

## ENTIRE ELIGIBILITY RULE TEXT

Department of Health  
Division of Disease Control  
Chapter 64D-4: ELIGIBILITY REQUIREMENTS FOR HIV/AIDS PATIENT CARE PROGRAMS

### **64D-4.001 Purpose.**

(1) The Department of Health, Bureau of HIV/AIDS, HIV/AIDS Patient Care Programs are intended to provide primary health care and support services to low-income persons living with HIV disease, based on availability, accessibility and funding of the program.

(2) It is the Department of Health's responsibility to establish eligibility requirements to ensure services are provided to the individuals intended.

*Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS.*

*History--New 1-23-07.*

### **64D-4.002 Definitions.**

For the purpose of this rule chapter, the words and phrases listed below are defined in the following manner:

(1) "Allowable Services" mean the HIV/AIDS patient care services listed in the current federal Glossary of Services as referenced by the Health Resources and Services Administration in the Ryan White CARE Act Title II Manual (2002); the eligible activities as governed by 24 CFR Part 574.300 (b)(1) and (6) by the U. S. Department of Federal Housing and Urban Development (HUD), (effective April 11, 1994); and, the list of HIV/AIDS patient care services administered by the Department of Health, Bureau of HIV/AIDS, all of which are incorporated by reference and available upon request from the Department of Health, Bureau of HIV/AIDS at 4052 Bald Cypress Way, Bin A09, Tallahassee, FL 32399-1715. Allowable Services are based on availability, accessibility and funding of the service.

(2) "Application" means the application, instructions and information in the brochure titled the Application and Eligibility Requirements (#DH 150-884, effective 1-23-07), which is incorporated by reference. The Application and Eligibility Requirements brochure can be obtained at any Florida county health department.

(3) "Applicant" means an individual who has submitted or is in process of preparing and submitting the application.

(4) "Bureau" means the Department of Health, Bureau of HIV/AIDS.

(5) "Client" means an applicant who has been determined eligible.

(6) "Department" means the Florida Department of Health.

(7) "Eligible" means approved by the Department to receive allowable services.

(8) "Eligibility Staff" means personnel authorized by the Department to determine eligibility.

(9) "Federal Poverty Level" (FPL) means the poverty income levels (effective February 2008) as published by the U.S. Department of Health and Human Services (HHS), Federal Office of Management and Budget (OMB), which is incorporated by reference. The federal poverty guidelines are located on the Department of Health, Bureau of HIV/AIDS website or can be obtained at any Florida county health department.

(10) "Household Income" means income from all sources received by the applicant, the applicant's spouse (if married) and other adult persons living in the home, if they are included in the household size as defined in subsection 64D-4.002(12), F.A.C.

(11) "Household Size" means the number of persons in an applicant's household whose income is counted for purposes of determining the Federal Poverty Level defined in subsection 64D-4.002(10), F.A.C. The number counted in household size include the applicant, the spouse (if married) and any adults

such as parents, adult siblings, adult children, significant others and partners who live with the applicant and meet one or more of the following:

- (a) Claims the applicant as a dependent on a tax return.
  - (b) Claims the applicant on a health insurance policy. This does not apply to life insurance when the applicant is claimed as the beneficiary.
  - (c) Has legal custody or other legal arrangement or guardianship of the applicant.
  - (d) Has commingled funds with the applicant, such as banking accounts, savings accounts, business, mortgage agreement or other personal finances.
- (12) “HIV/AIDS Patient Care Programs” means the:
- (a) Ryan White Title II Consortia Program.
  - (b) Ryan White Title II AIDS Drug Assistance Program.
  - (c) Ryan White Title II AIDS Insurance Continuation Program.
  - (d) State Housing Opportunities for Persons with AIDS Program, and
  - (e) HIV/AIDS Patient Care Programs provided by the patient care networks and county health departments as administered by the Department of Health, Bureau of HIV/AIDS.
- (13) “Low Income” means a gross household income at or below 400% of the FPL in accordance with subsection 64D-4.002(10), F.A.C.
- (14) “Program Qualifications” are program specific requirements to qualify for enrollment in the following single service programs, after eligibility has been approved:
- (a) Ryan White Title II AIDS Drug Assistance Program.
  - (b) Ryan White Title II AIDS Insurance Continuation Program.
  - (c) State Housing Opportunities for Persons with AIDS.
- (15) “Verification” means to confirm the accuracy of information through sources other than a self-declaratory statement of the individual originally supplying the information.

*Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS.*

*History—New 1-23-07, Amended 8-31-07, 3-21-08, 10-27-08.*

#### **64D-4.003 Eligibility and Documentation Requirements.**

The applicant eligibility and documentation requirements to receive allowable services from the HIV/AIDS Patient Care Programs include the following:

- (1) Must have documentation of a medical diagnosis of HIV disease with a laboratory test documenting confirmed HIV infection from one of the following:
  - (a) 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.
  - (b) A positive HIV direct viral test such as PCR or P24 antigen.
  - (c) A positive viral culture result.
  - (d) A detectable HIV-viral load or viral resistance test result.
- (2) Must be living in Florida.
- (3) Cannot be receiving services or be eligible to participate in local, state or federal programs where the same type service is provided or available. This requirement does not preclude an individual from receiving allowable services not provided or available by other local, state or federal programs, or pending a determination of eligibility from other local, state or federal programs.
- (4) Must have low-income.
- (5) Must be willing to cooperate with eligibility staff during the eligibility process and sign and comply with the Rights and Responsibilities established in the application.
- (6) Must submit a completed application in accordance with the application instructions.

(7) Must include all requested information and documentation with the application or during the eligibility process. Failure to provide the requested information may delay or prevent a determination of eligibility.

*Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS.*

*History—New 1-23-07, Amended 10-27-08.*

#### **64D-4.004 Determined Eligible or Ineligible.**

(1) Eligibility staff are required to complete verification and make a determination of eligibility of an applicant's status within 30 days from the receipt of the application and requested information. The time-limit can be extended for unusual circumstances with supervisory approval.

(2) If determined eligible, the applicant is provided a written confirmation of the eligibility determination and referrals are made to the appropriate programs for allowable services.

(3) If determined ineligible, the applicant is provided a written explanation as to why he/she is ineligible and is provided information on the right to appeal the decision.

(4) An exception to the eligibility requirements must be approved by the Department or designated staff. The following criteria applies for all exception requests:

(a) The reason for the request for exception must include one of the following:

1. To prevent the loss of health insurance benefits, or
2. To prevent hospitalization, or
3. To ensure continued access to medications and treatment.

(b) The request for an exception can be granted only for:

1. An emergency situation, and
2. A short-term circumstance (less than 180 days).

*Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS. History—*

*New 1-23-07.*

#### **64D-4.005 Re-Determination and Continued Eligibility.**

(1) Eligibility of an existing client is re-determined every six months or at shorter intervals if the client's income and other eligibility factors change before the 6-month period. The written confirmation requirements established in Rules 64D-4.003 and 64D-4.004, F.A.C., of this rule will apply.

(2) The client must report any change in his/her situation, which will impact his/her eligibility status to the eligibility staff no later than 10 days after it is known.

(3) A client can be determined ineligible to receive services for the following reasons:

- (a) A client is no longer living in Florida.
- (b) A client is eligible to receive services or is participating in local, state or federal programs where the same type service is provided or available.
- (c) A client is no longer considered low-income.
- (d) A client has not complied with the Rights and Responsibilities in the application.

(4) The exception requirements established in subsection 64D-4.004(4), F.A.C., of this rule will apply during the re-determination of a client's eligibility.

*Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS.*

*History—New 1-23-07.*

#### **64D-4.006 Rights and Responsibilities.**

(1) The applicant or client must comply with the rights and responsibilities established in the application throughout the eligibility process and during participation in the HIV/AIDS Patient Care Programs.

(2) Failure to comply with the rights and responsibilities established in the application at any time during the initial eligibility and re-determination process or while receiving services from the HIV/AIDS

Patient Care Programs will result in a written notification to the applicant or client with the following information:

(a) A Notice of Rights information advising the individual of their rights to a fair hearing, if they are not satisfied or disagree with an action taken;

(b) A written explanation of the specific violation cited;

(c) A written explanation of how to remedy the problem by a specified time;

(d) Notification that time-limited suspension or final termination from the HIV/AIDS Patient Care Programs will result if the applicant or client fails to remedy the specified problem within a designated time frame.

*Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS.*

*History—New 1-23-07.*