
EIS Program Information and Application for Part C Ryan White Early Intervention Services



**City of Sioux Falls
Health Department**

**Sioux Falls Health Department • Ryan White Part C Program •
521 North Main Avenue, Suite 101 • Sioux Falls, SD 57104 • 605-367-8760**

Part C Early Intervention Service (EIS) Program

The Ryan White CARE Act is a federally funded program. It consists of different programs. The Ryan White Part C Program is an Early Intervention Services program designed to help improve the quality and availability of primary health care with respect to HIV/AIDS disease.

Federal guidelines and a planning committee that is made up of representatives from health care, members of support groups, people living with HIV/AIDS disease, and members of various State Agencies determine the benefits of this program. This grant was designed with the goal of helping people with HIV disease that are accessing their health care in eastern South Dakota.

All patients that apply for the Ryan White Part C Program will have access to case management services.

The Ryan White Part C EIS Program is a payor of last resort. Patients that are eligible for compensation through other programs (such as Medicare, Medicaid, Third Party Insurance and Ryan White Part B) must first access assistance through those programs.

Who Is Eligible?

To be eligible for the Ryan White Part C EIS Program, the applicant must be:

- HIV positive.
- Seeking healthcare in eastern South Dakota.

Although we are payor of last resort, some services are available for clients who have Medicare, Medicaid, Ryan White Part B, Third Party Insurance, and other forms of public resources. We encourage all people living with HIV disease to apply to this program.

How Do I Apply?

Individuals who meet the above criteria may apply by completing and submitting the attached Program Application form and Release of Information to the Ryan White Part C Program. Income verification is required for this program.

Acceptable means of income verification are:

- W-2 Form
- 1040 Form
- 1040A Form
- Paycheck Stubs
- Medicare/Disability Payment Stubs

It is the responsibility of the applicant to provide information pertinent to the Ryan White Part C EIS Program. **All information is confidential.** It is also the responsibility of the applicant to notify the program manager of any changes in address, phone number, and income status.

Services

Outpatient Primary Medical Services that may qualify for assistance from this program include disease related physicians visits, some laboratory services, some dental services (please discuss with the dentist and the Ryan White Part C program manager before services are administered), case management, access to outpatient substance abuse and mental health therapy and outpatient nutritional services. Please contact the Ryan White Part C EIS Program with any questions regarding services not specifically listed in this section.

Case Management

Case management services are available for all clients applying to the Ryan White Part C EIS Program. Case management can help clients access available services from such programs as Medicare, Medicaid, Ryan White Part C Program, drug manufacturer patient assistance programs, outpatient mental health and chemical dependency programs, outpatient nutritional services and translator services. Case managers are also available to help with adherence education for clients on HAART therapy and patients that are considering beginning therapy.

How Can a Client Receive Help with Disease Related Medical Bills?

Itemized bills, related to primary health care, need to be submitted to the Ryan White Part C program manager after they have been submitted to other appropriate compensation programs. The Ryan White Part C EIS Program is a payor of last resort. Patients that are eligible for compensation through other programs (such as Medicare, Medicaid, Third Party Insurance and Ryan White Part B) must first access assistance through those programs. The Ryan White Part C EIS Program is the payor of last resort. The Ryan White Part C EIS program cannot provide assistance if coverage is available through other compensation programs including Medicare, Medicaid, Ryan White Part B Program or Third Party Insurance

The Ryan White Part C Program cannot pay for Medicare and Medicaid co-payments or supplement the reimbursements of covered services from Medicare, Medicaid, or Third Party Insurance. The Ryan White Part C Program **may be** able to help with disease related charges that are not covered by other compensation programs. It is the responsibility of the client to forward primary health related bills to the Ryan White Part C social worker.

Authorization/Application for Ryan White Part C Program

For individuals without Medicare/Medicaid or private insurance, Ryan White Part C may be able to assist with the cost of office visits, outpatient labs, and/or immunizations. Individuals with insurance of Medicare/Medicaid who need assistance with a bill not covered by those sources may contact the Ryan White Part C representatives. Those bills will be assessed on an individual basis, based on federal guidelines. Please do not ask a physician's office to list us as a secondary insurance or to bill us. To apply for this benefit, please fill out this application and sign the enclosed release of information and return it to:

Sioux Falls Health Department
Ryan White Part C Program
521 North Main Avenue, Suite 101
Sioux Falls, SD 57104

Patient Name: _____
(First) (MI) (Last)

Date of Birth: ____/____/____ Phone Number: _____

Address: _____

Gender: Male Female Transgender Refuse to report Unknown

Race: White Black American Indian Asian Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Medical Provider: _____

Address: _____

Phone: _____

Gross Income: _____ monthly/annual (circle one)

Number of people in your household: _____

Private Insurance (name of insurance company): _____

Group No. _____ Individual No. _____

Medicaid: Yes No Medicaid No. _____

Medicare: Yes No Medicare No. _____

I hereby authorize the Ryan White Part C representatives to review my medical record for the purpose of continuous state-of-the-art quality improvement. I understand that my record will not be copied or removed from its original location.

Signed: _____ Date: _____

I certify that the information I have provided to the Ryan White Part C representatives for purposes of the Ryan White Part C Program is accurate and current. I understand that it is my responsibility to provide accurate documentation and information as requested. Providing false documentation or information may result in loss of privileges and/or benefits of the Part C Program.

I understand that the Ryan White Part C funds must be a payer of last resort. If I have insurance or any other payer source, I need to advise the Ryan White Part C representatives.

I understand that the Ryan White Part C representatives have the right to verify the information I provide and they have the right to decide disbursement of funds on an individual basis.

(Signature)

(Date)

(Witness)

(Date)

Ryan White CARE ACT Program

Authorization to Release and Share Information

Name:
Social Security Number:
Date of Birth:

Purpose: I understand that my records are protected by data privacy rules. I understand I have the right to refuse to sign this consent. I understand if I sign, I am giving permission to all my workers to share information about me. They will share information only to the extent that is necessary for my case management.

What happens if I don't sign this form? My case management plans may not be coordinated.

I authorize the Sioux Falls Health Department Ryan White Part C Program and its employees to receive from and share information with:

South Dakota Ryan White Part B CARE ACT Program
Department of Health
615 East Fourth Street
Pierre, SD 57501
605-773-3737 or instate 1-800-592-1861

South Dakota Ryan White Part B CARE ACT Program
Family Institute of the Midwest
520 West 22nd Street
Sioux Falls, SD 57105
605-338-8003

Tri-State Help (HOPWA)
Sioux Falls Housing
630 South Minnesota Avenue
Sioux Falls, SD 57104

The information will be shared: orally (conversation with contact person), in writing, or both.

I am aware that my case file information is confidential and will be used by the above for my care coordination. I may cancel this release in writing at any time, except to the extent action was already taken on it. This consent automatically expires one year from the date I sign it. A photocopy of this signed authorization shall be as valid as the original.

Ryan White Client Signature

Date

Witness

Date