

Wisconsin Ryan White Part B Eligibility and Recertification Policy and Procedures

This policy and related procedures cover client eligibility and recertification requirements that are associated with the delivery of HIV health and support services that are supported with federal Ryan White Part B funding awarded to the state of Wisconsin.

The federal Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The federal Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB) within HRSA are responsible for administering the RWHAP. HRSA and HAB have policies that direct grantees and subgrantees in meeting the legislative intent of Ryan White funding.

HAB's [National Monitoring Standards](#) set the standards for meeting federal requirements for program and fiscal management, monitoring, and reporting. Section B. of the National Standards addresses eligibility determination, noting that service providers/subgrantees are required to conduct client annual and semiannual eligibility determination. The primary purposes of the eligibility certification are to ensure that residency, income, and insurance statuses of people living with HIV (PLWH) continue to meet the grantee eligibility requirements and to verify that the RWHAP is the payer of last resort. The recertification process includes checking for the availability of all other third-party payers.

It is important that clients understand that there are federal requirements for certification of initial eligibility and ongoing semiannual (six-month) recertification.

Initial eligibility determination requires providers to verify proof of:

1. HIV infection, or for infants of indeterminate HIV status, proof that the mother is living with HIV.
2. Income eligibility based on the family income limits for:
 - HIV Care Grant services—500% of the federal poverty level (FPL).
 - Wisconsin AIDS Drug Assistance Program—300% of FPL¹.
 - Wisconsin AIDS/HIV Insurance Assistance Program—300% of FPL.¹
3. Wisconsin residence.
4. Insurance coverage or proof of being underinsured or uninsured.

Semiannual (six-month) recertification requires providers to verify proof of:

1. Low-income status.
2. Wisconsin residence.
3. Insurance coverage.

Table 1. summarizes the required eligibility documentation for initial eligibility determination and six-month recertification.

¹ For specific information regarding eligibility, recertification, and other requirements for the Wisconsin AIDS Drug Assistance Program and the Wisconsin HIV/AIDS Insurance Assistance Program, see the [Wisconsin AIDS Drug Assistance Program Policy Manual](https://www.dhs.wisconsin.gov/publications/p01771.pdf) at <https://www.dhs.wisconsin.gov/publications/p01771.pdf>.

Table 1. Required Eligibility Documentation

	At Initial Application and the Comprehensive Annual Review	At Six-Month Recertification
HIV Status	Documentation is required. ²	No documentation required.
Income	Documentation is required.	Record of self-attestation that indicates no change. If self-attestation notes a change, documentation of the change is required.
Residency	Documentation is required.	Record of self-attestation that indicates no change. If self-attestation notes a change, documentation of the change is required.
Insurance Status	Documentation is required.	Record of self-attestation that indicates no change. If self-attestation notes a change, documentation of the change is required.

The use of self-attestation during recertification allows flexibility in meeting the needs of clients and in reducing the administrative burden of providers. Clients can self-attest by phone, email, or in person.

The following sections provide further detail regarding the eligibility criteria and procedures.

1. Verification of HIV Status

The client must submit a physician’s certification of their HIV-positive status. In the case of exposed infants with indeterminate HIV status, documentation must be provided certifying that the mother has been diagnosed with HIV.

2. Verification that Client Resides in Wisconsin

Clients must reside in Wisconsin in order to be eligible for RWAHP-funded services. Any one of the following documents is acceptable verification of Wisconsin residence:

- Most recent rental agreement or lease
- Wisconsin driver's license or Wisconsin identification card
- Most recent bill in the applicant’s name
- Statement from an authorized individual certifying current residence

The documents listed above will only be accepted as proof of residency if they are:

- Current (within the last six months) and not expired.
- Show the name and the same address listed as client’s physical address.
- Not a P.O. box address. Residency documents with a P.O. box are not acceptable.

Definition of Family Income

To be eligible for Ryan White services, family income cannot exceed the designated level of FPL (e.g., 500% of FPL for HIV Care Grant services). Earned and/or unearned income received by any of the following individuals is counted toward overall family income:

- Client
- Client’s legal spouse

² Documentation of HIV-positive status is only required one time—at initial eligibility determination.

For clients between ages 18 and 26 years **insured by parents** and **employed**, both the client and parents' income are counted toward the family income, and both the client and parents are counted toward the family size.

For clients between ages 18 and 26 years **insured by parents** and **unemployed**, the parents' income is counted toward the family income, and parents and client are counted toward the family size.

Earned and/or unearned income received by any of the following individuals **does not** count toward overall family income:

- Client's registered domestic partner
- Client's spouse if legally separated
- Client's dependent children under 18 years of age
- Client's parents if client is over 18 years of age, employed, provides own health insurance, and lives with parents

Definition of Family Size

Family size is a factor in determining family income as it relates to the federal poverty guidelines. Individuals counted toward family size include:

- Client
- Client's legal spouse (except if legally separated)
- Client's registered domestic partner
- Client's children under 18 years of age that the client claims as dependents on their income taxes

3. Verification of Income

Table 2 identifies countable sources of family income and acceptable income verification documents.

Table 2: Sources of Income and Acceptable Verification Documents

Countable Sources of Income	Acceptable Verification Documents
Gross wages and salary	Most recent paycheck stub (within the last 60 days) from all employers. Most recent Internal Revenue Service (IRS) form 1040 if you are self-employed
Social Security Disability Insurance (SSDI)	Most recent award letter from SSA
Social Security Supplement Income (SSI)	Most recent award letter from SSA
Dividends and interest	Most recent form 1040 Schedule B or most recent form 1099
Estate/trust income, net rental income, and/or royalties	Most recent IRS form 1040 Schedule E
Public assistance	Most recent award letter
Pensions, annuities, and/or veteran's pensions	Most recent letter stating pension/annuity amount
Unemployment and/or worker's compensation	Most recent letter stating amount of unemployment/worker's compensation benefit

Note: Tax forms from prior years will not be accepted as verification of income.

Finances not counted as income include:

- Proceeds from the sale of an asset
- Gifts
- Inheritance
- Life insurance proceeds
- One-time settlements
- Income tax refunds

Documentation for a client who does not have any income must state how they are being supported financially. A written statement from the person or organization that supports a client financially may be accepted.

If the client is unable to obtain proof of income, a written statement from a case manager or employer (on company letterhead) that indicates an average income may be accepted.

A client determined to be ineligible for the program or whose participation has been terminated may reapply at any time.

Calculation of Income

Sources of income from all family members are counted toward overall family income.

For clients who earn wages through employment, income is calculated by using the following recommended methods. The lesser of the two calculations is used in determining the applicant's eligibility.

- **Method 1**

The year-to-date (YTD) gross income from the applicant's pay stub is divided by the number of paychecks the applicant has received during the calendar year. To obtain the applicant's annual income, the resulting amount is multiplied by either 52 (if paid weekly) or 26 (if paid biweekly).

Sample Calculation

A person employed full time applies for Ryan White services on April 15 and submits a pay stub for a biweekly pay period that ended on Friday, March 28. This means that the person would have received six paychecks during that time. The gross YTD income listed on the pay stub is \$6,924. This amount divided by the six paychecks is equal to \$1,154 per pay period. Since the applicant is paid biweekly, this number is multiplied by 26 to obtain an annual income of \$30,004.

- **Method 2**

This method utilizes the applicant's hourly rate to determine annual income. The hourly rate listed on the pay stub is multiplied by 2080 hours for full-time employees.

Sample Calculation

The pay rate listed on the pay stub for the applicant in the previous example is \$14.45/hour. Since the applicant is employed full time, this amount is multiplied by 2080 (hours) to obtain an annual income of \$30,056. If the applicant works less than full time, the hourly rate is multiplied by the number of hours the applicant works within the year.

The lesser amount (in this case, \$30,004) from the two methods is used as the annual income for purposes of eligibility determination.

For clients who receive monthly income from sources such as pensions, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), and/or public assistance income is determined by multiplying the monthly amount by 12.

For clients who receive unemployment and/or worker's compensation, annual income is calculated by multiplying the amount received by the frequency received (multiplied by 52 if paid weekly or by 26 if paid biweekly).

Once calculated, family income and family size are used to determine the client's income as it relates to the federal poverty guidelines, which are updated annually around March 1. Only clients with calculated incomes at or below the designated threshold of FPL are eligible for services. The federal poverty guidelines are updated annually and are located on the web at <https://aspe.hhs.gov/poverty-guidelines>.

4. Verification of Insurance Status

Insurance coverage status is both an eligibility issue and a payer-of-last-resort compliance issue. Clients must be recertified at a minimum of every six months to establish eligibility for Ryan White HIV/AIDS Program services, which includes checking for insurance or other third-party payers, such as Medicaid, Medicare, and Medicare Part D. Clients with insurance who are underinsured may continue to be eligible for Ryan White HIV/AIDS Program services. For further clarification, please reference the [HRSA Policy Clarification Notice \(PCN\) #13-02](#).

Providers must assess and document the client's insurance status and document if the client is eligible from other third-party payers.

Eligibility and Recertification Data-Sharing

RWHAP-funded providers may utilize certification data-sharing agreements with other RWHAP grantees and/or subgrantees in order to reduce burden on grantees, subgrantees, and clients. A single client eligibility record is acceptable only if all of the following criteria are satisfied:

- RWHAP-funded providers must have the same eligibility criterion that meets the requirements (i.e., use the same percentage of FPL to establish eligibility).
- There must be an application with supporting documentation (i.e., income and insurance verification).
- The application and supporting documentation must be available for review at each of the providers' sites.
- The individual provider must be aware that the responsibility of providing allowable services to eligible clients still rests with the individual provider.

The sharing of eligibility application and documentation can be done by copying the original application and documents or by electronic access to the application and documentation.



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