ILLINOIS RYAN WHITE PART B CASE MANAGEMENT

Module 1

The Public Health Department and Ryan White Program Overview

IDPH
Illinois Department of Public Health

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OBJECTIVES - Overall Case Management Training

Understand

- Understand the Ryan White Part B (RWPB) Program
  - Gain knowledge of the standards and requirements of the RWPB Program

Comprehend

- Comprehend the tiered system of case management in the Illinois RWPB Program
  - Describe differences between medical and supportive case management
  - Identify the roles of Illinois Ryan White Part B (RWPB) Case Managers

Learn

- Learn documentation and data collection requirements

Recognize and Apply

- Recognize and apply best practices

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Ryan White Program at the Federal Level

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PROGRAM OVERVIEW

The purpose of the Ryan White Program is to fund HIV care and treatment services to low-income people living with HIV who are uninsured or underserved.

- First enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.
- Administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).
- Provides a comprehensive system of HIV medical care, support services, and medications to improve health outcomes and reduce HIV transmission among hard-to-reach populations.
- Amended and reauthorized to address new and emerging needs.
  - https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf

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PROGRAM OVERVIEW

- Divided into several portions, called Parts
- Provides flexible structure to address HIV care needs by:
  - Geographic area (metropolitans, states, communities)
  - Hardest hit populations
  - Types of HIV-related services available
  - Service system needs (technical assistance, training, etc.)
- Addresses planning, grant availability, approved uses for funds, application submission, and technical assistance
- https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program

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PROGRAM OVERVIEW

- **Part A** – medical and support services in Eligible Metropolitan Areas (Chicago EMA) and Transitional Grant Areas (St. Louis TGA)
- **Part B** – improvement of quality, availability, and organization of HIV health care and support in states; AIDS Drug Assistance Program (ADAP); Comprehensive Insurance Program (CHIC)
- **Part C** – primary health care in local outpatient organizations and capacity development
- **Part D** – outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth living with HIV
- **Part F** – clinician training, technical assistance, and the development of innovative models of care; special projects; MATEC; dental programs
- **Minority AIDS Initiative (MAI)** – improvement in access to HIV care and health outcomes for disproportionately affected minority populations
  - **MAI ADAP Program** – enrollment of designated minority groups with enrollment into ADAP (distinct and very restrictive program from the larger MAI Program)

https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-grants-states-territories

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PROGRAM OVERVIEW

- Policy Clarification Notices (PCNs) and Program Letters provide additional guidance to understand and implement legislative requirements.
  - https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters
- Ryan White HIV/AIDS Program Manuals and Reports explain structure of the RWHAP Part B and ADAPs at the Federal and State level and key issues and strategies used by RWHAP Part B and ADAPs to broaden access to HIV/AIDS care and treatment.
  - https://hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-recipient-resources

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NATIONAL MONITORING STANDARDS

- As a condition of funding, these standards describe federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness.
- These standards provide direction and advice to grantees for monitoring both their own work and the performance of service providers.
  - https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf
  - https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringpartb.pdf
  - https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf

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QUESTIONS

If you have any questions on the content of this portion of presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)

Vision

Communities of Illinois will achieve and maintain optimal health and safety.

Mission

Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.

Director

Dr. Ngozi O. Ezike, MD

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)

- Organized in 1877, IDPH is one of state's oldest agencies
- Headquarters in Springfield and Chicago incorporating:
  - 7 regional offices
  - 3 laboratories
  - 1,100 employees
- Over 200 programs, affecting health and well-being of every Illinois resident and visitor including:
  - Childhood immunization
  - Food, water, and drug testing
  - Hospital and nursing home licensure
  - Infectious and chronic disease control
  - Vital records
  - Health statistics collection and evaluation
  - Newborn screenings
  - Women's health promotion
  - Emergency preparedness/response

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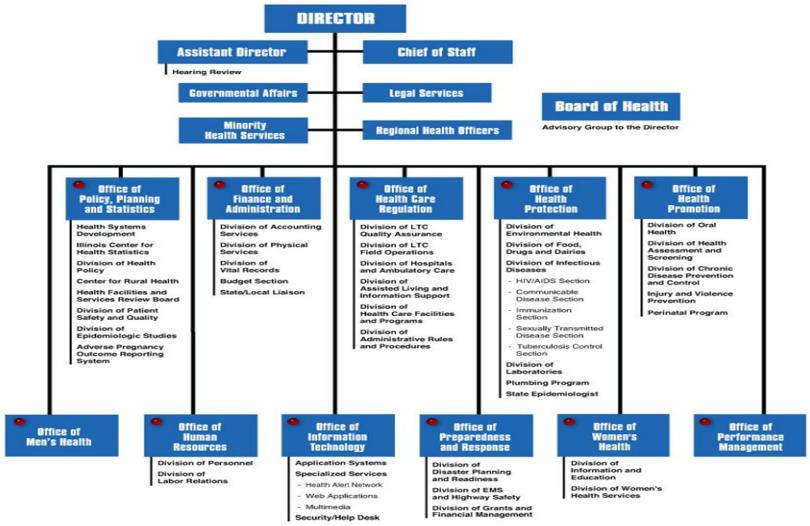
ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)



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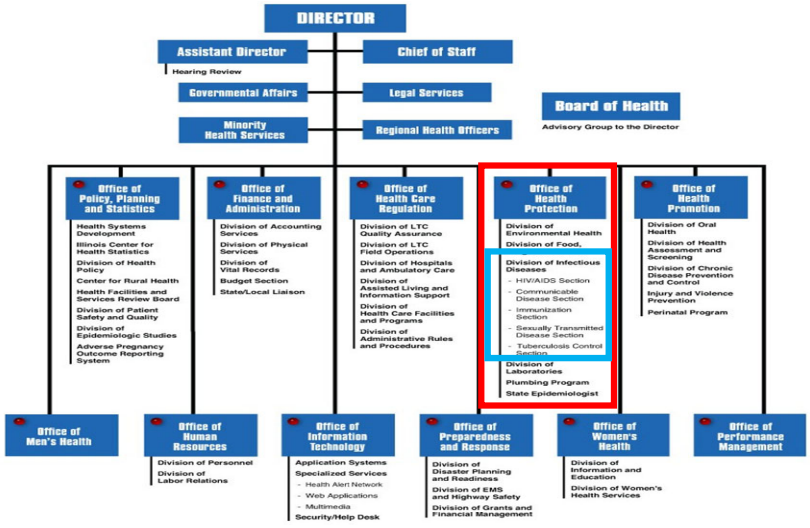
ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)



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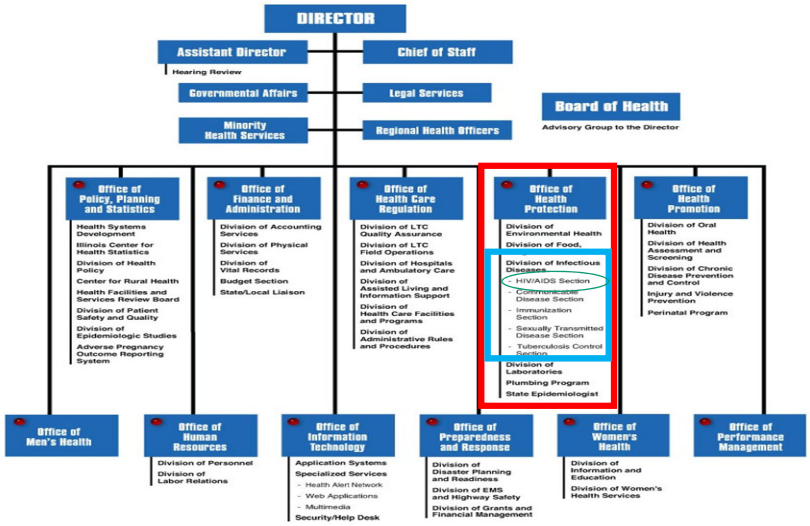
ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)



HIV/AIDS SECTION

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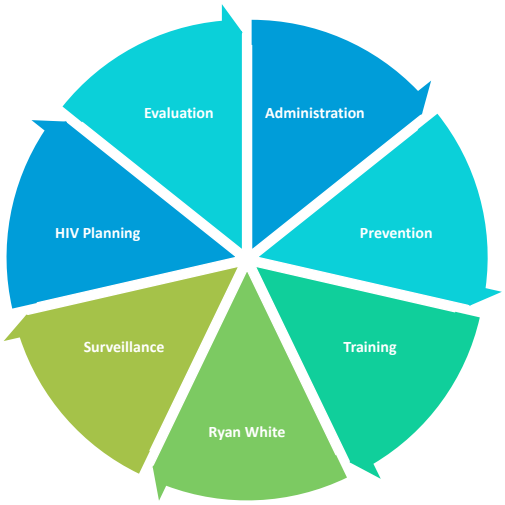
HIV/AIDS SECTION OVERVIEW



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ILLINOIS RYAN WHITE PART B UNIT OVERVIEW

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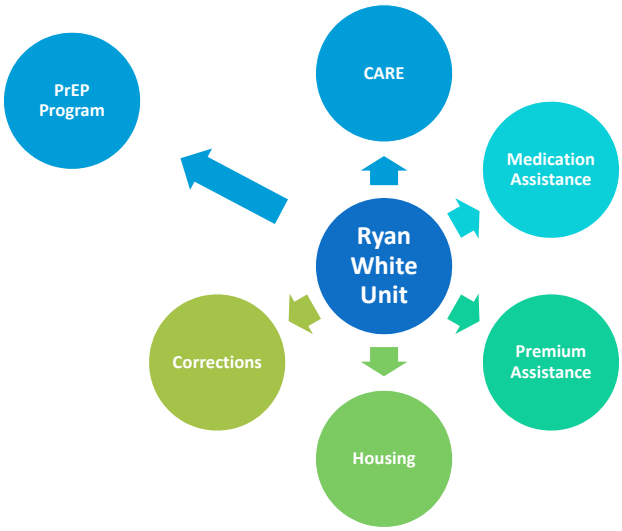
RYAN WHITE UNIT OVERVIEW



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RYAN WHITE UNIT OVERVIEW - FUNDING

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MEDICATION ASSISTANCE (MAP) OVERVIEW

- Is known federally as AIDS Drug Assistance Program (ADAP).
- Provides approved medications to eligible individuals as the direct payer source (uninsured) or coordinates with program participant's insurance benefits.
- Utilizes an exclusionary formulary where some medications require prior approval.
- Has developed Prescribing Guidelines for providers.
  - https://iladap.providecm.net/Content/docs/ADAPFormularyAndPrescribingGuidlines.pdf

✓ **Medication Assistance Program enrollment is required in order to receive Premium Assistance.**

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PREMIUM ASSISTANCE (PAP) OVERVIEW

- Known through Illinois statues as the Continuation of Health Insurance Coverage (CHIC).
- Pays premiums for eligible individuals with approved insurance plans that coordinate with MAP.
- Insurance plans must contain prescription drug coverage that is in network with the Program's contracted pharmacy.
- Can assist with any of the following insurance coverage as long as the insurance provider allows the Program's contracted pharmacy to fill and coordinate billing:
  - **Private Health Insurance,**
  - **ACA Marketplace Health Insurance,**
  - **COBRA,**
  - **Medicare Part C/D, and**
  - **Medicare Supplemental.**

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HOUSING PROGRAM OVERVIEW

- **Purpose**: to provide state and local governments with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with AIDS and their families.
- Created through the National Affordable Housing Act of 1990 and authorized by the AIDS Housing Opportunity Act of 1992.
- Services outlined in the State of Illinois Consolidated Plan and Action Plan coordinated by the Illinois Housing Development Authority.

https://www.ihda.org/about-ihda/state-housing-planning-reports/

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HOUSING PROGRAM OVERVIEW

- Illinois RWPB's Housing Program has four main components:
  - **Short-Term Rent and Utility (STRU),**
  - **Short-Term Mortgage Assistance,**
  - **Tenant Based Rental Assistance (TBRA), and**
  - **Permanent Housing Placement (PHP).**
- Both HRSA and the Department of Housing and Urban Development (HUD) provide funding for housing with each funder having specific requirements for documentation and eligibility.
- HRSA and Federal Special Funds will support:
  - **Short-Term Rent and Utility Assistance (STRU).**
- HUD/HOPWA funding will support:
  - **Short-Term Mortgage Assistance,**
  - **Tenant-Based Rental Assistance (TBRA), and**
  - **Permanent Housing Placement (PHP).**

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HOUSING PROGRAM OVERVIEW

- AIDS Housing Opportunity Act
  - https://www.hudexchange.info/resource/2934/aids-housing-opportunity-act/
- Housing Opportunity Through Modernization Act of 2016
  - https://www.congress.gov/114/plaws/publ201/PLAW-114publ201.pdf
- HOPWA Regulations
  - https://www.hudexchange.info/resource/2936/24-cfr-part-574-housing-opportunities-for-persons-with-aids/
- HUD Exchange
  - https://www.hudexchange.info/

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CORRECTIONS PROGRAM OVERVIEW

- Interagency Agreement with Illinois Department of Corrections (IDOC)
  - **Summits of Hope** - community expo to reduce recidivism
    - Events held around the state for parolees and probationers
    - "One-stop shop" for community resources – parole/probation, health/insurance, employment, counseling, banking, etc.
    - Goal – successful reintegration into community
  - **Correctional Reentry and Peer Support Project**
    - Peers coordination of education and support services within IDOC facilities
    - Coordinates transitions of parolees and probationers leaving prisons and jails and returning to the community
    - Provides linkage to case management (within RWPB Lead Agent system) and linkage to care
- Re-entry Support Grant
  - Grantee that assists the RWPB Program to train providers that work with Corrections populations.

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ILLINOIS RYAN WHITE PROGRAM OVERVIEW

- The Program operates using a consortia model.
  - Lead Agencies govern a specific geographic area.
- Lead Agencies are selected through a State of Illinois competitive bid process.
  - Request for Proposals (RFP's) are solicited for each region.
- Grants awarded are on a three year cycle.
  - The first year is competitive.
  - Grant cycle includes two annual renewals.

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ILLINOIS RYAN WHITE PROGRAM OVERVIEW

Care services for each jurisdiction are determined by regional needs assessments.

Eight (8) regional lead agents implement services across state.

The lead agent serves as the content expert for services in each region.

Please contact your supervisor, then your lead agent, with questions.

Not all services are offered in every region.

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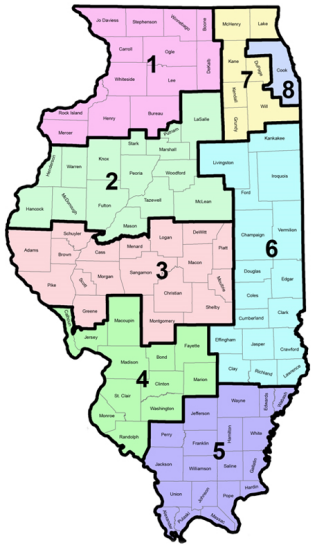
ILLINOIS RYAN WHITE PART B REGIONS

Region 1: Northwest Illinois
Region 2: Positive Solutions
Region 3: Central Illinois
Region 4: Southwest Illinois
Region 5: Southern Illinois
Region 6: East Central Illinois
Region 7: Collars Counties
Region 8: Cook County



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FEDERAL MANDATES

75% (or more) of funds must pay for core medical services.

25% (or less) of funds should pay for support services.

Services funded by IL RWPB include, but are not limited to, case management, medical and dental care, food and nutrition services, housing and utility assistance, transportation, and other supportive services.

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CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM

- Assesses if services provided are consisted with Public Health Service guidelines for treatment of HIV.
- Develops strategies to ensure services improve access to and quality of HIV services.
- Uses data and measurable outcomes to determine progress and make program improvements.
- Performs specific duties as detailed in HRSA PCN 15-02: Clinical Quality Management (CQM).
- https://hab.hrsa.gov/sites/default/files/hab/About/clinical-quality-management/clinicalqualitymanagementpcn.pdf

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CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM

- CQM Committee develops the CQM Program.
- CQM Plan describes all CQM activities, timeline of activities, and responsible parties.
- Performance measures and analysis of results measure change in patient care, health outcomes, and program participant satisfaction.
- Consumer involvement ensures that the needs of people with HIV are being addressed in services.
- Evaluation plan ensure that CQM activities are making changes that positively affect health outcomes.

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CLINICAL QUALITY MANAGEMENT PLAN

Quality improvement initiatives implement specific changes and improvements to program participant health outcomes or satisfaction that:

- Emphasize viral suppression and program participant health,
- Focus on specific service categories, and
- May include demographic components (race, age, etc).

Compliance with performance standards is measured by:

- Client and service utilization reports,
- Chart reviews, and
- Site visits.

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ILLINOIS HIV INTEGRATED PLANNING COUNCIL (IHIPC)

IHIPC is the planning body for statewide HIV activities in Illinois.

RWPB grantees must ensure appropriate needs assessment and service planning.

For RWPB, states and territories must undertake priority setting and resource allocation activities.

IHIPC members and community stakeholders guide development of the State's comprehensive plan for HIV prevention and care.

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PREP 4 ILLINOIS

- Pre-Exposure Prophylaxis, or PrEP, is a way for people who do not have HIV, but who are at substantial risk, to prevent HIV infection by taking a pill every day.
- PrEP 4 Illinois launched November 1, 2016.
- PrEP provides medication assistance to eligible participants, in coordination with Gilead's Advancing Access Program, regardless of whether the program participant has medical insurance.
- PrEP has a 12-month eligibility period.

https://prep4illinois.com

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ILLINOIS RYAN WHITE PART B ELIGIBILITY

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ELIGIBILITY CRITIERIA

HIV/AIDS Diagnosis

- Confirmation of HIV/AIDS Diagnosis – Required only once at initial enrollment
- Viral Load Results within 6 months of application – Required at each 6 month reassessment
- CD4 Laboratory Results within 6 months of application – Recommended/Not Required

Residency

- Documentation of Illinois domiciled residency – Required at each 6 month reassessment

Income

- Meeting the federal poverty level for each program – Required at each 6 month reassessment
  - Documentation of household income on the monthly Household Income Statement
  - Tax Form, if filed
  - Documentation for all income categories outlined on the monthly Household Income Statement

Payer of Last Resort

- Documentation of all third party payers– Required at each 6 month reassessment
  - Medicaid, Medicare, Medicare Supplemental, Employer Based Insurance, Marketplace Insurance, COBRA, commercial insurance
  - Ryan White is a “payer of last resort” and “safety-net” program

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PILLAR 1: PROOF OF HIV

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PROOF OF HIV

- Documentation of HIV diagnosis is required only for the first eligibility determination.
- The documentation must clearly identify the individual with the diagnosis. Several documents may be used to satisfy this requirement:
  - Confirmatory 4th generation, Western Blot, or Immunofluorescence Assay test,
  - Positive HIV RNA PCR,
  - Positive DNA PCR assay,
  - Detectable HIV Viral Load, or
  - Physician affidavit that certifies the confirmation of HIV diagnosis (which can be on official letter head of provider (preferred), a printout from the provider's EMR system, or a copy of a medical record note/printout).
    - If using a printout, the printout must contain the name of facility/system, medical provider name, and program participant name. The documentation must clearly identify the person being verified, must have the name of the physician or their designee, and be dated.

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PROOF OF HIV

Lab Result Monitoring

- As a condition of continued eligibility, the Program requires that participants receive ongoing monitoring of Viral Load.
- Updated viral load tests are required at a minimum of every six months.
- Lab results must be documented in the participant's electronic record.
- CD4 lab results are not required, but strongly recommended, by the Program to ensure the best quality of healthcare for participants.

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PROOF OF HIV

Out of State Physician

- If documentation received by the program indicates the program participant has an out of state physician, the program participant will be notified that they have until next enrollment to find an in-state physician in order to maintain eligibility for the program.
- The program may grant exceptions to this requirement for physicians in an adjacent state (i.e., St. Louis, Davenport, IA, Paducah, KY., Wisconsin, Indiana, etc.)

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PROOF OF HIV

- In an effort to ensure early treatment for those individuals who receive a preliminary HIV diagnosis (through either a single or double positive rapid test) through an IDPH funded counseling and testing provider, the Illinois Ryan White Part B program does grant a temporary eligibility period of 90 days in order to ensure these individuals are linked to medical care and can obtain a confirmatory HIV diagnosis.
- During this temporary 90-day eligibility period, the only services that can be provided are Case Management, medical transportation for transportation to and from the medical appointment, and assistance with out of pocket costs related to office visits and labs from a medical provider in order to obtain confirmation paperwork of the individuals HIV diagnosis.
- If the HIV confirmation test results in a negative diagnosis, these services must be moved to the agency's Illinois General Revenue (GRF) funding line to ensure federal funds are not used for HIV negative program participants.

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PILLAR 2: PROOF OF RESIDENCY

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PROOF OF RESIDENCY

- To be considered eligible for the Program, an individual must be a resident of Illinois.
- All documentation must contain the program participant's name and address, which must match the information submitted within the Eligibility Assessment.
- All documentation must be dated within 90 days of the submission unless using lease or mortgage agreements.

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PROOF OF RESIDENCY

- Several acceptable forms of documentation can be used to fulfill this requirement, including:
  - Lease/rental agreement – can be older than 90 days and must indicate effective date(s),
  - Mortgage agreement – can be older than 90 days and must indicate effective date(s),
  - Pay stub,
  - Benefit or bank statement (current year Social Security Benefit Statement is acceptable),
  - Credit card statement, utility or phone bill, or other mail mailed from an institution not affiliated or funded by the Program, or
  - Current year's tax return.

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PROOF OF RESIDENCY

- Individuals who are not able to obtain any of the acceptable documentation specified can utilize the ***Verification of Residency Affidavit***.
- This form was developed for those rare occasions when the program participant has no other form of residency documentation and should be utilized **only** in rare occasions when no other form of residency documentation is obtainable.
- Both the program participant and a neutral third party, including but not limited to case manager, shelter staff, physician, or other provider in a professional capacity, must sign the form.

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PROOF OF RESIDENCY

ONLY FOR CORRECTIONS

- Program participants residing in local or county correctional institutions are not eligible for Program services, unless the facility is unable to provide the needed services.
- Written verification from the facility, specifying the facility's inability to provide the services offered by the Program, must be obtained and included with the residency documentation prior to services being provided.
- If Medication Assistance is needed, the facility must allow the Program's contracted pharmacy to dispense medication and must assist the program participant in ordering medication refills.

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PILLAR 3: PROOF OF INCOME

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PROOF OF INCOME

- Federal Poverty Level (FPL) is set by the federal government every year and is defined as the maximum amount of gross income that a household can have and still be classified as living in poverty.
- Total household income must be at or below **800%** FPL to be eligible for the Program, but the only service available for individuals between 500% to 800% FPL is Case Management.
  - For 2020, 800% FPL is equal to $102,080 annually for a household size of 1, or $8,506/month.
- Individuals must have a total household income at or below **500%** FPL to receive any other service offered by the Program.
  - For 2020, 500% FPL is equal to $63,800 annually for a household size of 1, or $5,317/month.
- Individuals must have a total household income at or below **80%** of the Area Median Income (AMI) in which they reside to receive Housing Services.

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PROOF OF INCOME

Household Members

- The Illinois Ryan White Part B Program defines a household as the individual program participant and anyone who is determined to have a specific type of relationship to the program participant. These types of relationships are defined in the next few slides.
- All individuals considered household members as defined below must be counted when calculating the program participant's household size.

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PROOF OF INCOME

Household Members (continued)

- Biological children under the age of 18 who reside in the residence are considered household members.
- Biological children between the ages of 18 and 26 can be considered household members, even if they do not reside within the residence, but must be currently enrolled in an institution of higher learning such as a university, community college, or trade school.
- Biological children over the age of 18 who are receiving Social Security Disability Income (SSDI) are considered household members, and documentation of SSDI enrollment must be provided.

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PROOF OF INCOME

Household Members (continued)

- Individuals related to the program participant as a result of a union of two people as partners in a personal relationship that is legally recognized by the State of Illinois are considered household members. Examples of such relationships are marriage and legal civil unions.
- Individuals related to the program participant because of a legal guardianship or adoption proceeding are considered household members.
  - A legal guardian is a person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward.
  - Guardians are typically used in three situations: guardianship for an incapacitated senior (due to old age or infirmity), guardianship for a minor, and guardianship for developmentally disabled adults. Documentation of legal guardianship or adoption must be provided.

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PROOF OF INCOME

- The Program uses a Modified Adjusted Gross income model to determine total household income. This model contains many income sources which are added to the total and several income adjustments which are subtracted from the total.
- Depending on the income sources and adjustments for each household member, various supporting documents must be provided.
- All supporting documentation must be dated within 90 days of submission unless otherwise specified.

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PROOF OF INCOME

Sources of Income

- **Wages, Salary, and Tips** – supporting documentation required includes 2 pay stubs that are dated within 90 days of submission of the Eligibility Assessment. If the program participant or any household member does not receive pay stubs, this must be indicated on the Household Income Statement.
- **Taxable and Tax-Exempt Interest** – supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.
- **Ordinary and Qualified Dividends** – supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.
- **Taxable Refunds of State/Local Income Taxes** – supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.

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PROOF OF INCOME

Sources of Income (continued)

- **Business Income** – supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed, bank statements documenting deposits for the last complete month, as well as the Schedule 1 form from the tax return.
- **Capital and Other Gains** – supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.
- **IRA Distributions (Taxable amount)** – supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.
- **Pensions and Annuities (Private, Employer, or Veteran's)** – supporting documentation required includes an award letter dated within 90 days of the Eligibility Assessment submission date or showing benefit effective dates that encompass the Eligibility Assessment submission date or a bank statement dated within 90 days of the Eligibility Assessment submission date showing the deposit amount.

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PROOF OF INCOME

Sources of Income (continued)

- **Rental Real Estate, Partnerships** - supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.
- **Farm Income** - supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.
- **Unemployment Income** – supporting documentation required includes a copy of the current benefit award letter or printout(s) from the IL Department of Employment Security showing benefit effective dates that encompass the Eligibility Assessment submission date.

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PROOF OF INCOME

Sources of Income (continued)

- **Retirement Income from Social Security (SSA)** - supporting documentation required includes an award letter dated within 90 days of the Eligibility Assessment submission date or showing benefit effective dates that encompass the Eligibility Assessment submission date or a bank statement dated within 90 days of the Eligibility Assessment submission date showing the deposit amount.
- **Disability Income from Social Security (SSDI)** - supporting documentation required includes an award letter dated within 90 days of the Eligibility Assessment submission date or showing benefit effective dates that encompass the Eligibility Assessment submission date or a bank statement dated within 90 days of the Eligibility Assessment submission date showing the deposit amount.

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PROOF OF INCOME

Sources of Income (continued)

- **Disability Income (Private, Employer, or Veteran's)** - supporting documentation required includes an award letter dated within 90 days of the Eligibility Assessment submission date or showing benefit effective dates that encompass the Eligibility Assessment submission date or a bank statement dated within 90 days of the Eligibility Assessment submission date showing the deposit amount.
- **Other income (Jury Duty Pay, Gambling Winnings, etc.)** - supporting documentation required includes the tax return filed from the most recent tax year including all pages of the associated 1040 version filed.

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PROOF OF INCOME

Tax Returns

- Program participants requesting Premium Assistance for a Health Insurance Marketplace plan, or applicants who received Premium Assistance for a Health Insurance Marketplace plan during the previous tax year, must submit the following tax documentation.
  - Tax Return from the Most Recent Tax Year filed – all pages of the 1040 version filed
    - **1040** – Pages 1 and 2
      - If enrolled in a IL Insurance Marketplace plan, the Program may also require IRS Forms 1095A and 8962.
      - Schedule 2 or Schedule 5 for documentation of the Advance Premium Tax Credit Repayment or Net Premium Tax Credit.
- Program participants are also required to submit their tax information if they have income sources or income deductions that require supporting documentation that can only come from tax returns.
- Any program participant who is currently enrolled in a Health Insurance Marketplace plan, must file their federal 1040 tax return, failure to do so may lead to termination from the Premium Assistance Program.

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PROOF OF INCOME

Income Adjustments

- Alimony paid
- Health Savings Account
- Student loan interest deduction
- Deductible part of self-employment tax
- Self-employed SEP, SIMPLE plans
- Self-employed health insurance deduction
- Employer deductions (retirement contributions, 401K, deferred compensation, etc.)
- Penalty on early withdrawal of savings
- Educator expenses
- Business expenses
- Moving expenses
- IRA deductions

*** When claiming any deduction, the tax return from the most recent tax year is required.**

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PROOF OF INCOME

- In order to properly document a participant's household MAGI income, a ***Household Income Statement*** must be completed and submitted with a program participants supporting documentation of income.

- All individuals that meet the Program's household member definition must be listed on the form and income from all household members must be included and documented.

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PILLAR 4: PAYER OF LAST RESORT

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PAYER OF LAST RESORT

- Program 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 (HRSA HAB's Policy 08-01).
- The Ryan White Program is also a safety net that provides services that are not otherwise available.
- Case managers and Lead Agency staff are expected to vigorously pursue funding sources other than Ryan White whenever possible. Case managers must maintain documentation of all conversations and activities regarding payer of last resort and pursuit of program participant enrollment in insurance coverage within the narrative of their case notes.
- Documentation of insurance or denial letters must be uploaded in the program participant's electronic record.

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PAYER OF LAST RESORT

The Illinois Ryan White Part B Program requirements on program participants obtaining health coverage is as follows:

Medicaid

- Program participants with income below 138 percent of the federal poverty level qualify and must apply for Medicaid in Illinois. Information on Medicaid expansion is found at: https://abe.illinois.gov/abe/access/
- The program will conduct a check of the individuals Medicaid status monthly and at each eligibility determination. No supporting documentation is required to be submitted to the program unless the individual or a case manager wishes to challenge the result of the Medicaid check. At that time, supporting documentation is required to be submitted.

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PAYER OF LAST RESORT

Medicare

- Program participants age 65 and over or those receiving Social Security Disability Income (SSDI) for more than 2 years are eligible for Medicare and are eligible to apply for Medicare Part D prescription plan.
- Failure to enroll in Medicare when eligible may result in lifetime penalties that increase the premiums for Medicare. These penalties increase each year the individual is eligible and fails to enroll.
- Program participants must provide copies of their insurance cards with the Eligibility Assessment. Copies of the front of the cards are always required and copies of the back side of the cards are only needed if any of the information needed to complete the Eligibility Assessment is located on the back of the card.

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PAYER OF LAST RESORT

Private / Commercial Insurance

- Program participants offered affordable (less than 9.56 percent of the program participant's household income) private employer insurance must apply for it.
- Program participants who do not qualify for Medicaid or Medicare, and are not offered affordable private employer insurance must enroll in a Qualified Health Plan (QHP) through the Illinois Insurance Marketplace located online at www.GetCoveredIllinois.gov.
- Program participants must provide copies of their insurance cards with the Eligibility Assessment. Copies of the front of the cards are always required and copies of the back side of the cards are only needed if any of the information needed to complete the Eligibility Assessment is located on the back of the card.

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PAYER OF LAST RESORT

Refusal of Insurance Coverage

- Program participants who refuse to or are temporarily unable to enroll in available public or private coverage must complete the ***Affidavit of No Insurance Coverage*** during the Eligibility Assessment.
- Case managers must counsel program participants on consequences of being uninsured.
- Program participants who refuse to sign up for available coverage and refuse to sign the form will be removed from the program for noncompliance.

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QUESTIONS

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Thank you for your participation.

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ALLOWABLE SERVICE CATEGORIES

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ALLOWABLE SERVICE CATEGORIES

- HRSA services are broken down into two types:
  - Core Services
  - Support Services
- There are strict rules regarding each service category.
- All services provided must be allowable costs as approved by HRSA Program Clarification Notice (PCN) 16-02: Eligible Individuals & Allowable Uses of Funds
  - https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf

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ALLOWABLE SERVICE CATEGORIES

Core Services

Medical Case Management	Oral Health Care
Outpatient Health Services	Mental Health
Medical Nutrition Therapy	Substance Abuse Treatment

NOTE: This is not the entire list of allowable core service categories.

For a complete list, please refer to HRSA Policy Clarification Notice 16-02 as well as the Program Manual.

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ALLOWABLE SERVICE CATEGORIES

- **Medical Case Management** – services to ensure timely and coordinated access to medically appropriate levels of healthcare, including supportive services, and to improve continuity of care
  - Medical case managers are required to monitor program participants' medical outcomes, such as retention in care and viral suppression, through kept appointments and lab work.
- **Outpatient/Ambulatory Health Services** – professional diagnostic and therapeutic services provided by or under supervision of a physician or other qualified provider in an outpatient setting, including venues such as clinics, medical offices, mobile vans, telehealth technology, and urgent care facilities for HIV-related visits
  - Primary medical care for the treatment of HIV infection should be consistent with the Public Health Service guidelines.

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ALLOWABLE SERVICE CATEGORIES

- **Oral Health Care** – diagnostic, preventive, and therapeutic dental care based on an oral health treatment plan and provided by licensed and certified dental professionals
- **Medical Nutrition Therapy** – pursuant to a medical provider's referral and based on a nutritional plan developed by a registered dietitian or other licensed nutrition professional
  - Nutrition assessment and screening
  - Dietary/nutritional evaluation
  - Food and/or nutritional supplements
  - Nutrition education and/or counseling

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ALLOWABLE SERVICE CATEGORIES

- **Mental Health Services** – outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services based on a treatment plan and provided by a licensed or authorized professional within the state to render such services. These services may be provided in an outpatient group or individual counseling session.

- **Substance Abuse Treatment (Outpatient)** – services provided by or under the supervision of physician or other qualified personnel for the treatment of drug or alcohol use disorders.
  - Residential substance abuse treatment is not an approved service category in Illinois.

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ALLOWABLE SERVICE CATEGORIES

Sliding Fee Scale

The following service categories are subject to the Program's Sliding Fee Scale.

- Outpatient/Ambulatory Care
- Oral Health
- Mental Health
- Substance Abuse

This means that a fee will be charged each time the program participant is assisted with a service in one of these categories.

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ALLOWABLE SERVICE CATEGORIES

- The fees assessed for these services are based on the Program Participant's household Federal Poverty Level (FPL), which depends on the household's Modified Adjusted Gross Income (MAGI) and household size.
- The Program has established an annual cap of $50 per program participant, and when reached, no further charges will be applied during the Program year.
- At the beginning of each Program year (April 1st), all unpaid fees will be waived.

FPL Level	Fee
0-100%	$0
101-140%	$0
141-200%	$0.50
201-300%	$1.00
301-400%	$1.50
401-500%	$2.00
501-800%	$2.50

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ALLOWABLE SERVICE CATEGORIES

- Program Participants must be notified of the fee prior to the service being provided and must be provided a summary of fees assessed and payments made toward these fees on a monthly basis.
- The Program has created a report that can be ran within the data system and provided to each program participant to serve as this notification. This notification should also be documented in a File Note within the Program Participant's record.
- Payments made by Program Participants must also be recorded in the system and treated as program income. Please refer to the Program Manual for more information on the requirements of program income.

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ALLOWABLE SERVICE CATEGORIES

Support Services

Medical Transportation	Food Bank
Housing Services	Emergency Financial Assistance
Supportive Transportation	Legal Services
Treatment Adherence	Linguistic Services

NOTE: This is not the entire list of allowable support service categories. For a complete list, please refer to HRSA Policy Clarification Notice 16-02 as well as the Program Manual.

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ALLOWABLE SERVICE CATEGORIES

- **Food Bank/Home Delivered Meals** – provision of actual food items, hot meals, or a voucher program to purchase essential food and non-food items limited to:
  - Personal Hygiene Products
  - Household Cleaning Supplies
  - Water filtration/purification systems in communities where issues with water purity exist (with prior approval from IDPH)
- **Medical Transportation** – transport of an eligible individual to access HIV-related services through either direct transportation services, vouchers, or tokens

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ALLOWABLE SERVICE CATEGORIES

- **Emergency Financial Assistance** – short-term payments to assist with paying essential utilities and transportation to support services through direct transportation services, vouchers, or tokens

- **Outreach Services** – provision of education and counseling to prevent or re-engage program participants who have fallen out of medical care or who have had major disruptions in their enrollment

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ALLOWABLE SERVICE CATEGORIES

- **Treatment Adherence Counseling** – provision of education and counseling by non-medical personnel to ensure readiness for, and adherence to, complex HIV/AIDS medical appointments and treatment

- **Linguistic Services** – interpretation and translation activities as part of HIV service delivery between the healthcare provider and the program participant when such services are necessary to facilitate communication between the provider and program participant and/or support delivery of eligible services
  - Services can be oral and/or written.
  - Activities must be provided by qualified linguistic services providers.

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ALLOWABLE SERVICE CATEGORIES

- **Other Professional Services** – provision of professional and consultant services rendered by members of particular professions, licensed and/or qualified to offer such services by local governing authorities. Examples services included in this category are:
  - Legal services provided to and/or on behalf of the program participant that involve legal matters related to, or arising from, HIV disease, including:
    - Assistance with public benefits, i.e. Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of healthcare or durable powers of attorney and living wills
  - Permanency planning to help program participant make decisions about the placement and care of minor children
  - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption

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PROGRAM SUMMARY

To summarize, the Ryan White Part B Program:

- Funds the HIV CARE programs and services provided by multiple providers statewide including those at your agency.
- Funds all or part of your salary.
- Requires strict guidelines be followed and standards be met.

Additional or alternative funding sources used by the Program must also follow the requirements set forth by the Program.

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QUESTIONS

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Thank you for your participation.

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This concludes Module 1 of the Illinois Ryan White Case Management Training.

Thank you for your attention today. The Program looks forward to your regional webinar where we will listen and address any comments or questions that emerged from Module 1.

Module 2: ***Case Management Tier Overview*** is the next training in the Case Management training series.

IDPH
Illinois Department of Public Health

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