

<p><b>District of Columbia Department of Health Ryan White HIV/AIDS Program Policies and Procedures</b></p>		<p><b>Policies and Procedures</b> Implementing Office: HAHSTA Care and Treatment Division Ryan White HIV/AIDS Program</p> <p>Training Required: Yes</p> <p>Originally Issued: January 26, 2022</p> <p>Revised/Reviewed:</p>
<p><b>Approved by:</b>  ____ <b>Lena Lago</b> ____  <b>Name, Interim Bureau Chief</b></p>	<p><b>Review by Legal Counsel:</b>  ____ <b>Brenda Ramsey-Boone</b> ____  <b>Name, Interim Deputy Director of Operations</b></p>	<p><b>Effective Date: January 26, 2022</b></p> <p><b>Valid Through Date: February 28, 2023</b></p>
<p><b>SUBJECT</b></p> <p>Enrollment and Eligibility for Ryan White Services</p>		
<p><b>PURPOSE</b></p> <p>The purpose of this policy document is to outline expectations for determining customer eligibility to receive Ryan White medical and/or support services.</p>		
<p><b>Enrollment and Eligibility Requirements</b></p>	<p>The RWHAP has the following eligibility criteria: HIV status, residency, insurance, and income. Unless explicitly stated, all documentation must be dated within 6 months of certification. No customer will be denied care due to immigration status. No customer will be denied care due to Veterans Administration benefits eligibility status. HRSA requires Ryan White customers to maintain proof of eligibility annually, with recertification occurring annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services. Providers may elect to have customers sign a self-attestation form indicating no change in eligibility, which may only be used once in a 24-month cycle of annual recertifications.</p> <p>The following constitutes eligibility requirements for Ryan White services:</p> <ul style="list-style-type: none"> <li>● <b>HIV-positive status:</b> A one-time proof of diagnosis confirmed by a laboratory report (e.g., Western Blot, antibody test, viral resistance test result, 4th generation testing, or detectable viral load test) or a signed and dated statement from a medical provider (on their letterhead) is only required for the initial intake.</li> </ul>	

Affected individuals (with an HIV-negative status) may be eligible for services in limited situations. Services for affected individuals must always benefit a person living with HIV (PLWH) and may not continue after the death of said person. Services for affected individuals are permissible under the following circumstances:

- a) The service has as its primary purpose enabling the affected individual to participate in the care of a PLWH.
- b) The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care.
- c) The service promotes family stability for coping with the unique challenges posed by HIV.

Regional Early Intervention Services (REIS) is the only service category that entails a status-neutral approach and provides direct services to individuals **regardless of HIV status**. REIS focuses on activities that meet the needs of populations overall, rather than dividing services into either HIV prevention or HIV care.

- **Residency:** The acceptable documents for proof of residency in the EMA include but are not limited to:
  - current lease or mortgage statement
  - deed settlement agreement
  - current identification (driver’s license, learner’s permit, or non-driver’s identification) issued by a jurisdiction within the EMA
  - consulate-issued identification reflecting customer’s residency
  - current federally recognized, tribal-issued ID card
  - current voter registration card
  - federal, state, or local department of corrections-issued ID (within 60 days of release)
  - printout from offender search website (within 60 days of release)
  - health insurance/utility bill (past 60 days)
  - property tax bill or statement (past 60 days)
  - rent receipt showing applicant’s name and address (past 60 days)
  - 2 consecutive pay stubs showing the applicant’s name and current address (past 60 days)
  - bank statement showing the applicant’s the name and current address (past 60 days)
  - letter from any federal/state/local government agency addressed to applicant (within 1 year)
  - active (unexpired) homeowner’s or renter’s insurance policy
  - a signed and dated letter from a family member or friend attesting that the customer resides with them
  - on-screen verification of Medicaid benefits on Medicaid.gov
  - DC Healthcare Alliance Proof of DC Residency form

	<ul style="list-style-type: none"> <li>○ Signed and dated ADAP Recertification Self-Attestation Form, MADAP Semiannual Verification Notice, or VA MAP Recertification Application</li> <li>○ current (unexpired) membership photo ID card issued by a community-based organization, indicating the customer’s name and address as well as the card’s expiration date</li> </ul> <p><i>Homelessness:</i> Customers who lack a permanent, stable address must be able to demonstrate homelessness or other transient/temporary residency status through one of the following:</p> <ul style="list-style-type: none"> <li>○ a signed self-attestation, indicating homelessness or non-traditional habitation outside the boundaries of a physical address, institution, or homeless shelter</li> <li>○ a signed and dated statement from a case manager at a facility where the customer visits, resides, or receives services</li> <li>○ a signed and dated letter from a family member or friend attesting that the customer resides with them</li> </ul> <ul style="list-style-type: none"> <li>● <b>Insurance status:</b> Enrollment in and/or eligibility for other payer sources generally disqualifies customers from receiving Ryan White services, EXCEPT during special instances where third party payment is unavailable (e.g., a waiting period; gaps in coverage; underinsured; missed open enrollment; security and confidentiality concerns) and is demonstrable via supporting documentation. Sub-recipients should not deny veterans who have Veterans Administration (VA) health benefits from receiving Ryan White Services.</li> <li>● <b>Income:</b> Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the applicant and any household members for whom customers have legal responsibility. For each income source, the applicant must indicate the gross amount, how often the income is received, and whether the income belongs to the customer or the customer’s household member.</li> </ul> <p><i>Recertification as Proof of Income:</i> Because applicants’ eligibility to receive Ryan White services must be certified semiannually, the ADAP Recertification Self-Attestation Form, the MADAP Semiannual Verification Notice, and the VA MAP Recertification Application are acceptable as proof of income and must be signed and dated within 6 months of service delivery.</p> <p>The following are acceptable forms of proof of income:</p>				
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%; text-align: left;">Income Source</th> <th style="width: 50%; text-align: left;">Required Documentation</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>	Income Source	Required Documentation		
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	<p>Work income (salaries, wages, tips, commissions, bonuses)</p>	<p>2 consecutive paystub(s) or earnings statement(s), showing the year-to-date earnings, hours worked, and dates covered by the paystub(s)/statement(s) (last 60 days)</p> <p>OR</p> <p>A letter from the employer (on company letterhead) showing the gross pay for the last 60 days and pay frequency</p> <p>OR</p> <p>A copy of the most recent federal, state, or local annual income tax return</p>
	<p>Self-employment income</p>	<p>Business records (e.g., receipts, journals, manifests, etc.) within 60 days prior to application, indicating the type of business, gross income, and net income</p> <p>OR</p> <p>A copy of the most recent federal, state, or local annual income tax return</p> <p>OR</p> <p>An attestation from the customer indicating projected current annual income signed and dated (within 60 days of application)</p>
	<p>Rental income</p>	<p>Copy of the current lease the customer has with tenants (last 60 days)</p> <p>OR</p> <p>A copy of the most recent federal, state, and local annual income tax return</p>

	<p>Unemployment benefits</p>	<p>Unemployment paystubs (last 60 days)</p> <p>OR</p> <p>If the benefit is being directly deposited into a bank account, a bank statement can be used as proof of benefit if the statement lists where the deposited amount is coming from (last 60 days)</p>
	<p>Notice from a government agency that verifies income eligibility</p>	<p>Letters from agencies (e.g., the Social Security Administration, Veterans Administration, etc.) indicating income or benefit amount (e.g., Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), etc.) (last 12 months)</p>
	<p>Alimony/child support/pension/retirement</p>	<p>Statement of monthly income</p>
	<p>Self-reported income</p>	<p>Self-attestation reporting cash-only income</p>
	<p>No income</p>	<p>A “proof of no income” letter that identifies the source of the applicant’s food and shelter. This signed letter can be provided by an agency or shelter on appropriate letterhead and should have a contact phone number if verification is needed.</p> <p>OR</p> <p>Signed and dated zero-income attestation showing the applicant’s current address in the EMA</p> <p>OR</p>

		Signed and dated letter from a supporting friend or family member stating how they support the applicant
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