TO: HIV CARE PROGRAM (HCP) CONTRACTORS AND PROVIDERS

SUBJECT: NEW FINANCIAL ELIGIBILITY REQUIREMENTS FOR HCP CLIENTS

I. Purpose

The purpose of this Management Memo is to establish statewide financial eligibility requirements for clients of the California Department of Public Health (CDPH), Office of AIDS (OA), HIV Care Program (HCP).

II. Background

The federal Ryan White HIV/AIDS Program (RWHAP) defines eligibility for the program as an individual (1) with a medical diagnosis of HIV/AIDS and (2) who is low-income as defined by the State (42 U.S. Code Section 300ff-26[b]).

In March 2016, the Health Resources and Services Administration (HRSA) issued a finding that HCP had no established financial eligibility requirement. Financial eligibility varied from county to county, with some HCP contractors adopting requirements from RWHAP Part A, some creating their own requirements, and some having no requirements. HRSA’s finding stated that CDPH must “consistently define 'low-income' in Part B eligibility criteria throughout the state.”

On June 27, 2019, Governor Newsom signed the Budget Act of 2019 for the 2019/2020 fiscal year which adds Chapter 6.2 (Sections 120973, 120973.5 and
120974) to Part 4 of Division 105 of Health and Safety Code (HSC) to establish financial eligibility for HCP.

III. Policy
HSC Section 120973.5 states “the State Department of Public Health shall apply the same financial eligibility requirement for the purpose of administering the HIV Care Program as those set forth for the ADAP in Section 120960.” The AIDS Drug Assistance Program (ADAP) income eligibility is currently defined as Modified Adjusted Gross Income (MAGI) that does not exceed 500 percent of the Federal Poverty Level (FPL) per year based on family size and household income. To review any of these Health and Safety Codes, go to http://leginfo.legislature.ca.gov/faces/codes.xhtml.

IV. Implementation
Though effective July 1, 2019, there is an eight-month implementation period to transition clients who are no longer eligible for HCP to other programs. There are three actions contractors should ensure they and any of their providers complete as soon as possible.

1. Contractors and providers should update any policies, program brochures, forms, or other documents that pertain to client eligibility determination. The new financial eligibility requirement should be reflected in these documents.

2. For current clients, providers should perform the ARIES data quality check and transition clients who are no longer eligible to Covered California or other programs. Please refer to Appendix A for instructions on this action.

3. For clients who are new to HCP or who are due for their six month recertification, providers should immediately begin applying the new financial eligibility requirement.

If you have questions, please contact Marjorie Katz, Health Program Specialist I, at Marjorie.Katz@cdph.ca.gov or (916) 445-2536.

Sincerely,

Karl Halfman
Chief, HIV Care Branch
Office of AIDS
California Department of Public Health
Appendix A

Financial Eligibility Review

Step One: Identify Client Household Income Data in ARIES

Log into ARIES to generate a list of clients who received one or more HIV Care Program (HCP) services during the last 12 months by following these steps:

1. From the Reports menu, select Finance.
2. Click on the report named *HCP Financial Eligibility Review*.
3. Enter the following information into the filters:
   - **Service Line Item Service Date:** Between [12 months prior to today] & [today’s date]
   - **Contract Name – ust the drop down and pick:** Like “HCP*”
4. Click the Report button.

Step Two: Review the Report

The following information will be displayed for each client who received one or more HCP services during the reporting period:

- ARIES ID
- Client Name
- Last Saved Date (yyyy/mm/dd) – This is the date that the Eligibility tab > Financial subtab > Household Income section was last edited and saved.
- Household Size – The current household size on the Eligibility tab > Financial subtab > Household Income section.
- Poverty Level – The current federal poverty level (FPL) as calculated by ARIES based on household income and size.
- Errors – This lists potential errors in the client record. Clients with blanks in this column do not have errors.
- Service Count – The number of services recorded in ARIES during the time period selected

Clients with potential errors are displayed at the top of the report. Clients with no errors are displayed below in order from oldest to newest data.
Step Three: Perform Data Quality Check

Monthly Household Income and Household Size are required to be collected for the Ryan White Services Report (RSR). For those clients with error messages, determine what action is needed based on this table:

<table>
<thead>
<tr>
<th>Error Message</th>
<th>What does it mean?</th>
<th>What do I do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing Household Income</td>
<td>There is no household income entered into ARIES.</td>
<td>Check the client’s Electronic Medical Record (EMR) or paper chart for the recent household income. If not available, check with the client. If only annual income is available, be sure to divide it by 12 to determine monthly household income. Then open the client’s record in ARIES. Go to Eligibility tab &gt; Financial subtab. Click edit, enter the Monthly Household Income in the Household Income section, and click Save. If the client has no income, enter 0 in the Monthly Household Income field.</td>
</tr>
<tr>
<td>Missing Household Size</td>
<td>There is no household size entered into ARIES.</td>
<td>Check the client’s EMR or paper chart for the recent household size. If not available, check with the client. Remember, a single client is considered a household of 1. Then open the client’s record in ARIES. Go to Eligibility tab &gt; Financial subtab. Click edit, enter a Household Size in the Household Income section, and click Save.</td>
</tr>
<tr>
<td>Confirm Household Size</td>
<td>The household size in ARIES is over 10. This may be valid or a data entry error (i.e., an extra digit).</td>
<td></td>
</tr>
<tr>
<td>Poverty Level &gt;500, Confirm Eligibility</td>
<td>The calculated FPL in ARIES exceeds 500%.</td>
<td>Are the data still current and accurate in ARIES? Was annual income entered instead of monthly? Was an extra digit accidently entered to the income field? Were all household members accounted for? Confirm by checking the client’s EMR or paper chart for the recent household income and size. If not available, check with the client. If the data are incorrect, open the client’s record in ARIES. Go to Eligibility tab &gt; Financial subtab. Click edit, enter the updated data, and click Save. Re-run the HCP Financial Eligibility Review (Step One). For clients who still have the “Poverty Level &gt;500, Confirm Eligibility” error, complete Step Four.</td>
</tr>
</tbody>
</table>
Step Four: Transitioning Ineligible Clients

Based on analysis of ARIES data, it is estimated that roughly one percent of HCP clients will exceed 500 percent of the FPL. Use the HCP Financial Eligibility Review to determine which clients fall into this category. The provider should take the following steps:

1. Review what type of HCP services the client utilized in the last 12 months.
2. Determine if any of these services can be provided by other Ryan White Parts or other programs. If so, the provider should work to transition the client to these other programs as soon as possible.
3. If the client is uninsured, the provider should assist the client with applying to Covered California. The open enrollment period is October 15, 2019 to January 15, 2020. Effective this open enrollment period, Covered California is offering state-funded tax credits for middle class (up to 600% FPL) enrollees. For more information about Covered California, go to www.coveredca.com and click on the Find Help link. Providers should complete this step before January 15, 2020.