

Ryan White Part A Eligibility Checklist

Reviewer: _____

Date of Review: _____

Provider: _____

Service(s) Reviewed: _____

URN#: _____

Case Mgmt. Agency: _____

Required documentation within client file includes:	
CSN form (<i>revised 4pg. form</i>)	
Eligibility Application signed and dated by client (<i>one time only at initial application unless file was closed for more than one year, includes Client's signed Rights & Responsibilities</i>)	
Eligibility Staff Assessment Worksheet (<i>only needed once during first application by client unless file was closed for more than one year</i>)	
Proof of HIV - Which of the following documentation was used to provide proof of HIV-positivity?	
A confirmed positive HIV antibody test result (Reactive EIA/ELISA screening test) confirmed by Western Blot or Immunofluorescence Assay (IFA) or Nucleic Acid Testing (Aptima) by blood, oral fluid or urine.	
A positive HIV direct viral test such as PCR or P24 antigen.	
A positive viral culture result.	
A detectible HIV Viral Load or viral resistance test result.	
4 th Generation testing	
PRISM report	
If this is an exposed infant is there documentation of:	
Mother's status.	
Infant's status if above the age of 12 months.	
Living in Palm Beach County – Which of the following was used as proof of living in PBC? (<i>keep in mind there should be a photo ID when possible, but also another form of proof if circumstances warrant it as photo ID is not always accurate</i>)	
Current and valid driver's license or Photo ID	
Declaration of Domicile	
Utility bill with name and address	
Mortgage or rent agreement with name and address <i>(The entire document is not required- signature page and page with client name and address are required)</i>	
Statement of support letter from family or friend	
Letter from homeless shelter or social service agency	
Current and valid Health Care District card	
Recently postmarked letter mailed to client at address	
Prison records (<i>if recently released</i>)	
Unemployment documentation with address	
Other (describe)	
Is the social security number provided? (This is a requirement since we now need to check against the Medicaid database.)	Y/N
If the client has no social security number, was an alternate identification number created appropriately? (<i>see eligibility manual, Section 8: Living in Florida, for creating the number</i>)	Y/N/NA

Income and Verification	
What documentation was used to provide proof of income/no income? <i>(see eligibility manual, Section 11: Income)</i> (Please check all documents observed)	Y/N
Supplemental Security Income (SSI)	
Supplemental Security Disability Income (SSDI)	
Low Income Subsidy (LIS or Extra help)	
Temporary Assistance for Needy Families (TANF)	
Pay Stubs <i>(enough stubs to determine an average annual income)</i>	
Self-Employment documentation - List type	
Self Tracking Form (3 months of tracking) or DCF Work Calendar	
Letter of Support (if no income explain)	
1040 or W2 form	
Retirement Income	
Military/Veteran Pension	
TPQY <i>(not older than 90 days for proof of no income or annually for proof of income)</i>	
SEQY <i>(if no income- required annually, or as necessary)</i>	
Unemployment Letter <i>(website print screen for current status and payment history)</i>	
SSA.gov printout	
Alimony	
Survivors benefits <i>(from children)</i>	
Child Support	
Other (describe)	
Was gross income counted? <i>(before taxes taken out; if net income was counted, then calculation is wrong)</i>	Y/N
Was household size calculated correctly? <i>(applicant, children in household, married)</i>	Y/N
Was the income counted correctly? <i>(see how to calculate in the eligibility manual based on how often the person gets paid)</i>	Y/N
Was FPL calculated correctly? <i>(see eligibility manual, Section 11: Income, to calculate FPL)</i>	Y/N

Screening for other Payer Sources	
Is there evidence that client was eligible for payer sources listed below? (Please check all documents observed)	Y/N
Private insurance (were pay stubs reviewed to determine possible deductions, is person employed and if so was documentation provided by employer about available insurance)	
Medicare (is client receiving disability for past two years, was LIS applied for through SSA.gov, does client have Part D)	
Medicaid	
Medicaid Prescreen (myflorida.com/accessflorida/)	
FLMMIS Screen	
Medicaid PAC (was client reviewed for possible eligibility)	
Documentation from Employer	
Progress Notes (if no documentation can be obtained re: insurance coverage from employer, but the Case Manager has been working to rectify)	
Veterans Administration (is client eligible and were they informed of benefits available from VA)	
Children's Medical Services (is child under 21)	
Health Care District	
ADAP	
Patient Assistance Programs (PAP's)	
Other (describe)	

Eligibility Determination	
Was the client determined eligible and a Notice of Eligibility issued?	Y/N
Was the client determined ineligible and a Notice of Ineligibility issued?	Y/N
Services	
If there were gaps in the client's eligibility, did the client receive services that were paid for by Part A during that period?	Y/N
CAREWare	
Is all documentation scanned into CAREWare under the attachments section? (Please check documents observed)	Y/N
	<i>Signed Valid CSN form</i>
	<i>Signed Eligibility Application(for all new clients)</i>
	<i>Proof of HIV</i>
	<i>Proof of Living in Palm Beach County</i>
	<i>Proof of Income/No Income</i>
	<i>Proof of Insurance Coverage/Denials (Insurance waiver, if necessary)</i>
	<i>Signed Valid Notice of Eligibility/Ineligibility</i>
	<i>Social Security Card</i>