

Eligibility Frequently Asked Questions- For Service Providers (Volume I)



- 1. What eligibility data will the Orange County Health Care Agency/17th Street Care (OCHCA) eligibility screening team collect and document?**
 - Proof of income, residency, insurance, and living situation.
 - Proof of HIV diagnosis (required once at intake) will be entered at intake.
 - OCHCA eligibility screening includes, when appropriate, screening for Medical Services Initiative (MSI), AIDS Drug Assistance Program (ADAP), Medi-Cal, and Office of AIDS-Health Insurance Premium Program (OA-HIPP). These programs may require additional eligibility documents. To be eligible for Ryan White medical services and/or pharmaceutical assistance, potentially eligible clients must apply for prior resources (e.g., MSI, Medi-Cal, private insurance). Requirements to be Eligible and Qualify document.

- 2. What eligibility data will the AIDS Services Foundation (ASF) or Shanti OC (Shanti) eligibility screening teams collect and document?**
 - ASF and Shanti eligibility screening will be limited to their ASF and Shanti clients, respectively, who do not receive medical services at 17th Street Care or are not on ADAP.
 - ASF and Shanti will collect proof of income, residency, insurance, living situation, and HIV diagnosis (required once at intake).
 - ASF and Shanti may also screen for private insurance and OA-HIPP.

- 3. What are the eligibility or ARIES required fields data that provider agencies must collect and document?**
 - Eligibility: Disability (only for services that have a disability requirement).
 - ARIES: Refer to the ARIES Required and Recommended Data Fields document.

- 4. What is the timing of eligibility screening?**
 - Health Resources Services Administration (HRSA) requires six-month eligibility screening. A self-attestation is allowed once a year to verify eligibility.
 - Most clients are screened near their birth month and six months thereafter.
 - Depending on a client's insurance type, eligibility screening dates may vary.

- 5. Can OCHCA eligibility staff go, on a rotating basis, to the provider agencies to conduct eligibility screening?**
 - ADAP eligibility screening is only permitted at OCHCA. Implementing a rotating eligibility screening process could be considered in the future for Ryan White eligibility screening only.

- 6. Can an MSI card be used to indicate eligibility for services?**
 - No, MSI eligibility can be conducted at multiple locations throughout the county and only the Certified MSI Application Taker (CMAT) has access to the supporting documents that were used to determine MSI eligibility. OCHCA, must maintain or have access to the supporting eligibility documentation for the purposes of site visits and audits.

Eligibility Frequently Asked Questions- For Service Providers (Volume I)



7. What happens if a client misses or is late to an appointment?

- Clients should be encouraged to arrive 15 minutes before their appointment; this is consistent with community medical practice.
- Clients should be encouraged to call at least 24 hours before their scheduled appointment if they need to reschedule.
- Reasonable attempts are made to accommodate client's needs when he/she is late or misses an appointment. On average, appointments are available within 3-5 days.

8. During the transition, whose eligibility is valid?

- If the eligibility screens in ARIES shows "OCHCAServ" as the location of an eligibility document, the patient eligibility must be based on the OCHCA data even if the provider agency data indicates an eligibility expiration date after OCHCA.
- If there is no "OCHCAServ" eligibility data in ARIES, the client's eligibility is based on the Agency's eligibility expiration. Approximately 30 days prior to eligibility expiration at your agency, check ARIES to see if eligibility has been completed by OCHCA. If there is still no eligibility data, submit an Eligibility Verification Form (EVF) Request Form.

9. If I review ARIES and there is no eligibility information from OCHCA, what do I do?

- Complete and submit the revised EVF Request Form (updated 1/21/14), if the client's eligibility at your agency is expired or is going to expire within the next 30 days .

10. How do I know what services my client is eligible to receive?

- Eligibility requirements are service depended. See the Requirements to be Eligible and Qualify document.

11. What happens when a returning client comes for services in crisis and is not eligible?

- Service may be initiated and client must be referred for eligibility screening.
- Client has a 30-day grace period to complete screening process.
- The 30-day grace period begins when the client accesses services at your agency. The expiration of the 30-day grace period should be documented in your provider database and client record/chart.

12. What happens when a new client comes in?

- Service may be initiated and client must be referred to OCHCA for eligibility screening.
- An ARIES consent form must be collected at the time of service.
- Basic ARIES registration must be completed.
- If proof of HIV status and a signed ARIES consent form is obtained service data can be entered into ARIES.

13. What happens if client comes in after the 30-day eligibility grace period and eligibility is still not complete?

- A client may have pending eligibility documents but still be eligible for some Ryan White services. Carefully review the ARIES screens for eligibility documentation, often pending eligibility is related to ADAP or medical services. For example, if a client has

Eligibility Frequently Asked Questions- For Service Providers (Volume I)



pending ADAP documents but other documents are valid (e.g., residency, income), the client may be eligible for Ryan White Services.

- The provider agency must develop a policy or use the current policy for providing services to clients who do not receive eligibility screening within the 30-day grace period and return for services.
- Ryan White cannot be billed for services after the 30-day grace period if the client is not deemed eligible for services.
- The provider agency must develop a policy or use the current policy for discontinuation of services and client closure for any client who fails to complete eligibility screening.

14. How long will it take for eligibility data to be entered into ARIES?

- Data will be entered within five business days of screening or receipt of documents.
- Pending documents will be noted in ARIES. Eligibility for services **may** not be valid if there are pending documents.
- Validity of eligibility is service dependent. For example, if a client has pending ADAP documents but other documents are valid (e.g., residency, income), the client should be eligible for Ryan White Services.

15. If an agency has collected pending eligibility documents, can the provider submit the documents on the client's behalf?

- Yes, if there is an appropriate release of information, the provider agency can submit or fax eligibility documents to OCHCA.

16. What happens if a client's identifiers or demographics are different between agencies?

- Eligibility staff will not modify any identifiers or demographic information.
- If differences are identified, eligibility staff will submit a request to the grantee to review and address possible discrepancies.

17. What will be the process for referrals?

- There is no change to the referral process. Please refer to agency-specific referral requirements.
- The referral documents submitted to an agency should clearly indicate that the client being referred is eligible for services.
- In instances where eligibility is not complete, the referring agency must clearly indicate that eligibility is pending. The agency receiving the referral may provide services utilizing the 30-day grace period.

18. What happens if a client needs a referral to services but eligibility has not been verified?

- The referring provider can submit the referral as long as it clearly indicates that eligibility has not been completed.
- The provider agency receiving the referral may develop a policy or use its current policy for accepting referrals for clients who do not have eligibility completed or have pending eligibility.

Eligibility Frequently Asked Questions- For Service Providers (Volume I)



19. What happens if a client refuses to go to OCHCA for eligibility screening or refuses to give eligibility staff permission to update eligibility information at all of the locations the client accesses services at?

- Outside the grace period, provider agencies cannot bill Ryan White for services if eligibility has not been verified.

20. What happens if a client fails to or refuses to comply with eligibility requirements?

- Eligibility staff and provider agency staff are encouraged to identify and help address barriers to completing eligibility.
- Outside the grace period, provider agencies cannot bill Ryan White for services if eligibility has not been verified.

21. Can a client receive medical transportation services (bus pass, van ride, ACCESS pass) to go to their eligibility appointment?

- Yes, provider agencies are allowed to provide any medical transportation service to client to get to their eligibility appointment as eligibility determination is a core medical service.

22. What is the recommended timeframe to report changes to living, income, or insurance status?

- HRSA recommends that changes be reported immediately.

23. If I complete a Support Verification Affidavit, am I liable for authorization of a client's reported living and/or income status?

- No, with the exception of any case where the agency representative knowingly falsifies information on the affidavit.
- The agency representative should complete the affidavit to the best of his/her knowledge at the time of the request.
- If the agency representative becomes aware of a change to living or income status, follow the agency's policy for updating the client's information. The client should also be advised to inform OCHCA of such changes.

24. What eligibility documentation will be reviewed during a site visit?

- Unless the Provider Agency has been given authorization to conduct Ryan White eligibility, the only required documents are disability (only for services that have a disability requirement) and required ARIES fields (e.g., CDC disease stage, risk factors).