

HIV/AIDS Eligibility File Review Form

Reviewer: _____ Date of Review: _____ Agency: _____ Contract # _____ Funding _____

This form is to be completed for eligibility client file reviews. Dates can and should be added where appropriate in the Y/N box. For example, a date may need to be added for the six month recertification form. Additional comments can be added in the comment boxes or on the last page. Any corrective action for files can also be added on the last page.

	Client #	Client #	Client #	Client #	Client #	Client #	Client #
Required documentation within client file includes:	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
DH 3203 Authorization to Disclose Confidential information <i>(or similar local form)</i>							
DH 3204 Initiation of Services <i>(or similar local form)</i>							
DH 2116 Consent to fax <i>(optional)</i>							
Eligibility Application signed and dated by client <i>(one time only at initial application unless file was closed for more than one year)</i>							
Required Worksheets:	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Eligibility Staff Assessment Worksheet <i>(only needed once during first application by client unless file was closed for more than one year)</i>							
Six Month Recertification Review Form - Is there a current (not > 6 months) form showing no change or that there has been a change?							
If there is a change, is there current documentation?							
<i>No change</i>							
<i>Third part payer</i>							
<i>(Medicaid, Medicare, Private Insurance, Veterans benefits)</i>							
<i>Income (current pay stubs, recent award letter)</i>							
<i>Living in Florida (utility bill, lease, drivers license)</i>							
Comments:							

Patient Care Contract Administrative Guidelines FY 2011-2012
 HIV/AIDS Eligibility File Review Tool

	Client #	Client #	Client #	Client #	Client #	Client #	Client #
Proof of HIV - Which of the following documentation was used to provide proof of HIV-positivity?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<i>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.</i>							
<i>A positive HIV direct viral test such as PCR or P24 antigen.</i>							
<i>A positive viral culture result.</i>							
<i>A detectible HIV Viral Load or viral resistance test result.</i>							
If this is an exposed infant is there documentation of:							
<i>Mother's status.</i>							
<i>Infant's status if above the age of 12 months.</i>							
Living in Florida – Which of the following was used as proof of living in Florida? (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)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<i>Photo ID (describe)</i>							
<i>Other forms of ID: check all that apply</i>							
<i>Utility bill with name and address</i>							
<i>Mortgage or rent agreement with name and address</i>							
<i>Statement of support letter from family or friend</i>							
<i>Letter from homeless shelter or social service agency</i>							
<i>Current voter registration card</i>							
<i>US Visa Immigrant or Nonimmigrant</i>							
<i>Prison records (if recently released)</i>							
<i>Unemployment documentation with address</i>							
<i>Other (describe)</i>							
Is the social security number provided?							
If the client has no social security number, was an alternate identification number created appropriately? (see eligibility manual for creating the number)							

HIV/AIDS Eligibility File Review Tool

	Client #	Client #	Client #	Client #	Client #	Client #	Client #
Income and Verification	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Did the client meet the income waiver criteria? (see <i>determining income waiver in manual</i>)							
If yes, what documentation was used to make this determination?							
<i>Medicaid (copy of card is not sufficient, must be a current Medicaid check from FLMISS or other source)</i>							
<i>Project AIDS Care (current level of care)</i>							
<i>Food Stamps (letter)</i>							
<i>Supplemental Security Income (SSI)</i>							
<i>Special Low Income Medicare Beneficiary (SLIMB)</i>							
<i>Qualified Medicare Beneficiary (QMB)</i>							
<i>Low Income Subsidy (LIS or Extra help)</i>							
<i>Temporary Assistance for Needy Families (TANF)</i>							
<i>Women, infant and Children (WIC)</i>							
<i>Local Indigent Program</i>							
<i>Other (describe)</i>							
If the client does not meet the income waiver, what documentation was used to provide proof of income?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<i>Paystubs</i>							
<i>Self-Employment documentation - List type</i>							
<i>Letter of Support (if no income explain)</i>							
<i>1040 or W2 form</i>							
<i>Retirement Income</i>							
<i>Military/Veteran Pension</i>							
<i>A recent Third Party Query (TPQY)</i>							
<i>Unemployment</i>							
<i>Alimony</i>							
<i>Survivors benefits (from children)</i>							
<i>Child Support</i>							
<i>Other (describe)</i>							

Patient Care Contract Administrative Guidelines FY 2011-2012
 HIV/AIDS Eligibility File Review Tool

	Client #	Client #	Client #	Client #	Client #	Client #	Client #
Income and Verification Continued	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Was gross income counted? <i>(before taxes taken out; if net income was counted, then calculation is wrong)</i>							
Was household size calculated correctly? <i>(applicant, children in household, married, adults with comingled funds)</i>							
Was the income counted correctly? <i>(see how to calculate in the eligibility manual based on how often the person gets paid)</i>							
Was FPL calculated correctly? <i>(see how to calculate in the eligibility manual)</i>							
Screening for other Programs	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Is there evidence that client was eligible for payer sources listed below?							
Private insurance <i>(were pay stubs reviewed to determine possible deductions, is person employed and if so was documentation provided by employer about available insurance)</i>							
Medicare <i>(is client receiving disability for past two years, was LIS applied for through SSA.gov, does client have Part D)</i>							
Medicaid <i>(was the pre-screening completed and a print out in file, was a Medicaid verification done through FLMMIS or other program)</i>							
Medicaid PAC <i>(was client reviewed for possible eligibility)</i>							
Veterans Administration <i>(is client eligible and were they informed of benefits available from VA)</i>							
Children's Medical Services <i>(is child under 21)</i>							
Local Assistance Program <i>(describe)</i>							
Other <i>(describe)</i>							
Comments:							

HIV/AIDS Eligibility File Review Tool

	Client #	Client #	Client #	Client #	Client #	Client #	Client #
Eligibility Determination	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Was the client determined eligible and a Notice of Eligibility issued?							
Was the client determined ineligible? If yes,							
<i>Was a notice of ineligibility provided?</i>							
<i>Was a notice of rights provided?</i>							
Was an exception request submitted? If yes,							
<i>Was the exception request form completed?</i>							
<i>Was the form signed by all appropriate parties? (supervisor, lead agency, contract manager, HAPC, etc)</i>							
Services	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
If there were gap's in the client's eligibility, did the client receive services that were paid for by this funding source during that period?							
CAREWare	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Is all documentation scanned into CAREWare under the attachments section?							
<i>Application?(for al new clients)</i>							
<i>Proof of HIV?</i>							
<i>Proof of Living in Florida (or county specific for Part A)?</i>							
<i>Proof of Income?</i>							
<i>Proof of third party insurance? (including Medicaid pre-screening if applicable)</i>							
<i>Signed and dated Notice of Eligibility?</i>							
<i>Other? Describe.</i>							

Comments: