



101 Session

Streamlining Eligibility Across the Ryan White HIV/AIDS Program (RWHAP)

Institute

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Division of Policy and Data

HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



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Today's Agenda

AGENDA

- Objectives
- HRSA, HAB, and RWHAP Overview
- Background/HRSA HAB Commitment
- Policy Clarification Notice 21-02
- NASTAD Request for Information on AIDS Drug Assistance Program (ADAP) Eligibility

Learning Objectives

- Understand how HRSA HAB is prioritizing efforts to streamline eligibility across the RWHAP
- Understand what HRSA HAB has learned thus far from its activities to streamline eligibility across the RWHAP
- Identify key program objectives for HRSA HAB's new two-year Linking Eligibility cooperative agreement

Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant people, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to over 566,000 people in 2022—more than half of all people with diagnosed HIV in the United States.
- 89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022, exceeding national average of 65.1%ⁱ. This means they cannot sexually transmit HIV to their partners and can live longer and healthier lives.



Background

Streamlining Eligibility within the Ryan White HIV/AIDS Program (RWHAP)



Overview of PCN 21-02

- October 2021: HRSA HAB releases *Policy Clarification Notice (PCN) #21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*.
- PCN 21-02 Goals: Promote continuity of care; avoid unnecessary disruptions in coverage; reduce administrative burden.
- Major Change in PCN 21-02: Differentiates the Payor of Last Resort requirement from eligibility determinations.
 - Instead of requiring six-month recertification for ensuring Payor of Last Resort, PCN 21-02 requires that eligibility confirmations be conducted within a reasonable timeframe.



Streamlining Eligibility Across the RWHAP

- Streamlining eligibility across the RWHAP is a topic of great interest.
- Eligibility determinations are important to RWHAP recipients.
- Policies and procedures for determining RWHAP eligibility affect nearly all recipient activities – they are not simply administrative functions.



Purpose of PCN 21-02

This Policy Clarification Notice (PCN) outlines the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) guidance for Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, **while minimizing administrative burden and enhancing continuity of care and treatment services.**

**Applies to RWHAP
Parts A, B, C, D, and
Part F when funding
direct care and
treatment services.**



Eligibility Requirements for RWHAP Services

People are eligible to receive RWHAP services when they **meet each of the following factors**:

1. **HIV Status**—A documented diagnosis of HIV
2. **Low-Income**—The RWHAP recipient defines low-income
3. **Residency**—The RWHAP recipient defines its residency criteria within its service area

PUBLIC CHARGE RULE

Immigration status is irrelevant for the purposes of eligibility for RWHAP services.

RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.



Guidance on Determining RWHAP Eligibility

RWHAP recipients and subrecipients are expected to **establish, implement, and monitor policies and procedures** to determine client eligibility based on HIV status, low income and residency, to include documentation requirements.



- HRSA HAB does not require documentation to be provided in-person nor be notarized.
- Available electronic data sources can be used to determine and confirm client eligibility.

Self-Attestation for Eligibility Confirmation

Self-attestation for confirmation of eligibility allows flexibility in meeting the needs of clients and in reducing administrative burden on recipients.

- Clients can **self-attest by phone or email** (not only in person).
- Self-attestation **reduces the paperwork burden** (not collecting the same documentation during eligibility confirmation).
- HRSA HAB **does not recommend** relying solely on client **self-attestation indefinitely**.



Rapid Delivery of RWHAP Services

- RWHAP recipients and subrecipients are expected to **develop protocols** to facilitate the **rapid delivery of RWHAP services**, including the provision of antiretrovirals for those newly diagnosed or re-engaged in care.
- If services are initiated prior to eligibility being established, RWHAP recipients and subrecipients must **conduct a formal eligibility determination within a reasonable timeframe** and **reconcile** (i.e., properly account for) any **RWHAP funds** to ensure that they are only used for allowable costs for eligible individuals.

Rapid Start Programs

Programs focusing on the immediate (ideally same day or within seven days after diagnosis) initiation of antiretrovirals.



Strategies to Promote Continuity of Services and Care

Recipients should consider adopting the following best practices when designing their eligibility policies and procedures:

- **Conduct periodic checks** to identify potential changes that may affect eligibility and require clients to report any such changes.
- **Use electronic data sources** to collect and verify client eligibility information.
- **Search available data sources** to confirm client eligibility before requesting additional information.
 - **Renew** client's **eligibility without requesting additional information** when possible.



Strategies to Promote Continuity of Services and Care (cont.)

Recipients should consider adopting the following best practices when designing their eligibility policies and procedures (cont'd):

- Identify opportunities to **streamline eligibility determination** policies and procedures across service categories and RWHAP parts within the service area
- **Develop data-sharing strategies** with other RWHAP recipients and relevant entities to reduce administrative burden across programs



Payor of Last Resort

Policy Clarification Notice 21-02



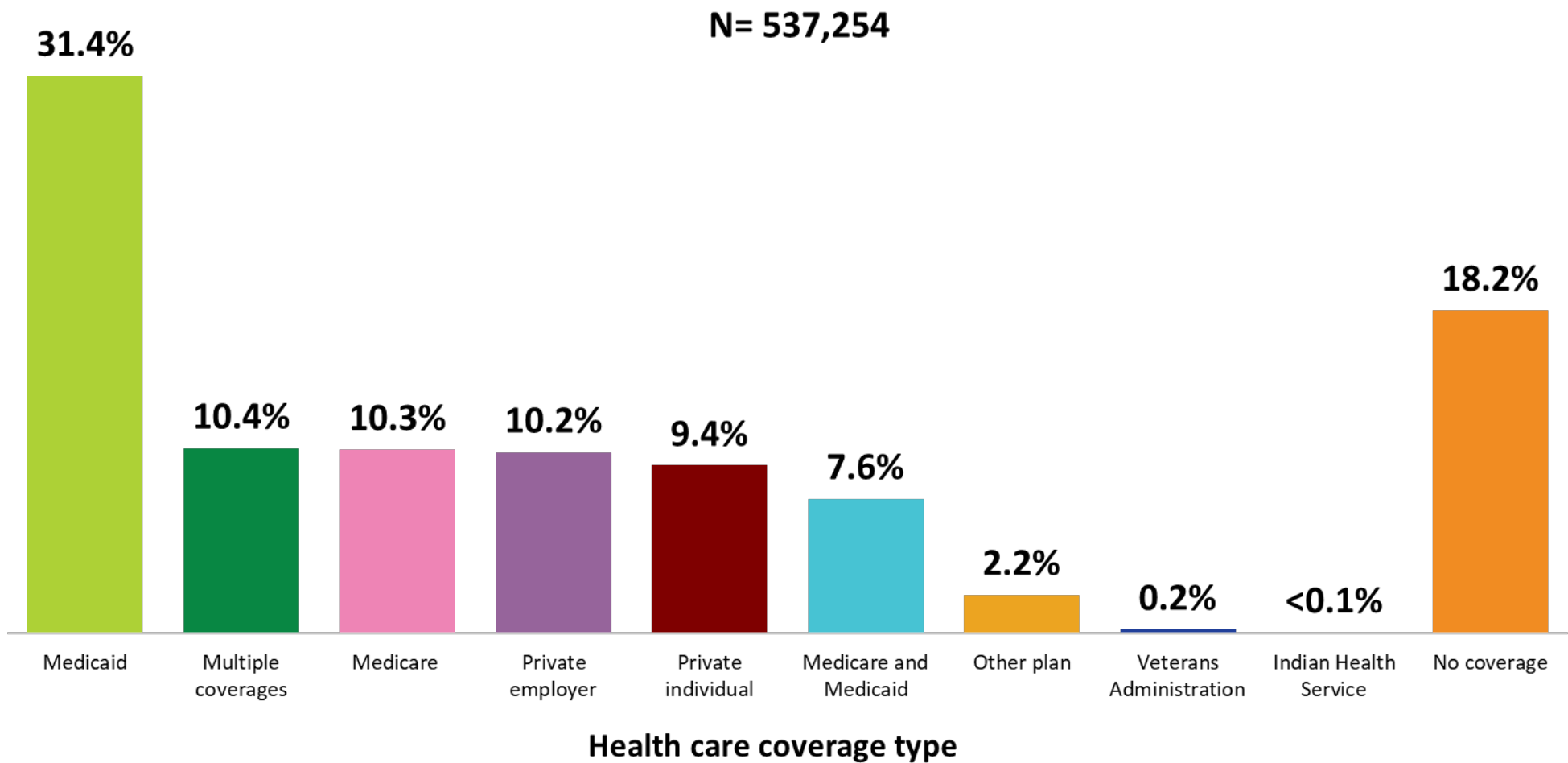
Guidance on Complying with the Payor of Last Resort Requirement

RWHAP is considered the payor of last resort.

Funds may not be used for any item/service “to the extent that payment has been made, or can reasonably be expected to be made, 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 pre-paid basis.”



Clients Served by the Ryan White HIV/AIDS Program, by Health Care Coverage, 2022—United States and 3 Territories^a



^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Complying with the Payor of Last Resort Requirement

RWHAP recipients and subrecipients **must**:

- Ensure that **reasonable efforts** are made to use non-RWHAP resources
- Maintain policies and document their efforts to ensure that they **assist clients to vigorously pursue enrollment** in health care coverage
- Continue providing RWHAP services to a client who remains unenrolled in other health care coverage **as long as there is documentation that coverage was vigorously pursued**
- **Conduct periodic checks** to identify potential changes that may affect Payor of Last Resort, and **require clients to report any such changes**



Coverage of Services by the RWHAP

- RWHAP funds may be used to **fill in coverage gaps** for individuals who are either underinsured or uninsured to maintain access to care and treatment services as allowable and defined by the RWHAP.
- RWHAP funds may be used for core medical and support services if those services are **not covered or are only partially covered by another payor, even when those services are provided at the same visit.**



Adjustment to PCN-21-02: Learning from RWHAP Recipient Experiences



- Impact of PCN 21-02: Cultural shift; operational adjustment; opportunity to develop technical solutions and innovative approaches.

As part of HRSA HAB's commitment to streamlining the RWHAP eligibility application process and enhancing the customer experience with the process, we have been gathering additional information through:

- 2023 HAB Efforts to Learn About PCN 21-02 Implementation:
 - Request for information; focus groups; technical expert panel.
 - Determine how eligibility intersects with ADAP specifically, as well as with the overall RWHAP.
- Nov. 2023 HAB You Heard RWHAP Recipient Spotlight: Using flexibilities in PCN 21-02.



Summary of Responses for NASTAD's Request for Information (RFI) on ADAP Eligibility

Streamlining Eligibility within the Ryan White HIV/AIDS Program (RWHAP)

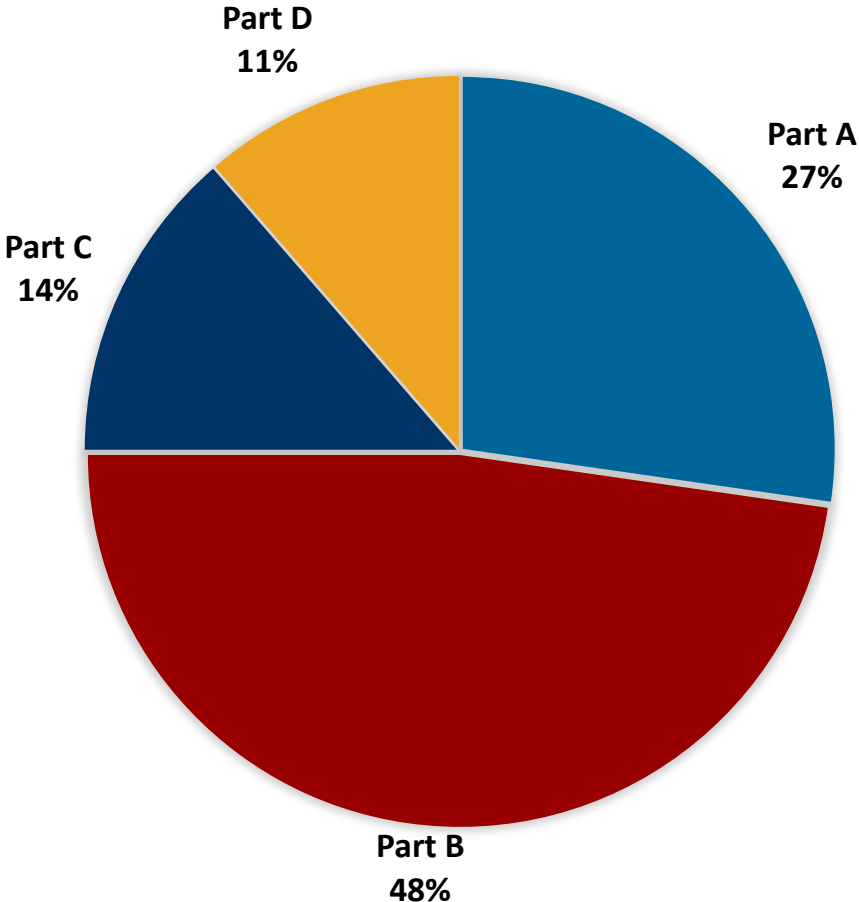


Background on the Request for Information

- Purpose of RFI: to better understand current ADAP eligibility processes and challenges, including those regarding collaboration, data sharing and data systems
- NASTAD conducted the RFI under the ADAP Training and Technical Assistance cooperative agreement
- The RFI information was collected in April 2023
- Forty (68%) RWHAP Part B recipients responded to the RFI
 - 14 from Northeast/Central Services Branch (NECSB)
 - 12 from Southern Services Branch (SSB)
 - 14 from Western Service Branch (WSB)

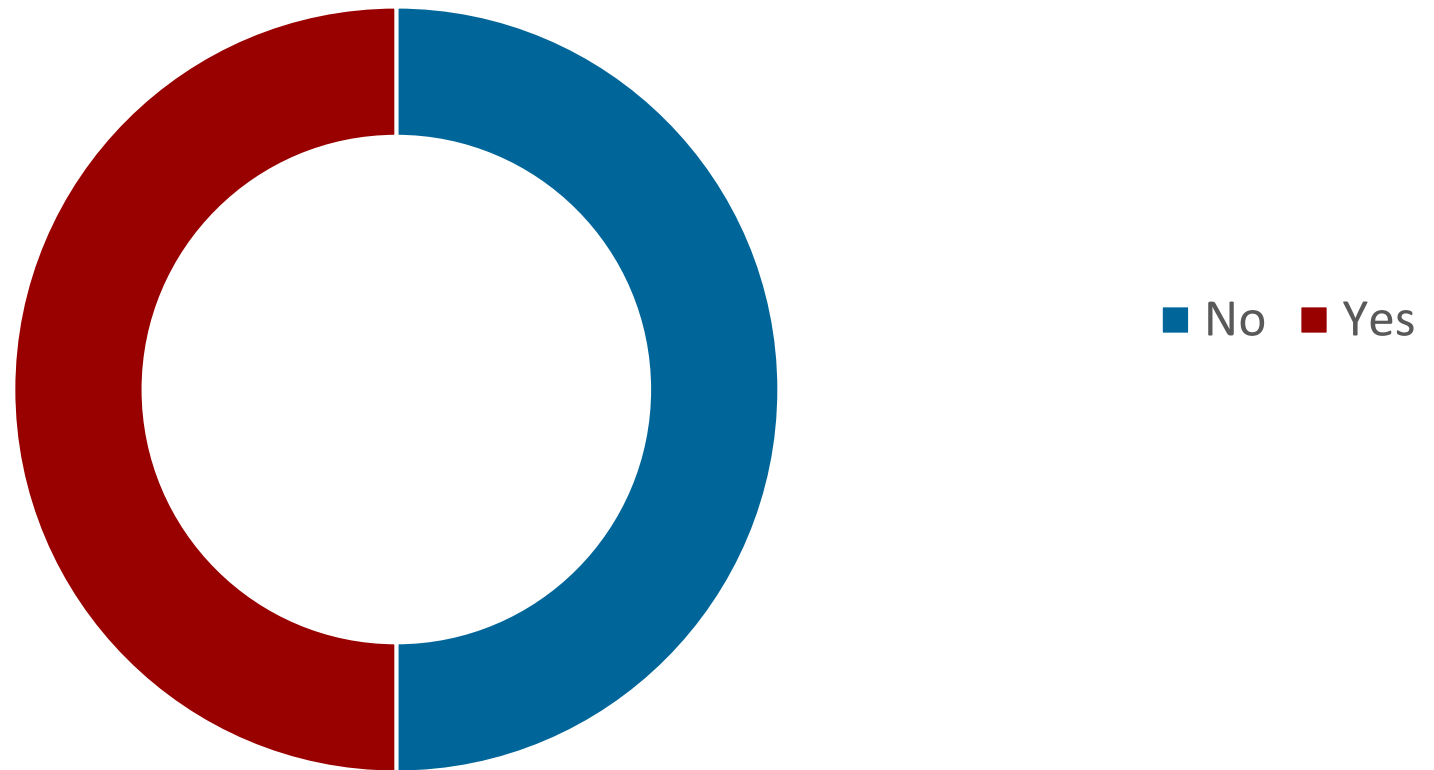
Eligibility Process and Collaboration

ADAP ELIGIBILITY CRITERIA ALIGNED WITH OTHER RWHAP PARTS IN THE JURISDICTION BY RFI RESPONDENT TYPE



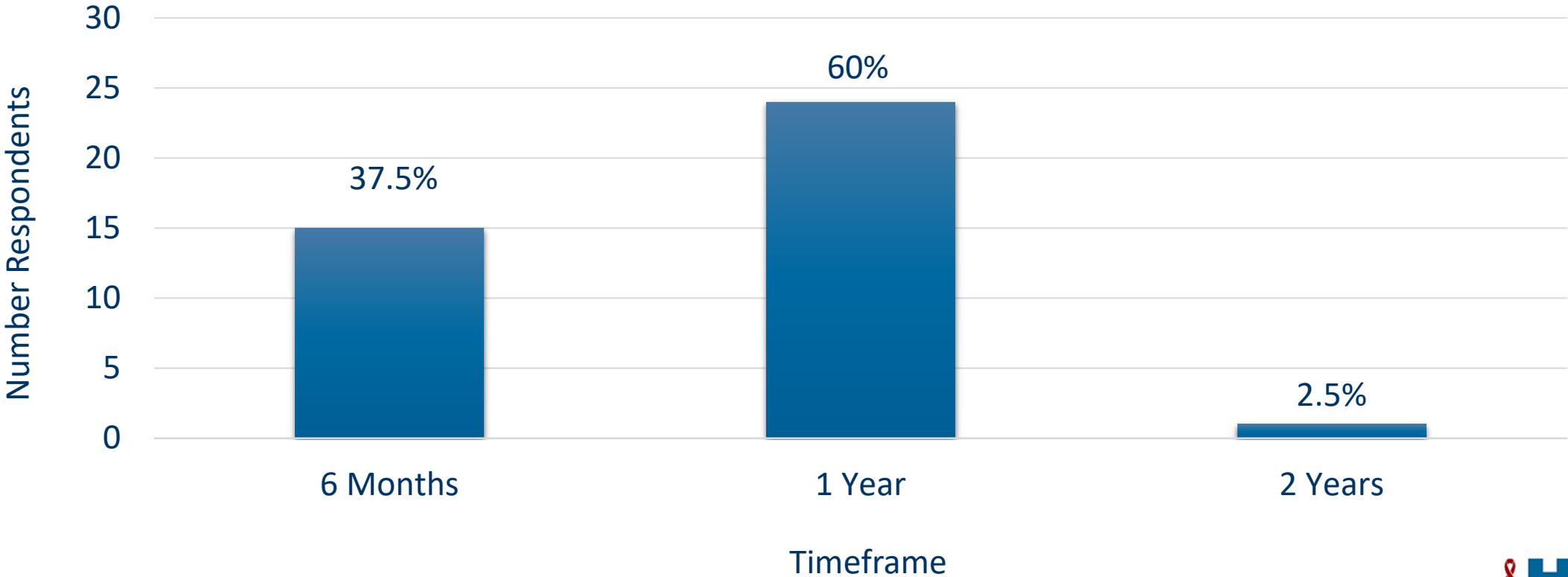
Eligibility Process and Collaboration

ADAP eligibility data/documentation (e.g., income verification, HIV diagnosis) shared with other RWHAP Parts in the jurisdiction



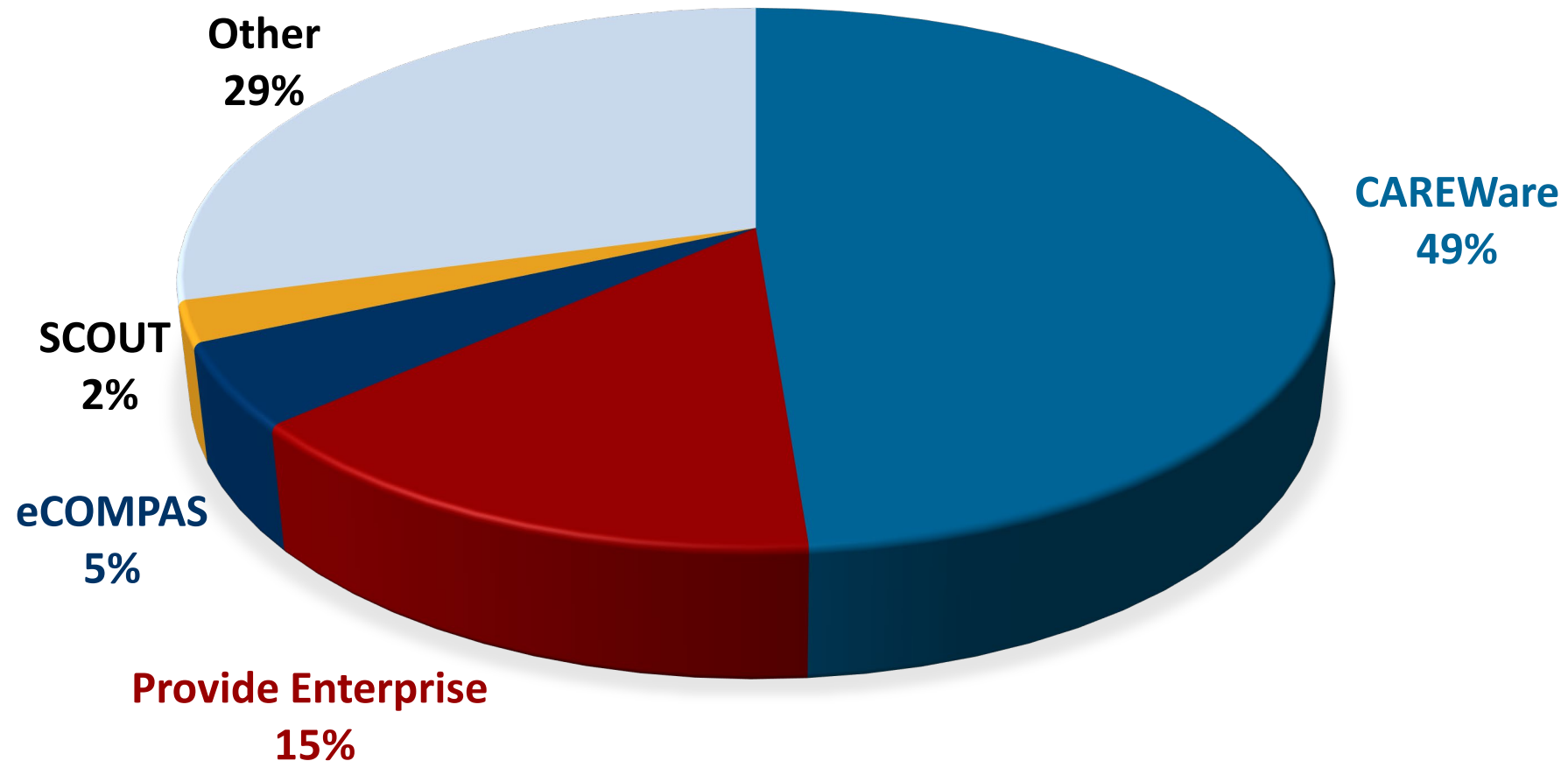
Eligibility Process and Collaboration

Timeframe for Confirmation of ADAP Eligibility



Data Systems

DATA SYSTEMS USED BY ADAPS



Data Systems

Ways clients can submit their ADAP application and related documents

- In person
- Mail
- Fax
- Email
- Online application (currently or in development)
- Mobile device (i.e., an online application submitted through a user-friendly interface)
- Mobile app specifically designed for ADAP eligibility

Data Sharing Challenges

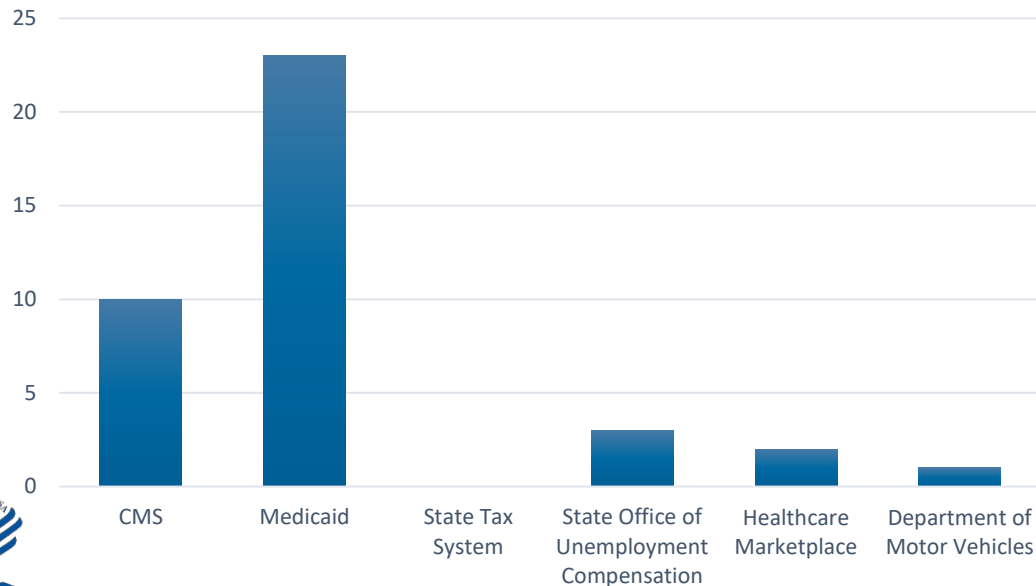
Challenges faced when linking data systems and/or sharing data to determine/confirm ADAP eligibility

- Establishing data sharing agreements with other components of the HIV care system (e.g., HIV surveillance, other RWHAP Part/s): 13 (32.5%)
- Establishing data sharing agreements with state-based data sources: 18 (45%)
- Establishing data sharing agreements with federal data sources: 11 (27.5%)
- Cost: 3 (7.5%)
- Legal/policy issues: 6 (15%)
- Privacy concerns: 10 (25%)
- Administrative burden: 9 (22.5%)
- Information Technology/technical issues: 8 (20%)
- Outdated or inaccurate data: 7 (17.5%)
- Different eligibility requirements across RWHAP Parts: 10 (25%)



Data Sharing

Does your ADAP obtain eligibility data/documentation (e.g., residency, income verification, HIV diagnosis, insurance status) directly from any of the following external data sources?



Is ADAP eligibility data/ documentation (e.g., income verification, HIV diagnosis) shared between your ADAP and other RWHAP Parts in the jurisdiction?

- No: 20 (50%)
- Yes: 20 (50%)
 - Part A: 11 (27.5%)
 - Part B: 16 (40%)
 - Part C: 8 (20%)
 - Part D: 6 (15%)

Streamlining Eligibility Technical Expert Panel (TEP)

Key Themes



TEP Day 1 (ADAP-focused)

- **14 participants representing six states and NASTAD**
- **Areas of Focus for Day 1:**
 - Strategies to Support ADAP Eligibility Access through Policy
 - Strategies to Expedite ADAP Eligibility through Collaboration
 - Strategies to Facilitate ADAP Access through Technology
 - Strategies to Measure and Monitor Customer Experience
 - Use of Data

TEP Day 1 (ADAP-focused)

Key Themes

PCN 21-02 has been very helpful

Collaboration for RWHAP eligibility exists and is beneficial

Technology is a critical tool



TEP Day 1 (ADAP-focused) 2

Key Themes, continued

Data sharing agreements are a key resource, but also a significant challenge

ADAPs have technical assistance (TA) needs regarding enhancing eligibility

TEP Day 2 (RWHAP-focused)

Key Themes

Sharing strategies, programs, and models for streamlining eligibility via “Example from the Field” RWHAP recipient presentations.

Collaboration is critical for expediting RWHAP eligibility.

TEP Day 2 (RWHAP-focused) 2

- **24 participants, 7 states**
- **Areas of Focus for Day 2:**
 - Sharing strategies, programs, and models for streamlining eligibility
 - Expediting RWHAP eligibility
 - Supporting RWHAP eligibility
 - Facilitating RWHAP access through technology
 - Enhancing customer experience and dissemination

TEP Day 2 (RWHAP-focused) 3

Key Themes, continued

PCN 21-02 has been useful and offers flexibility that some states have embraced. Changing the eligibility confirmation timeframe has resulted in benefits in some jurisdictions.

While the flexibility of PCN 21-02 is appreciated, participants expressed support for HAB to get even more involved in eligibility-related policy issues.

TEP Day 2 (RWHAP-focused) 4

Key Themes, continued

TEP participants identified streamlining RWHAP eligibility benefits from the overlap with their Medicaid Continuous Enrollment Unwinding activities.

Technology can facilitate RWHAP access.



TEP Day 2 (RWHAP-focused) 5

Key Themes, continued

TEP participants measure client experience and satisfaction in several ways.

RWHAP recipients, subrecipients, and clients need a range of eligibility-related technical assistance.

Linking Eligibility Across the RWHAP Parts - Dissemination Assistance Provider

HRSA-24-057



Linking Eligibility Across RWHAP – Dissemination Assistance Provider

Goal:

Increase access to care for people with HIV by promoting efficiencies in RWHAP eligibility and confirmation across all RWHAP Parts.

Objectives:

- Promote efficiencies
- Improve the customer experience
- Reduce administrative burden
- Increase the availability of tools for adoption

Important Notes

- **Award Type:** One Cooperative Agreement
- **Amount:** Up to \$2M per project year
- **Project Period:** August 1, 2024 – July 31, 2026
- **Learn More:**
<https://www.hrsa.gov/grants/find-funding/HRSA-24-057>



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<https://public.govdelivery.com/accounts/USHHS/HRSA/signup/29907>

Questions & Discussion



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