



**NEVADA RYAN WHITE PARTS ABCD  
COMMON GUIDANCE DOCUMENT  
GUIDANCE UPDATE TO  
TEMPORARY POLICY CHANGES:  
TO ELIGIBILITY REQUIREMENTS DUE TO COVID-19**

**Purpose**

In an effort to limit exposure and minimize the spread of COVID-19 among clients, employees, subrecipient medical and non-medical case managers, and Ryan White All Parts (A, B, C &D) Recipients identified and defined appropriate measures to allow subrecipients to properly provide ongoing access to HIV core medical and support services to clients.

In response to the downgrading of the COVID-19 public health emergency all Ryan White programs have made the decision, effective **06-22-2022**, to suspend the **Common Guidance for Temporary Changes to Eligibility Requirements Due to COVID-19** (dated September 20, 2021), and return to normal eligibility processes, with the following changes:

**A. Case Management (Medical and Non-Medical) Process**

1. Client Interviews:

All eligibility and recertification appointments may continue to be completed through phone and/or other digital/video means. Subrecipient/agency will ensure that these means are secured and meet all HIPAA regulations and those set-forth in 42 CFR, Part 2, for subrecipient/agencies to which this applies. *(Example: if interviews are being completed from home case managers must ensure workspace, including any documents, is secure and not available or accessible to others)*

2. Back-Up Documentation

Ryan White Programs may continue to accept **ALL** documentation relating to income and residency that is digitally provided (i.e., fax, scan, or photo) and/or securely emailed. Subrecipient Agency will ensure that these means meet all HIPPA standards and 42 CFR Part 2 as applicable. *(Example: a case manager could send a client a secured email allowing them the opportunity to respond to that email ensuring that all information is secured).*

3. Complete and Accurate Eligibility Applications:

Subrecipients are responsible for maintaining complete, accurate and up-to-date client-level information in CAREWare/RWISE. Subrecipients are required to verify, scan, and upload into CAREWare/RWISE all supporting documentation demonstrating the client's eligibility as well as other necessary documents and forms.

- a. Clients are required to provide all necessary documentation prior to being considered eligible for the Ryan White program. Lack of required documentation will result in the application not being processed. Services may not be provided until a complete application is available.
- b. Case Managers have up to three (3) days once all documentation is acquired to upload applications and all required documentation into CAREWare/RWISE.



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**B. Client Signatures:**

1. Electronic Signatures from clients are acceptable.
2. Medical and Non-Medical Case Managers will continue to be allowed to “sign on behalf of the client.” Case Managers will do so in the following manner:
  - a. Case Manager will print the following words “Signing on Behalf of the Client” in the client signature section and will then sign their name, and date it at time of signature where appropriate.
  - b. Case Manager will annotate “Signed on Behalf of the Client” at the beginning of the CAREWare service notes.
  - c. Case Manger will then mail the client a Release of Information (ROI) for their signature. This must be accompanied by a return addressed stamped envelope. This will not impact the client’s eligibility start date and case managers do not need to wait for the returned signed ROI to initiate any Ryan White service. Case Managers should strive to have this document returned by clients within a reasonable timeframe. Failure to provide this document could result in services being paused.

**C. Case-by-Case Eligibility Determinations**

If a client has a unique circumstance or if eligibility is not conclusive based on the information submitted by the client, the case manager should reach out to the Ryan White Recipient offices for clarification of client eligibility.

**D. Nevada Medication Assistance Program (NMAP) ([SS 15-05: ADAP Service Standards](#))**

Once it is determined that the client needs for medication and/or health insurance assistance, the NMAP referral process can begin. The originating agency will send a referral to Access to Healthcare Network (AHN) ([PP 19-02 Referrals for Medication or Insurance Assistance](#))

1. NMAP will have 14 calendar days to review the referral for completion and either deny or accept the referral. If the referral is accepted, NMAP must place the client in the correct health insurance and/or medication assistance category and begin service delivery.
2. If it is determined that the client does not have a completed Ryan White Universal Eligibility application, NMAP will have 14 days (from receipt of a referral) to do the following:
  - a. The referral must be assigned to a case manager.



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- b. There will be a minimum of three (3) attempts (one of which must be in writing) to notify the client and obtain missing eligibility information. The client must be informed of the next steps if the referral is denied.
  - c. All attempts must be documented in CAREWare Part B with detailed accounts of all attempts in the service notes.
  - d. If the case manager obtains the missing eligibility documentation, the documents must be uploaded into the CAREWare Part B Eligibility and Enrollment Fields tab.
  - e. If the referral is denied, it must be rejected in CAREWare Part B and sent back to the originating agency with the reason(s) for the denial.
3. Emergency referrals should be submitted if the client has less than seven (7) days of HIV medications.
- a. Once the determination of a completed Ryan White Universal Eligibility application is made, NMAP will have 48 hours (from receipt of a referral) to enroll the client in the correct health insurance or medication assistance category and begin service delivery.
  - b. If it is determined that the client does not have a completed Ryan White Universal Eligibility application, NMAP will have 48 hours (from receipt of a referral) to do the following:
    1. The referral will be assigned to a case manager.
    2. There will be a minimum of four (4) attempts to notify the client and obtain missing eligibility information. The client must be informed of next steps if the referral is denied.
    3. All attempts must be documented in CAREWare Part B with detailed accounts of all attempts in the service notes.
    4. If the case manager obtains the missing eligibility documentation, the documents must be uploaded into the CAREWare Part B Eligibility and Enrollment Fields tab.

Case Managers are encouraged to assist client(s) in every way possible to ensure the client(s) are eligible for Ryan White services and any other payer sources available to them. Ryan White will continue to be the Payer of Last Resort.