



RYAN WHITE PART A (RWPA) HIV/AIDS PROGRAM
LAS VEGAS TRANSITIONAL GRANT AREA (TGA)

REFERRAL TO HEALTH CARE AND SUPPORT SERVICES — SERVICE STANDARDS

Drafted by Part A Recipient Office	Approved by Part A Planning Council
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Reviewed by Part A Recipient Office	Revised by Part A Recipient Office	Approved by Part A Planning Council

I. Service Description [\(Per PCN 16-02\)](#)

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management). See also Early Intervention Services

II. Service Goals and Objectives

The utilization of a Nevada Ryan White Universal application process permits the creation of a broad database of persons eligible for assistance in the core and support service categories, from ADAP and insurance assistance to counseling and specialty health care. This is a benefit to subrecipients and eligible RWPA clients as it increases efficiency in providing a centralized and streamlined system which allows clients to quickly be assigned to a case manager provider of their choice and best meet their needs.

III. Currently Funded Activities

- A) Eligibility - Initial Enrollment
- B) Eligibility - Annual Review
- C) Eligibility - 6-Month Recertification
- D) Eligibility – Other Eligibility Related

IV. Service Delivery

STANDARD	Documentation
1. Staff Requirements	
<p>Provider staff, at a minimum, must be a Certified Community Health Worker Level 1.</p>	<p>A copy of a current CCHW Certificate must be kept on file in the providers personnel records.</p>
2. Service Delivery	
<p>2.1. Initial Enrollment Clients must have an Initial Nevada Ryan White Universal Eligibility Application (CGD 18-04) completed to determine eligibility. All Part A clients must provide documentation of following to be eligible for Part A services. Services:</p> <ol style="list-style-type: none"> 1. Proof of HIV infection. 2. Proof of residency within the TGA. 3. Proof of low-income status (income and household size to determine federal poverty level) of at/or below 400% FPL. <p>Eligibility Specialists will have three business days (or less) to input client eligibility files and upload the universal application and supporting documentation into RWISE.</p> <ul style="list-style-type: none"> • All clients need to be determined eligible prior to the provision of any services. 	<p>2.1. CGD 18-04 and supporting documentation must be uploaded into RWISE client record of all specified eligibility criteria.</p>
<p>2.2. Annual Review Eligibility provider must conduct a comprehensive annual eligibility assessment of a client to determine the eligibility of a client to have continued access to RWPA services. The following criteria must be met (with proper documentation):</p> <ol style="list-style-type: none"> 1. Proof of residency within the TGA. 2. Proof of low-income status (income and household size to determine federal poverty level) of at/or below 400% FPL. 3. Proof of existing insurance or lack of insurance. <p>Eligibility Specialists will have three working days to update client eligibility files and upload the recertified application and supporting documentation.</p> <ul style="list-style-type: none"> • All clients need to be recertified prior to the expiration of their current benefits to maintain RWPA eligibility. 	<p>2.2. CGD 18-04 and supporting documentation must be uploaded into RWISE client record of all specified eligibility criteria.</p>
<p>2.3. 6-Month Recertification All client enrollments must be recertified at six months after an Annual Review.</p>	<p>2.3. Self-attestation of change (CGD 18-06) – and supporting documentation (if applicable) will be uploaded into RWISE client record.</p>

<p>Subrecipients must reassess and verify, changes to residency, household income, household size and insurance if any changes have been made and/or reported by clients at any time during their eligibility period. (If applicable)</p> <p>Subrecipients will have three working days to update client eligibility files and upload the recertified application and supporting documentation (If applicable).</p> <ul style="list-style-type: none"> • All clients need to be recertified prior to the expiration of their current benefits to maintain Ryan White eligibility. 	
<p>2.4. Other Eligibility Related</p> <p>This is to be used for all subsequent follow-up contacts/interactions with an active client between their initial/annual and recertification service. (i.e., client drops off remainder of documents, client is called to be reminded of appointment, client is called to be told of eligibility end date, client's record is reviewed/no actual contact is made but the record is touched). Progress notes will provide the following information:</p> <ul style="list-style-type: none"> • Date of each encounter. • Type of encounter. • Duration of encounter. • Key activities/services provided. 	<p>2.4. Eligibility provider must document any and all efforts to work with client and provide services, such that progress notes and service entries match in CAREWare/RWISE.</p>
<p>2.7. Discharge</p> <p>If a client does not recertify their eligibility during the allotted time they will be considered out of care and begin the process from the beginning (including the provision of appropriate documentation)</p>	<p>2.7. Eligibility provider must document “Failure to Renew” in CAREWare/RWISE</p>

IV. Minors Seeking Services

Minors (under 18 years old) may receive services. Those seeking services without parental consent will be determined on a case-by-case basis with the approval of Ryan White Part A and/or Part B Program Administrators.