

## Ryan White Program Overview

Southwest Care is committed to supporting all patients receive the medical care they need. Services offered through the Ryan White Program are designed to support you achieve your medical care. All funds will be used in compliance with Ryan White grant funding and as the payer of last resort.

### Access to Care

Clients will not be denied services for any of the following:

- Non-Payment
- Denial of payment for inability to produce income documentation
- Failing to provide full payment prior to services
- Denial of any other procedure due to non-payment
- Due to a pre-existing condition
- Due to any non-HIV related conditions
- Due to past or present health.

SCC clinics are handicapped accessible and accessible by public transportation. In addition, the agency prohibits policies that would act as a barrier to care for low-income clients. Efforts will be made by SCC to educate the public about available services through the following methods:

- Participation at community events to inform individuals of services available to them
- Printed materials, such as brochures and informational cards
- Online through the agency's website
- Collaborations with private doctor's offices and local health departments to inform them of services available and how to make referrals

Passive or active referrals will be documented on the current referral form and placed in the client chart with the treatment plans.

### Intake and Eligibility

Case managers will be trained on determining client eligibility through the New Mexico Department of Health HIV Services Program's Policy and Procedure Manual and New Mexico Standards of Care. The referenced manuals will serve as the agency's policies and procedure manual for determining client eligibility.

1. All new clients are assessed for eligibility to enroll in Ryan White Case Management services as well as insurance coverage. Clients are eligible for Ryan White Case Management services if they meet the following criteria:
  - Current NM Residency
  - HIV+ status
  - 400 percent Federal Poverty Level guideline

2. No client will be deemed ineligible due to being a veteran or being eligible for Veteran's Assistance programs.
3. All new clients will be assisted with insurance enrollment as needed. Uninsured or under insured clients will be given referrals and support in acquiring insurance coverage. Uninsured or under insured clients will be assessed for eligibility for SCC's Federally Qualified Health Center (FQHC) sliding fee scale
4. All new clients will complete a packet which reviews the following orientation documents:
  - Client Rights and Responsibilities
  - Agreement of Responsibilities
  - Grievance Procedure
  - Clinic Guidelines
  - Advanced Directives
  - Confidential Channel Communication Request
  - HIV Case Management and Enrollment Choice Form

These documents will be reviewed annually for clients enrolled in case management services.

## Case Management Services

1. Case managers will be trained on determining client eligibility through the New Mexico Department of Health HIV Services Program's Policy and Procedure Manual and New Mexico Standards of Care. The referenced manuals will serve as the agency's policies and procedure manual for determining ongoing client eligibility.
  - a. Clients must complete an annual re-enrollment with their assigned case manager and provide the following to establish proof of eligibility:
    - Proof of income
    - NM residency
    - Proof of insurance
    - Labs – CD4 and Viral Load – completed within 1 year from the time of enrollment.  
Case Managers will assist clients in obtaining labs from the client's medical provider.
  - b. Clients must recertify their enrollment with their assigned case manager six months after an annual enrollment or intake has taken place. Clients may need to provide an attestation or additional documentation, such as changes to income or insurance, for recertification
2. New patients will work with their assigned case manager to complete a comprehensive intake assessment, acuity scale, and individual service plan
  - a. Returning patients will work with their case manager to complete a new acuity scale and individual service plan annually.
  - b. Acuity scales and service plans will be updated at the six-month recertification, with additional updates as needed per client acuity or other life changes.
3. Case managers will maintain client files with all required documentation to prove eligibility. Files will contain the following:
  - a. Client Assessment, Acuity, and Service Plan
  - b. Acuity and Service Plan Updates
  - c. Case Notes
  - d. Enrollment forms
  - e. Proof of HIV Status

- f. Proof of residence (including ID)
  - g. Proof of income
  - h. Annual Orientation Documents
4. Clients will be able to access both Medical and Non-Medical Case Management services
- a. Medical Case Management Services will include, but are not limited to:
    - Monitoring of medical adherence status
      - Treatment plan adherence
      - Appointment adherence and follow up for missed appointments
      - Medication adherence ii. Monitoring of annual labs (CD4, Viral Load, and Syphilis screenings)
    - Assistance with medical referrals
  - b. Non-Medical Case Management Services will include, but are not limited to:
    - Community Referrals  
Guidance and assistance in accessing medical, social, community, legal, financial, and other needed services
    - Determining eligibility for core support services
      - AIDS Drug Assistance Program(ADAP)
      - Medicaid, Social Security Insurance (SSI)
      - Social Security Disability Insurance (SSDI)
      - Medicare
      - Medicaid
      - Temporary Assistance for Needy Families (TANF)
      - Supplemental Nutrition Assistance Program (SNAP)
      - Affordable Care Act (ACA) enrollment
      - Housing Opportunities for People Living With HIV and AIDS (HOPWA)
      - Emergency Financial Assistance (EFA)
      - New Mexico Medical Insurance Pool (NMMIP)
      - Other services as needed

## Housing Services

1. Enrolled clients are eligible to receive housing services assistance based on an identified need, including:
  - a. Rental Assistance
  - b. Transitional, short-term, or emergency housing that provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care
    - Hotel stays will be billed under Emergency Financial Assistance (EFA) for the first 5 consecutive days of the stay
    - Hotel stays will be billed under Housing Services starting on the 6<sup>th</sup> consecutive day of the hotel stay
2. Enrolled clients receiving housing assistance will be capped at \$2,000 per grant year (July through June)
  - a. Housing services cannot be in the form of direct cash payments to clients
  - b. Ryan White funds cannot be used for the following:
    - Mortgage payments
    - Rental deposits
    - Utilities

- Unit damages
  - Money owed for evictions including back rent for former residence
  - Utility fees owed after termination of service
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3. Housing services must always require case managers to meet with a client to develop of an individualized housing plan, updated annually, with the goal of achieving permanent and stable housing.
  4. All housing assistance is needs based and will be evaluated by the program manager.
  5. Ryan White is the payer of last resort. Other financial resources must be exhausted before utilizing housing services through Ryan White funding

## Emergency Financial Assistance

1. Case management enrolled clients are eligible to receive Emergency Financial Assistance (EFA) to support basic needs, including:
  - a. Essential Utilities
  - b. Electricity
  - c. Natural Gas
  - d. Water, sewer, and trash fees
  - e. Propane when necessary
  - f. Firewood when necessary
  - g. Basic phone service (cell phone or home phone, but not both)
  - h. Emergency HIV-related medications and medical supplies
  - i. EFA for emergency HIV-related medications and medical supplies is an allowable support service with an annual maximum of a 30-day supply and/or one-time use
  - i. Transitional, short-term, or emergency housing that provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care
2. Enrolled clients receiving EFA will be capped at \$1,000 per grant year (July–June) based on identified need. EFA payments cannot be in the form of direct cash payments to clients.
3. Ryan White funds cannot be used for the following:
  - a. Late Fees
  - b. Reconnect fees
  - c. Non-Sufficient Fund (NSF) Fees
4. No funds may be used for any expenses associated with the ownership or maintenance of a privately-owned motor vehicle
5. Emergency Financial Assistance must always include the development of an individualized service plan, updated annually, to guide the client's goal to maintaining stable housing and utilities
6. Ryan White is the payer of last resort. Other financial resources must be exhausted before utilizing housing services through Ryan White funding.

## Food Pantry

1. Food Pantry is a service offered through SCC to provide non-perishable dry and canned goods to SCC clients with an identified need.
2. All enrolled individuals are eligible to access SCC's food pantry for food security needs:
  - a. Client must have a documented acuity assessment and service plan on file which documents the necessity for food pantry services.
  - b. Clients are eligible to access the SCC food pantry once per week.

## Transportation Assistance

1. Southwest Care Center provides transportation services to assist clients with accessing necessary services to support their HIV treatment, when medical transportation services through an insurer is not available to clients.
2. Medical transportation may be provided through:
  - a. A voucher or token system including bus passes
    - All enrolled individuals are eligible to receive a monthly bus pass provided by SCC to enable client access to core medical and support services related to HIV diagnosis and treatment
    - Clients are eligible for one bus pass per rolling 30-day period
    - Client must have a documented acuity assessment and service plan on file which documents the necessity for medical transportation services
  - b. Contracts with providers for transportation (Taxi Services, Albuquerque Only)
    - All enrolled individuals are eligible to receive available taxi services (where available) provided by SWC to enable client access to core medical and support services related to HIV diagnosis and treatment
    - The client must have an acuity assessment and service plan on file which documents the necessity of medical transportation services
    - Case Managers are responsible for reviewing and submitting clients' taxi requests
    - The reason for the trip must be documented
    - Appointment attendance and medical necessity must be confirmed by the Case Manager
    - The request must include information pertaining to the trip origin and destination
    - Mileage Reimbursement
    - Case management enrolled individuals are eligible to receive mileage reimbursement provided by SCC to enable client access to core medical and support services related to HIV diagnosis and treatment
    - Mileage reimbursement can be used for travel exceeding 50 miles round trip to/from scheduled HIV related care including:
      - Medical care
      - Dental care
      - Behavioral Health
      - Case Management
      - Lab
      - Imaging

- Vision
- Clients must be enrolled on the date of travel as well as the date of processing and payment
- Mileage reimbursement cannot be used for the following types of care:
  - Unscheduled, walk in, or squeeze in visits
  - Emergency room visits
  - Care unrelated to HIV diagnosis
  - Pharmacy pick up
  - Appointments which require out of state travel
- Back-to-back travel requests for consecutive days are not permitted
- Reimbursement rates are set by SCC and are subject to change
  - Rates cannot exceed the established rates for federal programs (Federal
  - Joint Travel Regulations provide further guidance on this subject)
- No cash payments are permitted
- Reimbursement will be in the form of a gas card ix. Client must have an acuity assessment and service plan on file which documents the necessity of medical transportation services
- Case Managers are responsible for reviewing and submitting clients' mileage reimbursement requests
- Clients must exhaust mileage reimbursement benefits through their insurer prior to utilizing mileage reimbursement through SCC. Insurance benefits to be verified by case manager.
- The reason for the trip must be documented
- Appointment attendance and medical necessity must be confirmed by Case Managers
- The request must include information pertaining to the trip origin and destination
- Clients must sign and adhere to the SCC Mileage Reimbursement Guidelines and SCC Acknowledgement of Gas Card to obtain mileage reimbursement benefits

## FQHC Slide

1. Southwest CARE Center offers a sliding fee schedule to assist uninsured or under insured individuals access services, including:
  - a. Office visits
  - b. Radiology services limited to:
    - Diagnostic X-Ray
    - Chest X-Ray (PA and Lateral)
    - Right Upper Quadrant Ultrasound iv. Screening Mammogram
    - v. Diagnostic Mammogram
  - c. Labs limited to:
    - CD4 Count
    - CBC
    - CMP
    - Chlamydia/GC by NA Amp
    - HCV Ab
    - HCV RNA Quantitative
    - Hepatitis B Sag
    - HIV Ab

- HIV Viral Load RTPCR
  - Lipid Panel
  - RPR
  - T. Pallidum (Syphilis)
  - TSH xiv. BMP
  - PAP Smear Thin Lyr x Scr (cervical and anal)
  - Biopsies (cervical and anal)
2. Copays range from \$10 to \$25 for an office visit. Labs and diagnostic tests are covered under the copay for the office visit.
  3. Individuals will qualify for the sliding fee scale if they are at 200 percent FPL or under. Individuals will be asked to provide information regarding household size and proof of income for all individuals in the household.
  4. Applications can be completed with an Intake Coordinator or Case Manager
    - a. Approval or denial will be determined at the time of application
    - b. Eligible clients will be provided with a letter documenting their enrollment in the FQHC slide
  5. The FQHC slide is in effect for one year from the start date. The slide can be retroactively applied to services up to 60 days.

## Charges Cap

As a recipient of Ryan White funds, Southwest CARE Center will not charge you for services if your health care costs exceed an annual payment cap. This cap is a percentage of your annual income and follows the guidelines described in the Ryan White Care Act. The payment cap limits the amount you can be charged by us for out-of-pocket medical expenses. The intake case manager at each clinic can assist clients in completing the enrollment in the Cap on Charges program. Clients enrolling in the Cap on Charges program will be required to provide:

- Proof of income
- NM residency
- Proof of insurance

The intake case manager can assist with acquiring documents needed for enrollment. The Cap on Charges program requires an annual enrollment and a six-month recertification each year.