

VDH  
Division Disease Prevention  
Health Care Services  
**Client Eligibility**

POLICY: Clients will meet eligibility criteria to receive Ryan White CARE ACT Part B funding.

BACKGROUND:

The Ryan White Care Act states that "the State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made with respect to that item or service under any State compensation program, under an insurance policy or under any Federal or State health benefits program or by an entity that provides health services on a prepaid basis."

CRITERIA:

- 1).
  - Proof of HIV status present on the consumer's record. For clients who are not receiving medical services, a written statement signed and dated by a licensed prescriber (MD, DO, P A, NP) or other professional staff person affiliated with the HIV primary care site ( such as RN, social worker, or case manager) is adequate proof of diagnosis.
  - Documentation of Western Blot Test result must be present on record for Primary Medical Care
  
- 2).
  - Proof of income present on record. Current criteria are that the consumer must meet 300% of the Federal Poverty Level.
  - Copy of paycheck stub present on chart or verification of income present on the record. When salary statement is not available annual tax returns are acceptable.
  - Statement of no income. (If consumer claims they have no income, but are receiving support (food, shelter, etc.) from another person, a signed statement from this persons should be present on the record.
  - Statement from Virginia Employment Commission denying unemployment compensation.
  
- 3).
  - Verification of Insurance . If a client has third party coverage, a copy of the benefits should be included in the record. If the insurance policy shows service is covered, the client must submit a denial letter from the insurance company before Part B funding can be used.
  
  - Each agency that provides Part B services must assess each client annually for third party health care coverage. This assessment must include, at a minimum, Medicaid, and in addition where applicable, Medicare, Veterans benefits, private health insurance, and Medicaid Waiver.

**All consumers must provide proof of their income to insure they meet financial guidelines to qualify for Ryan White funding**