

Temporary Policy Amendment to Texas DSHS Eligibility to Receive HIV Services Policy in response to the COVID-19 Pandemic Public Health Emergency

Date Issued: August 13, 2020

Effective: March 13, 2020

**Note: Effective date indicates date in which adjustments to program operations described in this policy amendment were first implemented. Date issued refers to date this formal amendment was published.*

Scope of Coverage:

Ryan White Part B Program, Texas HIV Medication Program (THMP)

Purpose of Notice:

The purpose of this policy amendment is to support access and maintenance to care and treatment for persons living with HIV during the COVID-19 pandemic. This clarification also communicates the parameters in which standard Part B and THMP eligibility requirements may be modified to support social distancing.

The goal of these policy amendments is to document and communicate steps taken to ensure access and maintenance to care and treatment for persons living with HIV during the COVID-19 pandemic.

Background:

The Ryan White programs have long standing practices which support social distancing. Clients may mail or fax applications or work with DSHS to complete an application over the phone. An emergency application has been created to replace the standard initial eligibility application form/process, self-attestation form, and recertification process by both THMP and Care Services Programs. Proof of residency and income verification are not required to meet eligibility requirements; when these proofs are available ***it is strongly encouraged*** that they be submitted. Extensions for submitting self-attestation and recertification have been granted for THMP clients. See tables below for additional details on completing the eligibility requirements during this public health emergency.

Description of Eligibility Policy Changes:

As part of the pandemic response and with a focus on supporting engagement in care and treatment and social distancing:

- Agency/eligibility workers can attest that the client provided consent and sign in lieu of a client signature on the ARIES Consent Form.
- Ryan White Part B/THMP is accepting applications over the phone and the agency worker's typed name can serve as an electronic signature on the emergency application.

**Requirements:
Initial Eligibility**

Requirements	Change?	Description
Application	Yes	A new emergency application replaces the standard application form/process.
HIV Status	No	Continue with current practices. ***For THMP, the Medical Certification Form (MCF) is required as documentation of positivity. ***For Care Services, MCF can be used to document positivity; other proof of positivity as described in Section 7.1.2 of the Eligibility Policy will also be accepted.
Proof of Residency	Yes	Not Required to be submitted but requested if available.
Income Documentation and Worksheet	Yes	Not required to be submitted but requested if available. ***Note: <i>Income stimulus checks and Federal Pandemic Unemployment Benefits (FPUB)</i> ¹ will not be included in the calculation of income as they are a one-time item.
Insurance Verification	No	New applicants still need to answer whether they have health insurance—this is done on the emergency application form. THMP will check insurance verification within the program and providers will check insurance verification for care services that are insurance eligible.

Self-Attestation

Requirements	Change?	Description
Self-Attestation Form	Yes	The new emergency application replaces the self-attestation form.
Submit by the last day of the half birth month (6 months after client's birth month)	Yes	THMP: Extension on submitting self-attestation (emergency application) granted until state of emergency is declared over; however, emergency application should be submitted as soon as possible. Care Services: Complete an emergency application and put in the client's file by the last day of the client's half birth month or as soon as possible.
Residency	Yes	Documentation not required even if changes occurred but requested if available.
Income	Yes	Documentation not required even if changes occurred but requested if available.

¹ See "Excluding Federal Pandemic Unemployment Benefits (FPUB) from Emergency Eligibility Determination" at end of document for additional details

Insurance Verification/Third Party Payor Screening	No	THMP will continue to check insurance verification within the program and providers will check insurance verification for care services that are insurance eligible.
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Recertification

Requirements	Change?	Description
Recertification Process	Yes	A new emergency application replaces the standard recertification process.
Submit by the last day of client's birth month	Yes	THMP: Extension on submitting annual recertification granted until state of emergency is declared over even if no emergency application is submitted; however, emergency application should be submitted as soon as possible. Care Services: Complete an emergency application and put in the client's file by the last day of the client's birth month or as soon as possible.
Residency	Yes	Documentation not required but requested if available.
Income	Yes	Documentation not required but requested if available.
Insurance Verification/Third Party Payor Screening	No	THMP will continue to check insurance verification within the program and providers will check insurance verification for care services that are insurance eligible.

Emergency medication access procedures (THMP):

1. All ADAP 30-day medication fill requests submitted by pharmacies are being increased and filled as a 60-day supply. Clients receiving this additional 30-day supply will need to wait until there is a total of 20 remaining doses (meaning 40 doses have been used) before they can request another fill.
2. Orders for medications are being accepted 20 days before the end of a current bottle of medication. This includes both 30 and 90-day fills.
3. Pharmacies are encouraged to provide medications by mail order or delivery. If not, THMP will transfer interested clients to a mail-order participating pharmacy.

THMP Contact Information:

Phone: 1-800-255-1090

Processing Expectations:

THMP is prioritizing applications for new clients.

Policy Timeframe:

All counties in Texas are under a state of disaster as declared by Governor Greg Abbott due to COVID-19. To allow sufficient time for clients and agencies to resume regular activities, both programs will postpone regular eligibility processes until either after the

state of disaster ends or December 31, 2020, whichever is later. All clients with current THMP eligibility will have their eligibility extended until December 31, 2020 or later, depending on information known about the virus and state of emergency in Texas. Existing Care Services/Part B clients must submit the emergency application (and any supporting documents if available) by deadlines stated in the tables above—extensions have not been granted for self-attestation or recertification for these clients.

Excluding Federal Pandemic Unemployment Benefits (FPUB) from Emergency Eligibility Determination:

1. Federal Pandemic Unemployment Benefits (FPUB) of \$600 a week will be added to the benefits of Texans receiving unemployment for the weeks of April 4-July 25, 2020. Both THMP and Part B Care Services are excluding FPUB from income calculations for eligibility determination. Only the regular unemployment benefits, with a maximum total benefit of \$521 should be counted.

Below is an example of how **excluding FPUB unemployment benefits** impacts a client with a household size of 1 who is receiving the maximum *REG* unemployment benefits:

The maximum *Regular Weekly Unemployment Benefit (REG)* for an unemployed Texan is \$521. With the additional \$600 a week from *FPUB*, this person will receive an unemployment benefit of \$1121 gross income a week through July 25, 2020.

Both maximum *REG* and *FPUB* unemployment benefits counted: 483% FPL.

Only the maximum *REG* benefits counted: 225% FPL.

For THMP the maximum Federal Poverty Level (FPL) for an applicant to qualify for the program is 200% after spend down. Therefore, excluding the *FPUB* benefits will likely result in the client above qualifying for THMP after the cost of medications is subtracted from annual income (the spend down is applied).

For Part B Care Services, excluding the *FPUB* benefits will allow a client with maximum *REG* to qualify for services at or below 250% of the FPL.

Resources:

HRSA Policy Clarification Notice 13-02:

hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf.

Texas DSHS Eligibility to Receive HIV Services Policy:

dshs.texas.gov/hivstd/policy/policies/220-001.shtm