



**Tennessee  
Department of  
Health Ryan White  
Part B Program**

***Case Management  
Manual***

**May 1, 2023**

**Ryan White Part B Program  
Andrew Johnson Tower, 4<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, Tennessee 37243**

# Introduction

**Medical Case Management** is a focused case management activity designed to ensure adequate access to basic outpatient HIV/AIDS related medical services for low-income Tennesseans without adequate healthcare coverage and to ensure Ryan White funds are ALWAYS utilized as payer of last resort. The Ryan White Part B Services Program, Tennessee Department of Health (the Ryan White Part B grantee), will fund Medical Case Management positions throughout the State, however the two Part A Transitional Grant Areas (TGAs) fund additional MCM positions within the TGA service areas.

These positions can be provided through any access point for care within the community, i.e., HIV Centers of Excellence, local Health Departments, Regional Health Offices, or AIDS Service Organizations. The position is designed to be flexible so that the Medical Case Manager (MCM) can effectively accomplish the requirements of the grantee but also fit within the specific agency that is funded to house the position.

**Case Management (non-medical)** is the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments. The Ryan White Part B Services Program, Tennessee Department of Health (the Ryan White Part B grantee), will fund case management positions throughout the State, however the two Part A Transitional Grant Areas (TGAs) fund additional case management positions within the TGA service areas.

These positions are provided through AIDS Service Organizations. The position is designed to be flexible so that the case manager can effectively accomplish the requirements of the grantee but also fit within the specific agency that is funded to house the position.

# Case Management Manual

## Table of Contents

<b>Section 1: Case Management</b> .....	Page 5
1.1 Scope of Services.....	Page 6
1.2 Medical Case Management Distinguished from traditional Case Management.....	Page 6
1.3 Minimum Education/Experience Requirements for Medical Case Managers.....	Page 7
1.4 Minimum Education/Experience Requirements for Case Manager Positions.....	Page 8
1.5 Core Duties of the Case Manager.....	Page 9
1.6 Eligibility for Ryan White Part B Program.....	Page 10
1.7 CAREWare.....	Page 11
<b>Section 2: State Administered Programs</b> .....	Page 12
2.1 State Administered Program Descriptions.....	Page 13
<b>Section 3: Payer of Last Resort</b> .....	Page 15
3.1 Payer of last Resort.....	Page 16
<b>Section 4: Insurance Assistance Program</b> .....	Page 17
4.1 Introduction.....	Page 18
4.2 HRSA Policy Regarding IAP.....	Page 18
4.3 Goals and Objectives.....	Page 19
4.4 Responsibility of the Case Manager.....	Page 20
4.5 Responsibility of the Client.....	Page 21
4.6 Responsibility of the State IAP Benefits Manager Contractor.....	Page 21
4.7 Termination for Non-compliance.....	Page 23
4.8 Termination for reasons other than non-compliance.....	Page 23
<b>Section 5: Medical Services Program</b> .....	Page 24
5.1 Introduction.....	Page 25
5.2 Qualifications.....	Page 25
5.3 Responsibilities of the Medical Case Manager.....	Page 25
5.4 Responsibilities of the Medical Services Program Client.....	Page 25
5.5 Responsibilities of the State Medical Services Program Coordinator.....	Page 26
5.6 Termination for Non-compliance.....	Page 26
5.7 Ryan White Part B Approved Provider List.....	Page 26
5.8 Provider Application Process.....	Page 26
5.9 Provider Approval Process.....	Page 27
5.10 Removal of Provider.....	Page 27
5.11 Medical Services Fee Schedule.....	Page 28
5.12 Special Request.....	Page 28
5.13 Adding New Services.....	Page 28
<b>Attachments</b> .....	Page 30
Attachment 1- Ryan White Part B Certification Check List.....	Page 31
Attachment 2 – Proof of HIV Requirement.....	Page 32
Attachment 3 – Photo Identification Requirements.....	Page 33
Attachment 4 – Residency Requirements.....	Page 35
Attachment 5 – Temporary residency.....	Page 37
Attachment 6 – Tennessee Residents Temporarily Out of State and/or Country.....	Page 38
Attachment 7 – Income Determination.....	Page 39
Attachment 8 – Household Size Determination.....	Page 41

Attachment 9 – Modified Adjusted Gross Income Worksheet.....	Page 42
Attachment 10 – Declaration of Cash Income Form.....	Page 44
Attachment 11 - Confirmation of Support Letter.....	Page 45
Attachment 12 – Confirmation of Non – Support Letter.....	Page 46
Attachment 13 - Acknowledgement of Support Letter.....	Page 47
Attachment 14 – Release of Information and Clients Rights and Responsibilities.....	Page 48
Attachment 15 – Oral Health Program Clients Rights and Responsibilities.....	Page 51
Attachment 16 – Eligibility Certification.....	Page 53
Attachment 17 – Disenrollment.....	Page 54
Attachment 18 – Access to Health Insurance Attestations.....	Page 55
Attachment 19 – Federal Tax Filling and Premium Tax Credit Form.....	Page 56
Attachment 20 – Refunded Money.....	Page 57
Attachment 21 – IAP Closure Form.....	Page 58
Attachment 22 - IAP Change of Communication Form.....	Page 59
Attachment 23 – Grievance Procedures.....	Page 60
Attachment 24 - Utilization of the Paper Copy of PH-3716.....	Page 62
Attachment 25 - Paper Copy of PH-3716.....	Page 63
Attachment 26 - Insurance Assistance Program Enrollment Procedures.....	Page 64
Attachment 27 – Client Forms in Spanish.....	Page 72
Release of Information and Clients Rights and Responsibilities.....	Page 73
Paper Copy of PH 3716.....	Page 76
Confirmation of Support Letter.....	Page 77
Confirmation of Non-Support Letter.....	Page 78
Required Federal Tax Filling.....	Page 79
Premium Tax Credit Form.....	Page 80
Declaration of Cash Income Form.....	Page 81
Access to Health Insurance Attestations.....	Page 82
<b>Ryan White Part B Policies.....</b>	<b>Page 84</b>
Ryan White Part B Eligibility Policy.....	Page 85
Ryan White Part B HDAP and IAP Policy.....	Page 87
Ryan White Part B Program Medical Services Policy.....	Page 89
Ryan White Part B Program HDAP and IAP Waiting List.....	Page 90
<b>Definitions and Acronyms.....</b>	<b>Page 92</b>

# Case Management

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section

## 1.1 Scope of Services

Medical Case Management services, as appropriate for HIV/AIDS clients, consist of the following functions:

- I. Assist eligible HIV positive clients in applying for Ryan White Part B (or other Parts) programs as appropriate.
- II. Assist clients in maintaining or applying for all possible third-party payer programs; with a primary focus of maintaining the cost of care, whenever possible, in the private sector. When the private sector is not an option in a particular client's circumstance, the focus of intervention will be to seek healthcare coverage within any eligible publicly funded program (i.e., TennCare, Medicare and Ryan White).
- III. Assist eligible clients in accessing health related services not provided by a private or public healthcare policy and/or by the Grantee (including, but not limited to, nutritional counseling, dental care, home health services, etc.).
- IV. Assist eligible clients in establishing a clear understanding of their health care coverage (i.e., Managed Care Organizations) to maximize and facilitate smooth delivery of health care services.
- V. Coordinate with appropriate regional Lead Agents and various community-based organizations, to link eligible HIV clients with services that can assist with social support needs such as transportation, food services and housing.
- VI. Encourage community service providers to participate in the Medical Services Program as a designated provider for the Ryan White Medical Services Fee Schedule.

## 1.2 Medical Case Management Distinguished from Traditional Case Management

*Traditional Case Management* and *Medical Case Management* are case management activities that are funded through the same source as separate entities; therefore, it is important to define *Case Management* and clearly distinguish the function of each entity.

*Case Management* is defined as a professional activity that involves: assessment and determination of needs, brokerage of available services, advocacy to ensure adequate access to these services, and effective utilization of limited resources.

### **HRSA defines each as:**

**Medical case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the applicant's and other key family members' needs and personal support systems. Medical case management

includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments.

Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other form of communication.

**Case management (non-medical)** includes the provision of advice and assistance in obtaining social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

### 1.3 Minimum Education / Experience Requirements for Medical Case Management Positions

Ryan White Part B Services has adopted the following education and experience guidelines for the position of Medical Case Management (MCM). These are minimum standards, each agency contracted to provide HIV/AIDS Medical Case Management Services has the authority to adopt the minimum standards or develop more stringent standards.

Medical Case Managers should possess one of the following:

- A Master's degree in a health or human services related discipline from an accredited college or university with the equivalency of two years of full-time professional case management in a public service agency.

OR

- A Bachelor's degree in Social Work or Nursing from an accredited college or university with the equivalency of two years of full-time professional case management in a public service agency ( a supervised BSW internship may count for one year's experience).

OR

- A Bachelor's degree in a health or human services related discipline and two years of full-time professional case management in a public service agency.
- MCMs hired after April 1, 2021, will be required to complete the following training:
  - Tennessee ADAP Case management 101 and RWES Training.
  - Medical Case Management 100, Level 1 training utilizing the Southeast AIDS Education Training Center curriculum. <https://www.seaetc.com/modules/>
  - U=U

**Note 1: Education and experience requirements for Medical Case Management may be modified and/or waived. The agency seeking modification and/or waiver must request such in writing to the Grantee. Documentation of the request for modification/waiver must include relevant reasons and justification for such action and specific information why the person to be hired as Medical Case Manager has sufficient education, certification, licensure and/or experience to merit the modification/waiver. In addition to a written statement of relevant education/ experience, the agency seeking modification/waiver must present a written plan to ensure that the Medical Case Manager receives appropriate additional education (degree), training and/or supervision to ensure quality provision of care.**

Ryan White Part B Medical Case Managers must have the supervision and guidance of a Master Level Social Worker, a Medical Doctor, or a master's level nurse. Supervision can be performed by an individual with a master's degree in Counseling, provided the individual with a master's degree in Counseling is supervised by a Medical Doctor. Supervision must occur at a minimum of 2 hours per month for a total of 24 hours per year in either a group or individual setting. Supervision will address issues of client care (e.g., boundaries and appropriate interactions with clients), case manager job performance, and skill development (e.g., record keeping). Clinical supervision addresses anything directly related to client care (e.g., supervision to address specific client issues), and issues related to job stress. Administrative supervision addresses issues related to staffing, policy, client documentation, reimbursement, scheduling, trainings, quality enhancement activities, and the overall operation of the program and/or agency.

**Note 1: MSW requirements for clinical supervision may be modified and/or waived. The agency seeking modification and/or waiver must request such in writing to the Grantee. Documentation of the request for modification/waiver must include an acceptable rationale and justification, (i.e., specific qualifiers to support the provision of clinical supervision such as education master's degree in a Health or Human Services field), certification, licensure, and clinical experience).**

**Note 2: An approved Case Manager is subject to orientation to Ryan White Part B Services Case Management, as deemed necessary by the Director of Ryan White Part B Services. The initial orientation may be supplemented by ongoing assistance from the State, or State designated personnel.**

#### **1.4 Minimum Education / Experience Requirements for Non-Medical Case Management Positions**

Ryan White Part B Services has adopted the following education and experience guidelines for the position of Non - Medical Case Management (NMCM). These are minimum standards, each agency contracted to provide HIV/AIDS Non-Medical Medical Case Management Services has the authority to adopt the minimum standards or develop more stringent standards.

All case managers hired by subcontractor/provider agencies that are funded in whole or in part to provide case management services through Ryan White Part B funds, must possess one of the following:

- High School (HS) diploma or General Education Development (GED) and one year of experience working with persons living with HIV and/or health care training (for example, Certified Medical Assistant or Medical Clerk).
- NMCMs hired after April 1, 2021, will be required to complete the following training:



- Tennessee ADAP Case management 101 and RWES Training.
- Medical Case Management 100, Level 1 training utilizing the Southeast AIDS Education Training Center curriculum. <https://www.seaetc.com/modules/>
- U=U

The process for obtaining approval for a new Ryan White Part B funded case manager position is as follows:

1. The requesting agency shall send a written request to the Director of Ryan White Part B Services, outlining the need for a Case Manager, or an additional position. The request should also include how the requested position will be funded (Part A, Part B, Part C funds, etc.) State medical facilities require an available staff position or approval from the HIV/STI Medical in establishing one. Submission of credentials for proposed candidates, along with a completed Case Manager Agreement is required.
2. The director of Ryan White Part B Services will evaluate the request and respond in writing. If the request is approved, the director will send a letter of approval that contains an effective date for the new position(s) and will arrange orientation for the new MCMs with the employing agency. All approvals will be communicated to Ryan White Part B Services program staff and each program coordinator will send the newly hired MCM all appropriate information specific to their program.
3. Ryan White Part B Services will maintain a list of all active Case Managers.
4. As service systems evolve and change, a Case Manager position may be eliminated, if no longer deemed necessary by the Director of Ryan White Part B Services.

***Note: Case Managers are required to obtain ongoing training pertinent to the performance of their duties and as directed by the Director of Ryan White Part B Services. Case Managers are encouraged to participate, to the extent their position allows, in all Medical Case Management activities (i.e., Statewide Meetings, monthly MCM Calls, etc.).***

***Note: Case Management Managers are required to inform Ryan White Part B Services of any CM changes.***

### **1.5 Core Duties of the Case Manager**

It is the primary responsibility of the Case Manager (CM) to serve as the access point and manage client eligibility for the Ryan White Part B assistance programs.

Record Keeping Requirements – A separate case file must be maintained on each client. Each file must contain:

- I. Signed copy of PH- 3716, Ryan White Program Application
- II. Documentation of HIV status, viral loads and CD4
- III. One current Tennessee residency documentation
- IV. Current proof of income
- V. Photo identification of client
- VI. PH-4266 Insurance Assistance Plan Application, if applicable

- VII. Care Plan
- VIII. Treatment Adherence
- IX. MAGI Worksheet, if applicable
- X. Participant Release of Information and Client Rights and Responsibilities
- XI. Refund Document, if applicable
- XII. Required filing of Federal income Tax, if applicable
- XIII. Premium tax credit form, if applicable

## 1.6 Eligibility for Ryan White Part B Program

- I. To be eligible for coverage by the Tennessee Ryan White Part B program, a recipient must be:
  - a. Medically diagnosed HIV positive.
  - b. A resident of Tennessee.
  - c. A household income of less than or equal to 400% of the currently established Federal Poverty Level Guidelines.

***Note: Proof of United States citizenship is NOT required for assistance through the Ryan White Part B programs. When certifying an unlawfully present applicant for assistance, the CM should contact the ADAP Coordinator of the applicable Ryan White Part B Program to retrieve a coded number to serve in place of the Social Security Number for tracking and billing purposes. This code shall be used for this individual with all Ryan White Part B programs.***

- II. In determining eligibility, all program applications must be fully completed and signed by the client and case manager.
- III. All required supporting documentation (written verification of HIV positive status, residency, and income) must be verified by the MCM/NMCM before submitting the application in the Ryan White Eligibility System (RWES). All documentation should be maintained in the client's file at the site of the application for review purposes.
- IV. A copy of the "Participant Release of Information and Client Rights and Responsibilities" statement (Attachment 6) must be signed every year; it may be necessary to read the statement to the client.
- V. All applications must be submitted to Ryan White Part B Central Office through RWES.
- VI. The Case Manager must maintain the original application packet (including all supporting documentation) in the client's file.
- VII. All clients participating in a Ryan White Part B program must certify annually. All required eligibility documents must be signed during annual certification. Any updated information received during certification (income, residency, etc.) must be updated in the Ryan White Eligibility System. Client contact with the CM regarding Ryan White Part B programs must be documented.
- VIII. Eligibility is further based on the applicant's willingness to work with his/her Case Manager to apply for all other possibilities of third-party coverage (i.e., TennCare, eligible

private coverage through employer, etc.) Persistent failure to cooperate in such is grounds for termination/suspension from Ryan White Part B assistance programs.

### **1.7 CAREWare Requirement**

Client service data must be recorded in CAREWare system. Service data and pertinent information will to be recorded via the CAREWare software to generate the necessary HRSA required data-evidence. This is, of course, in addition to information that is routinely recorded in the clients' record (s) in a timely manner.

# State Administered Programs

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section

## **2.1 State Administered Program Descriptions**

### **I. Consortia Administered Program**

Regional Consortia allocate funds for Support Services. Support services include case management (non-medical), emergency financial assistance, medical appointment transportation, food bank, linguistic services, legal services.

### **II. Early Intervention Services (EIS)**

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.

### **III. Emergency Financial Assistance (EFA)**

Short-term emergency financial assistance to individuals with HIV/AIDS for utilities (gas, electricity, water and sewer).

### **IV. Food Bank/Home Delivered Meals**

Provides nutritional food and personal hygiene items to enhance a person's health status.

### **V. HIV Drug Assistance Program (HDAP)**

HDAP is a formulary-based medication assistance program that provides medications to eligible clients. The program covers all FDA approved Antiretroviral medications and many prophylactic and opportunistic infection treatment medications.

### **VI. Housing**

Provides limited short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain outpatient/ambulatory health services.

### **VII. Insurance Assistance Program (IAP)**

The IAP assists qualified clients with premiums, co-payments, and deductibles, secondary to insurance coverage. This program is administered through a state contracted fiscal agent, referred to as the State IAP Benefits Management Contractor (IBMC).

### **VIII. Medical Nutrition Therapy**

Nutrition assessment and screening, Dietary/nutritional evaluation, Nutrition education and/or counseling.

**IX. Medical Services Program**

This program provides a third-party payer source for outpatient medical and other services to qualified clients based on an established fee schedule. The fee schedule is based on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Codes. Payment rates are established by a HRSA approved formula that is based on the State of Tennessee's Medicaid rates. The Medical Services Program is NOT a secondary insurance program. Third party payers are prohibited. Examples include TennCare, Medicare, Medicaid, private insurance policies, etc.

**X. Medical Transportation**

Nonemergency transportation services that enable an eligible individual to access or be retained in core medical and support services.

**XI. Mental Health Services**

Outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to individuals living with HIV.

**XII. Oral Health Program**

The Oral Health Program Provides outpatient diagnostic, preventive, and therapeutic services for enrolled clients.

**XIII. Outpatient/Ambulatory Health Services**

Provide diagnostic and therapeutic-related activities directly to an individual by a licensed healthcare provider in an outpatient medical setting.

**XIV. Substance Abuse Outpatient Care**

Outpatient services for the treatment of drug or alcohol use disorders.

# Payer of Last Resort

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section

### **3-1 Payer of Last Resort**

By statute, the RWHAP funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act.). This means that grantees must assure that funded providers make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Grantees should ensure that eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) is consistently assessed and enrollment is vigorously pursued, to extend finite RWHAP grant resources to new clients and/or needed services.

There are exceptions in the payer of last resort requirement for veterans and for PLWH eligible for Indian Health Services (IHS). HRSA/HAB Policy 07-07 provides specific guidance that 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 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.

It is important to remember that while the RWHAP is the payer of last resort, it is also able to complete coverage for health care and supportive services not covered by public health coverage or private health insurance plans, and to pay for such coverage if cost effective. In cases where the operations of the RWHAP Part B Program and/or its eligibility determinations are made through a sub-contractual relationship, the grantee must ensure that the payer of last resort requirement is met by its subrecipient, including the responsibility to vigorously pursue other funding sources.



# Insurance Assistance Program

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section

## 4.1 Introduction

- i. The purpose of this guidance is to provide policy clarification and direction for Tennessee Ryan White Program Insurance Assistance Program and to clearly outline the responsibilities of the Case Managers (CM), the State IAP Benefits Management Contractor (IBMC), community-based organizations and consumers related to the Ryan White Program Insurance Assistance Program (IAP). The Insurance Assistance Program (IAP) will be administered utilizing Ryan White Part B funds.
- ii. The IAP is not an entitlement. Program benefits are adjustable based on available funding and the number of eligible clients requesting services. The IAP is a program that will cover outpatient out of pocket expenses related to qualifying health insurance coverage (Premiums, Deductibles, and Co-pays) for eligible HIV/AIDS clients in Tennessee.
- iii. Information about the IAP shall be disseminated by agencies that serve people living with HIV/AIDS in the state of Tennessee. Case Managers and the Insurance Benefit Manager Coordinator (IBMC) are the primary co-facilitators and will provide the direct services to the clients. The Medical Case Managers are already responsible for casework related to health coverage for persons living with HIV/AIDS to maximize care and treatment within the existing social system. Case Managers duties currently include certification for other Ryan White Part B Program funded and contracted services. These services include medical and allied health services, HDAP and social services, as well as referrals to community agencies and resources, such as the accessing of social services and income maintenance programs (SSI, SSDI, private disability, food stamps, WIC, HOPWA) and public health insurance (ACA, Medicare and TennCare).

***Note: It is the intent of this guidance that if the IBMC acts in good faith based on the information provided by the MCM and client, the IBMC will not be liable for recoupment of co-pay or deductible assistance made on behalf of clients.***

## 4.2 HRSA Policy Regarding IAP

The Ryan White Program has utilized AIDS Drug Assistance Program (ADAP) for the purpose of funding the IAP. Following is an excerpt from the HRSA HIV/AIDS Bureau Policy Notice, 07-05, dated September 19, 2007, regarding the use of Part B, AIDS Drug Assistance Program (ADAP) funds to purchase Health Insurance.

Funds designated to carry out the provisions of Section 2616 of the Public Health Service Act may be used to purchase health insurance that includes the full range of HIV treatments and access to comprehensive primary care services subject to the following conditions:

- I. Funds must continue to be managed as part of the established ADAP program.
- II. ADAP programs must be able to account for and report funds used to purchase and maintain insurance policies for eligible clients including covering any costs associated with these policies.
- III. Funds may only be used to purchase premiums from health insurance plans that provide, at a minimum, prescription coverage equivalent to the Tennessee Part B, HDAP formulary.
- IV. The total annual amount spent on insurance premiums cannot be greater than the annual cost of maintaining that same population on the existing HDAP program.
- V. Funds may be used to cover any costs associated with the health insurance policy, including co-payments, deductibles, or premiums to purchase or maintain insurance policies.
- VI. Current client eligibility guidelines set under Section 2616 (b) of the Public Health Service Act must be followed.
- VII. The States must maintain their contributions to their AIDS Care Programs as required under Section 2617 (b) (4) (E).
- VIII. Ryan White Program funds must be the payers of last resort for pharmaceuticals.
- IX. The State must assure that HDAP funds will not be used to purchase health insurance deemed inadequate by the State in its provision of comprehensive care services.

#### **4.3 Goals and Objectives of the IAP**

The Ryan White Program's Insurance Assistance Program (IAP) will assist eligible HIV/AIDS clients with their out-of-pocket expenses (premiums, deductibles, and /or co-pays) for qualifying health insurance plans that cover their outpatient treatment and medications.

I. Primary Goal:

To maintain private and public insurance for eligible HIV/AIDS clients to maintain existing health care coverage and not shift the cost of care to the Ryan White Part B Medical Services and HIV Drug Assistance Programs.

II. Secondary Goal:

To collect data and evaluate the program, including cost savings, to make informed decisions regarding the continuation of the IAP.

III. Objectives:

a) To pay insurance premiums to private insurance companies:

- i. To prevent loss of private insurance coverage for eligible HIV/AIDS clients in Tennessee.
- ii. To prevent the shift of cost for care and treatment from private insurance to the

Ryan White Program.

- b) To pay insurance premiums to public and private insurance entities:
  - i. To maintain continuity with medical providers under the clients' current policy rather than disrupt care with new coverage,
  - ii. To make the best fiscal use of Ryan White, Part B funds, and
  - iii. To prevent disruption of services.
  
- c) To pay the deductibles and co-pays to providers of medical goods and/or services:
  - i. To increase access to care and treatment,
  - ii. To decrease non-adherence with medical follow-up and treatment, and
  - iii. To allow low-income patients the financial ability to more adequately budget personal resources.

**Note: Ryan White Part B will only pay Co-pays and Deductibles for services deemed payable by the primary insurance carrier.**

#### 4.4 Responsibilities of the Case Managers

- I. Assess applicant's eligibility for the Insurance Assistance Program.
  - a) The potential applicant must be:
    - i. Medically diagnosed HIV positive.
    - ii. A resident of Tennessee.
    - iii. Have a household income of less than or equal to 400% of the currently established Federal Poverty Level Guidelines,

AND

- b) The health coverage policy must meet the following criteria to be considered adequate for assistance by the IAP.
  - i. Include outpatient physician/office visit coverage,
  - ii. Include outpatient laboratory coverage;
  - iii. Include outpatient radiology coverage, and
  - iv. Include outpatient oral pharmaceutical coverage.

**Note: Individual cases in which the maximum out-of-pocket does not apply to all allowable covered services, or the policy does not have an established annual out-of-pocket, the maximum amount of assistance will be capped at the State maximum allowable amount, which is subject to periodic adjustment, as necessary.**

- II. When determined to be eligible, fully complete the Insurance Assistance Program application, and submit with required signatures.
  
- III. Obtain the required supporting documentation (written verification of HIV positive status, residency, income, and insurance summary of benefits and pharmacy benefits).

- I. Provide the client with a copy of the "Participant Release of Information and Client Rights

and Responsibilities” statement and ensure the client has read or had read to them the statement. Use the document drop box designated by the IBMC to deliver the completed application along with the required supporting documentation to the IBMC.

- VI. The Case Manager will keep the original application packet in the client’s file.
- VII. Contact each client participating in the IAP and certify eligibility annually. Any updated information received during this contact (Eligibility, residency, insurance status, etc.) must be forwarded to the IBMC. All contact with clients regarding the IAP must be documented.
  - I. Any changes to client information affecting IAP status that occur *between* certification must be reported to the IBMC through submission of the Change Communication Form.
- IX. Participate in the evaluation of the IAP throughout the year as requested by Ryan White Part B program.
- IIX. Assist clients with information and bills received from the Insurance companies.

#### **4.5 Responsibilities of the IAP Client**

- I. IAP clients agree to provide both their Case Manager and the IBMC any information essential to the function of the IAP, to maintain and utilize their individual insurance coverage.
- II. IAP clients must provide informed written consent to allow the Case Managers and the IBMC to communicate through correspondence, telephone, and face-to-face interviews with the clients’ individual provider of insurance about any invoice submitted for payment.
- III. The client must provide all documentation required by the Case Manager for the purpose of determining eligibility and continuation for the IAP.
- IV. The client will be required to sign the “Participant Release of Information and Client Rights and Responsibilities” (Attachment 6) statement.
- V. The client will be responsible for returning any Premium Tax Credit overpayment or refunds on ACA policies in which IAP is paying premiums.

#### **4.6 Responsibilities of the State IAP Benefits Management Contractor (IBMC)**

- I. Upon receipt of a scanned IAP application packet and all required supporting documentation, the IBMC will assess the IAP funding allocations to ensure funding availability for the remainder of the Ryan White Part B grant year for the certified client at the current premium rate for the clients’ particular insurance coverage. IBMC will provide the Case Manager notification that they have received the documentation for enrollment.

- II. Within five (5) business days of the receipt of completed application packet from the case manager and approval from the State, the IBMC will provide a welcome packet explaining the IAP's agreement to pay the premium, the rate of payment and verification of funding availability sent to both the client and the referring case manager. The letter must indicate the date that the first premium payment will be made.
- III. Within five (5) business days of the receipt of the application packet, the IBMC will submit payment for the initial month's premium to the approved client's insurance company. Following the initial payment, the insurance premium payment will be made monthly for the remainder of the calendar year.
- IV. The IBMC must maintain the client's confidentiality related to HIV status. No reference to HIV/AIDS or disease status may appear on the check or on the envelope in which the check is mailed.
- V. The IBMC will monitor closely the outlay of allocated funds for premiums, deductibles, and co-pays as projected throughout the annual funding cycle.
- VI. The IBMC must alert the Case Managers and Ryan White Part B Services Director (or designee) of projected funding "shortfalls" due to increased premiums, deductibles, and co-payments of already established IAP clients.
- VII. Each time the premium amount increases for already established clients, the IBMC must re-calculate the remaining available balance.
- VIII. The IBMC must inform the Case Manager of any pertinent information discovered regarding the client's eligibility for coverage, residency, or circumstances that may jeopardize continued participation in the IAP.
- IX. The IBMC must provide monthly data to the Ryan White Program Part B Section / IAP Coordinator (or designee) as required for evaluation of the IAP.
- X. Contact Ryan White Part B staff for approval before making any payments in excess of the maximum monthly expenditure amount per client.
- XI. Participate in the evaluation of the IAP throughout the year as requested by Ryan Part B White Services.
- XII. If the program is closed due to funding limits, the IBMC will maintain a waiting list of client's names who have been submitted by the Case Managers as potentially eligible for the IAP.

***Note: It is the intent of this guidance that if the IBMC acts in good faith based on the information provided by the MCM and client, the IBMC will not be liable for recoupment of co-pay or deductible assistance made on behalf of clients.***

#### **4.7 Termination for Non-compliance**

Failure of the client to cooperate with either the Case Manager or State IAP Benefits Management Contractor will result in termination from the IAP. The Case Manager and IBMC will case-conference prior to termination of a client. When the decision to terminate is made, the Case Manager will attempt to contact the client and inform them of a notice of termination of services. The client will have 14 days to contact the Case Manager and provide a plan of action to become compliant. Failure to become compliant within 30 days of the notice of termination will result in a termination of services.

#### **4.8 Termination for reasons other than non-compliance**

A client may be terminated from IAP for reasons which may include, but are not limited to:

- I. Income increases exceeds the annual Federal Poverty Level (FPL) Guidelines.
- II. Death
- III. Moved out of the state
- IV. Change to insurance carrier who will not work with the IBMC
  
- V. Clients incarcerated in Federal, or State custody will be disenrolled from the program.
  
- VI. Clients incarcerated in county or local jails for greater than 60 days will need to be disenrolled from IAP.

# Medical Services Program

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section



## 5-1 Introduction

This program provides outpatient medical services to qualified individual clients based on an established fee schedule through a network of approved providers. The fee schedule is based on CPT and HCPCS Codes. Payment rates are based on the State of Tennessee's Medicaid rates.

**NOTE: The effective date for bills submitted by new providers shall be the date that the provider is assigned a vendor number by the state Department of Finance and Administration.**

## 5.2 Qualifications

To be eligible for coverage by the Tennessee Ryan White Part B Medical Services Program, a recipient must meet the criteria found in Ryan White Eligibility Policy and reside in non-Part A Transitional Grant Area.

## 5.3 Responsibilities of the Medical Case Managers

- I. Assess applicant's eligibility for the Medical Services Program. Applicant must be:
  - a) Medically diagnosed HIV positive .
  - b) A resident of Tennessee.
  - c) Have a household income of less than or equal to 400% of the currently established Federal Poverty Level and:
- II. Obtain the required supporting documentation (written verification of HIV positive status, residency, and income).
- III. Provide the client with a copy of the "Client Rights and Responsibilities" statement and ensure the client has read or had the statement read to them.
- IV. Submit the fully completed application (PH-3716) to the State through RWES.
- V. The Medical Case Manager will keep the original application packet (along with any supporting documentation) in the client's file.
- VI. Contact each client participating in the Medical Services Program and certify eligibility annually. Any updated information received during this contact (eligibility, residency, etc.) must be forwarded to the State through RWES.
- VII. Participate in the evaluation of the Medical Services Program throughout the year as requested by the Ryan White Part B Program.

## 5.4 Responsibilities of the Medical Services Program Client

- I. Client must not reside in a Tennessee Part A Transnational Grant Area,

- II. Client must use an authorized Ryan White Part B medical provider.
- III. Client must receive a procedure annotated in the Ryan White Part B Medical Services Fee Schedule.

### **5.5 Responsibilities of the State Medical Services Program Coordinator**

- I. Ensure a list of services and providers are updated and available for Medical Case Managers.
- II. Verify eligibility for services before approving claims.

### **5.6 Termination for Non-compliance:**

- I. Failure of the client to cooperate with the Medical Case Manager or comply with program requirements will result in termination from the HDAP.
- II. When the decision to terminate is made, a letter will be sent to the client by the Case Manager 30 days prior to termination (except for failure to recertify). The letter will list the reason for possible termination (i.e., failure to provide specific documentation, failure to keep required appointments with MCM for continued certification, etc.).
- III. If the client has not complied within the 30-day time period, an official letter of termination must be mailed to the client by certified mail with receipt requested.
- IV. A PH-3716 (Attachment or Form) indicating “disenrollment” must be submitted to the State through RWES.
- V. The client will be informed prior to certification, that if terminated, there is a reconsideration of denial/appeal process. This statement will be included in the “Client Rights and Responsibilities” fact sheet referenced in the consent form signed by the client and maintained in the client’s chart.

### **5.7 Ryan White Part B Approved Provider List**

For a provider to be reimbursed by the State for services provided to an eligible HIV positive patient, the provider must be listed on the Ryan White Approved Provider List. Provider must have an updated copy of the State Vendor Authorization Form on file.

### **5.8 Provider Application Process**

Any medical provider who wishes to participate in the Ryan White Part B Medical Services Program has several options to apply:

- I. Contact the Medical Services Program Coordinator at 615-532-2691.
- II. Mail a letter of request to:  
Medical Services Program Coordinator

710 James Robertson Parkway  
4<sup>th</sup> Floor, Andrew Johnson Tower  
Nashville, TN 37243; or

All requests **must include** the following information:

- I. Provider Name (proper name of the office or facility.)
- II. Physical Address
- III. Mailing Address (if different)
- IV. Telephone Number
- V. Fax Number
- VI. Federal Tax I.D. Number (EIN)
- VII. Name of a contact person
- VIII. Category (ies) of service(s) to be provided
- IX. W9 for new providers

### **5.9 Provider Approval Process**

Request will be reviewed and approved/disapproved by the Ryan White Medical Services Program Coordinator. Approved providers will receive an overview of the Ryan White Part B Medical Services Program, copy of the current Fee Schedule and an Authorization to Vendor (A to V) Form. The Authorization to Vendor form must be signed by the provider and returned. The provider will be assigned an Edison number from the Department of Finance and Administration for billing and reimbursement.

### **5.10 Removal of Provider**

#### **I. Provider Request**

Any provider can request removal from the Ryan White Part B Provider List by contacting the Medical Services Coordinator. The Medical Services Coordinator will confirm the request for removal with the requesting provider.

The removal will be effective 30 days from the receipt of the request by the Medical Services Coordinator. This allows time for any Ryan White Part B eligible patients referred and/or receiving services to this provider to be referred to another provider. To ensure *continuity of care*, Providers must continue to serve currently referred patients until the removal effective date.

The Medical Services Coordinator will notify Medical Case Managers of removal of a provider from the Approved Provider List with the effective date of the removal.

#### **II. State Initiated**

Circumstances may arise where the State will direct the removal of an approved provider. The State will notify all Medical Case Managers the provider and the effective date of removal.

## 5.11 Medical Services Fee Schedule

Services reimbursed by the Medical Services program through the Fee Schedule must be provided to treat HIV specific problems, problems secondarily related to the patient HIV status, or circumstances expected to negatively impact the course of HIV disease.

Only providers who are identified as an approved provider may bill the State for reimbursement. All services provided must be provided on an **outpatient basis only**.

The amount listed on the Medical Services Fee Schedule for a particular service is the maximum amount allowed for reimbursement. The patient may not be held personally responsible for any amount regardless of the regular fee charged by the provider. Providers must use the appropriate diagnostic code for the covered Fee Schedule procedure billed.

All bills must be submitted on standardized billing forms:

- I. HCA-1500 - for office-based services,
- II. UB-92 - for facility based technical services,

**Only services listed on the Medical Services Fee Schedule will be reimbursed.**

Special Requests include procedures not currently included on the Fee Schedule. Please see Section 7.12 for additional information.

## 5.12 Special Requests

Procedures that are deemed medically necessary and are NOT LISTED on the Fee Schedule as an approved reimbursable service must obtain prior approval. Special requests may be approved on a very limited case-by-case basis. For the special request to be considered, a letter must be written to the Medical Services Coordinator and include the following:

- I. CPT or HCPCS Code(s) for the requested procedure(s)
- II. Description of the procedure
- III. Medical justification for its necessity
- IV. When and where the requested procedure(s) will take place

If approval is granted, each requested procedure will be re-priced according to the Tennessee Medicaid Rate. The Medical Services Coordinator will communicate the details of the approval or denial as soon as is administratively feasible.

**NOTE: All other eligibility and billing requirements of the Medical Services Program apply to special requests.**

### 5.13 Adding New Services

The Fee Schedule is evaluated for updates prior to the start of each Ryan White Part B grant year (April 1<sup>st</sup> to March 31<sup>st</sup>). All requests for additions for the following grant year should be received by January 31<sup>st</sup> of the current grant year, however, requests can be submitted at any time. If approved, it will be added to the Fee Schedule. An e-mail or memo will be sent to all provider contacts. An approved provider or a Medical Case Manager may submit a letter of request to the Medical Services Coordinator. The letter should list each procedural code(s) or product code(s) being requested as additions to the Fee Schedule, along with its formal corresponding description in the coding manual,

All requests will be evaluated for approval for the upcoming grant year. Requests may be evaluated with the assistance of the Centers of Excellence Protocol Subcommittee for medical appropriateness. Requests are further evaluated for administrative feasibility and funding limitations. Once fully evaluated, approvals will be added to the Fee Schedule. When circumstances of medical necessity arise, the Special Request procedures may be utilized until the additions are effective on the Fee Schedule for the upcoming grant year. The requesting individual will be notified of any denials of his/her request. However, rationale for denial does not have to be stated.

# Attachments

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section

**ATTACHMENT 1**

**Ryan White Part B Certification Check List**

RWES # \_\_\_\_\_

Clients Name \_\_\_\_\_ DOB \_\_\_\_\_

- Proof of HIV (Diagnosis)
- Photo ID
- Current Tennessee residency document
- Proof of client at or below 400% of the Federal Poverty Level
- Letter of Support (If applicable)
- Other \_\_\_\_\_
- MAGI Worksheet
- Participant Release of Information and Client Rights and Responsibilities
- Treatment Adherence (Must be quantifiable)
- Care Plan
- PH 3716 (Signed)
- Access to Health Insurance Attestations
- Insurance documentation if receiving Insurance Assistance
- Refund Money document. (If receiving insurance assistance)
- Required Tax Filling. (If over 100% of the FPL and ACA premium being paid)

\_\_\_\_\_

Case Manger

\_\_\_\_\_

Date



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

## PROOF OF HIV REQUIREMENTS

### **Purpose**

The purpose of this policy is to establish eligibility guidelines and procedures to be utilized when verifying HIV status for clients for Tennessee Part B Programs.

### **I. Requirements**

To be deemed eligible for coverage by state Ryan White Part B Services Programs a recipient must have documentation of a medical diagnosis of HIV disease with a laboratory test documenting confirmed HIV infection.

1. One of the following is considered acceptable proof:
  - a) Rapid/Rapid Algorithm Test.
  - b) A positive HIV sero-status confirmed by a Western Blot assay.
  - c) Laboratory results showing a detectable viral load.
  - d) A letter, office note, or discharge summary signed by a licensed physician documenting HIV or AIDS as a diagnosis may be used temporarily for the initial certification until one of the first two described lab results can be obtained.
  - e) eHARS number from the state of diagnosis.
  - f) The HIV/STI/VH Director will be the approval for any other situations.
2. Rapid/Rapid Algorithm Test results will be recorded on the PH-1600, Supplement for Reporting New HIV Infections form.
3. For exposed infants of HIV positive mothers, documentation of the mother's HIV positive status is considered acceptable proof.
4. Children aged 1 year or older must meet the same criteria for proof of HIV as listed above in paragraph 1.





HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

## PHOTO IDENTIFICATION REQUIREMENTS

### **Purpose**

The purpose of this policy is to establish eligibility guidelines and procedures to be utilized when verifying identification of clients for Tennessee Part B Programs.

### **Requirements**

To be deemed eligible for coverage by the Tennessee Ryan White Part B Services Programs a recipient must provide photo identification during the initial eligibility determination.

**If the client does not have a photo identification, a photo of the client (can be taken by CM) along with one of the following documents:**

- a) Original or Certified birth certificate
- b) Military discharge papers (DD-214)
- c) United States Citizenship and Immigration Service Documentation
- d) Original Marriage License/Certificate
- e) Federal Census Record
- f) Applicant's Own Child's Birth Certificate
- g) Adoptive Decree
- h) Legal change of Name (Divorce, etc.)
- i) Any confirmation of date of birth in court of law
- j) As recorded in court document(s) with judge's original signature and/or official court seal
- k) Computerized Check Stubs
  - i. Must include the applicant's full name pre-printed on the stub
- l) Union membership cards
  - i. Must include the applicant's full name preferably with photo and/or Social Security number
- m) Work IDs
  - i. Preferably with photo and/or Social Security number
- n) Financial Institution Documents
  - i. Computer printout of bank statements, savings account statements, loan documents, etc.
  - ii. Social Security Card (original only, not metal or plastic replicas)
  - iii. Printout or benefits statement, etc.
  - iv. Social Security Check or Direct Deposit Verification of SS Check
  - v. Health Insurance Card

- o) TennCare, Medicaid, Medicare, etc.
- p) Insurance policies or payment statements
- q) IRS/state tax form
- r) W2 forms, property tax receipts, etc.
- s) Assignment orders, selective service cards, Leave & Earnings Statement, etc.
- t) School Records
- u) Transcripts of grades
- v) Elementary immunization or "shot" records
- w) Diploma or GED
- x) Vehicle registration or title
- y) Bill of Sale or purchase contract
- z) Proof of any Name Changes if different than name on Primary ID
- aa) A Social Security Number or affidavit if no Social Security number has been issued.

## ATTACHMENT 4



**HIV/STI PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

### **RESIDENCY REQUIREMENTS**

#### **Purpose**

The purpose of this policy is to establish eligibility guidelines and procedures to be utilized when verifying residency for clients for Tennessee Part B Programs.

#### **Requirements**

To be deemed eligible for coverage by the Tennessee Ryan White Part B Services Programs a recipient must provide one proof of residency documentation. Residency documentation cannot be older than 60 days from time of certification.

#### **Proof of Residency (Client must provide one of the following documents)**

- a) Current bank statement (internet bank statements are acceptable only if taken to the local bank, stamped, and dated by teller as active account. Checks and checkbook information are not acceptable).
- b) A valid (non-expired) Tennessee driver's license or Tennessee State issued ID or voter registration card can be used for proof of residency. Address must match the address used on any documentation used for proof of income.
- c) Food stamp documentation can be used for proof of residency if the address matches the proof of income documentation.
- d) Current paycheck/check stub, work ID or badge, if address is included.
- e) Current automobile, life, or health insurance policy (wallet cards cannot be accepted).
- f) Official government documents issued annually (e.g., food stamp or Social Security letter) can be used for the proof of residency and income for enrollment and certification.
- g) Current driver's license/ID issued by Tennessee Department of Safety to a parent, legal guardian, or spouse of applicant.
- h) Current Tennessee motor vehicle registration or title.
- i) Receipt for personal property or real estate taxes paid within the last year.
- j) In case of student enrolled in public or private school in this state, student may provide a photo student ID and acceptable documentation from the Dean or Bursar Office that the student lives on campus.
- k) Current mortgage or rental lease agreement in recipient's name.
- l) Current Tennessee utility bill (landline telephone, electric, water, gas, cable, etc.) in recipient's name and address.

- m) Current employer verification of residence address or letter from employer if it is on company letterhead with original signature. If employer does not have letterhead, then signature of employer must be notarized.
- n) Letter from a verifiable homeless shelter or community center serving homeless individuals with clear identification and verification of residency Letter of Support
- o) Mail postmarked within the last 60 days and delivered to recipient's street address.
- p) Property Tax Receipt or W-2 form for previous year
- q) Unemployment Document with Address
- r) Prison records (if recently released)
- s) Contact the ADAP Director or Coordinator for any exceptions.

## ATTACHMENT 5



**HIV/STI PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

### **TEMPORARY RESIDENCY**

#### **Definition**

Temporary residency is defined as an individual who is a resident of another state who will reside temporarily in Tennessee for a period of six (6) months or less.

#### **Purpose**

The purpose of this policy is to establish guidelines and procedures to be utilized for clients enrolling in the Ryan White Part B program as a temporary Tennessee resident.

#### **Satisfactory (legitimate) reasons for stay:**

- I) Students
- II) Occupation and/or Volunteer Activities
- III) Providing Care to a family member
- I) Family member attestation statement
- II) Statement from medical provider

#### **Requirements**

To be deemed eligible for coverage by Tennessee Ryan White Part B Program as a temporary resident, the recipient must provide the standard enrollment requirements along with the following documentation to verify that their stay is temporary.

1. Two of the following is considered acceptable proof:
  - I) School transcript and/or letter confirming enrollment from bursar accompanied by student photo identification
  - II) Letter of employment comprised of length and rate of pay on employer letterhead, that includes appropriate contact person and information
  - III) Rental and/or housing agreement provided on residential letterhead with appropriate contact person and information or letter of support from leaseholder
  - IV) Care provider documentation
  - V) Statement from medical provider
  - VI) Family member attestation statement
2. Initial enrollment and/or certification must be completed in person regardless of permanent or temporary residency status; email, fax, and/or video conferencing not permitted.
3. Medical Case Managers must initiate disenrollment once the client returns to their state of residency for more than 30 days.

## ATTACHMENT 6



HIV/STI PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

### TENNESSEE RESIDENTS TEMPORARILY OUT OF STATE AND/OR COUNTRY

#### **Definition**

Temporary is defined as a period of less than forty-five (45) days.

#### **Purpose**

The purpose of this policy is to establish procedures to be utilized for Ryan White Part B individuals temporarily out of state and/or country.

#### **Processing temporary out of state clients**

1. Clients enrolled in the Ryan White Part B program who will be temporarily residing outside of the state of Tennessee must notify their Case Manager of their intentions at least 30 days in advance.
2. Case Managers can request transitional medication (30-day supply) through the ADAP Central Office.
3. Clients will be encouraged to enroll in the Ryan White Part B ADAP Program of the state where they will be temporarily residing if they will be there over 45 days.
4. Clients will be dis-enrolled from the Tennessee Ryan White program after 45 days.



**HIV/STI PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

## **INCOME DETERMINATION**

### **Purpose**

The purpose of this policy is to establish eligibility guidelines and procedures to be used when determining income eligibility for clients for Tennessee Part B Programs.

### **I. Requirements**

To be deemed eligible for coverage by State Ryan White Part B Services Programs a recipient must have a gross household annual income (before taxes and deductions) below or equal to 400% of the Federal Poverty Level (FPL). (FPL is subject to change depending on funding).

The Federal Poverty Guidelines provide a measure of poverty. The guidelines are updated annually in the Federal Register by Health and Human Services (HHS) and are a simplification of the poverty thresholds when determining financial eligibility for certain Federal, State, and Local programs. For general questions about the Federal Poverty Level (FPL), visit the internet site at <http://aspe.hhs.gov/poverty>.

One of the following items of the documentation needed to determine income:

- I) At a minimum, two consecutive pay stubs (i.e., weekly, bi-weekly, monthly) showing income before taxes and deductions.
- II) One pay stub with a year to date can be used if within 30 days.
- III) W-2 form. (Can only be used until January 31<sup>st</sup> of the following year).
- IV) If self-employed, client can use the previous year income tax form until May 1<sup>st</sup> of the current year.
- V) Food stamp letter can be used for income determination proof.
- VI) Housing documentation, such as Section 8 letter, may be used for the purposes of determining income and residency.
- VII) Letter of Support can be handwritten if it contains the following elements:
  - a. Applicant Name.
  - b. Applicant Address.
  - c. Support provider's name
  - d. Support provider's address if different.
  - e. Support provider's signature and date signed.
  - f. Support providers telephone number
  - g. Support provider's relation to applicant.

- VIII) If applicant/client is legally separated, the spouse can write a letter of support (if applicable and circumstances indicate one spouse is supporting the applicant). Legal documentation must also be supplied as further proof of separation.
- IX) A signed and dated employer statement on company letterhead (if applicable) stating name of applicant, providing income information, (i.e., defining pay period, salary per pay period, rate of hourly pay, number of hours normally worked per pay period, etc.), a phone number and whether applicant is currently receiving or is eligible to receive health benefits from employer.
- X) For fixed income applicants, a letter or benefits statement from originating source, showing the amount of benefits and frequency received (Social Security, Private Disability, Retirement, Unemployment, etc.).
- XI) Letter from the Department of Human Services (DHS), showing calculated income (and frequency received) and/or resources.
- XII) Statement of Direct Deposit, clearly identifying the source, if the gross income is reflected.
- XIII) For applicants who have zero income, a Confirmation of Support Letter from whoever is providing their food, clothing, and housing. It is recommended that the Case Manager use the Letter of Support Form found in Appendix F in the Case Management Manual. All other letters of support must contain the following elements: Applicant's name, address and signature with date. Person providing supports' name, address, telephone number, relationship to the client and signature with date. The MCM may also satisfy this requirement by completing the Acknowledgement of Support Letter, stating that he/she has personal knowledge that the client has no income, e.g., a homeless person.

**Note 1 Case Managers may require clients to request a copy of their tax return through the IRS, utilizing Form 4506, Request for Copy of Tax Return. The URL is:**

<http://www.irs.gov/pub/irs-pdf/f4506.pdf> & <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>

**Note 2: A client may not count Insurance Assistance Program (IAP) payment of premiums, co-pays and deductibles as a deduction on his/her federal income tax return and use it to reduce total income to qualify for the Ryan White Part B Services programs.**

**\* Dependent children residing outside the client's home may be counted, if the client can produce evidence of court ordered child support.**

## **II. Determining Household Income**

Household income is defined as income received by the applicant from all sources. The total amount of income from **all counted household members** is calculated using the Modified Adjusted Gross Income (MAGI) worksheet. Input the yearly income calculated from the MAGI worksheet on to the PH-3716. Regardless of the date an applicant/client presents for eligibility determination or re-certification, two current (60 days prior to application or re-certification) pay stubs allow for income to be counted and projected forward to an annualized salary; however, flexibility can and should be considered if applicant was unemployed or just started employment.





HIV/STI/Viral Hepatitis PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

## HOUSEHOLD SIZE DETERMINATION

### **Purpose**

The purpose of this policy is to establish eligibility guidelines and procedures to be used when determining household size for clients for Tennessee Part B Programs.

### **I. Determining Household Size**

A household is a domestic establishment which includes the applicant, members of his/her family and others who live under the same roof. The size of the household used in determining the applicant's FPL will not necessarily include everyone in the home.

Total number in household is total number of the *legal household* and consists of:

- a) the primary applicant
- b) legal spouse
- c) children of the primary applicant and/or his/her legal spouse under the age of 18 OR children less than 24 years of age who are full time students OR minor children not living in the home but one parent in the home is legally ordered to pay child support for.

Two or more legally unrelated adults living under the same roof are each considered separate legal households of one.

### **II. Definition of Family**

"A family consists of the client, the client's spouse (if legally married), dependent children under 19 years of age or legally dependent because of disability living at the same address, Court ordered dependent child (ren) living separate, or a full-time student less than 24 years of age."

The above listed definition of family is to be used in determining the eligibility of individuals to receive services approved for "family members" provided with Ryan White Treatment Modernization Act funds.

**ATTACHMENT 9**

MAGI

(Modified Adjusted Gross Income) Worksheet

Date	RWES #	Last Name	First Name
1/6/2020	1020268	DIEGO	DAN

Payroll Frequency	Number of Times Paid Per Year
Paid Every Week	52
Paid Every Two Weeks	26
Paid Two Times A Month	24
Paid Every Month	12

Household Member Name	Income Source	# Times Paid per Year	Gross Income Amount				Average Income	Annual Income
			Must have at least two consecutive pay stubs					
			Check 1	Check 2	Check 3	Check 4		
Dan Diego		26	1200.00	1150.00	1005.00	0.00	1,118.333	29,076.667
De Diego		52	200.00	260.00	0.00	0.00	230.000	11,960.000
<b>Total Household Income</b>								41,036.67

Household Member Name	Income Source	Payroll Frequency	Pay Periods Paid to-date	Year-to-date Income Amount (if available)	Average Pay Period Income	Annual Income	
Dan Diego		Every Two Weeks ▾	10	12000.00	1,200.000	31,200.000	
De Diego		Every Week ▾	20	4000.00	200.000	10,400.000	
<b>Total Household Income</b>							41,600.00

Right Click to 1Print

## Instructions for Income Calculation Worksheet

### Section 1 – Use only if a year-to-date amount is not available

1. Date - Automatically populates

2. RWES # - Automatically populates.

3. Last Name - Automatically populates.

4. First Name - Automatically populates.

5. Household Member Name - List each household member's name who has reportable income.

6. Income Source - List the name of the company, federal agency, etc. If household member is unemployed, indicate "no income".

7. Times paid per year - Review the paystub to determine payroll frequency and list number.

8. Gross Income Amount - Enter the amount listed as gross income on the paystub. At least two consecutive paystubs need to be entered. The worksheet will calculate an average based on number of entries.

9. Average Income - Amount will be automatically calculated.

10. Annual Income - Amount will be automatically calculated

### Section 2 – Use for incomes with Year-to-Date

1. Household Member Name - Enter each household member with income in section 1. The names will automatically populate in section 2.

2. Income Source - List the name of the company, federal agency, etc.

3. Payroll Frequency - Review the paystub to determine payroll frequency.

4. Pay Periods to date - Review the paystub to determine number of pay periods.

4. Year-to-Date Income Amount - Amount will be automatically calculated.

5. Annual Income - Amount will be automatically calculated.

6. Total Household Income - Amount will be automatically calculated.

\* Clients with Incomes over 400% of the FPL will need to be disenrolled immediately. Contact the ADAP Director or Coordinator for over income questions.



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HIV/STI/VIRAL HEPATITIS SECTION  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PKWY  
NASHVILLE, TENNESSEE 37243

## Declaration of Cash Income

Client Name: \_\_\_\_\_

I am aware that to receive Ryan White Part B Services, I must provide documentation of my current income. Currently I do not get a check and **I am paid cash for my work.**

I generally work in the following role(s): \_\_\_\_\_ at the following place(s): \_\_\_\_\_.

My income is:  Salary \$\_\_\_\_\_per  week  bi-week  month  
 Hourly \$\_\_\_\_\_ per hour #hours \_\_\_\_  
 Job/Task \$\_\_\_\_\_ per job/task

I am aware that I may be asked to provide documentation to confirm the information provided above (annual / quarterly tax etc.).

My signature below indicates that I have provided accurate and truthful information and that I will be held legally responsible if any of the information contained above is untrue.

\_\_\_\_\_  
**Client Signature** **Date**

\_\_\_\_\_  
**Case Manager Signature** **Date**

**ATTACHMENT 11**

**CONFIRMATION OF SUPPORT LETTER**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

If you are being supported with room and board, rent/mortgage assistance, food/groceries, clothing, etc., please have the person(s) providing that support verify the information below with a signature.

I/We have been providing support for the person named above and, to the best of my/our knowledge, declare that this person has no other primary means of support. I/We have provided support since

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supporter's Name

\_\_\_\_\_  
Supporter's Signature / Date

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Relation to applicant e.g., legally married, spouse,  
parent, friend, shelter, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Applicant's Signature / Date



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

**CONFIRMATION OF NON - SUPPORT LETTER**

Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

If you have \$0 of household income and are not **receiving support from any other individual**, please explain how you cover the cost of the following:

Housing/shelter: \_\_\_\_\_  
\_\_\_\_\_

Food: \_\_\_\_\_  
\_\_\_\_\_

Transportation: \_\_\_\_\_  
\_\_\_\_\_

Utilities: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

By signing below, I assert that the contents of this form are accurate and complete. I acknowledge that intentional misrepresentation in this form may result in my disenrollment from Ryan White Part B services.

\_\_\_\_\_  
Applicant's Signature / Date

\_\_\_\_\_  
Witness / Date



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

**ACKNOWLEDGEMENT OF SUPPORT LETTER**

**Case Manager Statement**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, to the best of my knowledge, declare that this person has no other primary means of support.

\_\_\_\_\_  
Case Manager's Signature / Date

\_\_\_\_\_  
\_\_\_\_\_

Business address

\_\_\_\_\_  
Applicant's Signature / Date

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE:** If applicant has no means of support, please write a summary noting the current living conditions/arrangements that apply.



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

## Ryan White Part B Program Release of Information and Client Rights and Responsibilities

The Ryan White Part B Program has developed the Participant Release of Information and Clients Rights and Responsibilities policy as a guide to help maintain quality, effective and efficient care.

### AUTHORIZATION FOR RELEASE OF INFORMATION

- I certify that the information provided in this application is complete and accurate to the best of my knowledge.
- I understand that my failure to be accurate and complete may prevent or delay a determination of eligibility to receive assistance from the Ryan White Part B Program.
- I understand that, for the purposes of determining my eligibility for Ryan White Part B Program services, the Tennessee Department of Health (TDH), all Metro Health Departments and any agency contracting with them for the purpose of providing services in conjunction with the Ryan White Program may request further documentation to verify my HIV positive status, my Tennessee residency, and my financial, household size, employment or insurance information for the purpose of providing services under the program, maintaining, improving and evaluating the efficiency and effectiveness of the program, and processing claims for payment pursuant to the program.
- I authorize TDH to share the minimum necessary information with my primary care provider or their designee to confirm clinical information and acquire test results related to the service I am requesting, with the vendor pharmacy to assist with medication distribution, with other Ryan White providers in Tennessee with whom I enroll/am enrolled to maintain my enrollment in Ryan White Part B services.

### PARTICIPANT RIGHTS

You have the right to **considerate and respectful care:**

- Services offered without regard or discrimination based on race, national origin, age, gender, ethnic background, disability, handicap, sexual orientation, religion, or lack of religion
- Protection from abuse or harassment from staff
- Treatment in a safe and secure environment
- Assistance in the practice of your civil rights
- Have an interpreter at no cost if you need one
- Mechanisms to facilitate access and referral to other services

You have the right to **Privacy:**



- Appropriate arrangements to ensure that there is adequate privacy during visits
- Not have any photos or videos taken of you except as needed to provide services
- Signed consent is required before any discussion or release of information can occur
- The ability to refuse information you view as not relevant to your care
- The privacy law (HIPAA) will be followed in releasing your medical information

*Note: the law does require and allow Mental Health and other Human Service Professionals to report without consent*

*1) information or accusation of child abuse*

*2) threats of harm to self or others*

*3) information concerning crimes committed in the agency or against agency staff or property*

You have the right to **involvement in decisions related to your care:**

- Refuse treatment as allowed by law and the effects of refusing treatment
- Ability to determine which services you receive
- Get information in a way that you can understand
- Be told what to expect
- Involvement of your family, significant other or any person you choose to be involved in your care
- Information concerning appointment times and the names of people caring for you, what they do and who they work for
- Ability to ask others to assist you in your care or your understanding of services
- Receive sufficient information about proposed services and other choices available
- Review and/or receive copies of your client record, according to agency policy
- Explanation of any fees that may be occurred

You have the right to **voice complaints, grievances and appeals** about the care or services provided with freedom from restraint, interference, coercion, discrimination, or reprisal. When this right needs to be exercised, staff will inform you of the established Compliant/Grievance Process and provide you with a copy of the procedures to be followed.

## **PARTICIPANT RESPONSIBILITIES**

- I understand that it is my responsibility to certify annually by signing and submitting documentation to determine my continued eligibility for Ryan White Part B services, including proof of income, proof of residency and household size, health insurance coverage, and general updates on forms provided by TDH. I understand that changes in my situation will be evaluated to determine my continued eligibility for Ryan White Part B services.
- I understand that I must inform my medical case manager **within 30 days** of any change(s) in my financial and/or resource(s) situation.
- I acknowledge that if prescriptions are not refilled within 60 days of the refill cycle, I may be terminated from the program.
- I understand that the Tennessee Department of Health, its contractors, or subcontractors may terminate my enrollment in Ryan White Part B services if I exhibit violent or threatening behavior to a representative of TDH, its contractors or subcontractors.
- I understand that my Ryan White Part B services eligibility will terminate if:
  - I do not fully cooperate with efforts to verify information in the application for services, or
  - I do not comply with the activities needed to identify/verify potential sources of alternate coverage, or

- I fail to seek other forms of coverage for which I may be eligible, or
- TDH, its contractors or subcontractors become aware of material misrepresentation, withheld information, or documented fraud.
- I understand that any assistance I receive through Ryan White Part B programs is contingent upon state and federal funding. This funding is limited and may expire at any time without extended or alternative funds being available.
- I understand that completing an application for Ryan White Part B services does not ensure that I will qualify for the program.
- I understand if I am receiving financial assistance from the Insurance Assistance Program (IAP) it is my responsibility to:
  - Maintain contact with my insurance company to verify that my premium has been paid and is up to date.
  - I am responsible for providing insurance premium invoices to the IAP upon receipt from the insurance company / TennCare.
  - If IAP has made premium payments on my insurance policy, any refunds received from my insurance company must be forwarded to IAP immediately. Failure to do so may result in suspension of IAP services.
- My signature acknowledges the fact that Ryan White service providers, contractors and employees of the TN Dept. of Health, Nashville/Davidson Public Health Department, TennCare and Shelby County Health Dept. may release and exchange my information regarding my Ryan White eligibility so claims submitted on my behalf may be processed, in accordance with HIPAA laws and procedures. This authorization for release of information will expire (1) one year from the date noted below.

I have received a copy of the "Participant Release of Information and Clients Rights and Responsibilities policy" and understand that this information is part of the agreement to receive Ryan White Part B Services.

---

**Signature of Applicant**

---

**Date**

**\* This Participants Release of Information and Clients Rights and Responsibilities form will expire (1) one year from the date noted above.**



**HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

## **Ryan White Oral Health Program**

### **CLIENT RIGHTS**

- The client has the right to confidentiality and privacy regarding themselves, their HIV status, and the oral health care services they receive.
- The client has the right to be offered and to receive oral health care services without discrimination based on age, race, gender, ethnic background, religion, disability, or sexual orientation.
- The client has the right to select the oral health care provider of their choice from Guardian's in-network provider list.
- The client has the right to take an active role in the decisions regarding their oral health care.
- The client has the right to be treated with dignity and respect.
- The client has the right to file a grievance if they have concerns about the service or the way that they have been treated. (Any concerns about the oral health care provider's staff and/ or environment must be addressed directly with the provider via the provider's office policies). See page 6 for Grievance Procedures.

### **CLIENT RESPONSIBILITIES**

- The client is responsible for contacting their case manager, by phone or in person, to determine eligibility for oral health care services under RWPBP.
- The client is responsible for maintaining their Ryan White client eligibility annually. Failure to do so will result in termination from the Oral Health program.
- The client is responsible for working with the case manager to ensure an oral health application is submitted.
- The client is responsible for notifying the case manager within thirty (30) calendar days of any changes in household income, residency, insurance status, and size of your household.
- The client is responsible for making and keeping all scheduled appointments.
- The client is responsible for the cancellation and/ or rescheduling of appointments within 24 hours prior to the appointment.
- The client is responsible for paying any fee(s) from the oral health care provider/dentist's office that may result from not keeping scheduled appointments.
- The client will be held responsible for paying any costs from the oral health care provider/dentist that exceeds their annual program cap of \$656.
- The client is responsible for treating anyone involved in this program (e.g. case manager, TDH staff, UWGN Lead fiscal agency staff, and oral health care provider/dentist staff etc.) with dignity and respect.

---

**Signature of Applicant**

---

**Date**

**\* This Participants Release of Information and Clients Rights and Responsibilities form will expire (1) one year from the date noted above.**



## ELIGIBILITY CERTIFICATION

Updated April 28, 2023

The Tennessee Ryan White Part B Program requires clients to have their eligibility determined at their initial enrollment, reenrollment and annually. Clients must provide proof of eligibility and sign all eligibility documentation.

Clients' initial enrollment in the Ryan White Part B Program are required to provide:

- Proof of HIV status
- Proof of identification
- Proof of residency
- Proof of income
- Insurance Declaration (If applicable)
- Signed Release of Information and Clients Rights and Responsibility form
- Federal Tax Filing and Premium Tax Credit Form. (If applicable)
- Refund Money document (If applicable).

Clients enrolled in the Ryan White Part B Program will only conduct eligibility determination annually. Clients can conduct their annual eligibility determination 60 days prior to their due date. Clients who fail to certify annually will be disenrolled from the program. Clients certifying must have one in-person visit within the certification year annotated in CAREWare. Video telehealth and electronic signatures can be utilized during annual certifications. Clients must provide the following signed documents during annual certification:

- Proof of identification
- Proof of residency
- Proof of income
- Insurance Declaration (If applicable)
- Signed Release of Information and Clients Rights and Responsibility form
- Federal Tax Filing and Premium Tax Credit Form. (If applicable)
- Refund Money document (If applicable).

Contact Central Office for any emergency situations with client's eligibility certification



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

### Disenrollment

The Tennessee Department of Health requires clients to recertify annually. For an individual to maintain eligibility for Ryan White HIV/AIDS Program (RWHAP) services they must provide the signed required eligibility documents annually. Individuals can no longer receive RWHAP services when their annual certification time frame has passed.

The Case Manager has the primary responsibility for identifying and disenrolling individuals who do not certify or no longer meet eligibility requirements. Case managers will attempt to contact individuals telephonically, electronically or by mail at least thirty days prior to their certification date to schedule an appointment. Case managers will make a second attempt to contact these individuals within five days of their certification date. Case managers will use the Ryan White Eligibility System to disenroll individuals. Case managers disenrolling individuals who are on the Insurance Assistance Program (IAP) must send an IAP Closure Form to IAP vendor.

**Individuals whose certification date falls on a weekend or holiday need to be certified within 24 hours prior to the last business day of the week. The business date will be based on the State of Tennessee work week.**

Individuals who have been disenrolled and need to be reenrolled will be required to have a full certification to be eligible for the RWHAP.



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HIV/STI/VIRAL HEPATITIS SECTION  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PKWY  
NASHVILLE, TENNESSEE 37243

## Access to Health Insurance Attestation

Individuals enrolled in the Ryan White Program with health insurance have higher viral suppression rates than those who don't have insurance. The Ryan White Part B Program is mandated to help get eligible clients enrolled in a qualified health insurance plan.

I currently don't have any form of health insurance. My case manager has informed me of the benefits to having health insurance and how the Ryan White Part B Program can assist me with getting health insurance at no cost to me.

**Client Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I attest that my signature on this form indicates the information provided is accurate to the best of my knowledge.*



**HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

**Federal Tax Filing and Premium Tax Credit Form**

1. If the Ryan White Part B program will be helping with your Marketplace insurance premiums, you must file an annual federal tax return to obtain future premium assistance and tax credits. These credits help keep program costs lower and allow agencies to expand services for clients in the community.
2. If you are requesting the Ryan White Part B program to help with your Marketplace insurance premiums and you qualify for Premium Tax Credits, you must accept them in advance to reduce your premium cost.
3. If your income or family size changes, you must immediately update your account on the HealthCare.gov website to ensure the correct amount of Premium Tax Credits are applied.
4. If any Premium Tax Credit refund is received, it will be returned to the Tennessee Ryan White Part B Program upon receipt. Failure to return refunds may affect your participation in the insurance assistant program and other services.

I have completely read this form. By signing, I acknowledge the facts and agree to the conditions contained herein.

Applicant Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_





**HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

### **Refunded Money**

The Tennessee Department of Health Ryan White Part B Insurance Assistance Program provides direct financial assistance for premiums, copays and deductibles for enrolled individuals who have insurance. This assistance is made directly to the insurance company on behalf of the individual. This policy outlines your responsibility to return any refunded money that was a result of payments made by the program.

1. I am required to refund to the Tennessee Ryan White Part B Program any money received from premium tax credit refunds, overpayments, repayments due to policy changes or cancellations.
2. I am required to refund any money received to the Tennessee Department of Health Ryan White Part B Insurance Assistance Program within 30 days of receipt of money.
3. I understand that my Tennessee Ryan White Part B Program Insurance Assistance Program coverage will be discontinued until the full amount of money refunded is received by the Tennessee Ryan White Part B Program Insurance Assistance Program.
4. I will remit the applicable refund via check or money order payable to: IAP, P.O. Box 42098, Nashville, TN 37204.

I have completely read this form. By signing, I acknowledge the facts and agree to the conditions contained herein.

Applicant Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



INSURANCE ASSISTANCE PROGRAM

P.O. Box 42098  
Nashville, Tennessee 37204  
Voice: (615) 921-0244  
Fax: (615) 467-1004

# URGENT IAP CLOSURE

To:		From:	
Date:		Status:	<b>URGENT</b>
Re:			

I have received and processed the closure for this client.

Important Warning: This information is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message in error, please notify the sender immediately and please destroy this document. Thank you.

**INSURANCE ASSISTANCE PROGRAM**

**Change Communication Form**

Please use this form to communicate to the INSURANCE ASSISTANCE PROGRAM any changes associated with the named clients participation in the program.

Client's Name:

Type of Change:

Please select from drop-down list

Please select TYPE OF CHANGE from the Drop-Down List Above


Please enter Effective Date of above Change:

Medical Care Manager (PLEASE PRINT)

Date:



**HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

TITLE: Complaint Resolution Procedure (Grievance procedures)

Policy: To provide a means for persons receiving services through the Ryan White Part B program to bring formal service related complaints to the attention of the Department of Health, Ryan White Part B Program administration, for resolution.

Tennessee Department of Health, Ryan White Part B Program encourages recipients and providers to resolve Ryan White Part B service delivery issues. If serious complaints and concerns cannot be resolved, a more formal process may be utilized as available. Such complaints/concerns will be dealt with in accordance with the procedures and guidelines outlined below.

Guidelines:

1. To be eligible to initiate the complaint resolution procedure, an individual must be an active recipient of services.
2. Tennessee Department of Health, Ryan White Part B Program prohibits retaliation against any individual who initiates a complaint or participates in an investigation of a complaint under this policy.
3. Tennessee Department of Health, Ryan White Part B Program encourages an earnest effort be made to resolve these issues as promptly at the service provider level.
4. Tennessee Department of Health, Ryan White Part B Program reserves the right to consolidate sequential individual complaints when deemed appropriate.

Procedures:

1. An enrollee's formal complaint must be in writing and signed and dated by the complainant. The complaint must:
  - Explain the nature of the complaint and the specific circumstances at issue.
  - Identify the rights, procedures, or policies violated; and
  - State the specific outcome sought by the individual.
2. The enrollee should initiate the written complaint with his/her immediate service provider within seven (7) business days of the incident occurrence. The service provider will initiate its internal complaints process

and provide a written response to the enrollee regarding the complaint within fifteen (15) business days of receipt of the individual complaint. If there is no response or if the response is not satisfactory to the enrollee, he/she may advance the complaint to the next step.

3. In the event the matter is not satisfactorily resolved at the service provider level, the enrollee may submit a written appeal to the service area lead agent, if applicable or to the Ryan White Part B program within fifteen (15) business days of the service provider's response. To initiate the appeal the enrollee must submit:

- A copy of the formal complaint.
- A copy of service provider's response.
- Reason(s) for disagreeing with the service provider's response.
- State the specific outcome sought by the individual.

4. The service area lead agent or the Ryan White Part B program will investigate as appropriate, may meet to discuss the matter fully with the enrollee and other relevant parties, if applicable, and will provide a written response to the enrollee within fifteen (15) days of receipt of the written complaint. If there is no response or if the response is not satisfactory to the enrollee, he/she may advance the complaint to the next step.

5. If the enrollee still believes the matter has not been satisfactorily resolved at the service area lead agent level, he/she may submit a written appeal to the administrator of the Tennessee Department of Health, Ryan White Part B Program within seven (7) business days of receiving the department's written response. All information and documentation from the initial complaint and previous appeals should be included.

6. If the individual still believes the matter has not been satisfactorily resolved at the Ryan White Part B program level, he/she may submit a written appeal to the administrator of the Tennessee Department of Health, Communicable and Environmental Disease and Emergency Preparedness Division within seven (7) business days of receiving the department's written response. All information and documentation from the initial complaint and previous appeals should be included.



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

**Utilization of the Paper version of the PH-3716**

- I. The paper copy of the PH-3716 can only be used under the following circumstances:
  - a) The electronic version of the PH-3716 is unavailable due to a system outage.
  - b) The Case Manager is conducting a home visit with a non-ambulatory client or in a rural location with limited access to the network or printer.
- II. Use of the paper copy PH-3716 requires prior approval from the Central Office Staff before utilization.
- III. All required documentation must be obtained before the PH-3716 is signed by the client and Case Manager.
- IV. The information recorded on the paper copy of the PH-3716 must be entered into the RWES within one (1) business day.
- V. The Case Manager must add a note in the RWES application stating that a paper copy was used and indicate from Central Office who approved its utilization.
- VI. The completed RWES application must be printed, signed by the Case Manager, submitted through RWES, attached to the signed paper copy and placed in client's chart.
- VII. Once the PH-3716 is signed, no corrections or changes can be handwritten on the signed form.



**TENNESSEE DEPARTMENT OF HEALTH  
RYAN WHITE PROGRAM APPLICATION**

Patient Number \_\_\_\_\_ Reason for Application \_\_\_\_\_ Status \_\_\_\_\_  
 Receiving \_\_\_\_\_  
 Services \_\_\_\_\_  
 Patient Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_  
 VA Eligibility \_\_\_\_\_ Housing/Living Arrangements \_\_\_\_\_ Clinical Status \_\_\_\_\_  
 Medical Insurance \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Applied for TennCare \_\_\_\_\_ If yes, date \_\_\_\_\_ If no, Reason \_\_\_\_\_  
 CD4 Count \_\_\_\_\_ CD4 Date \_\_\_\_\_ Viral Load \_\_\_\_\_ Viral Load Date \_\_\_\_\_

**TO BE ELIGIBLE FOR RYAN WHITE FUNDED SERVICES, THE APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS:**

- You must be a resident of Tennessee.
- You must be clinically tested as HIV positive.
- All services must be provided to you as an outpatient, i.e., not confined to a hospital or other treatment center.
- If you are eligible, it is required that you apply for TennCare.

Parent/Guardian Name (if Applicable) \_\_\_\_\_

Total of Household \_\_\_\_\_

Total Gross Household Income : \_\_\_\_\_ Total Year-to-Date Gross Household Income: \$ \_\_\_\_\_

- If you are 18 or over, this is your income plus the income of your spouse and/or dependents living in the same household.
- For applicants under 18, income is defined as the applicant's income plus the income of the parents(s)/legal guardian(s) with whom the applicant resides.

**I certify that the information provided is true and accurate to the best of my knowledge and belief. I understand that I must be recertified every six months. I acknowledge that if prescriptions are not refilled within 60 days of the refill cycle, I may be terminated from the program. I agree to immediately inform my medical case manager of any change (s) in my financial and/or resource(s) situation. My signature acknowledges the fact that Ryan White service providers, contractors and employees of the TN Dept. of Health, Nashville/Davidson Public Health Dept., and Shelby County Health Dept. may release and exchange my information regarding my eligibility and HIV/AIDS status so claims submitted on my behalf may be processed.**

\_\_\_\_\_  
 Applicant or Parent/Guardian Signature Date

\_\_\_\_\_  
 Medical Case Manager Signature Date

## Attachment 26

### Insurance Assistance Program Enrollment Procedures

According to RWHAP statute, funds awarded under RWHAP Parts A, B, and C may be used to support the HRSA RWHAP core medical service "Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals," regardless of the kind of health care coverage (public or private), in accordance with Section 2615 of the Public Health Service Act (Continuum of Health Insurance Coverage) and HRSA HAB PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds."

According to statute, funds awarded under RWHAP ADAP may be used to cover costs associated with health care coverage. Health care coverage costs that are allowable uses of RWHAP ADAP funds include premiums and medication cost sharing, in accordance with Section 2616 of the Public Health Service Act (Provision of Treatments) and HRSA HAB PCN 16-02, regardless of the kind of health care coverage (public or private).

All RWHAP recipients must determine how to operationalize their health care coverage premium and cost sharing assistance programs and demonstrate that:

1. Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services.
2. The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (RWHAP Part A, RWHAP Part B, RWHAP Part C, and RWHAP Part D). RWHAP ADAP must determine the cost of paying for the health care coverage is cost-effective in the aggregate versus paying for the full cost for medications.



## **Enrollment Procedures**

Page 66 ..... Enrolling a Client in an Affordable Care Act (ACA) Insurance Plan

Page 68 ..... Enrolling a Client in an Employer Insurance Plan

Page 69 ..... Enrolling a Client Applying for Financial Assistance with Medicare Insurance

Page 70 ..... Enrolling a Client Applying for Financial Assistance with TennCare

Page 71 ..... Enrollment Process Quick Guide

### **Important Notes**

- Family plan premiums can be paid on family plans when all family members on the plan are HIV positive. If client is paying the premium on a family plan, IAP will support copays and deductibles for HIV positive family members only.
- No COBRA plans will be supported. Loss of job is a special enrollment criterion, and clients that would like to receive health insurance, should gain coverage via Affordable Care Act plans.
- No off-market plans authorized for clients over 100% FPL.
- Clients with employer plans must submit updated SOB and Pharmacy Benefits to ensure plans meet the minimal requirements.
- Clients who have IAP pay their ACA plan premiums must provide an updated premium statement at certification.
- The address used on marketplace plans must be the same as the mailing address in RWES to ensure payments can be researched and updated.
- When using Sharefile, place all IAP documents in the "Insurance Documents to IAP" folder.

## **Enrolling a Client in an Affordable Care Act Insurance Plan**

***\*Off market plans are no longer authorized for clients over 100% FPL.***

***\*All Healthcare.gov accounts must be periodically updated.***

**Tennessee Ryan White Part B funds may be used to cover the cost of private health insurance premiums and cost sharing (including deductibles, copayments, and coinsurance) to assist eligible low-income clients in maintaining private health insurance or receiving medical benefits under a health insurance or benefits program, including high-risk pools.**

### **Method 1 (ACA Enrollment Through Case Manager):**

1. Client must use the selected plan by Ryan White Part B for their residency and estimated income.
2. Client notifies case manager of plan
  - a. Signs up for a required plan on healthcare.gov and sends the enrollment documentation to case manager.
  - b. Case manager assists the client with enrolling in a required plan on healthcare.gov.
3. Case manager verifies plan information and completes one of the following options:
  - a. Using the PH-4266 (All fields must be completed.)
    - i. Contact the client and verify information.
      1. Case manager completes, signs and dates the PH-4266. (Billing ID or Individual ID required for payment)
      2. Places the PH-4266 and insurance enrollment documents in the "Insurance Documents to IAP" folder in Sharefile.
    - b. Using the IAP Open Enrollment Application. (Can be used after Open Enrollment)
      - i. Contact the client and verify information on application.
        1. Case manager completes, signs and date the IAP Open Enrollment Application.
        2. Places the IAP Open Enrollment Application and insurance enrollment documents in the "Insurance Documents to IAP" folder in Sharefile.
  4. Case managers ensure client has a signed Refund Document, Required Tax Filing Rights and Responsibility and Release of Information Form within one year of application submission
  5. Case manager reminds client they will need to send in insurance statement they receive in the mail as soon as possible.
  6. Case manager adds IAP services in RWES.
  7. Case manager adds all documents in the client's chart.
  8. Upon receipt of the insurance statement the case manager will send it to IAP using Sharefile.
  9. If client is on HDAP, the case manager will remove HDAP when policy is active.
  10. Client must provide a current premium statement at the time of their certification.

**Method 2 (ACA Enrollment Through Use of a Health Insurance Broker):**

1. Client is referred to a Ryan White Part B Approved Health Insurance Broker.
  - a. Brokers assist client with signing up for a required plan and sends the enrollment documentation to IAP.
  - b. Broker provides enrollment documents with billing ID/Identification ID and to case manager for client's file.
2. Case managers ensure client has a signed Refund Document, Required Tax Filing and Rights and Responsibility and Release of Information Form within one year of application submission.
3. Case manager adds IAP services in RWES.
4. Case manager adds all documents in the client's chart.
5. If client is on HDAP, the case manager will remove HDAP when policy is active.
6. Client must provide a current premium statement at the time of their certification.

## **Enrolling a Client in an Employer Insurance Plan**

**Tennessee Ryan White Part B funds may be used to cover cost for employer plans that include at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS as well as appropriate primary care services.**

1. Clients who are signing up with an employer plan will be required to submit:
  - a. Insurance plan Summary of Benefits.
  - b. Insurance plan Pharmacy Benefits.
2. Case manager verifies plan information and completes one of the following options:
  - a. Using the PH-4266
    - i. Contact the client and verify information.
      1. Case manager completes, signs and date the PH-4266.
      2. Places the PH-4266 and insurance enrollment documents in the "Insurance Documents to IAP" folder in Sharefile.
    - b. Using the Employer IAP Open Enrollment Application. (Can be used after Open Enrollment)
      - i. Contact the client and verify information on application.
      - ii. Case manager completes, signs and date the IAP Open Enrollment Application.
      - iii. Places the Employer IAP Open Enrollment Application and insurance enrollment documents in the "Insurance Documents to IAP" folder in Sharefile.
3. Case manager verifies pharmacy has a 340B Agreement with IAP:
  - a. If there is no 340B Agreement notify IAP to see if an 340B Agreement can be signed.
  - b. If no 340B Agreement can be signed, IAP will not financially support the plan.
4. Case managers ensure client has a signed Rights and Responsibility and Release of Information Form within one year of application submission
5. Case manager adds IAP services in RWES.
6. Case manager adds all documents in the client's chart.
7. If client is on HDAP, the case manager will remove HDAP when policy is active.

## **Enrolling a Client Applying for Financial Assistance with Medicare Insurance**

***\* Update premium information is required for clients who have their premiums paid by IAP.***

**Tennessee Ryan White Part B funds may be used to pay for Medicare premiums for Part D and cost sharing associated with Medicare Parts C and D prescription drug coverage.**

1. Case managers will conduct a financial assessment to determine clients need for assistance for premiums and/or cost sharing.
2. Case managers will need to contact Central Office to receive an exception code if one has not already been issued. Exception code must be written on the PH-4266 or IAP Medicare Plan Application.
3. Clients who qualify for financial support must provide the following documents:
  - a. Copy of the front of their Part D/C Benefit Card.
  - b. Copy of the back of their Part D/C Benefit Card.
4. Case manager verifies information, completes, signs, and dates the PH-4266 or the Medicare.
5. Case manager sends PH-4266, Copy of the front and back of clients Part D/C Benefits Card to IAP using Sharefile.
6. Case manager ensures IAP services are active in RWES.
7. Case manager places all documents in client's chart.
8. If client is on HDAP, the case manager will remove HDAP when policy is active.

## **Enrolling a Client Applying for Financial Assistance with TennCare**

### **Tennessee Ryan White Part B funds may be used to pay the cost of copayments.**

1. Case managers will conduct a financial assessment to determine clients need for assistance for premiums and/or cost sharing.
2. Case managers will need to contact Central Office to receive an exception code if one has not already been issued.
3. Clients who qualify for financial support must provide the following documents:
  - a. Copy of the front of their TennCare Benefit Card.
  - b. Copy of the back of their TennCare Benefit Card.
4. Case manager verifies information, completes, signs, and dates the PH-4266 or IAP Medicare Plan form.
5. Case manager sends PH-4266, Copy of the front and back of clients TennCare Benefits Card to IAP using Sharefile.
6. Case manager ensures IAP services are active in RWES.
7. Case manager places all documents in client's chart.
8. If client is on HDAP, the case manager will remove HDAP when policy is active.

## **Enrollment Process Quick Guide**

### **Utilizing Broker for Enrollment:**

1. Coordinate with approved broker on enrollment and reporting process.
2. Using RWES:
  - Verify eligibility.
  - Ensure insurance assistance services are added.
  - Submit modified services application to Central Office if client is new to IAP.
3. Ensure client has the following documents updated in their file:
  - Rights and Responsibility and Release of Information Form
  - Required Tax Filing (Only if IAP is paying premiums and client is above 100% of the FPL)
  - Refund Document
4. Refer client to broker.
5. Broker will sign client up and send enrollment information to IAP for enrollment and payment.
6. Case manager will receive enrollment documentation from broker for client's file.
7. Collect and send premium statements to IAP at certification.
8. Ensure any changes to client's address or insurance status is communicated to IAP.

### **Case Manager Enrolling Client:**

1. Receive enrollment documentation from client.
2. Using RWES:
  - Verify eligibility.
  - Ensure insurance assistance services are added.
  - Submit modified services application to Central Office if client is new to IAP.
3. Ensure client has the following documents updated in their file:
  - Rights and Responsibility and Release of Information Form
  - Required Tax Filing (Only if IAP is paying premiums and client is above 100% of the FPL)
  - Refund Document
4. Complete the PH-4266 or IAP Open Enrollment Form.
5. Place the PH-4266 or IAP Open Enrollment Application and insurance enrollment documents in the "Insurance Documents to IAP" folder in Sharefile.
6. Collect and send premium statements to IAP at certification.
7. Ensure any changes to client's address or insurance status is communicated to IAP.

# Ryan White Part B Spanish Forms

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section





ESTADO DE TENNESSEE  
DEPARTAMENTO DE SALUD  
SECCION DE VIH/ETS/HEPATITIS VIRAL  
ANDREW JOHNSON TOWER, 4TH FLOOR  
710 JAMES ROBERTSON PKWY  
NASHVILLE, TENNESSEE 37243

## Programa Ryan White Parte B Divulgación de Información y Derechos y Responsabilidades del Cliente

El programa Ryan White Parte B ha desarrollado la política de Divulgación de Información del Participante y Derechos y Responsabilidades de los Clientes como una guía para ayudar a mantener una atención de calidad, eficaz y eficiente.

### **AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN**

- Certifico que la información provista en esta solicitud es completa y precisa a mi leal saber y entender.
- Entiendo que mi falta de precisión y exhaustividad puede impedir o retrasar una determinación de elegibilidad para recibir asistencia del Programa Ryan White Parte B.
- Entiendo que, con el fin de determinar mi elegibilidad para los servicios del Programa Ryan White Parte B, el Departamento de Salud de Tennessee (TDH), todos los Departamentos de Salud de Metro y cualquier agencia que los contrate con el fin de brindar servicios junto con el Programa Ryan White puede solicitar documentación adicional para verificar mi estado de VIH positivo, mi residencia en Tennessee y mi información financiera, del tamaño de mi unidad familiar, de empleo o de seguro con el fin de proporcionar servicios bajo el programa, mantener, mejorar y evaluar la eficiencia y eficacia del programa. , y el procesamiento de reclamos de pago de conformidad con el programa.
- Autorizo a TDH a compartir la información mínima necesaria con mi proveedor de atención primaria o su designado para confirmar la información clínica y adquirir los resultados de las pruebas relacionadas con el servicio que estoy solicitando, con la farmacia proveedora para ayudar con la distribución de medicamentos, con otros proveedores Ryan White en Tennessee con quien me inscribo/estoy inscrito para mantener mi inscripción en los servicios de la Parte B de Ryan White.

### **DERECHOS DEL PARTICIPANTE**

- Usted tiene el derecho a una atención **considerada y respetuosa:**
- A servicios ofrecidos sin consideración ni discriminación por motivos de raza, origen nacional, edad, sexo, origen étnico, discapacidad, minusvalía, orientación sexual, religión o falta de religión
- A protección contra el abuso o el acoso por parte del personal
- A tratamiento en un entorno seguro y protegido
- A asistencia en la práctica de sus derechos civiles
- A tener un intérprete sin costo si lo necesita
- A mecanismos para facilitar el acceso y derivación a otros servicios

- Usted tiene el derecho a **Privacidad:**
- Arreglos apropiados para asegurar que haya suficiente privacidad durante las visitas
- Que no se le tomen fotos ni videos, excepto cuando sea necesario para proporcionar servicios
- Se requiere el consentimiento firmado antes de que pueda ocurrir cualquier discusión o divulgación de información
- La capacidad de rechazar información que considere no relevante para su atención
- Se seguirá la ley de privacidad (HIPAA) al divulgar su información médica

*Nota: la ley requiere y permite que los Profesionales de Salud Mental y otros Servicios Humanos informen sin consentimiento*

*1) información o acusación de abuso infantil*

*2) amenazas de daño a sí mismo o a otros*

*3) información sobre delitos cometidos en la agencia o contra el personal o la propiedad de la agencia*

Usted tiene derecho a **participar en las decisiones relacionadas con su atención:**

- A rechazar el tratamiento según lo permitido por la ley y los efectos de rehusar el tratamiento
- A la capacidad para determinar qué servicios recibe
- A obtener información de una manera que pueda entender
- A que le digan qué esperar
- A la participación de su familia, pareja o cualquier persona que usted elija para participar en su atención
- A información sobre los horarios de las citas y los nombres de las personas que lo atienden, qué hacen y para quién trabajan
- A la habilidad de pedirle a otros que lo ayuden en su cuidado o su comprensión de los servicios
- A recibir suficiente información sobre los servicios propuestos y otras opciones disponibles
- A revisar y/o recibir copias de su registro de cliente, de acuerdo con la política de la agencia
- A la explicación de cualquier tarifa que pueda ocurrir

Usted tiene derecho a expresar **reclamos, quejas y apelaciones** sobre la atención o los servicios prestados sin restricciones, interferencias, coerción, discriminación ni represalias. Cuando sea necesario ejercer este derecho, el personal le informará sobre el Proceso de Reclamos/Quejas establecido y le proporcionará una copia de los procedimientos a seguir.

## **RESPONSABILIDADES DEL PARTICIPANTE**

- Entiendo que es mi responsabilidad certificar anualmente al firmar y enviar la documentación para determinar mi elegibilidad continua para los servicios de la Parte B de Ryan White, incluida la prueba de ingresos, prueba de residencia y tamaño del hogar, cobertura de seguro médico y actualizaciones generales en los formularios proporcionados. por TDH. Entiendo que se evaluarán los cambios en mi situación para determinar mi elegibilidad continua para los servicios de la Parte B de Ryan White.
- Entiendo que debo informar a mi administrador de casos médicos **dentro de los 30 días** de cualquier cambio en mi situación financiera y/o de recursos.
- Reconozco que, si las recetas médicas no se renuevan dentro de los 60 días del ciclo de resurtido, se me puede dar de baja del programa.

- Entiendo que el Departamento de Salud de Tennessee, sus contratistas o subcontratistas pueden cancelar mi inscripción en los servicios de la Parte B de Ryan White si muestro un comportamiento violento o amenazante con un representante de TDH, sus contratistas o subcontratistas.
- Entiendo que mi elegibilidad para los servicios de la Parte B de Ryan White terminará si:
  - No coopero plenamente con los esfuerzos para verificar la información en la solicitud de servicios, o
  - No cumpla con las actividades necesarias para identificar/verificar posibles fuentes de cobertura alternativa, o
  - No busco otras formas de cobertura para las que puedo ser elegible, o
  - TDH, sus contratistas o subcontratistas se dan cuenta de una tergiversación material, información retenida o fraude documentado.
- Entiendo que cualquier asistencia que reciba a través de los programas Ryan White Parte B depende de los fondos estatales y federales. Esta financiación es limitada y puede caducar en cualquier momento sin que haya fondos adicionales o alternativos disponibles.
- Entiendo que completar una solicitud para los servicios de la Parte B de Ryan White no garantiza que calificaré para el programa.
- Entiendo que si estoy recibiendo asistencia financiera del Programa de Asistencia de Seguros (IAP) es mi responsabilidad:
  - Mantener contacto con mi compañía de seguros para verificar que mi prima ha sido pagada y está al día.
  - Soy responsable de proporcionar las facturas de las primas de seguro al IAP una vez recibidas de la compañía de seguros/TennCare.
  - Si IAP ha realizado pagos de primas en mi póliza de seguro, cualquier reembolso recibido de mi compañía de seguros debe enviarse a IAP de inmediato. El no hacerlo puede resultar en la suspensión de los servicios de IAP.
- Mi firma reconoce el hecho de que los proveedores de servicios Ryan White, contratistas y empleados del Departamento de Salud de TN, el Departamento de Salud Pública de Nashville/Davidson, TennCare y el Departamento de Salud del Condado de Shelby pueden divulgar e intercambiar mi información con respecto a mi elegibilidad para Ryan White para que las reclamaciones presentadas en mi nombre puedan procesarse, de acuerdo con las leyes y procedimientos de HIPAA. Esta autorización para la divulgación de información vencerá (1) un año a partir de la fecha que se indica a continuación.

He recibido una copia de la "Política de Divulgación de Información del Participante y Derechos y Responsabilidades de los Clientes" y entiendo que esta información es parte del acuerdo para recibir los Servicios de la Parte B de Ryan White.

---

**Firma del Solicitante**

---

**Fecha**

**\* Este formulario de Divulgación de Información de los Participantes y Derechos y Responsabilidades de los Clientes caducará a (1) un año después de la fecha indicada anteriormente.**

**SOLICITUD PARA EL PROGRAMA DE SALUD DE RYAN WHITE DEL DEPARTAMENTO DE SALUD DE TENNESSEE**

Número de Paciente \_\_\_\_\_ Motivo de la Solicitud \_\_\_\_\_ Estatus \_\_\_\_\_

Servicios Solicitados \_\_\_\_\_

Nombre del Paciente \_\_\_\_\_ NSS \_\_\_\_\_ FN. \_\_\_\_\_

Dirección 1 \_\_\_\_\_ Dirección 2 \_\_\_\_\_

Ciudad \_\_\_\_\_ País \_\_\_\_\_ Estado \_\_\_\_\_ CP \_\_\_\_\_ Teléfono \_\_\_\_\_

Genero \_\_\_\_\_ Etnia \_\_\_\_\_ Raza \_\_\_\_\_ Estado Civil \_\_\_\_\_

Elegibilidad VA \_\_\_\_\_ Arreglos de Vida/Vivienda \_\_\_\_\_ Estado Clínico \_\_\_\_\_

Seguro Medico \_\_\_\_\_ Fecha de Vigencia \_\_\_\_\_

Solicito TennCare \_\_\_\_\_ Si es así, Fecha \_\_\_\_\_ Si No, Razón \_\_\_\_\_

Conteo CD4 \_\_\_\_\_ Fecha CD4 \_\_\_\_\_ Carga Viral \_\_\_\_\_ Fecha de Carga Viral \_\_\_\_\_

**PARA SER ELEGIBLE PARA LOS SERVICIOS FINANCIADOS POR RYAN WHITE, EL SOLICITANTE DEBE CUMPLIR CON LOS REQUISITOS SIGUIENTES:**

- Usted debe ser residente de Tennessee.
- Usted debe haber dado resultado clínicamente como VIH positivo
- Todos los servicios deben proporcionarse a usted como paciente ambulatorio, es decir, no deben limitarse a un hospital de otro centro de tratamiento.
- Si es elegible, se requiere que solicite TennCare.

Nombre del Padre/Tutor (Si Corresponde) \_\_\_\_\_

Si el solicitante es menor de edad, el padre / tutor legal del solicitante debe completar lo siguiente.

Salarios Brutos Mensuales \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_ Sguero Social \$ \_\_\_\_\_ Otro \$ \_\_\_\_\_

- Si tiene 18 años o más, este es su ingreso más el ingreso de su cónyuge y / o dependientes que viven en el mismo hogar.
- Para los solicitantes menores de 18 años, los ingresos se definen como los ingresos del solicitante más los ingresos de los padres / tutores legales con quienes reside el solicitante.

Ingreso Bruto Anual Total \_\_\_\_\_ Total en la Unidad familiar \_\_\_\_\_

**Certifico que la información proporcionada es verdadera y precisa a mi leal saber y entender. Entiendo que debo ser recertificado cada seis meses. Reconozco que si las recetas no se vuelven a surtir dentro de los 60 días posteriores al ciclo de renovación, es posible que se me dé de baja del programa. Acepto informar de inmediato a mi administradora de casos médicos sobre cualquier cambio en mi situación financiera y / o de recursos. Mi firma reconoce el hecho de que los proveedores de servicios Ryan White, los contratistas y los empleados del Departamento de Salud de TN, el Departamento de Salud Pública de Nashville / Davidson y el Departamento de Salud del Condado de Shelby pueden divulgar e intercambiar mi información con respecto a mi elegibilidad y estado de VIH / SIDA por lo que las reclamaciones presentadas en mi nombre pueden ser procesadas.**

Firma del Solicitante o Padre / Tutor \_\_\_\_\_ Fecha \_\_\_\_\_ Firma de la Administradora de Casos Médicos \_\_\_\_\_ Fecha \_\_\_\_\_

PH-3716 rev. 2/12

RDA 150

## CARTA DE CONFIRMACIÓN DE APOYO

Nombre del solicitante: \_\_\_\_\_

Dirección del solicitante: \_\_\_\_\_

Si está recibiendo apoyo con alojamiento y comida, asistencia para el alquiler/hipoteca, alimentos/comestibles, ropa, etc., por favor pida que la(s) persona(s) que le proporcionan ese apoyo verifique(n) la información a continuación con su firma.

Yo/Nosotros hemos estado proporcionando apoyo a la persona mencionada anteriormente y, a mi/nuestro leal saber y entender, declaro/declaramos que esta persona no tiene ningún otro medio de sustento primario. Yo/Nosotros hemos prestado apoyo desde

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del proveedor / Fecha

\_\_\_\_\_  
Número de teléfono

\_\_\_\_\_  
Relación con el solicitante (por ejemplo, casado legalmente, cónyuge, padre o madre, amigo, refugio, etc.)

\_\_\_\_\_  
Dirección

\_\_\_\_\_  
Firma del solicitante / Fecha



PROGRAMA DE VIH/ENFERMEDADES DE TRANSMISIÓN SEXUAL/HEPATITIS VIRAL  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

**CARTA DE CONFIRMACIÓN DE QUE NO RECIBE AYUDA**

Nombre del Solicitante: \_\_\_\_\_

Dirección del Solicitante: \_\_\_\_\_

Si usted tiene \$0 en ingresos de su unidad familiar y no está **recibiendo ayuda de ninguna otra persona**, por favor explique cómo cubre el costo de lo siguiente:

Vivienda/alojamiento: \_\_\_\_\_

\_\_\_\_\_

Alimentos: \_\_\_\_\_

\_\_\_\_\_

Transporte: \_\_\_\_\_

Servicios Públicos: \_\_\_\_\_

\_\_\_\_\_

Teléfono: \_\_\_\_\_

Otros: \_\_\_\_\_

\_\_\_\_\_

Al firmar abajo, afirmo que el contenido de este formulario es preciso y completo. Estoy consciente de que la tergiversación intencional en este formulario puede resultar en la cancelación de mi inscripción en los servicios de Ryan White Part B.

\_\_\_\_\_  
Firma del Solicitante / Fecha

\_\_\_\_\_  
Testigo / Fecha



**PROGRAMA DE VIH/ENFERMEDADES DE TRANSMISIÓN SEXUAL/HEPATITIS VIRAL  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

**Registro requerido – Formulario de Declaración Federal de Impuestos**

1. Si se inscribió en un plan de seguro del Mercado Facilitado por el Gobierno Federal (FFM por sus siglas en inglés) durante la inscripción abierta anual, debe presentar una declaración de impuesto federal el próximo año antes de la fecha límite del 15 de abril.
2. Si el programa Ryan White Part B le ayudó con su seguro FFM este año, debe presentar anualmente una declaración de impuestos federales para obtener asistencia con las futuras primas y créditos fiscales. Estos créditos ayudan a mantener los costos del programa más bajos y les permiten a las agencias ampliar los servicios para los clientes en la comunidad.
3. Existen muchos programas gratuitos y de bajo costo que le pueden ayudar a preparar su declaración de impuestos este año. Su Administrador de Casos puede ayudarle a conectarse con estos programas de impuestos gratuitos y de bajo costo.
4. Si tiene preguntas respecto a si necesita presentar una declaración de impuestos o cómo iniciar este proceso, por favor contacte a su Administrador de Casos.
5. Puede obtener información adicional sobre la preparación de impuestos en [www.healthcare.gov/taxes/](http://www.healthcare.gov/taxes/).

He leído este formulario completamente. Al firmarlo, reconozco los hechos y acepto las condiciones aquí contenidas.

Firma del Solicitante: \_\_\_\_\_ Fecha de Firma: \_\_\_\_\_

Firma del Administrador de Casos: \_\_\_\_\_ Fecha de Firma: \_\_\_\_\_



**PROGRAMA DE VIH/ETS/HEPATITIS VIRAL  
SERVICIOS RYAN WHITE PARTE B  
ANDREW JOHNSON TOWER, 4<sup>TO</sup> PISO  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

**Formulario de Crédito Tributario de Prima**

Todos los clientes inscritos en un Plan de Salud de un Mercado Facilitado por el Gobierno Federal (FFM, por sus siglas en inglés) deben revisar lo siguiente:

1. Se requiere que yo le reembolse al Programa Ryan White Part B de Tennessee cualquier exceso de reembolso de Crédito Tributario de Prima recibido luego de presentar mi Declaración de Impuesto Federal sobre la Renta con el Servicio de Impuestos Internos (IRS, por sus siglas en inglés) para el año anterior de declaración de impuestos sobre la renta.
2. El monto que le debo al Programa Ryan White Part B de Tennessee se encontrará en la línea 26 del Formulario 8962, el cual se presenta con mi Declaración de Impuesto Federal Sobre la Renta ante el Servicio de Impuestos Internos (IRS). Entiendo que el monto sujeto a devolución es debido a informar ingresos menores a mi ingreso anual al mercado.
3. Adicionalmente, comprendo que el monto debido al Programa Ryan White Part B de Tennessee puede ser menor al reembolso completo del Impuesto Federal sobre la Renta del IRS que pueda recibir o puede ser adicional a otro(s) monto(s) que le debo al IRS.
4. Comprendo que la cobertura de mi Programa de Asistencia de Seguro del Programa Ryan White Part B de Tennessee también puede discontinuarse hasta que el Programa Ryan White Part B de Tennessee haya recibido el monto de sobrepago indicado en la línea 26 del Formulario 8962 de mi parte.
5. Remitaré la porción de sobrepago aplicable indicada en la línea 26 del Formulario 8962 por medio de un cheque o giro bancario pagadero a IAP, P.O. Box 42098, Nashville, TN 37204.

He leído este formulario en su totalidad. Al firmar, reconozco los hechos y acepto las condiciones contenidas en la presente.

Firma del Solicitante: \_\_\_\_\_ Fecha en la que se firmó: \_\_\_\_\_

Firma del Administrador de Casos: \_\_\_\_\_ Fecha en la que se firmó: \_\_\_\_\_





ESTADO DE TENNESSEE  
 DEPARTAMENTO DE SALUD  
 SECCION DE VIH/ETS/HEPATITIS VIRAL  
 ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
 710 JAMES ROBERTSON PKWY  
 NASHVILLE, TENNESSEE 37243

## Declaración de Ingresos en Efectivo

Nombre del Cliente: \_\_\_\_\_

Soy consciente de que para recibir los servicios de la Parte B de Ryan White, debo proporcionar documentación de mis ingresos actuales. Actualmente no recibo un cheque y **me pagan en efectivo por mi trabajo.**

Generalmente trabajo en los siguientes roles: \_\_\_\_\_ en los siguientes lugares: \_\_\_\_\_.

Mis ingresos son:  Salario \$ \_\_\_\_\_ por  semana  2 semanas  mes

Cada hora \$ \_\_\_\_\_ por hora #horas \_\_\_\_\_

Trabajo/Tarea \$ \_\_\_\_\_ por trabajo/tarea

Soy consciente de que se me puede solicitar que proporcione documentación para confirmar la información proporcionada anteriormente (impuestos anuales/trimestrales, etc.).

Mi firma a continuación indica que he proporcionado información precisa y veraz y que seré legalmente responsable si alguna de la información contenida anteriormente es falsa.

\_\_\_\_\_  
**Firma del Cliente** **Fecha**

\_\_\_\_\_  
**Firma del Administrador de Caso** **Fecha**



ESTADO DE TENNESSEE  
DEPARTAMENTO DE SALUD  
SECCION DE VIH/ETS/HEPATITIS VIRAL  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PKWY  
NASHVILLE, TENNESSEE 37243

## Acceso a la Certificación de Seguro de Salud

Las personas inscritas en el Programa Ryan White con seguro médico tienen tasas de supresión viral más altas que las que no tienen seguro. El Programa Ryan White Parte B tiene el mandato de ayudar a que los clientes elegibles se inscriban en un plan de seguro de salud calificado.

Actualmente no tengo ningún tipo de seguro de salud. Mi administrador de casos me ha informado sobre los beneficios de tener un seguro médico y cómo el Programa Ryan White Parte B puede ayudarme a obtener un seguro médico sin costo alguno para mí.

**Firma del Cliente** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

*Doy fe de que mi firma en este formulario indica que la información proporcionada es precisa según mi leal saber y entender.*

# Ryan White Part B Policies

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

## Ryan White Part B Eligibility Policy

### Purpose

The purpose of this policy is to establish eligibility guidelines and procedures to be utilized when registering and recertifying clients for Tennessee Ryan White Part B assistance programs.

### I. Requirements

- A. To be deemed eligible for coverage by Ryan White Part B Services programs a recipient must meet the following criteria:
1. The recipient must have been diagnosed with HIV/AIDS.
  2. The recipient must be a resident of Tennessee.
  3. The recipient must meet the income guidelines established by the program: maximum gross monthly income for the legal household unit is less than or equal to 400% of the current Federal Poverty Level\*.
- B. Eligibility is further based upon the applicant's willingness to work with his/her Case Manager to apply for all other possibilities of third-party coverage (i.e., TennCare, group coverage through an employer, Veterans Administration (V.A.), etc.). Clients must keep their Case Manager informed of a current address and phone number, if available. Persistent failure to cooperate in applying for alternate programs, keeping contact information current, or failure to take medications as prescribed for two consecutive months, is grounds for termination / suspension from all Ryan White Part B Services Programs.
- C. Applicants who have Health Insurance (including TennCare) that provides HIV medications may not receive pharmacy services from HDAP or medical services through the Medical Services Program while eligible for those services under their policy. Premiums, co-pays and deductible payments may be made under the Insurance Assistance Program for private health insurance clients and TennCare clients for policies that have uninterrupted coverage.

**Note: State regulations prohibit payment of premiums with government funds for AccessTN policies.**

- D. Record Keeping Requirements - A separate case file must be maintained on each client, containing the following:
1. Signed copy of the PH- 3716, Ryan White Program Application
  2. Documentation of HIV status, viral loads and CD4
  3. Proof of current Tennessee residency
  4. Proof of current income

5. Photo identification of client
6. Care Plan
7. Treatment Adherence
8. Insurance enrollment verification documents, if applicable.
9. Client Housing Plan Agreement/Housing Intake Form, if applicable.

**Note: Proof of U.S. citizenship is NOT required for assistance through Ryan White Part B programs. In cases where an MCM is certifying an undocumented applicant for assistance with no photo identification, 2 forms of proof of residency is required. Also, the Case Manager must call the AIDS Drug Assistance Program Coordinator and obtain an assigned coded number to serve in the place of a Social Security Number for tracking / billing purposes. Once a coded number has been assigned, it will be used for that client for all Ryan White Part B Services. Residency requirements is attachment 4 should also be met.**

## **II. Application Procedure**

- A. All clients must be evaluated for eligibility by a Case Manager when the initial application is submitted to the Ryan White Part B Program.
- B. All clients must certify annually.
- C. A certification application must be sent to Tennessee Department of Health, Ryan White Part B Program via the Ryan White Eligibility System for approval.
- D. Certification may occur 60 days prior to the due date.
- E. If a Certification documentation is not received by the due date, the client will be disenrolled, and the pharmacy will be notified that the client is no longer on the program.

## **III. Appeal Process**

If a client believes that the Case Manager has made an error in determining that he/she does not meet eligibility criteria, he/she may appeal the decision. The client must submit a written appeal request to the Case Manager's supervisor, explaining why he/she believes he/she meets the eligibility requirements listed in this policy. The eligibility requirements are not appealable, only the accuracy of the eligibility determination. The final level of appeal will be to the Ryan White Part B Services Director.



HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

**Ryan White Part B HDAP & IAP Policy # 2.3 - 09**  
Revised

**September 1, 2021**

**Purpose**

The purpose of this policy is to establish policies and guidelines for operating Tennessee Part B AIDS Drug Assistance Program (ADAP) funded Programs, e.g., the HIV Drug Assistance Program (HDAP) and the Tennessee Part B Insurance Assistance Program.

**I. Requirements**

To be eligible for coverage by the Tennessee Part B HDAP or IAP, a recipient must meet the criteria found in Ryan White Part B Program Eligibility Policy.

All clients shall be evaluated for coverage or eligibility for coverage by any private or public health insurance that provides HIV medications, prior to applying for Ryan White services. Applicants who have access to medications through insurance provided by an employer, spouse's policy, or a publicly provided insurance program should access care through that policy. Individuals may not choose to refuse other available programs in order to access Part B HDAP Services, but are eligible for wrap-around services that are not provided by their insurance ie. transportation, food/home delivered meals and dental services. Temporary services may be provided while client is awaiting approval by another program.

Medications shall be provided for those without access to HIV meds through health insurance, via the HIV Drug Assistance Program, which directly purchases medications from a State contracted wholesale Drug distributor and contracts with a mail-order Pharmacy to dispense medications to Ryan White clients statewide.

Eligible clients with private health insurance or Employee based insurance should be enrolled in the Tennessee Ryan White Insurance Assistance Program for assistance in paying premiums, co-pays, and deductibles up to the current Monthly Maximum of \$1,500 per client, per month, which amounts to an \$18,000 per year cap. Since ADAP dollars are used to fund the IAP, any premiums, co-pays and/or deductibles may only be paid on a policy that provides comparable or more comprehensive pharmaceutical coverage than the Tennessee HDAP Formulary. Clients who have policies that have caps on annual coverage, and the client has reached that cap, are not eligible for IAP payments until coverage resumes. Premiums will not be paid on family coverage policies unless all individuals on the policy are HIV positive.

Co-pays and deductibles may only be paid on HIV positive clients. Policies that include a dental benefit may be covered within monthly expenditure limits; however, separate dental insurance shall not be covered, because it does not provide HIV Medications. Since multiple Health Insurance policies qualify for IAP funding, a standardized formulary for this program is not practical. The IAP Drug Formulary shall consist of all drugs covered by each eligible client's Health Insurance Policy's Formulary.



**HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

**Ryan White Part B Program  
Medical Services Policy  
September 1, 2021**

**Purpose**

The purpose of this policy is to establish guidelines and procedures to be utilized when paying medical claims for Ryan White eligible clients for the Tennessee Part B Medical Services Program.

This program provides a third-party payer source for outpatient medical services to qualified individual clients based on an established fee schedule. The fee schedule is based on CPT and HCPCS Codes and payment rates are established by a HRSA approved formula that is based on the State of Tennessee's Medicaid rates.

**Requirements**

Services reimbursed by the Medical Services Program through the Fee Schedule must be provided to treat HIV specific problems, problems secondarily related to the patient's HIV status, or circumstances expected to negatively impact the course of HIV disease.

All services must be provided on an outpatient basis by an approved provider. Providers must complete an application process to become an approved provider.

Only individuals residing outside of Ryan White Part A Transitional Grant Areas are eligible to receive Part B Medical Services.

Only services listed on the Medical Services Fee Schedule will be reimbursed except for special requests. The amount listed on the Medical Services Fee Schedule for a particular service is the maximum amount allowed for reimbursement. By agreeing to provide services at the fee schedule rate, the provider cannot hold the patient responsible for amounts that exceed the reimbursement amount.

The Medical Services Program is NOT a secondary insurance program. Patients must not have any third-party payer that will pay any portion of a procedure that is being submitted to the State for payment. Examples of insurance include TennCare, Medicare, Medicaid, private insurance policies, etc. (An exception would be Nutritional Services that are not covered by these policies)





HIV/STI/VIRAL HEPATITIS PROGRAM  
RYAN WHITE PART B SERVICES  
ANDREW JOHNSON TOWER, 4<sup>TH</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

**Ryan White Part B Program  
HDAP & IAP Waiting List Policy #  
September 1, 2021**

**Purpose**

The purpose of this policy is to establish guidelines and procedures for administering, transitioning to, and the execution, of a single Ryan White Part B HIV Drug Assistance Program (HDAP) and Insurance Assistance Program (IAP) Waiting List, caused by a funding shortfall. This will occur only after careful assessment of available resources and exhaustion of viable cost saving measures. The Waiting List shall be managed by the Ryan White Program staff. This document is intended to help reduce confusion and frustration that is inherently part of any changes to a program. The primary roles and responsibilities have been outlined and step-by-step guidance is included. Currently the waiting list applies only to HDAP and IAP services. Until further notice, all other services will remain available.

**I. Requirements**

**Upon Implementation of a Waiting List:**

A. New HDAP and IAP patients will be put on the waiting list in accordance with the procedures listed below:

1. Responsibilities of the Case Manager / Provider:

- a. All new applicants shall be screened for eligibility for any other HIV treatment programs such as the Veterans Administration, TennCare, etc., per current policies. Qualifying new clients must be approved for the HIV Drug Assistance Program (HDAP) or Insurance Assistance Program (IAP) by Ryan White staff and assigned a Ryan White Patient ID Number. This will be accomplished by the Case Manager and State HDAP staff, in accordance with current policies and procedures.
- b. Everyone who is ineligible for any other treatment program shall be placed on the Waiting List and be referred to Drug Manufacturer's Patient Assistance Programs (PAPs) according to the medications that the client is taking.
- c. Clients on the Waiting list shall still be eligible for Outpatient HIV clinic/ physician visits and Laboratory services.

2. Responsibilities of Ryan White Part B Program HDAP Staff:

- a. Management of a Waiting List database / spreadsheet.

- b. Clients will be placed on the Waiting List according to their application date and times received, and remain on the list until either:
    - 1) The client's name moves to the top of the list and the client is moved into the appropriate program,
    - 2) The client becomes ineligible; or,
    - 3) The client leaves the state.
    - 4) Clients dis-enrolled and subsequently re-enrolled will be placed at the bottom of the list.
  - c. All new approved applicants applying for HDAP or IAP will be added to the waiting list, including clients transferring from other states and those released from incarceration.
  - d. The Waiting List will be managed on a "first-come-first-served" basis, except for two Priority Groups: pregnant women and infants. Individuals on the ADAP Waiting List in one of these "Priority Groups" shall be provided with the following temporary emergency services while they remain on the Waiting List:
    - 1) Pregnant women shall be eligible for HDAP or IAP during pregnancy and up to 90 days post-partum: and
    - 2) Infants up to one year of age shall be eligible for HDAP or IAP for up to 180 days of coverage.
  - e. Pregnant women's original application date will mark their place on the waiting list if they have not progressed to the top of the list by the time, they are 90 days post-partum.
- B. Please contact the Director of Ryan White Part B Program at 615-741-0237 if you have any questions or need further information.

# Definitions and Acronyms

---



Tennessee Department of Health  
Ryan White Part B Program  
HIV/STI/VIRAL Hepatitis Section

## Tennessee Department of Health/Ryan White Program Definitions and Acronyms

<b>AACTG</b>	<b>Adult AIDS Clinical Trials Group</b> – Largest HIV clinical trials organization in the world, which plays major role in setting standards of care for HIV infection and opportunistic diseases related to HIV/AIDS in the United States and the developed world. The AACTG is composed of, and directed by, leading clinical scientists in HIV/AIDS therapeutic research.
<b>ACTG</b>	<b>AIDS Clinical Trial Group</b> – A network of medical centers around the country in which federally funded clinical trials are conducted to test the safety and efficacy of experimental treatments for AIDS and HIV infection. These studies are funded by NIH National Institute of Allergy and Infectious Diseases (NIAID).
<b>ADAP</b>	<b>AIDS Drug Assistance Program</b> – Administered by States and authorized under Part B of the CARE Act, provide FDA approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured CARE Act clients as long as insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.
<b>Administrative Or Fiscal Agent</b>	Entity that functions to assist the grantee, Consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals [RFPs], monitoring contracts).
<b>AETC</b>	<b>AIDS Education and Training Center</b> – Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the CARE Act and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).
<b>Agency</b>	An organization that provides some service such as an AIDS service organization (ASO), a community based organization (CBO), or a governmental organization.
<b>AHRQ</b>	<b>Agency for Healthcare Research and Quality</b> – Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.
<b>AIDS</b>	<b>Acquired Immunodeficiency Syndrome</b> – A disease caused by the human immunodeficiency virus.
<b>Antiretroviral</b>	A medication that fights against a retrovirus, such as HIV.

<b>ASO</b>	<b>AIDS Service Organization</b> - An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.
<b>BHO</b>	<b>Behavioral Health Organization</b>
<b>By-laws</b>	Standing rules written by a group to govern their internal function; addresses issues of voting, quorums, attendance, etc.
<b>Capacity</b>	Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved PLWH in the EMA.
<b>CARE Act</b>	<b>Ryan White Comprehensive AIDS Resources Emergency Act</b> - Federal legislation created to address the unmet health care and services needs of people living with HIV disease (PLWH) and their families. It was enacted in 1990 and reauthorized in 1996 and 2000.
<b>CADR</b>	<b>CARE Act Data Report</b> - A provider-based report generating aggregate client, provider, and service data for all CARE Act programs. Reports information on all clients who receive at least one service during the reporting period. Replaces the Annual Administrative Report (AAR) used for Part A and Part B as well as separate Part C and Part D data reports.
<b>CBO</b>	<b>Community Based Organization</b> - An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.
<b>CDC</b>	<b>Centers for Disease Control and Prevention</b> - Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.
<b>CD4 or CD4+</b>	Also known as "helper" T-cells, these cells are responsible for coordinating much of the human immune response. HIV's preferred targets are cells that have a docking molecule called "cluster designation 4" (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS, and decreasing CD4 levels appear to be the best indicator for developing opportunistic infections.
<b>CD4 Cell Count</b>	The number of T-helper lymphocytes per cubic millimeter of blood. The CD4 count is a good predictor of immunity. As CD4 cell count declines, the risk of developing opportunistic infections increases. The normal adult range for CD4 cell counts is 500 to 1500 per cubic millimeter of blood. (The normal range for infants is considerably higher and slowing declines to adult values by age 6 years.) CD4 counts should be rechecked at least every 6 to 12 months if CD4 counts are greater than 500/mm <sup>3</sup> . If

the count is lower, testing every 3 months is advised. (In children with HIV infection, CD4 values should be checked every 3 months.) A CD4 count of 200 or less is an AIDS-defining condition.

<b>CEDS</b>	<b>Communicable Environmental Disease Services</b> – Works to discover and eliminate the threat of communicable diseases and to educate people about protecting themselves from illnesses. Conducts surveillance activities in order to monitor new emerging infections or identify clusters of cases that could be related. Investigations are conducted to pinpoint the source of the disease to prevent dangerous outbreaks.
<b>CMS</b>	<b>Centers for Medicare and Medicaid Services</b> – Federal agency within HHS that administers the Medicaid, Medicare, State Child Health Insurance Program (SCHIP), and the Health Insurance Portability and Accountability Act (HIPAA).
<b>C &amp; I</b>	<b>Department of Commerce and Insurance</b> – Responsible for protecting the Interest of consumers while providing fair, efficient oversight and a level field of competition for industries and professional business in Tennessee. The Department also assists law enforcement through specialized training and investigative work.
<b>COE</b>	<b>Center of Excellence</b> – HIV Agencies designated by the Tennessee Department of Health that provide outpatient medical care, mental health, and medical case management.
<b>Co-morbidity</b>	A disease or condition, such as mental illness or substance, co-existing with HIV disease.
<b>Collaboration</b>	A program representing a formal partnership between or among agencies where there is a financial agreement to distribute United Way of Metropolitan Nashville dollars among collaborating partners. A program Collaboration combines resources to improve direct services to customers. It may include administrative functions such as shared human resources, training, information services, equipment, finances, co-location of staff or services, or joint efforts to reduce overlap/duplication of services.
<b>Comprehensive Planning</b>	The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.
<b>Community Health Centers</b>	Federally funded by HRSA's Bureau of Primary Health Care. Provides family-oriented primary and preventive health care services for people living in rural and urban medically underserved communities.
<b>Conflict</b>	A conflict between one's obligation to the public good and one's self-interest; for example, if the board of a community-based organization is deciding whether to receive services from Company A and one of the board members also owns stock in Company A, that person would have a conflict of interest.

<b>Consortium</b>	A regional or statewide planning entity established by many State grantees under Part B of the CARE Act to plan and sometimes administer Part B services. An association of health care and support service agencies servicing PLWH under Part B of the CARE Act.
<b>Continuum of Care</b>	A public health model that outlines the steps or stages that people with HIV go through from diagnosis to achieving and maintaining viral suppression (a very low or undetectable amount of HIV in the body).
<b>CPCRA</b>	<b>Community Programs for Clinical Research on AIDS</b> – Community –Based clinical trials network that obtains evidence to guide clinicians and PLWH on the most appropriate use of available HIV therapies.
<b>CPS</b>	<b>Child Protective Services</b> – Protects children (under 18 years) whose lives or health are seriously jeopardized because of abusive acts or negligence. This division also supports the preservation of families.
<b>CS</b>	<b>Community Services</b> – Works to reduce premature death, disease, and disability through a combination of preventative programs, wellness initiatives, and chronic disease interventions. Prevention efforts are comprised of innovative techniques to inform the public and promote the adoption of healthy lifestyles.
<b>CSPS</b>	<b>Comprehensive STI Prevention Systems</b> - CDC grant program to support the coordinated and comprehensive provision of essential program functions to prevent and control STIs within states, communities and special populations
<b>Cultural Competence</b>	The knowledge, understandings, and skills to work effectively with individuals from differing cultural backgrounds.
<b>DCPG</b>	<b>Division of Community Based Programs</b> – The division within HRSA'S HIV/AIDS Bureau that is responsible for administering Part C, Part D, and the HIV/AIDS Dental Reimbursement Program.
<b>DCS</b>	<b>Department of Children's Services</b> – Responsible for child protective services, foster care, adoption, programs for delinquent youth, probation, aftercare, treatment and rehabilitation for identified youth, and licensing for all child welfare agencies, except for child (day) care agencies.
<b>DFS</b>	<b>Department of Fiscal Services</b> – Responsible for State expenditures, revenues, and debts.
<b>DGA</b>	<b>Delegated Grant Authority</b>
<b>DHS</b>	<b>Department of Human Services</b> – Provides a quality of coordinated human services to meet the changing needs of individuals, children and families. It helps protect the

vulnerable and enables those in need to achieve self-sufficiency and to improve their quality of life.

<b>DPA</b>	<b>Delegated Purchase Authority</b>
<b>DSS</b>	<b>Division of Service Systems</b> – The division with HRSA’s HIV/AIDS Bureau that administers Part A and Part B of the CARE Act.
<b>EIA</b>	<b>Enzyme-Linked Immunosorbent Assay</b> – The most common test used to detect the presence of HIV antibodies in the blood, which indicate ongoing HIV infection. A positive ELISA test result must be confirmed by another test called a Western Blot.
<b>EIS</b>	<b>Early Intervention Services</b> – Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Titles I and II of the CARE Act, includes outreach, counseling and testing, information and referral services. Under Title III of the CARE Act, also includes comprehensive primary medical care for individuals living with HIV/AIDS.
<b>EMA</b>	<b>Eligible Metropolitan Area</b> – Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Part A CARE Act funds.
<b>Epidemic</b>	A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.
<b>Epidemiologic Profile</b>	A description of the status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.
<b>Epidemiology</b>	The branch of medical science that studies the incidence, distribution, and control of disease in a population.
<b>Exposure Category</b>	In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.
<b>F &amp; A</b>	<b>Department of Finance and Administration</b> – Acts as the chief corporate office of state government and provides continually improving financial and administrative support services.
<b>Family Centered Care</b>	A model in which systems of care under Ryan White Title IV are designed to address the needs of PLWH and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.



<b>Formula Grant Application</b>	The application used by EMAs and States each year to request an amount of CARE Act funding which is determined by a formula based on the number of reported AIDS cases in their location and other factors. The application responds to guidance from DSS on program requirements and expectations.
<b>FSS</b>	<b>Fiscal Services Section</b> – Economic and financial services.
<b>Genotypic Assay</b>	A test that analyzes a sample of the HIV virus from the patient’s blood to identify actual mutations in the virus that are associated with resistance to specific drugs.
<b>Grantee</b>	The recipient of CARE Act funds responsible for administering the award.
<b>GS</b>	<b>Department of General Services</b> – Provides a broad range of support services to other departments and agencies of state government. Services include: procurement of equipment and material, building management, motor vehicle and equipment management, surplus property utilization, printing and photographic services, postal services, food services, records management and central stores.
<b>HARS</b>	<b>HIV/AIDS Reporting System</b>
<b>HAART</b>	<b>Highly Active Antiretroviral Therapy</b> - HIV treatment using multiple antiretroviral drugs to reduce viral loads to undetectable levels and thereby maintain/increase CD4 levels.
<b>HAB</b>	<b>HIV/AIDS Bureau</b> – The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White CARE Act.
<b>HICP</b>	<b>Health Insurance Continuity Program</b> – A program primarily under Part B of the CARE Act that makes premium payments, co-payments, deductibles, and/or risk pool payments on behalf of a client to purchase/maintain health insurance coverage.
<b>High-Risk Insurance Pool</b>	A program primarily under Part B of the CARE Act that makes premium payments, co-payments, deductibles, and/or risk pool payments on behalf of a client to purchase/maintain health insurance coverage or who have health conditions that denied coverage due to a pre-existing condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.
<b>HIV/AIDS Dental Reimbursement Program</b>	The program within the HRSA HIV/AIDS Bureau’s Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWH.
<b>HIV Disease</b>	<b>Human Immunodeficiency Virus</b> – Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

<b>HOPWA</b>	<b>Housing Opportunities for People With AIDS</b> – A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWH and their families.
<b>HRSA</b>	<b>Health Resources and Services Administration</b> – The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White CARE Act.
<b>HUD</b>	<b>U.S. Department of Housing and Urban Development</b> – The Federal Agency responsible for administering community development, affordable housing and other programs including Housing Opportunities for People with AIDS (HOPWA).
<b>HRC</b>	<b>Human Rights Commission</b> – An independent state agency charged with preventing and eradicating discrimination in employment, public accommodations, housing, and the distribution of federal funds through grants and contracts.
<b>HSA</b>	<b>Health Services Administration</b> (Bureau of Health Services)
<b>IAP</b>	<b>Insurance Assistance Program</b> – A program whose goal is to maintain private and public insurance for eligible HIV/AIDS clients in order to maintain existing health care coverage and not shift the cost of care to the public system, Ryan White Medical Services or HDAP.
<b>IDU</b>	Injection Drug User
<b>IGA</b>	<b>Intergovernmental Agreement</b> – A written agreement between a governmental agency and an outside agency that provides HIV services.
<b>Incidence</b>	The number of new cases of a disease that occur during a specified time period.
<b>Incidence Rate</b>	The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.
<b>Lead Agency</b>	The agency within a Part B Consortium that is responsible for contract administration; also called a fiscal agent (an incorporated Consortium sometimes serves as the Lead Agency)
<b>MAI</b>	<b>Minority AIDS Initiative</b> – A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV disease within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.
<b>MCH</b>	<b>Maternal and Child Health</b> – Provides a continuum of care for children and their parents. Services emphasize prevention of child abuse and neglect, prevention or

reduction of developmental delays in children, and ensuring that children are immunized, have a medical home and receive exams.

<b>MCM</b>	<b>Medical Case Manager</b> – Provides a range of client-centered services that link clients with health care, psychosocial, and other services.
<b>Medicaid Spend-down</b>	A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may “spend down” to eligibility level. The individual accomplishes spend-down by deducting accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the “medically needy” eligibility category, for these individuals.
<b>Multiply Diagnosed</b>	A person having multiple morbidities (e.g., substance abuse and HIV infection).
<b>NASTAD</b>	<b>National Alliance of State and Territorial AIDS Directors</b> – A non-profit national association of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS health care, prevention, education, and support services programs funded by state and federal governments.
<b>Needs Assessment</b>	A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (CARE Act and other) available to meet those needs, and determining what gaps in care exist.
<b>NNRTI</b>	<b>Non-Nucleoside Reverse Transcriptase Inhibitor, called “non-nuke”</b> – A class of antiretroviral agents (e.g., delavirdine, nevirapine, efavirenz) that stops HIV production by binding directly onto an enzyme (reverse transcriptase) in a CD4+ cell and preventing the conversion of HIV’s RNA to DNA.
<b>Non-Medical Case Management</b>	includes the provision of advice and assistance in obtaining social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
<b>OGC</b>	<b>Office of General Council</b>
<b>OIR</b>	<b>Office for Information Resources</b> – Provides direction, planning, resources, execution, and coordination in managing the information system needs of the state of Tennessee.
<b>OMB</b>	<b>Office of Management and Budget</b>
<b>OMH</b>	<b>Office of Minority Health</b> – Improves the health of racial and ethnic minority populations through the development of health policies and programs that address health disparities and gaps.

<b>Opportunistic Infection</b>	<b>or Opportunistic Condition</b> - An infection or cancer that occurs in persons with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's Sarcoma (KS), pneumocystis pneumonia (PCP), toxoplasmosis, and cytomegalovirus (CMV) are all examples of opportunistic infections.
<b>PACTG</b>	<b>Pediatric AIDS Clinical Trials Group</b> - Body that evaluates treatments of HIV-infected children and adolescents and develops new approaches for the interruption of mother-to-infant transmission.
<b>Part A</b>	The part of the CARE Act that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV/AIDS epidemic.
<b>Part B</b>	The part of the CARE Act that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWH and their families.
<b>Part C</b>	The part of the CARE Act that supports outpatient primary medical care and early intervention services to PLWH through grants to public and private non-profit organizations. Title III also funds capacity development and planning grants to prepare programs to provide EIS services.
<b>Part D</b>	The part of the CARE Act that supports coordinated services and access to research for children, youth and women with HIV disease and their families.
<b>Part F</b>	The part of the CARE Act that includes the AETC Program, the SPNS Program, and the HIV/AIDS Dental Reimbursement Program.
<b>PCR</b>	<b>Polymerase Chain Reaction</b> - A laboratory process that selects a DNA segment from a mixture of DNA chains and rapidly replicates it to create a sample of a piece of DNA. For HIV, this is called RT-PCR, which is a laboratory technique that can detect and quantify the amount of HIV (viral load) in a person's blood or lymph nodes. PCR is also used for the diagnosis of HIV infection in exposed infants.
<b>PEMS</b>	<b>Program Evaluation and Monitoring System</b>
<b>Phenotypic Assay</b>	A procedure whereby sample DNA of a patient's HIV is tested against various antiretroviral drugs to see if the virus is susceptible or resistant to these drug(s).
<b>PHS</b>	<b>Public Health Service</b> - An administrative entity of the U.S. Department of Health and Human Services.
<b>Planning Council</b>	A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to assess needs, establish a plan for the delivery of HIV care in the EMA, and establish priorities for the use of Title I CARE Act funds.

<b>Planning Process</b>	Steps taken, and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision-making.
<b>PLWH</b>	People Living With HIV Disease
<b>Prevalence</b>	The total number of persons in a defined population with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).
<b>Prevalence Rate</b>	The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).
<b>Priority Setting</b>	The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.
<b>Prophylaxis</b>	Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).
<b>Protease</b>	An enzyme that triggers the breakdown of proteins. HIV's protease enzyme breaks apart long strands of viral protein into separate proteins constituting the viral core and the enzymes it contains. HIV protease acts as new virus particles are budding off a cell membrane.
<b>Protease Inhibitor</b>	A drug that binds to and blocks HIV protease from working, thus preventing production of new functional viral particles.
<b>Reflectiveness</b>	The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.
<b>Representative</b>	Term used to indicate that a sample similar to the population from which it was drawn, and therefore can be used to make inferences about that population.
<b>RFP</b>	<b>Request for Proposal-</b> An open and competitive process for selecting providers of services (sometimes called RFA or Request for Application).
<b>Resource Allocation</b>	The Title I planning council responsibility to assign CARE Act amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.
<b>Retrovirus</b>	A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus. After a retrovirus penetrates a cell, it constructs a DNA version of its genes using a special enzyme, reverse transcriptase. This DNA then becomes part of the cell's genetic material.

<b>Risk Factor/Behavior</b>	Behavior or other factor that places a person at risk for disease; for HIV/AIDS, this includes such factors as male-to-male sexual contact, injection drug use, and commercial sex work.
<b>RT-PCR</b>	<b>Reverse Transcriptase Polymerase Chain Reaction</b> – A laboratory technique that can detect and quantify the amount of HIV (viral load) in a person’s blood or lymph nodes.
<b>Salvage Therapy</b>	A treatment effort for people who are not responding to, or cannot tolerate the preferred, recommended treatments for a particular condition. In the context of HIV infection, drug treatments that are used or studied in individuals who have failed one or more HIV drug regimens. In this case, failed refers to the inability to achieve or sustain low viral load levels.
<b>SAMHSA</b>	<b>Substance Abuse and Mental Health Services Administration</b> – Federal agency within HHS that administers programs in substance abuse and mental health.
<b>SCSN</b>	<b>Statewide Coordinated Statement of Need</b> – A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize CARE Act program coordination. The SCSN process is convened by the Part B grantee, with equal responsibility and input by all programs.
<b>Section 340B Drug Discount Program</b>	A program administered by the HRSA’s Bureau of Primary Care, Office of Pharmacy Affairs established by Section 340B of the Veteran’s Health Care Act of 1992, which limits the costs of drugs to Federal purchasers and to certain grantees of Federal agencies.
<b>Seroconversion</b>	The development of detectable antibodies to HIV in the blood as a result of infection. The development of detectable antibodies to HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.
<b>Seroprevalence</b>	The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or a rate per 100,000 tested.)
<b>Service Gaps</b>	All the service needs of all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care (“in care”).
<b>SPNS</b>	<b>Special Projects of National Significance</b> – A health services demonstration, research, and evaluation program funded under Part F of the CARE Act to identify innovative models of HIV care. SPNS projects are awarded competitively.

<b>STI*MIS</b>	<b>STI Management Information System</b>
<b>Surveillance</b>	An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).
<b>Surveillance Report</b>	A report providing information on the number of reported cases of disease such as AIDS, nationally and for specific sub-populations.
<b>Target Population</b>	A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.
<b>TCPG</b>	<b>Tennessee Community Planning Group</b>
<b>Transmission Category</b>	A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug exposure use, heterosexual contact, and perinatal transmission.
<b>Unmet Need</b>	The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.
<b>Viral Load</b>	In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.
<b>Western Blot</b>	A test for detecting the specific antibodies to HIV in a person's blood. It is commonly used to verify positive EIA tests. A Western Blot test is more reliable than the EIA, but it is more difficult and more costly to perform. All positive HIV antibody tests should be confirmed with a Western Blot test.
<b>WICY</b>	<b>Women, Infants, Children and Youth</b> - CAREWare report consisting of the number of HIV positive women, infants, children, and youth by an agency.