

INTAKE AND ELIGIBILITY DETERMINATION FORM POLICY AND STANDARD OPERATING PROCEDURE

RWPB -01
DHW/DPH Policy Reference: None

Approval Date: 11/2016
Supersedes: 10/2015
Revision Date: 4/2018

Policy: The Idaho Ryan White Part B and AIDS Drug Assistance Program (ADAP) follows the requirements of the HRSA HAB initial eligibility requirements that an Intake and Eligibility Determination form must be completed for all clients applying for Ryan White Part B case management and ADAP. The Intake and Eligibility Determination form is to be completed, with the client **in person**, by the Medical Case Manager (MCM).

Purpose: To ensure the individual meets the residency, income, and insurance eligibility requirements of the ADAP and RWPB program. Clients receiving case management and/or ADAP must meet all of the eligibility requirements.

Scope: This policy applies to all clients applying for case management, IDAGap, and/or ADAP medications. The eligibility criteria includes: HIV/AIDS diagnosis, resident of Idaho, Federal Poverty Level of 200% or below, and uninsured or under-insured. The Intake and Eligibility Determination form is to be used with new clients and re-enrolling clients.

Definitions: Refer to Appendix A: Definitions and Acronyms

Standard Operating Procedure:

1. The MCM and the client complete the Idaho Ryan White Medical Case Management Intake and Eligibility Form
2. Verify income and submit the required document(s) as referenced on page 3 of form (i.e. paystub, SSI/SSD award letter, tax return) or have client sign the No Income statement.
3. Identification
 - a. Make a copy of the front of the Identification card
4. Verify insurance
 - a. Make copies of front and back of insurance cards – if different than previous year.
5. Complete a Release of Information form
6. Proof of Residency
 - a. Make copies of documentation
7. Proof of HIV Status
 - a. Make copies of documentation
8. MCM review these forms with clients
 - a. Client Responsibilities
 - b. Grievance Policy
 - c. Acknowledgement of Notice of Privacy Practice (agency specific)

- d. What you Need to Know About Idaho Laws on HIV
- 9. The MCM must complete the Wellness Plan and Assessment form (applicable portions only) and the Assessment summary

CAREWare Data Entry Procedure:

- 10. The MCM is required to complete the following updates in CAREWare:
 - a. Add client information to the Demographic Tab or update any changes if client is previous in system.
 - b. Include notes in the common notes if the address or phone has changed, include date and initials
 - c. Enter the following in the Service Tab
 - i. 1100: Initial Eligibility Intake
 - ii. 1200: Annual Assessment
 - iii. 1300: Annual Wellness Plan
 - d. The following services might be entered:
 - i. 1500: Face-to-face Contact
 - ii. 1600: Collateral Contact
 - iii. Gas Card/Voucher
 - e. Update all sections of the Annual Tab
 - f. Update the Client Contact Tab with all relevant fields
 - g. Update the Verification Tab
 - h. Enter the following in the Encounters Tab
 - i. Enter the most recent CD4 lab results
 - ii. Enter the most Viral Load result

Paperwork Filing Procedure:

- 11. The MCM must fax or email the following documents to the RWPB Program at the Division of Public Health
 - a. Idaho Ryan White Medical Case Management Intake and Eligibility Determination Form
 - b. Signed Release of Information Form
 - c. Documentation of Income
 - d. Copy of Insurance (if applicable)
 - e. Copy of Identification
 - f. Copy of Proof of Residence
 - g. Copy of HIV Positive Lab Report

Annual Review: This policy will be reviewed annually.

SIX-MONTH RECERTIFICATION POLICY AND STANDARD OPERATING PROCEDURE

Policy Reference Number: RWPB -02
DHW/DPH Policy Reference: None

Approval Date: 11/2016
Supersedes: 10/2015
Revision Date: 4/2018

Policy: To maintain eligibility for the Idaho Ryan White Part B Medical Case Management (MCM) and the AIDS Drug Assistance Program (ADAP) services, clients must recertify every six-months (HRSA Policy Clarification Notice - [PCN #13-02](#)). The recertification periods are determined based on the date of a client's initial intake application. Six-month recertifications can be done in person or by mail. All clients must recertify within the month their recertification is due to prevent services from being suspended.

Purpose: To ensure that an individual meets the residency, income, and insurance eligibility requirements of the ADAP and RWPB program.

Scope: This policy applies to all clients receiving medical case management (MCM), IDAGap and/or ADAP medications.

Definitions: Refer to Appendix A: Definitions and Acronyms

Standard Operating Procedure:

Notification Procedure:

1. At least sixty days before the end of the six-month recertification period, the MCM can mail/email/or call the client to remind them of their six-month recertification due date
2. The MCM needs to coordinate the following:
 - a. Send the client a six-month verification form or complete the form with the client
 - b. Submit any supporting documents for any changes to a client's previously reported status (income change, new insurance/loss of insurance)
3. Check Medicaid eligibility using the Partner Data Access Portal

Self-attestation Procedure

4. Clients can attest at the six-month recertification period in person, via mail/email, or over the phone if there have been any changes to their housing, income, insurance, or household size.
 - a. In person six-month verification forms must be signed by the client
 - b. Forms completed over the phone with a MCM must include the MCM's signature
 - i. The client's signature should be added to the form at the next in-person service and a copy should be kept in the client's file at the MCM agency

CAREWare Data Entry Procedure:

5. The MCM is required to complete the following updates in CAREWare:
 - a. Update the Demographic tab with any changes (new address, new phone number)
 - b. Enter the following in Service Tab
 - i. 1101: Six-month recertification with date completed
 - c. The following services might be entered:
 - i. 1500: Face-to-Face Contact
 - ii. 1600: Collateral Contact
 - iii. 5000: Gas Card/Voucher
6. Update the Annual Review Tab even if no changes
 - a. Insurance
 - b. Income
7. Update Case Notes as needed
8. The Idaho RWPB/ADAP Coordinator or Data Coordinator completes the following updates in CAREWare:
 - a. Add a service in the Service Tab:
 - i. **2** State office received 6-month recertification - when the six-month recertification is received
 - ii. **2-1** State office received income verification – if income is updated and a copy was sent with the recertification
 - b. Ensure the MCM updated the Service Tab and Annual Review Tab with the date the six-month recertification form was completed
 - c. Ensure State received any supporting documents for change(s) in status
 - d. Update the State Fields Tab in CAREWare to reflect when the next six-month recertification is due (a recertification received in 2018 will need to have the field updated to 2019)
 - e. Contact the MCM if there are any changes that need to be made in CAREWare or missing paperwork

Paperwork Filing Procedure:

9. MCM agency must keep a copy of the client's six-month recertification form along with any supporting documents
10. MCM must Securely fax, scan or email a copy of the six-month recertification form and any supporting documents to the RWPB Program at the Division of Public Health
11. A copy of the client's six-month recertification will be kept in the client's file at the state office
12. The state will update the agencies' Excel recertification tracking sheet

Annual Review: This policy will be reviewed annually

ANNUAL RECERTIFICATION POLICY AND PROCEDURE

RWPB -03
DHW/DPH Policy Reference: None

Approval Date: 11/2016
Supersedes: 9/2014
Revision Date: 5/2018

Policy: At the time of initial enrollment and on an annual basis thereafter, a client must complete an annual assessment to ensure their eligibility for the program. The recertification needs to be completed annually in the same month of the intake date. If the recertification is completed earlier or later than the month it is due, the annual recertification (month) will not change. If the client does not recertify, their case will be closed. All clients are required to recertify annually **in person**.

Purpose: To ensure the client's continued eligibility for the program.

Scope: Recertification for eligibility of all clients receiving medical case management (MCM), IDAGap and/or ADAP medications.

Definitions: Refer to Appendix A: Definitions and Acronyms

Standard Operating Procedure:

Steps for Completing an Annual Recertification:

1. The MCM and the client complete the Idaho Ryan White Medical Case Management Annual Recertification Form
2. Verify income and submits the required documents as referenced on page 2 of form (i.e. paystubs, SSI/SSD award letter, tax return)
 - a. If client has no income, client signs the No Income portion of the Annual form
3. Verify insurance
 - a. If applicable, makes copies of insurance cards – front and back
 - b. Check Medicaid eligibility using the Partner Data Access Portal
4. Complete a new Release of Information form
5. Review the following forms with the clients
 - a. Client Responsibilities
 - b. Grievance Policy
 - c. Acknowledgement of Notice of Privacy Practice (agency specific)
 - d. What you Need to Know about Idaho Laws on HIV
6. Complete an updated Wellness Plan with the client
7. Complete the Idaho Ryan White Medical Case Management Assessment form (applicable portions only) and the Assessment Summary

CAREWare Data Entry Procedure:

8. The MCM is required to complete the following updates in CAREWare:
 - a. Update any changes to client information on the Demographic Tab
 - b. Include notes in the common notes if the address or phone number has changed, include date and initials
 - c. Enter the following in the Service Tab

- i. 1102: Annual Recertification
 - ii. 1200: Annual Assessment
 - iii. 1300: Annual Wellness Plan
- d. The following services might be entered:
 - iv. 1500: Face-to-face Contact
 - v. 1600: Collateral Contact
 - vi. Gas Card/Voucher
- e. Update all sections of the Annual Tab
- f. Update the Client Contact Tab with all relevant fields
- g. Enter the following in the Encounters Tab
 - i. Enter the most recent CD4 lab results
 - ii. Enter the most recent Viral Load result

Paperwork Filing Procedure:

- 9. MCM is required to send secured copies of the following documents to the RWPB Program at the Division of Public Health
 - a. RWPB Annual Recertification form (3 pages)
 - b. Release of Information Form
 - c. Documentation of income
 - d. Copies of insurance cards (if new policy)
- 10. The state will update the agencies' Excel recertification tracking sheet

Annual Review: This policy will be reviewed annually.

CLIENT ELIGIBILITY REQUIREMENTS POLICY AND PROCEDURE

RWPB -04
DHW/DPH Policy Reference: None

Approval Date: 11/2016
Supersedes: None
Revision Date: 5/2018

Policy: Client eligibility is determined by the following requirements and clients must meet all requirements when applying for services provided by the Idaho Ryan White Part B/ADAP Programs.

All Ryan White Part B/ADAP services

1. Must be HIV positive
2. Have an Idaho address and reside in the state
3. Income at or below 200% of Federal Poverty Guidelines (FPL)
4. Not an inmate of the State, or Federal Corrections system (Individuals are not eligible for services if they are in the State or Federal Corrections system).

ADAP (AIDS Drug Assistance Program) and payment of HIV Monitoring Labs

1. No insurance/underinsured for coverage of medications and labs
2. Client must receive Medical Case Management by a Part B or Part C Provider

Clients who intentionally provide misleading or fraudulent information for the purpose of obtaining benefits through Ryan White Part B funding may be immediately removed from the participation in the program with the possibility of legal action taken.

Purpose: To ensure individuals meet eligibility requirements for Idaho Ryan White Part B/ADAP services and to ensure the program is in compliance with applicable federal policies and state rules.

Federal Reference: Ryan White CARE Act (PL 104-146) Sect. 2617 4B (II), HRSA/HAB Program Policy Notice No. 97-01

State Rule Reference: Idaho Department of Health and Welfare Administrative Rules 16.02.05, Rules Governing Human Immunodeficiency Virus (HIV) Related Services

Scope: This policy and procedure applies to all clients who are receiving Ryan White Part B/ADAP services.

Definitions: Refer Appendix: Definitions

Procedure:

Steps for verifying Client Eligibility:

The MCM must verify all documents submitted by clients during intake and recerts.
Documentation Requirements

1. All Ryan White Part B/ADAP services
 - a. Verify HIV positive status
 - b. Medical records
 - c. Lab results
 - d. Rapid test result (If a client has no medical record or access to medical records nor any other acceptable form of documentation, an HIV rapid test must be completed)
 - e. Proof of Residency
 - i. Utility bill with client's name
 - ii. Rental agreement in client's name
 - iii. Paystub with current Idaho address
 - f. Income at or below 200% of Federal Poverty Guidelines (FPL)
 - i. View income policy for types of income and how to calculate annual income
 - ii. Federal Poverty Guidelines at <http://aspe.hhs.gov/poverty>
2. ADAP (AIDS Drug Assistance Program) and payment of HIV Monitoring Labs
 - a. Verify insurance status
 - i. Check eligibility for Medicaid and Medicare through the Department's Partner Data Access Portal
 - ii. Check eligibility of insurance through employer if client is employed.
 - b. To verify client is underinsured
 - i. Request Explanation of Benefits from clients' insurance and review:
 1. Medications covered under policy
 2. Determine if policy includes caps on medication coverage
 3. Review the tier ARV medication are included to determine if policy or client can afford medications

Annual Review: This policy will be reviewed annually.

EMERGENCY FINANCIAL ASSISTANCE POLICY AND PROCEDURE

Policy Reference Number: RWPB -05

DHW/DPH Policy Reference: None

Approval Date: 5/2016

Supersedes: None

Revision Date: 5/2018

Policy: The Ryan White Part B Medical Case Management (MCM) providers may make provision of short term payments to agencies or establish a voucher program to assist clients with emergency expenses related to essential utilities, housing, food, and medication when other resources are not available. Emergency Financial Assistance is an allowable support service under the Ryan White HIV/AIDS Program. The Health Resources and Services Administration's HIV AIDS Bureau (HRSA HAB) Policy 10-02 states that RWPB funds cannot be used to make direct payment of cash to recipients of services. Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Ryan White funds are to be used as the payer of last resort. Store gift cards that can be redeemed at a specific merchant or affiliated group of merchants for specific goods and services may be used. General use prepaid cards such as Visa, MasterCard, or American Express are considered cash equivalent and therefore are unallowable. Expenditures must be short term, defined as no more than ninety (90) calendar days within a twelve (12)-month period. Funds may not be used to pay for insurance co-pays for medications.

Purpose: To ensure Ryan White Part B clients have access to needed medical care and supportive services.

Scope: All agencies contracted under Idaho Ryan White Part B Medical Care Management (MCM) to provide medical case management services to qualifying HIV Positive clients.

Definitions: Refer to Appendix: Definitions

Procedures:

Procedures for each Emergency Financial Assistance category (utilities, housing, food, medication, dental, and eye exam/lenses) are listed separately.

Procedure: Utilities

1. Funds can only cover seventy five percent (75%) of any eligible charge
2. The lease or rental agreement must be in client's or spouse's name
3. Clients who have a roommate will need to provide documentation to show the total amount of the bill for the month and what portion or percentage is the client's responsibility
4. MCM should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.
5. Agencies can write a check to the utility company for the RWPB client's share of the bill. No direct payment (checks, cash or money order) can be made to the client.

CAREWare Data Entry Procedure

6. The MCM is required to complete the following updates in CAREWare when client is provided utility assistance:
 - a. 6200 Utility Assistance
 - i. Enter in one (1) unit
 - ii. Enter the dollar amount of payment
 - b. Demographic Tab
 - i. Case notes need to be added for this service

Paperwork Filing Procedure:

7. MCM must submit the invoices and the Ryan White monthly financial report from CAREWare within fifteen (15) calendar days after the last day of the month in which services were provided
8. The amount invoiced on the contractor billing for must coincide with the amount reported on the Ryan White monthly financial report
9. A copy of the utility bill and the amount paid by the MCM agency must be submitted.

Procedure: Housing

1. Funds can only cover seventy five percent (75%) of any eligible charge.
2. The lease or rental agreement must be in the client's or spouse's name.
3. Clients who have a roommate will need to provide documentation to show the total amount of the bill for the month and what portion or percentage is the client's responsibility.
4. The case manager should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.
5. Agencies can write a check to the Rental Agency or Landlord for the RWPB client's share of the bill. No direct payment (checks, cash, or money order) can be made to the client.

CAREWare Data Entry Procedure

6. The MCM is required to complete the following updates in CAREWare when client is provided utility assistance:
 - a. 6100 Housing Assistance
 - i. Enter in one (1) unit
 - ii. Enter the dollar amount of payment
 - b. Demographic Tab
 - i. Case notes need to be added for this service

Paperwork Filing Procedure:

7. MCM must submit the invoices and the Ryan White monthly financial report from CAREWare within fifteen (15) calendar days after the last day of the month in which services were provided
8. The amount invoiced on the contractor billing for must coincide with the amount reported on the Ryan White monthly financial report
9. A copy of the bill or paperwork that includes the total housing expense, the date expenses were incurred, and the amount paid by the MCM agency.

Procedure: Food

1. Agencies have the ability to offer the gift cards on a first-come-first-serve basis.
2. Gift cards for food needs should be based on household size and specific to each client's current situation.
3. Clients must document their need for assistance.
4. The MCM should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.
5. The MCM must provide referrals for area food banks and other community resources.
6. The MCM is required to keep a copy of the receipt from the client that includes the items purchased with the gift card. Alcohol, tobacco, or other non-food items are NOT allowed.
7. A Letter of Acknowledgement with language including "*...gift cards are to be used for the express purpose intended and may not be exchanged for cash, or used to purchase alcohol, tobacco, or weapons*" must be signed and dated by the client. A copy of each letter must be submitted to the RWPB program along with the client ID.
8. Each agency is required to have agency specific policies that cover the management and storage of gift cards. The minimum requirements included below will be monitored during an agency site visit.
 - a. Gift cards must be stored in a locked cabinet
 - b. A document must be submitted monthly or quarterly to the RWPB program and include the following information for each distributed card:
 - i. Card Number
 - ii. Client ID
 - iii. Amount on the card
 - iv. Date card was distributed to client
 - v. Signature of the person providing the card to the client
 - vi. Check box with date indicating the receipt from client was received.
 1. Signature of the person providing the card to the client
 2. Check box with date indicating the receipt from client was received

CAREWare Data Entry Procedure

9. The MCM is required to complete the following updates in CAREWare when client is provided utility assistance:
 - a. 6000 Emergency Food Assistance
 - i. Enter in one (1) unit
 - ii. Enter the dollar amount of the food voucher/gift card

b. Demographic Tab

- i. Case notes need to be added for this service

Paperwork Filing Procedure:

10. MCM must submit the invoices and the Ryan White monthly financial report from CAREWare within fifteen (15) calendar days after the last day of the month in which services were provided
11. The amount invoiced on the contractor billing for must coincide with the amount reported on the Ryan White monthly financial report
12. A copy of the receipt that corresponds to the amount on the monthly invoice.

Procedure: Medications

1. The MCM can provide emergency financial assistance for clients to cover their cost of medications that are not on the ADAP Formulary or covered by the client's insurance plan.
2. The MCM must ensure that payment is not made for medication copays.
3. The MCM can write a check to the pharmacy for the cost of the medication. No direct payment (check, cash, or money order) can be made to the client.
4. The MCM should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.

CAREWare Data Entry Procedure

5. The MCM is required to complete the following updates in CAREWare when client is provided utility assistance:
 - a. 6300 Medical Assistance
 - i. Enter in one (1) unit
 - ii. Enter the dollar amount of the medication
 - b. Demographic Tab
 - i. Case notes need to be added for this service

Paperwork Filing Procedure:

6. MCM must submit the invoices and the Ryan White monthly financial report from CAREWare within fifteen (15) calendar days after the last day of the month in which services were provided
7. The amount invoiced on the contractor billing for must coincide with the amount reported on the Ryan White monthly financial report
8. A copy of the bill or receipt that details which medication(s) were paid for and the amount paid with the contractor's monthly bill.

Annual Review:

This policy will be reviewed annually.

MEDICAL TRANSPORTATION POLICY AND PROCEDURE

RWPB -06
DHW/DPH Policy Reference: IDAPA 16.02.05

Approval Date: 5/2016
Supersedes: None
Revision Date: 5/2018

Policy: The Ryan White Part B Medical Case Management (MCM) providers may provide gift cards and bus passes to assist clients with transportation to HIV-related health services; including services needed to maintain the client in HIV/AIDS medical care. Medical transportation is an allowable support service under the Ryan White HIV/AIDS Program. The Health Resources and Services Administration's HIV AIDS Bureau (HRSA HAB) Policy 10-02 states that RWPB funds cannot be used to make direct payment of cash to recipients of services. Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Ryan White funds are to be used as the payer of last resort. Store gift cards that can be redeemed at a specific merchant or affiliated group of merchants for specific goods and services may be used. General use prepaid cards such as Visa, MasterCard, or American Express are considered cash equivalent and therefore are unallowable.

Purpose: To ensure Ryan White Part B clients have access to needed medical care and supportive services.

Scope: All agencies contracted under Idaho Ryan White Part B Medical Care Management (MCM) to provide medical case management services to qualifying HIV Positive clients.

Definitions: Refer to Appendix: Definitions

Procedures:

Procedures for each type of medical transportation type (gas card and bus pass) are listed separately.

Procedure: Gas Cards

1. Contractors must purchase gas cards in ten-dollar (\$10.00) increments.
2. The number of gas cards a client is eligible to receive is calculated:
 - a. From the roundtrip mileage to and from the core medical or support service appointment
 - b. Multiplying the total mileage by twenty-three (\$.23)
 - c. Rounding up to the nearest ten-dollar (\$10.00) increment

3. The contractor shall use the 2012 Internal Revenue Service (IRS) Standard Mileage Rate Notice for calculating the amounts needed for gas cards. <http://www.irs.gov/pub/irs-drop/n-12-01.pdf>
4. Clients must provide the case manager with a receipt showing the total amount of gas purchased and the receipt must be retained in the client files.
5. The MCM must confirm with the medical provider or support service agency that the client attended the appointment. In the event the client did not attend their appointment, they should be restricted from receiving a future gas card until the MCM can confirm they are receiving services and in need of transportation assistance.
6. A Letter of Acknowledgement with language including “...gift cards are to be used for the express purpose intended and may not be exchanged for cash, or used to purchase alcohol, tobacco, or weapons” must be signed and dated by the client. A copy of each letter must be submitted to the RWPB program along with the client ID.
7. Each agency is required to have agency specific policies that cover the management and storage of gift cards. Below are the minimum requirements that must be met:
8. Gift cards must be stored in a locked cabinet
9. A document must be submitted monthly or quarterly to the RWPB program and include the following information for each distributed card:
 - a. Card number
 - b. Client ID
 - c. Number of cards provided to client and total amount
 - d. Date card(s) was distributed to client
 - e. Signature of the person providing the card to the client
 - f. Check box with date indicating the receipt from client was received and note from MCM that he/she confirmed client attended appointment

CAREWare Data Entry Procedure

10. The MCM is required to complete the following updates in CAREWare when client is provided utility assistance:
 - a. 5000 Gas Card/Voucher
 - i. Enter in number of units client received (1 card = 1 unit)
 - ii. The price in CAREWare is populated with \$10.00
 - iii. The total will auto fill by multiplying the number of units by \$10.00

The following service shall be entered when a client received a gas voucher but did not attend their intended appointment

- b. 5086 No Show
 - i. The number of units will always be 1 and is prepopulated
 - ii. The price in CAREWare is populated with \$0.00

- iii. Enter the reason why the client did not attend the appointment in the Reason field

Paperwork Filing Procedure:

11. MCM must submit the invoices and the Ryan White monthly financial report from CAREWare within fifteen (15) calendar days after the last day of the month in which services were provided
12. The amount invoiced on the contractor billing for must coincide with the amount reported on the Ryan White monthly financial report
13. A copy of the bill or receipt that details which medication(s) were paid for and the amount paid with the contractor's monthly bill.

Annual Review:

This policy will be reviewed annually.

The Idaho RWPB program monitors the use of gift cards/store vouchers via monthly monitoring of contractor invoices. The Idaho Ryan White Quality Management Plan includes performance measures based on gas card utilization to determine if clients who receive gas card are maintained in care and have a suppressed viral load.

Procedure: Bus Passes

1. Case managers can purchase and provide clients with a bus pass if a client uses or relies on the bus as their main transportation.
2. Bus Passes can only be given out when the client shows up for their appointment.
3. Bus Pass limits:
 - a. For clients who have HIV related medical appointments every six months, limited to two (2) per year per client.
 - b. For clients who have HIV related medical appointments every three months, limited to four (4) per year per client.

CAREWare Data Entry Procedure

4. The MCM is required to complete the following updates in CAREWare when client is provided utility assistance:
 - a. 5200 Bus Pass
 - i. Enter in one (1) unit and the amount of the bus pass
 - b. Demographic Tab
 - c. Enter in case notes for this service

Paperwork Filing Procedure:

5. MCM must submit the invoices and the Ryan White monthly financial report from CAREWare within fifteen (15) calendar days after the last day of the month in which services were provided
6. The amount invoiced on the contractor billing for must coincide with the amount reported on the Ryan White monthly financial report
7. A copy of the bill or receipt that details which medication(s) were paid for and the amount paid with the contractor's monthly bill.

Annual Review:

This policy will be reviewed annually.

PAYER OF LAST RESORT POLICY

RWPB -07
DHW/DPH Policy Reference: None

Approval Date: 11/2016
Supersedes: None
Revision Date: 5/2018

Policy: Idaho Ryan White Part B/ADAP funds may not be used to provide items or services that have already been paid, or can reasonably be expected to be paid by third party payers, including Medicaid, Medicare, other state or local entitlement programs, prepaid health plans or private insurance. Medical Case Managers must ensure that eligible individuals are enrolled in Medicaid, Medicare, private insurance and/or other programs and that Part B/ADAP funds are not used to pay for any services covered by these programs clients are enrolled in. In areas where other HIV/AIDS funding is available, such as Part C and HOPWA, Part B does not require that each of these funding sources be exhausted prior to accessing Part B. MCMs must ensure that all clients are screened for Medicaid, Medicare, and/or access to other public or private insurance coverage when determining eligibility. Payment for eligible services should be coordinated across these funding streams.

Exception to the payer of last resort requirement is included in HRSA/HAB Policy 07-07 for veterans and Indian Health Services (IHS) for PLWH. This policy specifies RWHAP grantees may not deny services, including prescription drugs, to a veteran who is otherwise eligible for RWHAP services. Policy 07-01 states that programs administered by or providing services of the IHS are exempt from the "Payer of Last Resort" restriction for Parts A, B, and C by persons also eligible for benefits under IHS funded programs. In both of these instances, payer coordination on behalf of clients must respect client choice of payer in those cases where VA, IHS, and Ryan White are the available payers.

***Federal Policy:** HRSA HAB Policy Notice -08-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau (HAB) with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.*

Purpose: To ensure the Idaho Ryan White Part B/ADAP is the payer of last resort for eligible services for a client.

Scope: This policy applies to all services funded under Ryan White Part B/ADAP.

Definitions: Refer Appendix: Definitions

Annual Review:

This policy will be reviewed annually.

IDAHO RYAN WHITE PART B PROGRAMS GRIEVANCE POLICY AND PROCEDURE

RWPB -08
DHW/DPH Policy Reference: None

Approval Date: 11/2016
Supersedes: 5/2012
Revision Date: 5/2018

Policy: The Idaho Ryan White Part B Program is committed to assuring that no infringement of a client's rights occurs at an agency funded by the program, and that there is an established procedure for addressing problems or complaints that clients may have.

Purpose: To assure that clients participating in HIV medical case management (MCM) have the opportunity to voice their concerns or receive additional problem-solving assistance, if needed.

Scope: All Ryan White Part B clients enrolled in medical case management (MCM) and/or ADAP program.

Definitions: None

Procedure:

Phase I - For initial discussion of problems, concerns, complaints, the issue should first be brought to the case manager's attention either by telephone call or face-to-face contact. The case manager will document the problem and the resolution that is developed. The client and the case manager will sign the problem-solving document.

Phase II - If the client does not feel satisfied with the results of the first phase, a more formal written complaint can be registered with a supervisor or other individual with oversight duties of the HIV case manager or the agency. An appropriate supervisory authority will document the problem and the resolution. Both the client and the supervisory authority will sign the problem solving document. The document will then be placed in the client's MCM file.

Phase III - If the client is not satisfied with the resolution or if they have legitimate, documented information regarding mis-performance, mal-performance, or non-performance of any contracted service, they may send their written complaint to: Idaho Ryan White Program Coordinator, 450 W. State Street, 4th Floor, P.O. Box 83720, Boise, ID 83720-0036.

Annual Review:

This policy will be reviewed annually.

RWPB EXPENDITURES POLICY AND PROCEDURE

RWPB -09
DHW/DPH Policy Reference: None

Approval Date: 5/2018
Supersedes: none

Policy: The Ryan White Part B program has written procedures for how contract invoices are processed to ensure all listed services are performed as required, and verifies that required reports and supporting documentation has been received and that billed amounts are correct.

Purpose: The purpose of this policy is to provide direction to program staff to ensure invoices are properly processed and payments are issued to contractors.

Scope: This policy and procedure applies to the Ryan White Part B program.

Procedure:

1. Contractors submit invoices and CAREWare financial report (when applicable) for all services that are provided.
2. Invoices must provide the contract number, billing period, total amount billed for the billing period, description of services/products provided and associated number of hours and amounts as appropriate, and name of authorized contact.
3. All received invoices are stamped with the current date. Amounts due and corresponding program cost accounting (PCA) codes and sub-objects are added to the invoice.
4. The invoice is placed in a confidential cabinet and the appropriate task managers are notified that the invoice is ready for review.
5. The RWPB program coordinator reviews all the service entries in CAREWare and ensures that the appropriate paperwork is submitted to the program.
6. In the event a discrepancy occurs with the monthly invoice and supporting CAREWare documentation, the contractor is contacted immediately and the issue resolved before payment is made.
7. The invoice is forwarded to the program manager for internal approval.
8. Following approval, the invoice is scanned to Accounts Payable for payment.
9. Accounting processes the invoice and electronically sends an image of the invoice back to the supervisor for final payment approval.
10. Following approval, either a check is issued or the funds transferred electronically to the requesting agency.

Annual Review: This policy will be reviewed annually.