# NASTAD BEST PRACTICES FROM THE FIELD: IMPLEMENTATION OF HRSA HAB PCN 21-02 FOR ADAPS

## INTRODUCTION

Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) recipients are required to determine eligibility for all clients enrolled in their programs. RWHAP legislation and HRSA HIV/AIDS Bureau (HAB) policies and guidelines provide a framework for states' eligibility and enrollment processes; however, each jurisdiction is able to, and required to, design the best eligibility and enrollment for its ADAP within this framework. This tool is meant to assist ADAPs in applying the legislation, policies, and guidance to their eligibility and enrollment processes. Examples of RWHAP Part B and ADAP eligibility and enrollment policies are available at NASTAD's HCORe Library.

This document describes:

- ADAP eligibility requirements as outlined in RWHAP legislation and HRSA HAB policies
- HRSA HAB Policy Clarification Notice (PCN) 21-02, including fundamental changes and opportunities
- Things to consider when implementing HRSA HAB PCN 21-02, "Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program."

## RWHAP Legislation and ADAP Eligibility

All individuals seeking services from ADAP must be determined eligible for the program. All ADAPs use an application process to accomplish this. The PCN 21-02 requires the following criteria to determine if an individual is eligible for enrollment in the RWHAP, including ADAP:

| Criteria | Definition |
|---|---|
| Medical eligibility | RWHAP-eligible clients must have a documented diagnosis of HIV.<br>All states/territories must require proof of diagnosed HIV infection for ADAP enrollment. HRSA HAB does not specify what documentation a state/territory must collect as proof of diagnosed HIV infection. Therefore, jurisdictions can define documentation requirements for their program. |
| Financial eligibility | RWHAP-eligible clients must be low-income, as defined by the jurisdiction.<br>The income cap for each ADAP is set by the state/territory and is usually determined as a Federal Poverty Level (FPL) percentage. While HRSA HAB is not prescriptive on how financial eligibility is determined, it encourages RWHAP recipients to consider aligning RWHAP financial eligibility determination requirements across RWHAP Parts to reduce the burden on clients and to support coordination with the eligibility determination processes for health care coverage assistance programs. See PCN 13-03, "Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act", for more information.<br><br>The FPL is updated annually in the Federal Register by the U.S. Department of Health and Human Services (HHS) under the authority of section 673(2) of the Omnibus Budget Reconciliation Act of 1981. The updated FPL is usually available in late January. See the most recent Federal Poverty Guidelines at:<br>https://aspe.hhs.gov/poverty-guidelines. |
| Residency | RWHAP-eligible clients must meet residency criteria as defined by the RWHAP recipient.<br>Residency includes determining policy for transient populations (e.g., the homeless, students, disaster relocation individuals). |

As noted, each RWHAP recipient determines the specifics of the required eligibility criteria; so, for an individual ADAP, how it defines, documents, and verifies those three requirements is up to the program. An ADAP should consider the HIV epidemic within its jurisdiction, available resources, state legislative requirements, and the needs of the people with HIV in its state when determining eligibility criteria. ADAPs should consider coordination of eligibility with other RWHAP Parts to streamline processes and to reduce burden on clients, providers, and themselves. ADAPs must develop, implement, and maintain programmatic policies and procedures that document eligibility requirements and how they are applied to all clients.

## HRSA HAB PCN 21-02

On October 19, 2021, HRSA HAB PCN 21-02 became effective and replaced PCN 13-02. HAB states that the purpose of the PCN is "to respond to recipient requests to reduce administrative and client burden while enhancing continuity of care to ensure that clients have access to medical and support services to achieve viral suppression." The PCN provides some flexibility regarding RWHAP eligibility policies and encourages RWHAP recipients to update their eligibility and enrollment processes and procedures to facilitate clients getting into care and staying in care. The following table outlines the fundamental changes and opportunities in HRSA HAB PCN 21-02.

| Key Change/Clarification | Opportunities | Things to Consider/Questions to Ask |
|---|---|---|
| 1. Elimination of the six-month eligibility recertification requirement. | ▪ Can assess the best eligibility confirmation /redetermination period for your program (i.e., maintain 6 months, move to one year, move to another period). | ▪ Must develop policies and procedures that align with eligibility and enrollment assessments.<br>▪ Your program is still required to maintain payor of last resort. It, therefore, must check for other healthcare coverage in a diligent manner, regardless of what eligibility period is determined best for your program.<br>▪ Check with your state auditor on minimum acceptable practice for redetermination. |
| 2. Expanding the use of client self-attestation of "no change" beyond the initial 6-month confirmation of eligibility. | ▪ Ability to rely on self-attestation without documentation.<br>(HRSA HAB does not recommend that recipients and subrecipients rely solely on client self-attestation indefinitely) | ▪ For what period do you accept self-attestation?<br>▪ When do you require documentation to be resubmitted?<br>▪ Clients must report changes that impact their eligibility.<br>▪ Your program is permitted to check for eligibility changes for a client within their redetermination period.<br>▪ What role can your eligibility specialists play in checking Medicaid, Medicare, and private health insurance?<br>▪ Ensure any policies or operating procedures align with the jurisdiction's authorization to release to ensure compliance with the Health Insurance Portability Accountability Act (HIPAA). |
| 3. Encouragement to use electronic data sources to collect and verify client eligibility information, such | ▪ Opportunity to reduce client burden by identifying ways to collect eligibility | ▪ What other data sources can be used to confirm a client's continued eligibility for ADAP?<br>▪ Can your program establish data-sharing agreements with these other sources? |

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| as income and health care coverage, when possible. | information from alternate sources.<br>▪ Opportunity to collaborate across the RWHAP and with other partners to streamline eligibility. | |
| 4. Encouragement to develop protocols to facilitate the rapid delivery of RWHAP services, including providing antiretrovirals for those newly diagnosed or re-engaged in care. | ▪ Can provide medications to individuals who have recently tested positive for HIV. | ▪ An individual will need a confirmatory HIV test.<br>▪ Must have a mechanism to ensure RWHAP funds are not used for any incurred costs if the individual is not eventually deemed eligible for your program.<br>▪ Must develop a way to reconcile client eligibility and costs. |

## HOW ADAPS ARE IMPLEMENTING PCN 21-02

As you consider the opportunities that PCN 21-02 presents, it is essential to consider how your program can innovate to reduce administrative and client burden while enhancing continuity of care. Many ADAPs have changed their programs because of the release of this policy notice. The following are some examples of those changes.

**Eliminating the 6-month redetermination requirement**

As of July 1, 2023, 34 ADAPs have eliminated their program's six-month redetermination requirement based on the change in requirements in PCN 21-02. Most of these jurisdictions have moved to annual redetermination for clients. One ADAP has moved to client redetermination every 24 months, and another state implemented an attestation process for eligibility in the 12 months of a 24-month redetermination process.

**Expanding the use of self-attestation of "no change."**

A number of states have expanded the use of self-attestation as a component of eligibility confirmation. Four states shared that they have instituted periodic attestation protocols and have automated those processes in their online application/redetermination platform. As mentioned in the previous paragraph, one state extended its complete redetermination process to every 24 months, with an attestation of "no change" required at the midpoint of the 24-month eligible period (12 months). This state also needed an annual health insurance premium benefit statement if the participant requested health insurance premium assistance and recent tax returns to complete tax reconciliation processes. Another state automated its attestation process, allowing participants to provide updates and proof documents as appropriate so as not to require a complete redetermination in 12 months.

**Updating and streamlining eligibility policies and procedures**

ADAPs are responsible for having current, written policies and procedures that reflect their programs' rules and operations. The release of PCN 21-02 provides ADAPs with an opportunity to revisit their eligibility-related policies and procedures to determine whether there are opportunities to update and streamline policies and procedures based on the increased flexibilities presented in the PCN. For example, one state redesigned its "Authorization to Release" form to expand it to incorporate all categories of their eligibility assessment to ensure all clients know the state's and client's requirements and responsibilities. RWHAP Part B and ADAPs can access examples of various states' "Program Agreements" and policy and procedure manuals on NASTAD's HCORe Library.

**Implementing rapid delivery of RWHAP services, including providing antiretrovirals for those newly diagnosed or re-engaged in care**

One ADAP uses a streamlined rapid eligibility application with expedited review and approval to facilitate newly diagnosed clients getting into ADAP in as little as four hours. The Rapid Start expedited application relies on self-attestation of income and residency and provides 30 days of eligibility as RWHAP providers work to link clients to sustainable coverage options.

The state's PBM flags all Rapid Start claims so they may be paid with non-federal funding if clients served aren't eventually deemed ADAP eligible

**Improving Data Systems**

PCN 21-02 encourages jurisdictions to examine current information technology (IT) systems and explore new systems if yours needs improvement. If your current IT provider cannot scale and adapt to your growing needs, part of your program's eligibility redesign should incorporate what technology/platforms would better position you for future advancements. Three ADAPs stated they used PCN 21-02 as the foundational federal guidance documented that advanced the movement within their health department to green light a procurement process to secure a web-based data system that allowed for streamlined eligibility and redetermination protocol. Two states reported that their eligibility platform was still paper-based until PCN 21-02 was released.

**Exploring Data Share Agreements Minimize Document Requirements from Clients**

Several jurisdictions shared how PCN 21-02 opens the door to exploring how RWHAP data systems, specifically the eligibility module, can interface with other critical data hubs (e.g., Medicaid, Medicare, Department of Insurance, Departments of Economic Security, Department of Insurance, Department of Internal Revenue, etc.) to assist in capturing data elements required for eligibility and redetermination operating procedures. Data share agreements with other agencies often eliminate delays in determination decisions due to waiting for clients to provide proof documents.

**Maximizing Data Systems to Integrate Contractors' Deliverables, which Automates Reconciliation and Auditing**

Several jurisdictions have also explored innovative opportunities to enhance cross-system IT communication with their vital contractual vendors (i.e., pharmacy benefit manager, insurance benefits manager, and medical benefit management (PBM/IBM/MBM, respectively) to advance real-time tracking, monitoring, reconciling, and reporting of drug dispenses, insurance, and medical payments, including those from RWHAP community-based organizations that are subrecipients delivering core and supportive services to active people living with HIV. These integrated data systems allow real-time tracking, monitoring, reconciling, and auditing of contractual services for the complex partner networks of RWHAP and ADAPs.

## CLOSING

HRSA HAB PCN 21-02 creates opportunities for RWHAP recipients to make their programs more accessible by reducing administrative and client burden while enhancing continuity of care. NASTAD's collection of peer resources can assist states in improving their systems and processes while maintaining compliance with HRSA HAB requirements.

## RESOURCES

The following resources outline ADAP eligibility determination and confirmation requirements and best practices (adapted from the HRSA HAB ADAP Manual):

| Topic | Requirement | Best Practice | Source Document |
|---|---|---|---|
| ADAP has eligibility criteria for clients (as determined by the recipient) that include the three required elements: HIV status, low income, and residency. | Yes | | Section 2616 of the PHS Act<br><br>HRSA HAB PCN 21-02 |
| RWHAP has expectations for client eligibility determinations in implementing the Affordable Care Act, including the recommendation that RWHAPs standardize financial eligibility determinations for all service categories when feasible and appropriate during the eligibility process. | Yes | Yes | HRSA HAB PCN 13-03 |

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| ADAP eligibility is supported through documentation (as determined by the recipient). | Yes | | HRSA HAB PCN 21-02 |
| ADAP eligibility is determined, and clients are provided access to ADAP services in a timely way. | Yes | | Section 2618 of the PHS Act<br><br>HRSA HAB PCN 21-02 |
| The eligibility criteria are applied consistently across all entities involved in certifying ADAP eligibility and confirming eligibility. | Yes | | Section 2618 of the PHS Act<br><br>HRSA HAB PCN 21-02 |
| If ADAP services are initiated before eligibility is established, the ADAP must conduct a formal eligibility determination within a reasonable timeframe and ensure that RWHAP funds are not used for individuals ultimately deemed ineligible for ADAP. | Yes | | HRSA HAB PCN 21-02 |
| ADAP has a policy and procedure for the timely confirmation of ADAP clients' eligibility. | Yes | | HRSA HAB PCN 21-02 |
| Confirmation of eligibility for clients enrolled in ADAP follows the schedule established in the ADAP policies and procedures. | Yes | | HRSA HAB PCN 21-02 |

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