

**Client Eligibility Documentation Checklist
for Miami-Dade County Ryan White Program Services**

This Checklist must accompany the Out of Network Referral (OON) form, Client Self-Referrals, or the “General Revenue (GR) Short-Term Medication* Assistance through the JMH Specialty Pharmacy” form. When using this Checklist for these referral purposes, please place a check mark next to the corresponding item in the lists below and attach the required documentation to the appropriate referral transmittal form.

(*NOTE: the “GR Short-Term Medication Assistance” provides emergency access to antiretroviral (ARV), opportunistic infection (OI), or other medications as listed on the most current General Revenue Prescription Drug Formulary only.)

Acceptable forms of client eligibility documentation are listed below. At least ONE (1) document from EACH group (medical, financial, residency) below MUST accompany each referral to support Ryan White Part A/MAI Program eligibility:

1) MEDICAL ELIGIBILITY: (HIV+ status)

- 4th generation HIV test result (with supplemental confirmatory tests)
- HIV-1/ 2 Ab-Differentiation Immunoassay test result (e.g., Multispot® HIV-1/HIV-2 Rapid Test, Geenius HIV-1/2/ Supplemental Assay, etc.) (with supplemental confirmatory tests) [NOTE: The Geenius Assay replaced the Multispot test as of July 2016.]
- HIV Western Blot
- ELISA with Western Blot
- Detectable viral load or culture result
- Positive HIV viral culture or test result
- Preliminary reactive (presumptive positive) HIV test result -- [USE ONLY for a Test & Treat / Rapid Access (TTRA) client who needs GR Short-term Medication Assistance when prescribed antiretroviral medication that is not available through the TTRA protocol]

1a) Acceptable for Out of Network Clients ONLY: (NOT for use with GR Short-Term Medication Assistance)

- Clear Health Alliance Medicaid card

2) FINANCIAL ELIGIBILITY: [Gross household income not to exceed 400% of the Federal Poverty Level (FPL) for Core Medical Services; FPL may vary for Support Services. See below for details.]**

- Paycheck stubs for the most current two (2) pay periods
- SSI, SSDI, SSA, TANF checks or benefit/award letters/ other public assistance checks
- HOPWA/Section 8 Rental Assistance Statement
- Veterans Administration (VA) benefits statement/award letter
- Other Letters of Notification of Benefits [e.g., Private Disability, Retirement/Pension, Workers Compensation Statement, Medicaid, Medicare, Low Income Subsidy, Women, Infants and Children (WIC) program, etc.]
- Current Internal Revenue (IRS) W-2, Wage and Tax Statement form
- Current & signed Individual or Business Tax Return forms
- Third Party Query Procedure (TPQY) screenings for verifying SSA/SSI benefit information
- A zero income letter from a shelter or residential treatment facility located in Miami-Dade County
- Income from rental property
- Child support or court order check
- Head of Household (HOH) letter detailing client’s relationship to the HOH and the level of financial assistance provided to the client
- Statement of No Income and Local Residence Form (for clients up to 25 years of age, where applicable)
- “Correction Health Services Referral” form from Jackson Health System’s Jail Linkage Program if signed and dated by client and referring party; form is acceptable for the first six months after enrollment in Part A, only once client is released from jail

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2a) Acceptable for Out of Network Clients ONLY: (*NOT for use with GR Short-Term Medication Assistance*)

- Clear Health Alliance Medicaid card

3) **RESIDENCY ELIGIBILITY**: (*permanent residency in Miami-Dade County residency/physical living address*)

- Current and valid government-issued ID card (e.g., State of Florida Identification Card or Driver's License in the name of the client with a Miami-Dade County address)
- Rental lease agreement (in client's name)
- Mortgage or rent receipts (in client's name)
- Utility bills with a Miami-Dade County address (in client's name)
- Declaration of Domicile letter (Form 578) as issued by the Miami-Dade County Courthouse
- Department of Corrections Certification
- "Correction Health Services Referral" form from Jackson Health System's Jail Linkage Program if signed and dated by client and referring party; form is acceptable for the first six months after enrollment in Part A, only once client is released from jail
- Self-declaration of homelessness
- A zero income letter from a shelter or residential treatment facility located in Miami-Dade County
- Head of Household (HOH) letter ONLY if the client physically resides at same address of person completing HOH letter
- Screen print from a property search of the Miami-Dade County Tax Collector website (<https://www.miamidade.county-taxes.com/public>) IF the residence is listed in the client's name and it is the client's PRIMARY residence
- Statement of No Income and Local Residence Form (for clients up to 25 years of age, where applicable)
- Any government (local, state or federal) issued letter of award that is not older than 12 months from the date of issue and that includes the client's full name and a current address in Miami-Dade County that agrees with the current address in the client file

4) ADDITIONAL REQUIREMENT FOR OUT OF NETWORK (OON) REFERRALS ONLY –

- For all OON Referrals:** Viral Load Lab Results (*CURRENT - less than 6 months old*).

(NOTE: Viral load tests should be ordered during the first Test & Treat / Rapid Access medical visit, but a copy of the test result is not required if this referral is for GR Short-term Medication Assistance.)

- For Oral Health Care (dental) referrals only:** attach a copy of most recent CD4 count and HIV viral load test results, provide name of HIV antiretroviral medication, and complete the following:

HIV Specialist/PCP Name: _____

Phone Number: _____ Fax Number: _____

List Any Known Allergies: _____

-- See next page for additional guidance --

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****FEDERAL POVERTY LEVEL (FPL) CAPS:** The financial requirements (% of FPL) vary depending on the core medical or support service for which a client is referred. For income eligibility related to a particular support service, please see below, call the agency to which the referral will be made, or review the local Ryan White Program Service Delivery Guidelines (SDG). The most current version of the local SDG is available at: <http://www.miamidade.gov/grants/ryan-white-program.asp#Delivery>.

CORE MEDICAL SERVICES (400% FPL): AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program), Health Insurance Assistance, Medical Case Management (including Treatment Adherence Services), Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, and Substance Abuse Outpatient Care

SUPPORT SERVICES (maximum % FPL is indicated below) – THROUGH JUNE 30, 2019:
Food Bank (250%), Medical Transportation (250%), Other Professional Services (Legal Services and Permanency Planning) (200%), Outreach Services (400%), and Substance Abuse Services (Residential) (300%).

SUPPORT SERVICES (400% FPL) – BEGINNING JULY 1, 2019:
Food Bank, Medical Transportation, Other Professional Services (Legal Services and Permanency Planning), Outreach Services, and Substance Abuse Services (Residential).