



Nevada Ryan White Parts ABCD Common Guidance Document Frequently Asked Questions (FAQ) to Guidance for Temporary Policy Changes to Eligibility Requirements Due to COVID-19

Updated May 1, 2020

Nevada Ryan White Parts ABCD understand the important work sub-recipients are doing in response to COVID-19. We will be updating this FAQ as information and/or questions become available.

Telecommute

What did you mean when you say if interviews are being completed from a home, that Non-Medical Case Managers (NMCM) must make sure that the workspace is secure and not available to others?

Please refer to your agency's Confidentiality and Telecommute Policies and Procedures.

Eligibility

We received an emergency referral with no application attached and no service notes in CAREWare. Is this acceptable?

No, an eligibility application is still required in order to determine the client's eligibility.

What if a client does not have a way of answering or utilizing secure email?

- Refer to your agency's policies and procedures regarding the use of secure email.
- Assist the client by offering possible 'free' email hosts that your agency will accept (you can google options).
- Work with the client(s) to identify other acceptable methods in which information can be transmitted.

Note: Ensure that a note in the client(s) CAREWare case file is made describing the situation and the solution that was determined.

Some clients do not care about confidentiality, is it ok for them to send us their material through regular mail or unsecure email?

It is strongly encouraged for clients to utilize secure email, but when client(s) utilize other than secure means ensure that a note is placed in their CAREWare file that a case worker "attempted to use/offer secure email, but client chose to utilize non-secure methods."

Note: All client level data shared between subrecipients and/or the various Ryan White Program Parts must utilize secure email or other secured methods.



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What do we do when a client does not have an email or address?

Work with the client on identifying a safe and proper method where required information can be transmitted.

If a client is unable to provide documentation via fax, scan, photo, or email would the signing on the behalf of the client suffice for eligibility determination?

Please refer to the Guidance for Temporary Policy Changes to Eligibility Requirements Due to COVID-19, Section II (A) (3) for detailed instructions.

For proof of diagnosis, as we know we are able to accept any lab value showing viral suppression. However, we want to ask whether we all would consider a rapid HIV test result to suffice in certain circumstances as that proof?

Please see the Guidance for Temporary Policy Changes to Eligibility Requirements Due to COVID-19, Section II (B) for instructions.

A question was posed to the office regarding whether a viral load lab result with 20 copies/mL that said “detectable” could be used as Proof of Diagnosis.

In accordance with policy [17-05 Lab Results Primer](#), any lab that shows a detection of HIV can be used as proof of diagnosis even if the lab shows viral suppression.

For further information pertaining to confirmatory HIV results, please refer to CDC Guidelines found at <https://www.cdc.gov/hiv/guidelines/testing.html>.

Under Section C: Missing Documentation, can we get clarity on #3 “All incomplete applications must have a final determination within 14 days of the client requesting services?”

This will only apply to a ‘Brand-New’ or a ‘Recently Diagnosed’ client(s) who are seeking services for the first time.

If I’m understanding this correctly, we do not need any documentation (except lab value for new Ryan White clients) to process eligibility applications.

Please refer to the Guidance for Temporary Policy Changes to Eligibility Requirements Due to COVID-19 Section II (B) for minimum documentation requirements.



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If we are able to gather documentation, then we can submit that at a later date, but it is not necessarily needed. Is that correct?

Please refer to the Guidance for Temporary Policy to Eligibility Requirements Due to COVID-19, Section II (B) for minimum documentation requirements.

If the client already indicates that they cannot provide us with any back-up documentation, are we still required to follow-up with them in 3 days to gather back-up documentation?

Please refer to the Guidance for Temporary Policy Changes to Eligibility Requirements Due to COVID-19, Section II (B), additionally for ‘Brand New’ and/or ‘Newly Diagnosed’ clients see also the Guidance Section II (C).

When consumers complete an annual application, or a 6-month recertification, are we going to be requesting the documents that were not provided in the last annual?

Until the Pandemic Emergency is over, all client information that was attested to will be considered sufficient.

For individuals who may not have a phone and we cannot get ahold of them to self-attest. Just curious if there were discussions, on how as a collective, we could continue their benefits (if already Ryan White Eligible) on a month to month basis.

Unfortunately, eligibility is not allowed to be continued on a month-to-month basis, even under the current circumstances. The client will not be able to receive continued services until such time that self-attestation can be completed.

For individuals that do not have an address to which we can send the Release of Information.

Case managers should refer to their submitted Agency Plan for Operating Under the COVID-19 Pandemic that was submitted to Ryan White and ensure that all reasonable efforts to acquire the Release of Information as soon as possible have been made.

Dental insurance and informing RWPA subrecipients

Due to COVID-19 The Office of HIV (OoH) will be temporarily suspending enrollments into the Liberty Dental Plan. OoH will only enroll those clients with **dental emergency** requests. This is to keep in line with the Governor’s directive to Nevadans to ‘Stay at Home.’ Once the ‘Stay at Home’ directive is rescinded, OoH will send an email letting you know it is ok to resume dental insurance enrollment requests.



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How do we count any additional funds clients receive due to COVID-19?

Any additional funding a client receives from the Care Act will not count as income towards eligibility. This will also extend to any one-time stimulus assistance provided by the government will not be counted towards determining a client's eligibility (example: the \$1,200 stimulus assistance or the additional \$600 toward a client's unemployment that have already been approved and/or dispersed to clients).