



# 301 Session

## Streamlining Eligibility Across the Ryan White HIV/AIDS Program Institute

*August 22, 2024*

**Joanne Hsu, MPH**  
**Public Health Analyst, Division of Policy and Data**  
**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



# 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

# Agenda

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- Discuss **Linking Eligibility Across the Ryan White HIV/AIDS Program Parts - Dissemination Assistance Provider**
- Describe lessons learned about eligibility processes and challenges through Rapid Start initiatives
- Present different policies and frameworks around eligibility and showcase the Eligibility Toolkit
- Provide information on integrating RWHAP Data with External Sources

# HRSA's HIV/AIDS Bureau Vision and Mission

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## 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%<sup>i</sup>. 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)



# HRSA HAB Commitment to Streamlining Eligibility

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

- **Request for Information** with the AIDS Drug Assistance Programs (April 2023)
- **Focus groups** (May & June 2023)
- **Technical expert panels** (August 2023)

# Linking Eligibility Across the RWHAP Parts - Dissemination Assistance Provider HRSA-24-057





# Purpose

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## The purpose of this funding is to:

1. Examine current eligibility determination and confirmation processes
2. Identify best practices and facilitators
3. Develop and disseminate materials
4. Facilitate peer-to-peer information exchange and dissemination of information

# Objectives

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**The program objectives are as follows:**

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

# Summary of Funding

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- Award Type: Cooperative Agreement
- Recipient: To Be Announced
- Approximately \$2,000,000 per year is available to fund one applicant
- Recipient: JSI

# Grant Recipient Programmatic Expectations

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- Perform a systems assessment
- Document processes and best practices
- Identify facilitators, challenges, and barriers
- Sponsor and coordinate peer-to-peer information exchanges
- Develop and promote dissemination of materials

# Contact Information

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# Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our website:

[ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov)



Sign up for the Ryan White HIV/AIDS Program Listserv:

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

# Connect with HRSA

Learn more about our agency at:

[www.HRSA.gov](http://www.HRSA.gov)



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# NASTAD Technical Assistance - Streamlining Eligibility Across the RWHAP

**Jeffrey Maras, Director, Health Care Access**

NASTAD

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NATIONAL 2024  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT



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**22-025 – RWHAP-Part B ADAP Training and Technical Assistance Cooperative Agreement**

from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

# Disclosures



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# Learning Objectives

At the conclusion of this activity, participants will:

1. Learn about eligibility resources provided through NASTAD's Cooperative Agreement with HRSA.
2. Learn how to engage with NASTAD's Health Care Access Program to gain access to state-of-the-art technical assistance, training, and support.



## MISSION

NASTAD's mission is to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health and leveraging community partnerships.

## VISION

NASTAD's vision is a world committed to ending HIV/AIDS, viral hepatitis, and intersecting epidemics.

## VALUE STATEMENTS

We believe every person has equal value and dignity.

We believe access to quality health care is a basic human right.

We have an obligation to dismantle systems that perpetuate social and racial injustice.

## GUIDING PRINCIPLES



### EQUITY

We advance the rights and dignity of all people by dismantling oppressive systems and centering those most impacted by the syndemic.



### HARM REDUCTION

We ensure people are free to make their own choices and we empower them to live safe, healthy lives.



### PERSONAL GROWTH & DEVELOPMENT

We invest in opportunities for entry into and advancement within NASTAD and the public health workforce.



### COMMUNITY

We continually engage with public health and community leaders to learn, connect, empower, and ultimately improve lives.



### EVIDENCE-INFORMED INNOVATION

We use data-driven and community-informed strategies to provide technical assistance, capacity building, and advocacy.



### ACCOUNTABILITY & TRANSPARENCY

We hold ourselves accountable to people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics; and we provide comprehensive, timely, and accurate information to our staff, members, and external partners.

# Meet the Core Health Care Access Team



Auntré Hemp, MPH, MEd, LPC  
Senior Manager  
Public Health Systems (he/him/his)



Tim Horn, MS  
Director  
Medication Access (he/him/his)



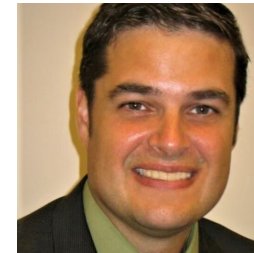
Chloe Benard, MSCP  
Manager  
Health Care Access (she/her/hers)



Kamrin Johnson, MS  
Manager  
Health Care Access (he/him/his)



Moonwon Seo  
Associate  
Health Care Access (he/him/his)



Jeffrey Maras, MS, EdD  
Director  
Health Care Access (he/him/his)



# RWHAP Part B ADAP Training and Technical Assistance

## Staff Onboarding & Development

Onboarding Calls

Welcome Packets

Mentorship

ADAP Staff Training (AST)

## Resource Development & Dissemination

Part B/ADAP Listserv

RWHAP Part B ADAP Monitoring Project

Toolkits

Fact Sheets, Briefs, and Webinars

## Conferences, Meetings, & Networking

National HIV & Hepatitis TA Meeting

DSHAP Administrative Reverse Site Visit

National Ryan White Conference

CAREWare Adhoc Committee Calls

## Engagement Activities

NASTAD Direct Support

Peer-to-Peer (including Learning Communities)

Learning Communities & Communities of Practice

PEER Calls

# NASTAD Resources



- RWHAP Eligibility Toolkit (<https://nastad.org/eligibility-toolkit>)
- Justice Involved People with HIV (<https://nastad.org/resources/ryan-white-hivaids-program-part-b-and-adap-coverage-treatment-services-justice-involved>)
- Support Community of Practices for RWHAP and Integrated Eligibility Assessment (example: EPIC Calls)
- PCN 21.02: Determining Client Eligibility and Ensuring Payor of Last Resort in the Ryan White HIV/AIDS Program (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/dear-colleague-letter-pcn-21-02-polr.pdf>)
- NASTAD briefing – Best Practices for Maximizing PCN 21.02
- To contact staff and request Technical Assistance or Trainings send requests to [HCA@nastad.org](mailto:HCA@nastad.org)



# Ryan White Part A & EHE Eligibility

Clark County, Nevada

Las Vegas Transitional Grant Area

# Presenter

NATIONAL 2024  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT



**Heather Shoop (She/Her)**  
HRSA Grants Project Director  
Clark County Social Service  
Office of HIV

# Project Support

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# Disclosures

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# Learning Objectives



At the conclusion of this activity, participants will:

Learn about Las Vegas Eligibility Transitional Grant Areas (TGA) activities and resources

# About Clark County EHE



- New Direct Service Programs
  - Rapid stART
  - Project HOME

# Shifting the Paradigm

- The priority now is early linkage, not Ryan White eligibility
- Remain in RW- or EHE-funded EIS for up to 90 days while establishing eligibility for Ryan White

# Las Vegas TGA Eligibility Resources



- Statewide Ryan White Universal Eligibility
- Technical Assistance from Tap-IN
- EHE Application, Training and Manual



# Ryan White vs. EHE - Keys to Eligibility



## Ryan White

- Verifiable HIV Diagnosis
- Income below 400% FPL
- Resident of the TGA

## EHE

- Verifiable HIV Diagnosis

# Prioritizing EHE Funds & Services

## EHE

- Project HOME
- Rapid stART
  - Early Intervention Services
  - HIP CS
  - Medical Transportation
  - Outpatient/Ambulatory Health Care

## Ryan White Part A

- Early Intervention Services
- HIP CS
- Medical Transportation
- Outpatient/Ambulatory Health Care
- Mental Health Services
- Medical Case Management
- Substance Abuse Outpatient Care
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Linguistic Services
- Medical Nutritional Therapy
- Psychosocial Support Services
- Oral Health Services

## Ryan White Part B & ADAP

- AIDS Drug Assistance Program (NMAP)
- Legal Services
- Non-Medical Case Management
- Income Tax Preparation Services
- Health Insurance
- Dental Insurance

# EHE Application Form



## Eligibility Application for Clark County Ending the HIV Epidemic (EHE) Programs

Application Date: \_\_\_\_\_ ☐ Rapid START ☐ Project Home

<b>CONTACT INFORMATION</b>	
Legal Last Name:	Legal First Name:
Birth Date:	Preferred Name or AKA:
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Is Need of a Translator: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Address:	City: State: Zip:
Mailing Address (if different than home):	City: State: Zip:
1. Phone - include area code:	Type: May we contact you by phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Phone - include area code:	Type: May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address:	May we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Should email be confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Only/for information is not used for eligibility. It is used only to verify medical or health insurance information.

<b>DEMOGRAPHICS</b>	
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male-to-Female (MTF) <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female-to-Male (FTM) <input type="checkbox"/> Non-binary <input type="checkbox"/> Genderqueer/gender non-conforming <input type="checkbox"/> Transgender Other: _____	Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female *As shown on Birth Certificate
Preferred Pronoun(s):	
Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino (if checked, choose an option below) <input type="checkbox"/> Mexican, Mexican American, Chicane/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino: _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander (if checked, choose an option below) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander: _____ <input type="checkbox"/> Asian (if checked, choose an option below) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: _____
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>HIV/AIDS STATUS/DIAGNOSIS INFORMATION/RISK FACTORS</b>			
HIV/AIDS Status: <input type="checkbox"/> HIV Positive (not AIDS) <input type="checkbox"/> HIV Positive (AIDS status unknown) <input type="checkbox"/> CDC Defined AIDS <input type="checkbox"/> HIV Negative (affected) <input type="checkbox"/> HIV Indeterminate (infants <3 years old)			
Date of First HIV Diagnosis:	<input type="checkbox"/> Estimated?	Date of First AIDS Diagnosis:	<input type="checkbox"/> Estimated?

UPDATED | Oct 2023

### HIV RISK FACTOR

How do you believe you contracted HIV? <input type="checkbox"/> Male-to-Male sexual contact <input type="checkbox"/> Injection Drug use <input type="checkbox"/> Male-to-Female sexual contact <input type="checkbox"/> Menstrual/Trasmission Disorder	<input type="checkbox"/> Receipt of transfusion of blood, blood components, or tissue <input type="checkbox"/> Perinatal Transmission <input type="checkbox"/> Unknown/Unlabeled, risk not reported or identified <input type="checkbox"/> Other, please specify: _____
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### Proof of Diagnosis

Please select one option from the list below and attach a copy to this application. Documentation must contain the client's full name.

<b>Proof of Diagnosis Documents</b>
<input type="checkbox"/> We return kit <input type="checkbox"/> Letter on physician's/clinician's letterhead, with signature of physician/clinician, indicating that the applicant is HIV positive with diagnosis date. <input type="checkbox"/> Electron medical record from physician's office, with electron signature of doctor, indicating that the applicant is HIV positive. <input type="checkbox"/> Receive HIV test (in-person) as a detectable viral load (HIV RNA) <input type="checkbox"/> Two positive HIV tests (serum/plasma) should be different assays based on different antigens or different principles

### INCOME

What is your estimated current annual gross income? \$ \_\_\_\_\_

### HEALTH INSURANCE

Do you currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select all of the health insurance types you have: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Part A, B, C/D/Supplement <input type="checkbox"/> Private Individual (Direct Purchase) Marketplace/COBRA <input type="checkbox"/> Private Employer	<input type="checkbox"/> Veterans Health Administration (VHA), TRICARE, CHAMPVA <input type="checkbox"/> Indian Health Service (IHS) <input type="checkbox"/> Other Health Insurance: _____

### RELEASE OF INFORMATION

I fully understand that by applying for this program, my information will be kept confidential. I also understand that supplied information or records associated with my case will not be released to anyone outside of the agency gathering the information without my informed written consent, as subpoena, court order, or legal statute.

In addition, by signing this form, I understand that the information contained may be used by staff to review my eligibility for this program and to verify all application information provided. By applying for this program, I understand that this does not mean that my application will be accepted, as eligibility requirements must be met, and funds are limited.

I fully release and hold Clark County, Office of HIV employees and agents harmless from any and all damages, losses, liabilities (joint or several), payments, obligations, penalties, costs, litigation, demands, defenses, judgments, sales, proceedings, costs, disbursements or expenses (including without limitation, fees, disbursements, and expenses of attorneys, and other professional advisors and of expert witnesses and costs of investigation and preparation) of any kind or nature relating to or arising out of my receipt of services.

I certify that the information provided in this application is true and accurate as of the date below and acknowledge that any intentional or negligent misrepresentation of the information may result in nullification of this application and termination of benefits and services.

Printed Name	Signature	Date
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UPDATED | Oct 2023

# Presenter Contact



**Heather Shoop (She/Her)**

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Office of HIV

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# Eligibility Process Change for a More Rapid Start

Kathryn Tenkku, MSW, LCSW (she/her)

Program Manager

Washington University School of Medicine

# Project Support

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# Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe an example of a before and after rapid start linkage to care process.
2. Highlight one major change that improved the process.
3. Identify one challenge and one lessons learned.



# Background

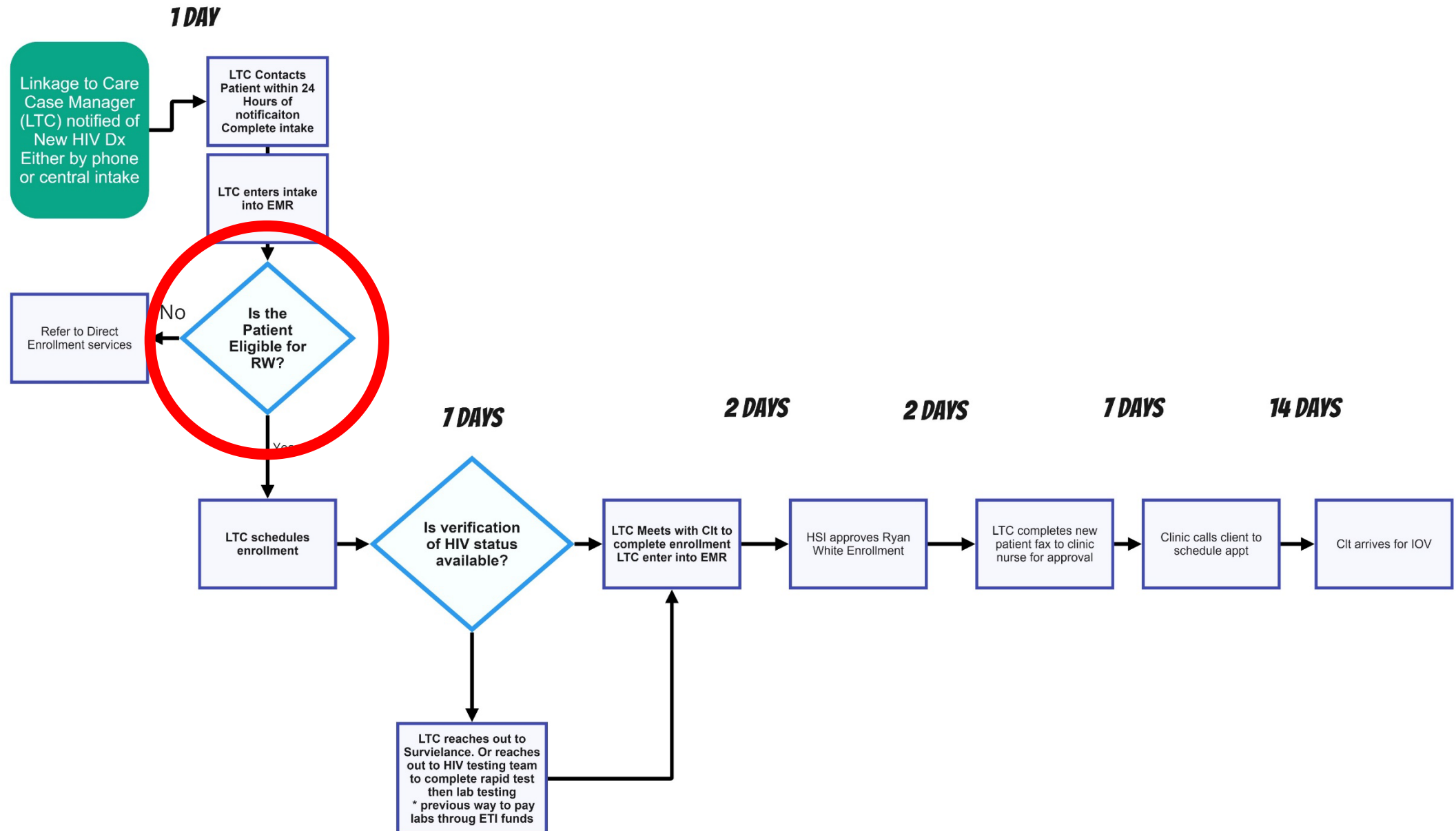
- In 2020, WashU received funding from HRSA's Special Projects of National Significance (SPNS) focused on using quality improvement (QI) methods to improve Rapid Start processes and procedures and address the identified barriers.
- The Rapid Start initiative, allowed the clinic multi-disciplinary teams to focus on making incremental changes in the way newly diagnosed patients with HIV were linked to their first medical appointment and their first prescription of ART.

# Inefficiencies within Old Process

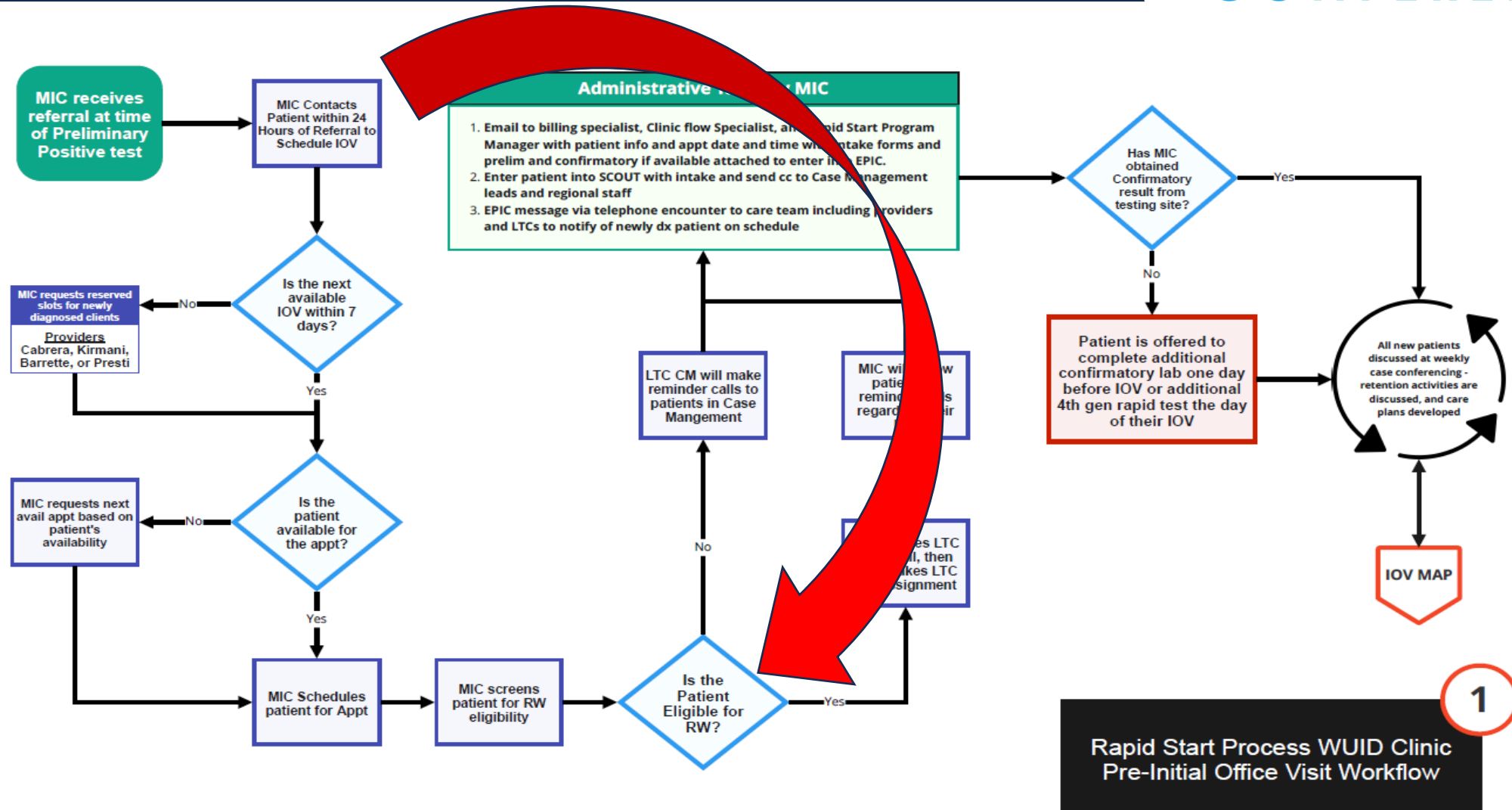
- Ryan White Enrollment requirements
  - HIV status confirmation (confirmatory lab)
  - proof of income
  - proof of residency
  - proof of insurance or lack of insurance
- Scheduled medical appt happened after RW enrollment completed.
- RW manual priorities IOV (Initial office visit) within 1<sup>st</sup> 30 days of diagnosis.
- No activities were standardized outside of RW system

- Case Assignment = 1 days
- Complete enrollment = 7 days
- Ryan White approval = 2 Days
- **Delay = Minimum 10 Days**
- Referral to clinic = 7 days
- Scheduled IOV appt = 14 Days
- **Delay = Minimum 31 Days**

# Old Process



# New Process



Rapid Start Process WUID Clinic  
 Pre-Initial Office Visit Workflow

1

# Medical Intake Coordinator = Roles Change

## Ryan White Linkage to Care MCMs

- Initial work to help connect Client to WUID medical services and RW services.
- Schedule medical appointments.
- Follow up on Preliminary and Confirmatory results.
- Coordinate Transportation for IOV
- Complete RW Intake
- Meet at IOV
- Complete RW Enrollment
- Linkage to Ryan White Medical Case Management

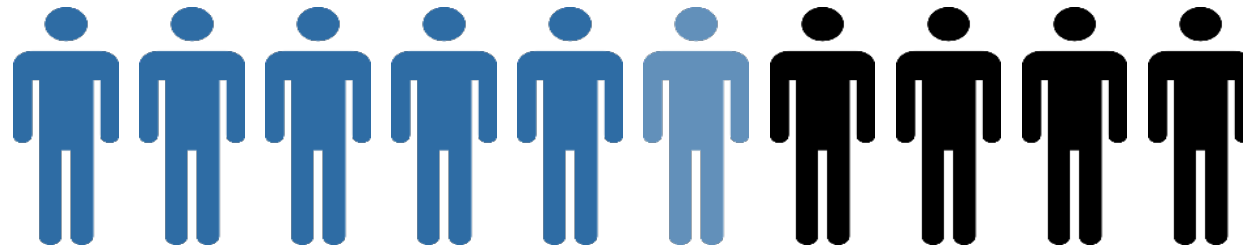


## Medical Intake Coordinator (MIC)

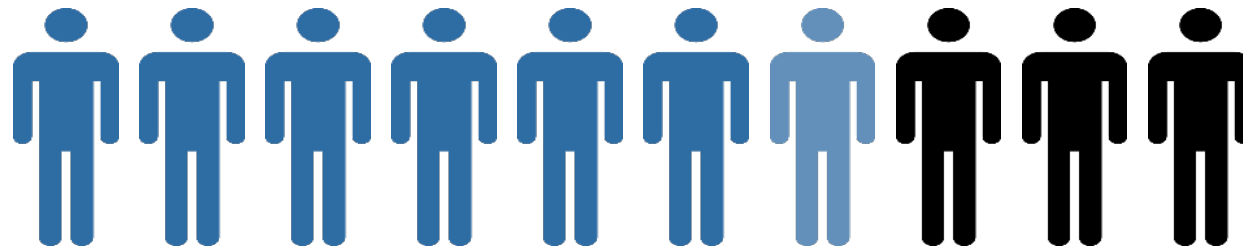


# Improved Average Rapid Start Linkage within 7 days

- Pre-intervention (March 2021-Feb 2022) - 57% average linkage



- Post-intervention (March 2022 - Dec 2022) - 66% average linkage



# Challenges

- Verification of Confirmatory labs
- Coverage medical costs for those who are not enrolled or ineligible for Ryan White
- Internal Clinic processes

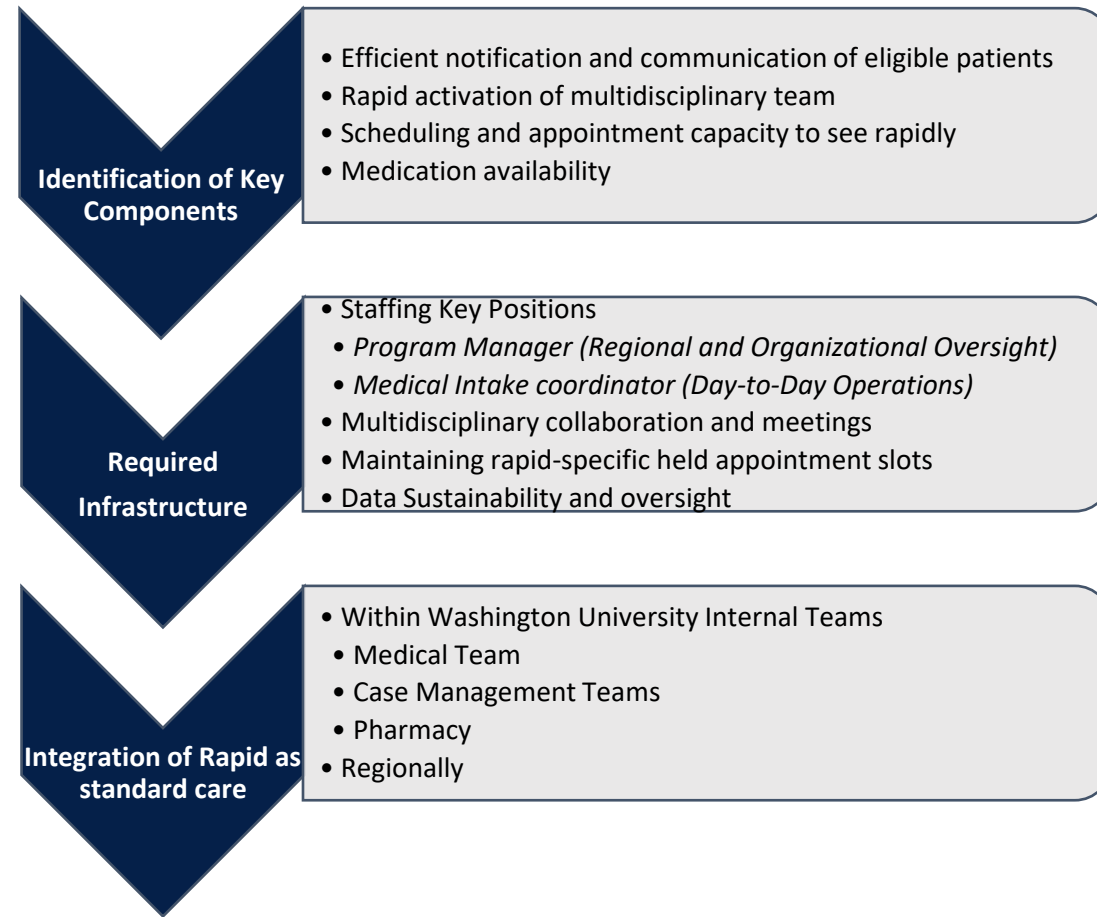
# Considerations

- Funding
- Clinical Leadership Buy-In
- Grace Period for Ryan White documents
- Change in State-Wide Manual for Rapid linkage to medical care



# Conclusions/Discussion

- Flipping the paradigm and placing the medical appointment before Ryan White enrollment removed delays in getting people into care.
- Having a centralized position to coordinate medical intake is crucial.
- However, the MIC position only succeeds if it exists within a system that also includes:



# Integrating Data to Support Ryan White HIV/AIDS Program (RWHAP) Eligibility Determination

The DISQ Team

# Project Support

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# Disclosures

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Learn more: <https://targethiv.org/DISQ>

## Introducing DISQ



# The DISQ Team

- The goal of the Data Integration, Systems and Quality (DISQ) Team is to enhance the completeness, accuracy and consistency of RWHAP client-level data through capacity building, training, and TA for recipients and providers

# Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Understand different models of integrated eligibility determination
2. Identify potential data sources
3. Take steps to build those partnerships and systems

# Why Integrate Data for Eligibility Determination?

- Data collection is burdensome
  - Clients may have to gather paperwork and submit it multiple times to different providers
  - Each provider that serves the client must collect and process this information
- Lack of standardization
  - Providers may use different processes to assess eligibility criteria
  - Providers may reach different conclusions about client eligibility

# Why Integrate Data for Eligibility Determination?

Burdensome data  
collection

Lack of  
standardization

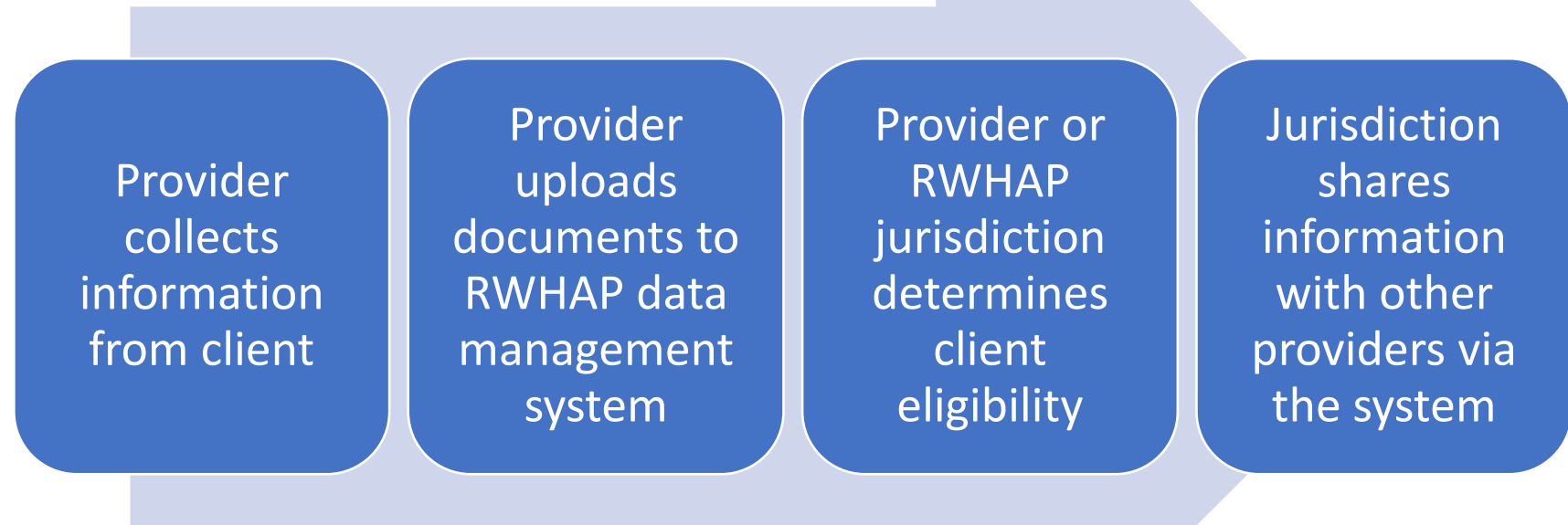


Delays in care



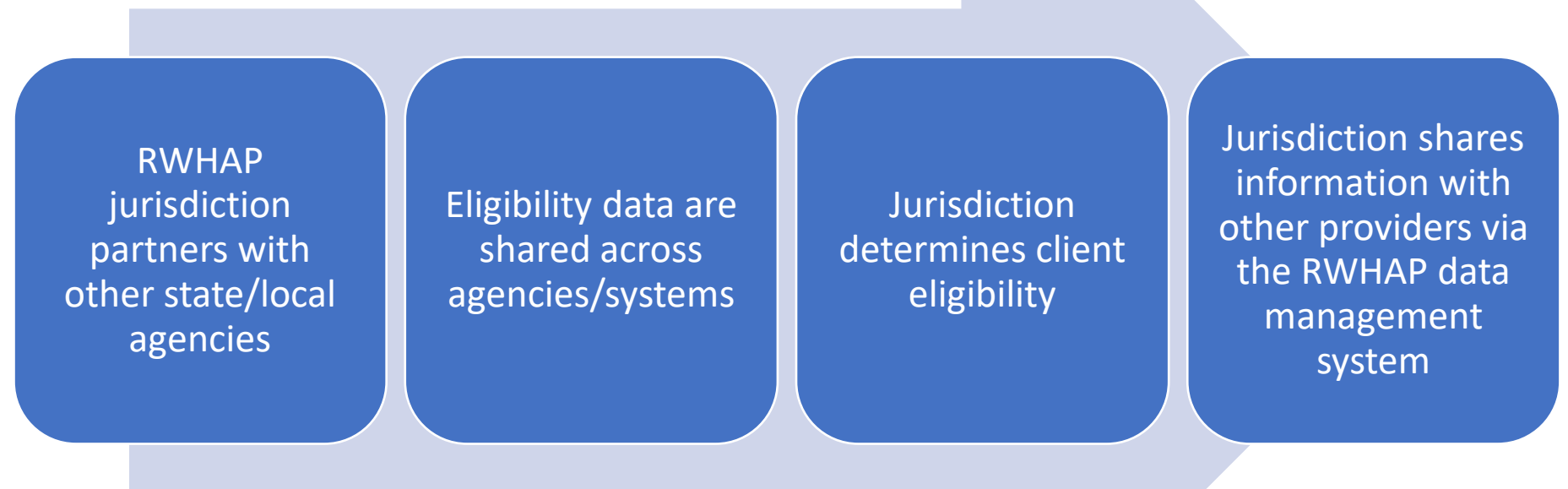
# Two Models of Integrated Eligibility Determination

- **Model 1: Centralized Eligibility**



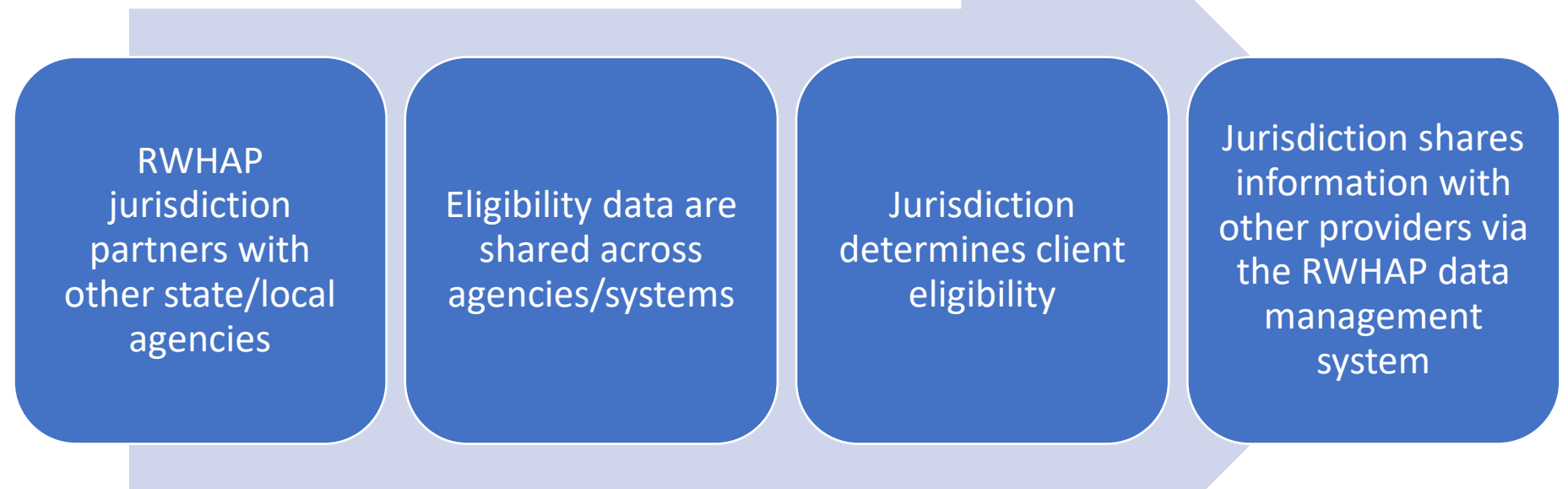
# Two Models of Integrated Eligibility Determination

- **Model 2: Jurisdiction-Level Data Integration**



# Focus of the Presentation

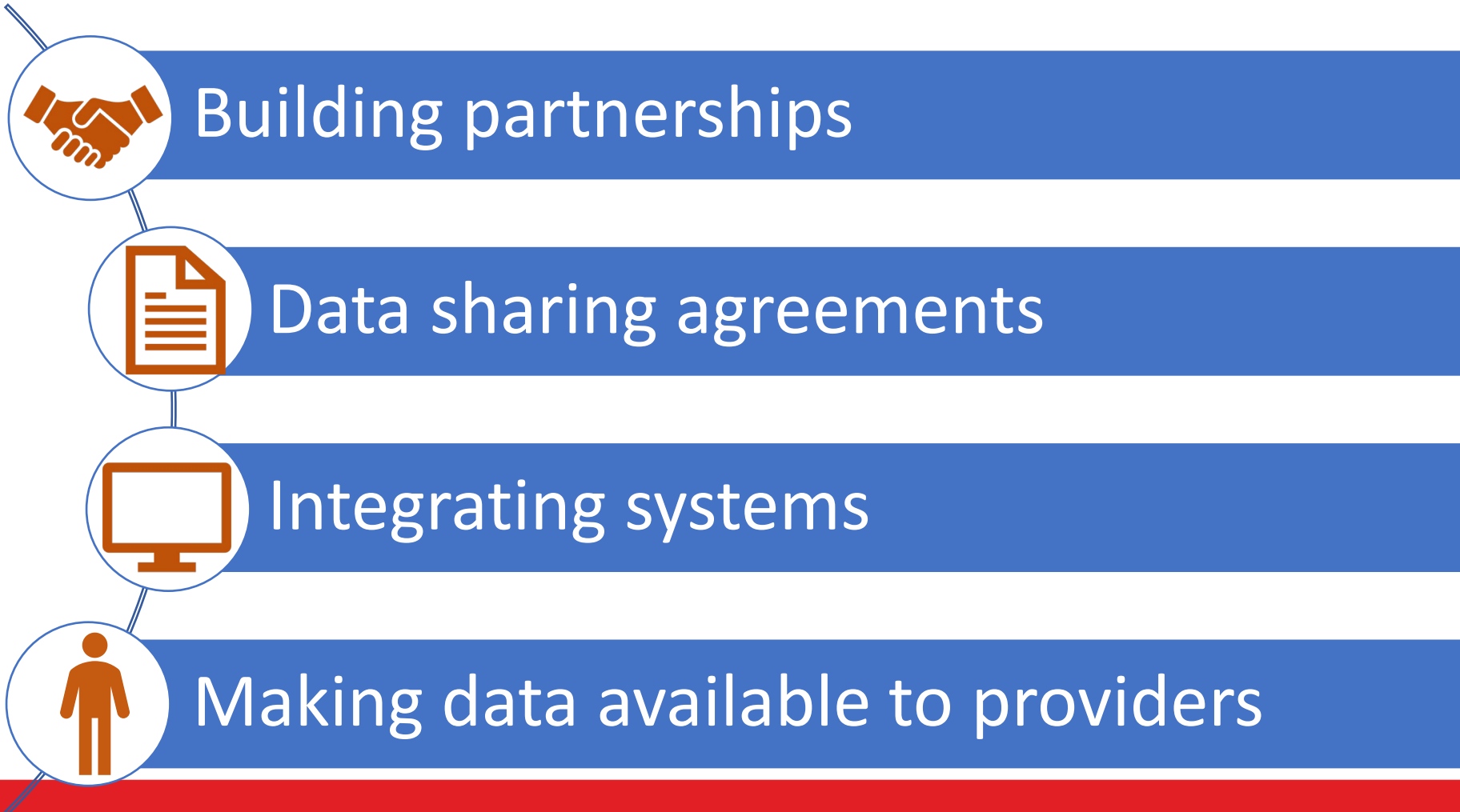
- **Model 2: Jurisdiction-Level Data Integration**



# Potential Data Sources

- Financial eligibility
  - Medicaid
  - Other social service programs (SNAP, cash assistance, energy assistance)
  - Social Security Administration
  - Some states have a one stop shop to eligibility determination for social programs (e.g., PEAK in Colorado)
- Confirmation of HIV diagnosis: Surveillance

# Four Major Steps to Data Integration



# Building Partnerships



- Answer the following questions:
  - What are your eligibility criteria and what information do you need to assess eligibility?
  - What agencies are already collecting that data?
  - How can you best communicate the RWHAP and your data integration goals with these agencies?
- Leverage existing partnerships, such as between ADAP and Medicaid or the HIV surveillance unit

# Data Sharing Agreements



- Understand your state and local statute
  - You and your legal team may be misinterpreting some restrictions
  - Work with legal staff/your data privacy officer
- Use existing templates
- Add to exiting agreements

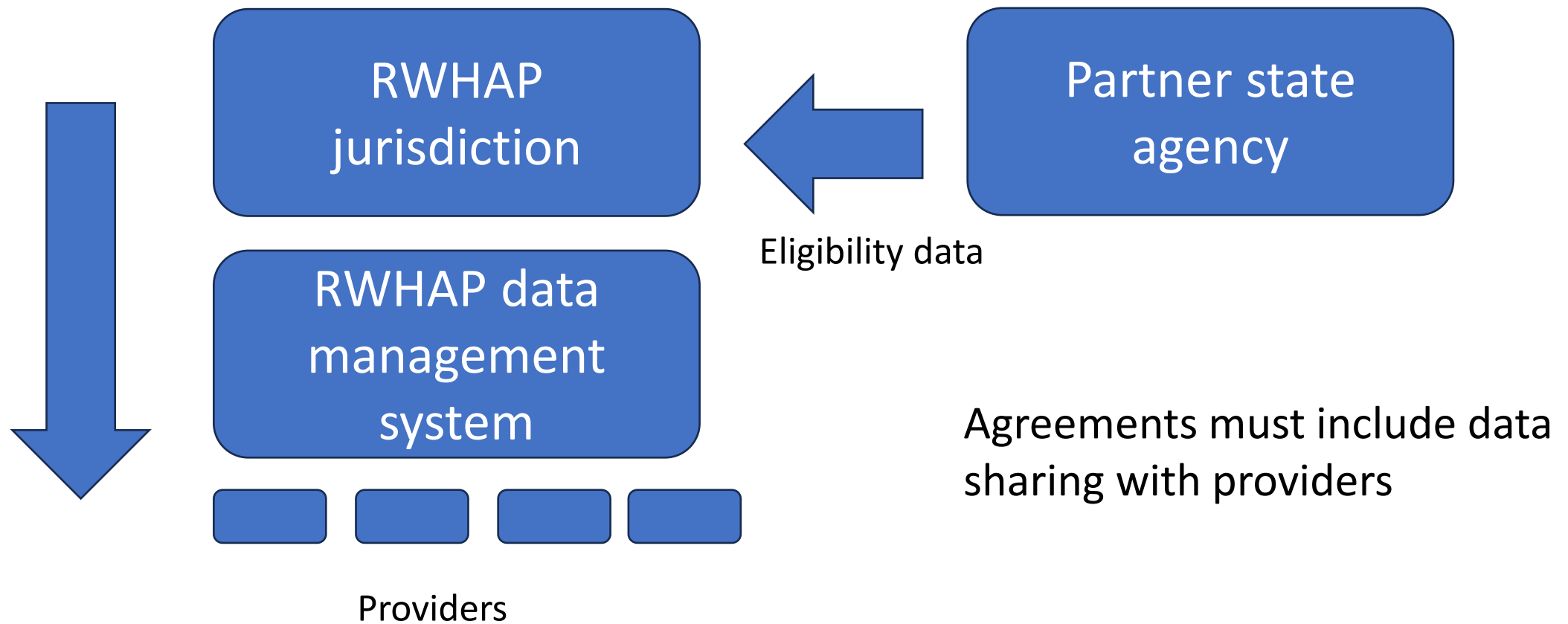
# Integrating Systems



- Identify eligibility determination data elements
  - Medicaid enrollment
  - Income
  - HIV diagnosis
  - Residence
- Identify data elements needed to link clients across systems (e.g., full name and date of birth)
- Develop process to import data into the RWHAP system
  - Modify system to accept new data elements
  - Develop import schedule



# Making Data Available to Providers (Subrecipients)



# Example Scenarios

## Significant Integration

- RWHAP data management system is integrated with HIV surveillance and state system to apply for all benefits
- RWHAP jurisdiction determines eligibility based on information and shares status with subrecipients.

## Some Integration

- RWHAP data management system receives information on Medicaid eligibility.
- Information is accessible to subrecipients to support their eligibility determination process.

## Minimal Integration

- A RWHAP clinical provider and AIDS Service Organization (ASO) have data sharing agreement.
- RWHAP clinical provider captures and verifies insurance and income information as part of everyday practice and shares information with ASO.

# Using CAREWare for Centralized Eligibility

Katie Herting

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# Introduction



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 10+ years experience in Ryan White

- Quality Coordinator
- CAREWare Administrator
- IT Project Manager

# Project Support

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# Learning Objectives

At the conclusion of this activity, participants will learn about:

1. Common centralized eligibility scenarios
2. CAREWare features that support centralized eligibility
3. Best practices, potential pitfalls, and next steps

# Common Centralized Eligibility Scenarios

1. External data system imports eligibility information into CAREWare
2. CAREWare exports eligibility information to an external data system
3. Multiple Ryan White recipients share their unique eligibility information with each other
  - i.e., Ryan White recipients have different eligibility requirements
4. Multiple Ryan White recipients with the same eligibility requirements share eligibility information with each other
  - i.e., One state has the same eligibility requirements across all Ryan White providers



# CAREWare Features the Support Centralized Eligibility

- Imports (manual or scheduled)
- Exports (manual or scheduled)
- Networked CAREWare systems with provider-by-provider or client-by-client sharing



# Best Practices

- Allow for ample time to determine policies, procedures, roles, and responsibilities among all stakeholders
  - May require data sharing agreements, which can be time consuming
  - Determining eligibility requirements to be adopted by multiple Ryan White recipients/subrecipients can take a significant amount of time
- It's essential to document the process thoroughly
- Use lessons learned from others who have implemented similar processes and systems
  - Steal shamelessly, share senselessly

# Potential Pitfalls

- Getting data from other sources in a useable and consistent format can be challenging
  - Configuring CAREWare is the easy part
- CAREWare imports/exports require routine maintenance
  - Cannot set it and forget it

# Next Steps



- If your organization wants to explore this more, please contact the CAREWare Helpdesk at:
  - [cwhelp@jprog.com](mailto:cwhelp@jprog.com)
  - 1-877-294-3571

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