

Documenting Financial Eligibility

MINNESOTA CAREWARE POLICY AND PROCEDURE

Issue Date: June 2, 2011

Revised: July 1, 2019

Purpose

The Ryan White Program requires client level data for reporting to HRSA and for Parts A, B and state HIV services grant management. In Minnesota, these data are collected in Minnesota CAREWare.

Policy

The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires reporting of each client's annual household income category as a percent of the Federal Poverty Level (FPL) at the end of each six-month reporting period. To meet this requirement, the Part A and Part B grantees require twice-annual documentation of financial eligibility of all recipients of Ryan White and state-funded HIV services in CAREWare and in client records maintained at the agencies providing services.

Procedure

When a client is determined to be eligible to receive Ryan White funded services at intake, and when returning for services at any time when six months or more have elapsed since the last time an income determination was completed, programs are required to complete a new income determination.

- a. Clients must demonstrate that their household income is at or below 300% of Federal Poverty Guidelines (FPG); see [U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs \(https://aspe.hhs.gov/poverty-guidelines\)](https://aspe.hhs.gov/poverty-guidelines).
- b. Household income is defined as any on which a client can legally rely – their own income and that of their spouse or minor children (based on the legal definition of family; if two people live together and share expenses but are not legally married, use only the client's income).
- c. If the household has an intermittent or uncertain income, have the client estimate his or her current monthly household income and multiply by twelve.

DOCUMENTING FINANCIAL ELIGIBILITY

- d. Household income and size are required fields in CAREWare in order to complete required reports to HRSA/HAB; it is important to document income during the first visit for which you will invoice the Ryan White Program. If clients do not have proof of eligibility on their first visit, have them sign an income estimate that will be updated on a return visit when they bring proof (see e.) or used in lieu of proof if the client does not return.
- e. Forms of proof of financial eligibility include the previous year's tax return, a recent pay stub or income statement, a current annual Social Security benefits statement, a Program HH benefits statement, proof of eligibility for Medical Assistance, or a signed affidavit of no income or letter of support. If the client states that nothing has changed in their financial eligibility within the six months of providing evidence, a signed, dated note that the client states there is no change is sufficient for the 2nd verification of the year.
- f. HRSA/HAB standards specify that HIV positive veterans receiving VA health benefits be classified as uninsured, thus making them eligible to receive Ryan White Program services and exempting them from the payer of last resort policy.
- g. If you are uncertain about how to calculate the income for a client due to special circumstances, please contact your contract manager for guidance.

Attachment:

No Income Statement. Affidavit to be used when client has no income.

Minnesota Department of Health
STD/HIV/TB Section
625 Robert Street North
PO Box 64975
St. Paul, MN 55164-0975
health.cwpems@state.mn.us
www.health.state.mn.us

07/01/19

To obtain this information in a different format, call: 651-201-5414. Printed on recycled paper.

No Income Statement: If you have no income (\$0), please complete.

I, _____ (Print Name) am receiving services from
_____ (Agency Name).

That are funded by the Ryan White Program. Federal regulations require income verification for all program recipients.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions. Fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)

I receive support through: (please check all that apply)

- One or more of my family members are working
- One or more of my family members own their own business
- One or more of my family members receive support other than work (Social Security, child support, Supplemental Security Income (SSI), Social Security Disability (SSDI/RSDI), spousal support, or retirement/pension income
- One or more of my family members gets money from a friend, relative or organization
- A relative, friend or organization pays all my bills and expenses
- I pay bills from the sale of personal items, money in a savings, checking or trust fund account
- I receive support from another source. Please list or provide an explanation of how you are meeting your basic needs:

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in this program, and may be grounds for termination of services.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing within ten (10) business days of such change.

Signature: _____ Date _____