

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Effective Immediately as of March 1, 2022

Greater Hartford Ryan White Part A Transitional Grant Areas City of Hartford

Program Eligibility Guidance

Ryan White Part A services will be provided to all eligible clients and their families who seek assistance with health and supportive services as long as Part A funds are used as the payor of **LAST RESORT**. Eligibility must be established before approving funding for services by the following criteria:

1. HIV Status-based Eligibility

- a. Applicants must have a zero-positive blood test for antibodies to HIV: ELISA (Enzyme Linked Immunosorbent Assay) confirmed by a western blot assay with the client's name on the test report and signed by a Licensed Medical Provider, or
- b. HIV medical progress report signed by a Licensed Medical Provider, or
- c. A signed letter from a Licensed Medical Provider on the institution letterhead with the patient's name stating that the person is HIV positive, or
- d. Copy of the ADAP application signed by a Licensed Medical Provider.

2. Income-based Eligibility

- a. The Client Eligibility Worksheet must be completed to demonstrate eligibility for services.
- i. What constitutes a household? Who is included in a household? A household can be made up of family members, a spouse, a partner or non-family members that reside together. Note: In special situations (i.e. rooming or boarding houses, etc.), where it has been established without reasonable doubt that absolutely no relationship exists between residing parties (i.e. each person is responsible for sending a separate payment to the same landlord), then that person should be considered as a family unit of one and only their sole income should be considered in determining eligibility.
- b. Applicants must have a documented adjusted annual income gross of <u>not more than 300% and 400% (400% for medical case management, health insurance cost sharing and oral health services)</u> of the current Federal Poverty Level (FPL) Guidelines, after out-of-pocket documented medical expenses are deducted from the gross (before taxes and deductions) annual income.
- i. Verification of earned income is to include at least one month of recent wages to be provided in the form of income tax statements, paystubs, unemployment letter or notarized letter from employer. Proof of unearned income from official government or private entity may include Medicaid, Medicare, Supplemental Security Income (SSI), Social Security Income Disability, State Administered General Assistance (SAGA), Temporary Aid for Needy Families (TANF), or private disability insurance payor.
- c. Medical and Health related out-of-pocket expenses should be considered as adjustments in determining a client's income eligibility.

i.Only medical and health related expenses that have been or will be incurred in the current grant year (March to February) and paid by the client can be considered for deductions.

ii.Qualifying medical and health related out-of-pocket expenses are:

Medical and Dental Services

Co-payments for Medical and Dental services

Health Insurance premiums (Including, but not limited to,

Private Insurance, Medicare premiums, Connpace)

Health Insurance deductibles or cost sharing payments

Medical supplies (excluding durable medical equipment)

Prescriptions and prescription copayments

Prescription premiums or writers (including Medicare Part D)

3. Asset Based Eligibility

a. Ryan White does not consider client assets to determine eligibility.

4. Payor of LAST RESORT

- a. Other funding sources must be aggressively and consistently pursued (i.e., Title XIX, SAGA, Medicare, or other City, State and Federal resources).
- b. If the applicant is requesting Part A funds for services not covered by Title XIX or another medical insurer, documentation must be provided indicating that the service was not an allowable service under the health plan.

5. Financial eligibility

- a. HRSA HAB Policy 21-02 requires client eligibility to be established at least once per year or when the financial circumstances of the client change, whatever comes first. For more information refer to PCN 13-02 (10/19/21). Proof of income must be obtained at that time (refer to section 2 of this document for more information).
- i.Sub-recipients must document all efforts to establish client eligibility.
- ii.Clients and sub-recipients will have 90-days to establish financial eligibility before the client case can be formally disenrolled.
- iii. Special condition regarding disenrolling clients: subrecipients should not disenroll clients nor deny services to clients until a formal confirmation has been made that the client is no longer eligible or that documentation cannot be obtained using rigorous attempts.

6. Residency

- a. Clients seeking RWA services from the Hartford TGA must reside within one of three counties Hartford, Middlesex, and Tolland.
- b. Allowances can be made for clients whose circumstance (i. e. privacy) does not allow for said client to access services within their service area upon special approval from the Recipient's office.

Note: Immigration status is not required data for the purposes of client eligibility for RWHAP services. RWHAP subrecipients *should not* share immigration status with immigration enforcement agencies.

Updated 11/2/2009, revised in 2020; 2021/acm; 2021updated by RWPA,C, D and Part B sub-recipients.