



## ATTACHMENT I

### Office of HIV Care

2022-2023

#### Ryan White HIV/AIDS Program (RWHAP) Requirements

#### CLIENT ELIGIBILITY

The Contractor must have policies and procedures in place to confirm and document client eligibility. Ryan White services funded through the Office of HIV Care (OHC) are intended for people living with HIV/AIDS (PLWH), also identified as client(s), in Alameda County, who are uninsured or underinsured, and low-income, with an annual gross income at or below **500%** of the Federal Poverty Level (FPL) guidelines (*see Table 2*).

RWHAP funds are the funds of **“last resort,”** which means that 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 or third-party insurance. For this reason, Contractors must vigorously pursue the client’s eligibility for other funding sources (e.g., Medi-CAL, Medicaid, Medicare, CHIP, CHDP, other public health insurance, other state-funded HIV/AIDS Programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.), in order to extend the limited RWHAP grant resources to new clients and/or needed services. The Contractor must also document in client files and/or in ARIES, all instruction provided to the client about medical insurance enrollment, evidence of insurance enrollment, or the client’s refusal to enroll into Covered California or other health insurance.

RWHAP funds may be used to complete coverage for a RWHAP allowable service that maintains clients in care when the individual is either uninsured, underinsured, or when the individual is awaiting the effective date of health coverage to begin. In the event that Ryan White-funded services were provided on or after the effective date of coverage, Contractors providing those services must make every effort to collect payment from the insurance plan for those RWHAP services. Once a client is enrolled in health coverage, RWHAP funds may only be used to pay for those services not covered, or partially covered by the client’s health insurance.

Clients with medical insurance may receive services as long as those specific services cannot be billed to and reimbursed by their medical insurance plan. RWHA funds generally may not be used to pay for services that the client receives from a provider that does not belong to the client’s health plan’s network, unless the client is receiving services that could not have been obtained from an in-network provider.

There will be a 30-day grace period for a client to obtain all necessary eligibility documentation, during which time a client can receive services. However, if the client has not provided all eligibility documentation within the 30-day grace period, the client will need to re-apply to receive any additional services. Client eligibility must be determined annually and may be done via phone if necessary. Eligibility must be redetermined whenever there is a change in the client’s income, insurance, or residency.

The OHC will monitor Contractors for their process to screen and enroll all clients into other health coverage for which they qualify. It is expected that Contractors collect and maintain documentation verifying client eligibility for other health insurance coverage or a certificate of exemption.

**NOTE:** Affected individuals (such as family members) may be appropriate candidates for RWHAP services in limited situations, but these services must always benefit the medical outcome of the client or PLWH. RWHAP funds may be used for services to individuals not infected with HIV in the following circumstances:

- a. The service has as its primary purpose enabling the non-infected individual to participate in the care of someone with HIV. Examples include caregiver training, health and treatment education for caregivers, and practical support that assists in caring for someone with HIV.
- b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. An example is childcare for non-infected children while the parent or guardian secures medical care or support services.

**TABLE 1  
Required Eligibility Documentation**

<b>Proof of Identification</b>	<b>Proof of Alameda County Residency</b>	<b>Proof of Income (<math>\leq 500\%</math> of FPL (See Table 2))</b>	<b>Proof of HIV Diagnosis (only required once)</b>	<b>Proof of Insurance</b>
US Government ID: <ul style="list-style-type: none"> <li>• Driver’s license</li> <li>• Immigration card</li> <li>• State ID card</li> <li>• Passport</li> </ul>	Utility bill	Current pay stub	Diagnosis letter from physician on official letterhead (*Re-verification of HIV status is not required)	Medi-Cal/ Medicaid Medicare Health Insurance Marketplace CHIP, CHPD Employer-sponsored health plans TRICARE Other public or private insurance
	Lease or mortgage statement	W-2 or 1099 form	Viral load or CD4 test results	
	Government issued ID card	Benefit/disability award letter (e.g. SSI, SSDI, SDI)	Confirmatory HIV test	
	If homeless letter from a shelter, or case manager	State/Federal tax return		
Photo ID from another country		Bank statement		
		Self-employment or Support affidavit		

**NOTE:**

- Only one source of verifying documentation is required from each eligibility column
- The most current or recent documentation must be used when establishing a client’s eligibility
- Documentation to verify residency (refers to address, and not immigration status)
- Verification for either income or residency is always required at the annual certification, and/or if there is a change during the certification period
- For more information refer to HRSA Policy Clarification Notice 21-02

**TABLE 2**  
**2022 Federal Poverty Level (FPL) Guidelines for the contiguous US\***

<b>Size of family unit</b>	<b>100% of Poverty</b>	<b>138% of Poverty (Medicaid/Medical Eligibility)</b>	<b>500% of Poverty</b>
1	\$12,880	\$17,775	\$64,400
2	\$17,420	\$24,040	\$87,100
3	\$21,960	\$30,305	\$109,800
4	\$26,500	\$36,570	\$132,500
5	\$31,040	\$42,836	\$155,200
6	\$35,580	\$49,101	\$177,900
7	\$40,120	\$55,366	\$200,600
8	\$44,660	\$61,631	\$223,300

\* figures used from Covered California

**These Program Requirements are incorporated into and made a part of the agreement between Contractor and the County of Alameda.**

***I have read and understand the requirements described in this document. My signature indicates a commitment to comply with these requirements and that I received a copy of this document for my records.***

**Agency Name**

**Printed Name, Title**

**Signature** \_\_\_\_\_

**Date**

## EXHIBIT F

### CERTIFICATION REGARDING DEBARMENT AND SUSPENSION FEDERAL FUNDING ELIGIBILITY

The undersigned certifies that they:

- A. Nor their subordinates, are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving Federal assistance or funding by any Federal department or agency of the United States;
- B. Have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
- C. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (B) of this certification; and
- D. Have not within a 3-year period preceding this contract had one or more public transactions (Federal, State or Local) terminated for cause or default.

The Contractor is also responsible for ensuring that without modification, all subcontractors shall also comply with this certification.

AGENCY

EXECUTIVE DIRECTOR

DATE