client.

Note: Each Part B subrecipient 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 annually according to the client's birth month 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 annual recertifications are due during the client's birth month no later than the final day of the month. There are four available client assessments.

    - ADAP/HPAL/Enhanced Plus/Part B – Full (annual birth month) Certification
    - ADAP/HPAL/Enhanced Plus/Part B –New/Returning Enrollee Application
    - 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

Required and acceptable forms of documentation are described above in the *Diagnosis, Residence and Income Supporting Documentation Requirements* table. Documentation can be shared and uploaded to any of the four available client assessments across all programs.

*All documentation must be included in Alabama's RWHAP Part B and ADAP shared eligibility system and available for review upon request.

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

REFERENCES

1. Ryan White HIV/AIDS Treatment Extension Act of 2009: Public Health Service (PHS) Act under Title XXVI

2. Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

3. Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf

4. HRSA Policy Clarification Notice (PCN) 07-01: Use of Funds for American Indians and Alaska Natives and Indian Health Service Programs: https://ryanwhite.hrsa.gov/sites/default/files/hab/Global/indiansalaskanspn0701.pdf

5. HRSA Policy Clarification Notice (PCN) 21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf

6. ADPH ADAP Form: Individuals Who Are Incarcerated in City/County Jail: ADAP-Incarcerated Form (January 2024)

7. ADPH Form: Provider Attestation of Income Verification Form March 19,2025 https://www.alabamapublichealth.gov/hiv/assets/income-verification-form.pdf

8. Identification Cards in Alabama: https://www.alea.gov/dps/driver-license/license-and-id-cards

ADDENDUM A:

ALABAMA RYAN WHITE HIV/AIDS PROGRAM PART B AND AIDS DRUG ASSISTANCE PROGRAM ELIGIBILITY POLICY

TRANSITION PLAN FOR CLIENTS IDENTIFIED FOR SPECIAL CONSIDERATION TO ENSURE CONTINUITY OF CARE

Effective: February 1, 2026

On a one-time basis, a small number of currently eligible Part B and/or ADAP clients are being identified for special consideration during the transition to using an individual household size of one and an income limit of 500% or below the 2026 Federal Poverty Level (FPL) based on their documented income as of February 1, 2026.

In order to ensure continuity of access to HIV care and services, these individuals will remain eligible based on longstanding practices used in Alabama's network of HIV-related care and services, unless their income increases or they are discharged from services for reasons other than income. If an income increase occurs, eligibility will be redetermined using the individual household of one (the client) and 500% or less FPL criteria. Similarly, if the client discontinues services and later re-enrolls, they will be assessed like any other new client, using the individual household and 500% FPL.

Implementation of Transition Plan

Clients who receive ADAP only or both ADAP **and** Part B services:

- Alabama Department of Public Health (ADPH) will send a notification letter for each impacted client who falls under the Transition Plan to United Way of Central Alabama (UWCA).
- UWCA will provide the notification letter to the subrecipient agencies that provide services to the identified client.
- Subrecipient agencies will provide an ADPH-issued notification letter to impacted client.
- Case Managers and Eligibility Specialists will denote the impacted clients' eligibility status within ADPH's client-level data systems.
- When recertifying these clients, the subrecipient will collect all supporting documentation and assess to determine if income has increased.
- If income has not increased compared to their last eligibility determination or recertification, the client remains eligible for ADAP and Part B.
- A copy of the original ADPH transition plan eligibility notification for that client will be uploaded as supporting documentation with all other required recertification documentation.

Clients who receive **only** Part B services:
Based on currently available data, the Case Manager is best situated to identify clients who receive only Part B services who will be impacted by the policy change and need to be assessed for special consideration for continued eligibility for Part B services:

- ServicePoint data will be used to support identification of clients.
- Based of available data, UWCA will distribute a list by agency showing clients at that agency that require special consideration.
- Case managers will identify any additional currently eligible clients whose income in ServicePoint exceeds the $79,800 limit (2026 500% FPL for a household of one) as of February 1, 2026.
- The case manager's agency will issue a notification letter of continued eligibility to the impacted client.
- Case Managers will denote the impacted clients' eligibility status within ServicePoint.
- When recertifying these clients, the subrecipient will collect all supporting documentation and assess to determine if income has increased.
- If income has not increased compared to their last eligibility determination or recertification, the client remains eligible for ADAP and Part B.
- A copy of the original ADPH transition plan eligibility notification for that client will be uploaded as supporting documentation with all other required recertification documentation.

Please Note: If the client no longer resides in Alabama or has an alternative payer for requested services, the client is treated the same as any other client and is ineligible for the impacted services.