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GAVIN NEWSOM
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**Office of AIDS
 HIV Care Program**

**Management Memorandum No. 22-01
 Supersedes HCP MM No. 15-07**

April 1, 2022

TO: HIV Care Program (HCP) Subrecipients and Providers

SUBJECT: ELIGIBILITY AND ANNUAL RECERTIFICATION REQUIREMENT FOR HCP CLIENTS

On October 19, 2021, the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) released the [Policy Clarification Notice \(PCN\) 21-02, Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program \(RWHAP\)](#). One of the major policy changes is the elimination of the six-month recertification requirement.

In light of PCN 21-02, the California Department of Public Health, Office of AIDS has updated the Common Standards, which outlines the HIV Care Program’s eligibility determination requirements. To view the [Common Standards](#), go to www.cdph.ca.gov/programs/cid/doa/pages/oa_care_program.aspx and scroll down to Services Standards.

The below table gives an overview of the primary changes to the Common Standards.

Common Standards Requirements, prior to PCN 21-02	Updated Common Standards Requirements
Eligibility Determination Timeline: <ol style="list-style-type: none"> 1. Eligibility certification at enrollment 2. Recertification after 6 months 3. Recertification annually 	Eligibility Determination Timeline: <ol style="list-style-type: none"> 1. Eligibility certification at enrollment 2. Recertification on clients’ birth date 3. Recertification annually, on clients’ birth date
Program Eligibility Criteria: <ol style="list-style-type: none"> 1. HIV Status 2. Proof of Residence 3. Income 	Program Eligibility Criteria: <ol style="list-style-type: none"> 1. HIV Status 2. Proof of Residence 3. Income



4. Health Insurance Status	
5. Documentation of Need	

Other notable changes to the Common Standards include:

- The expectation that subrecipients establish, implement, and monitor eligibility determination policies and procedures for their providers.
- New “General Principles for Documentation” section that outlines documentation expectations and allows for the use of data from “ex parte” sources like AIDS Drug Assistance Program (ADAP), Medi-Cal, and state tax filings.
- Addition to the “Proof of Residence” section of the eligibility criteria stating that immigration status is irrelevant when determining residency and that subrecipients and subcontractors should not share immigration status with immigration enforcement agencies.
- The “Payer of Last Resort” section was moved up to page 10, and now requires documentation of clients’ insurance status and includes examples of acceptable insurance verification methods.

HAB’s PCN 21-02 was issued on October 19, 2021. However, subrecipients will have a grace period for the development of policies and procedures. This management memo is effective on April 1, 2022 and subrecipients should implement the new Common Standard during fiscal year 22-23. HCP subrecipients should share this memo with any providers with whom they subcontract.

If you have questions, please contact your assigned Care Operations Advisor.

Sincerely,



Karl Halfman, MA
Chief, HIV Care Branch
Office of AIDS