

Central Eligibility for RWHAP Enrollment

October 2021

Overview

On October 14, staff from Maricopa County and the Arizona Department of Health Services gave a presentation on centralized eligibility for the Ryan White HIV/AIDS Program (RWHAP):

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- Carmen Batista, Maricopa County (Carmen.Batista@maricopa.gov)
- Ricardo Fernandez, Arizona Department of Health Services (Ricardo.fernandez@azdhs.gov)

In the presentation, they described the gradual integration of state and local RWHAP eligibility and CAREWare systems. They outlined the implementation plan, actions they took and timelines for approach, successes, and next steps. This memo provides a description of the question-and-answer portion of the presentation. Contact the [DISQ](#) team for more information on upcoming office hours.

Question and Answer

Eligibility Determination

Have you found from that there is a big difference in client information when doing the six-month renewal vs. the annual renewal?

The six-month renewal is a RWHAP requirement under PCN 13-02. All backup information needs to be submitted annually. They chose to base renewals on birth months to make reminders easier. On October 19, 2021, HAB released a policy clarification [PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-pplr.pdf). (<https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-pplr.pdf>).

How do EIS referrals work if client expires? Does the case management (CM) submit it or does the centralized location refer it out? At what point do you reach out to the client about the attestation?

Currently this is driven by the client coming back to request eligibility again. They have been more focused outreach to individuals who are not virally suppressed than those who are losing eligibility. They are looking into being more proactive about this practice.

There is a report providers can run in CAREWare for individuals who are about to expire and those who have recently expired. CM can then assist individuals in submitting their renewal information.

Letters are sent in the month before individuals are due to renew their eligibility. They are working on sending emails to this effect for those clients that prefer email communication.

Their ADAP coordinator does reminder calls for 4,000 clients, and the central eligibility office has piloted reminder calls as well.

Can you discuss strategies used to reach agreements upon Supporting Documentation requirements? Do you allow self-attestations?

They do allow self-attestations regarding residence if the individual is unhoused or if they don't have any income. Someone else other than the individual must sign these documents to attest to the legitimacy of those situations. Often times this other individual will be the case manager.

They need to provide documentation if they are self-employed.

For unhoused clients, there are state retention efforts to call clients and text them. They have worked with organizations that offer mailing addresses for individuals' experiencing homelessness. Case managers have also gone out into the community to engage those individuals in returning to care.

How does the Part C and D eligibility process interact with the Part A and B eligibility process?

Part C and D have more flexible eligibility processes, but Part C clients in AZ overlap with Part A and ADAP clients as well. All these clients are included in the CAREWare because they use it for producing their RSR.

What is the rapid access process like for ADAP? How quickly can someone get enrollment with an ADAP?

ADAP enrollment usually only takes a few days to complete, along with Part A and Part B. Medical appointments are prioritized over eligibility. The overall rapid start process can be sped up to the same day under special circumstances.

Rapid access can be accessed by a pre-approval form in the initial application process. This is sent by medical provider with initial diagnosis information and documentation. The pre-approval waiver does not require a client's signature.

Data Sharing

What was the consent or the contract with which you can share data?

The consent form built into the application is available in the following link:

<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/adap/enroll/full-application-english.pdf>

What was your process for working with your partners to come to agreements that ensured safe data sharing?

They did a legal review in which lawyers from both sides (Maricopa County and the Arizona Department of Health Services) signed off. As part of the process, they had to clearly document and align eligibility requirements for clients and identify who would own which data. The client consent (in application) allows for sharing of client data across providers.

How did you work out the questions of data ownership, use, and confidentiality?

Every organization continues to have ownership and responsibility for their own data. Control of the data is ultimately part of each organization. The MOU has clear language outlining that organizations are responsible for managing their own data.

If one agency owns the data, are other agencies able to see the data?

Providers cannot see the services provided at another agency when viewing through their domain in CAREWare.

How do you coordinate between organizations so that when a client is getting medical care elsewhere, other organizations know they do not need to do outreach?

They are working on a new medical data sharing agreement that would allow for this type of data sharing between their RWHAP clinics as well as their non-RWHAP clinics. This should be completed and implemented by fall of next year.

System Scope and Data Infrastructure**How many clients and providers were involved in the system?**

They served around 8,050 clients across the system in 2020. There are two RWHAP Part A funded medical providers, five Part B funded medical providers, and about 40 organizations that provide various HIV services. For rapid access, they have a siloed app in CAREWare that allows reporting for non-RWHAP providers, but this isn't integrated into the overall CAREWare system.

How does payment for Amazon Webservices factor in?

They pay jProg to host the CAREWare site, but also are required to pay a fee to Amazon web services as well.

What were the biggest challenges in implementing? What would you do differently?

The most challenging aspect was getting Part A and Part B's agreement on the rules. A two-cycle approach for garnering this support proved successful.

Importing labs for mutual clients and increasing the amount of allowed data for shared clients were other big challenges and subsequent wins for the process. Data imports and shared data reduced the burden on clients as well.