Ryan White Funded HIV/AIDS Services Program

https://www.marinhhs.org/ryan-white-funded-hivaids-services-

program#:~:text=In%20order%20to%20enroll%20for,of%20eligibility%20every%20six%20months.&text=Ryan%20White%20services%20and%20medications ,FPL)%20regardless%20of%20immigration%20status.

About Us:

The Ryan White Treatment Extension Act is federal legislation that addresses the unmet health needs of persons living with HIV/AIDS (PLWHA).

- This Act is intended to help communities and states increase the availability of primary health care and support services in order to reduce utilization of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life of those affected by the epidemic.
- The priority is to ensure that clients ultimately receive primary care, which includes maintenance or initiation of treatment according to Public Health Services guidelines and adherence to medication regimens, leading to improved health outcomes.
- These services are intended for **low-income**, **underinsured**, **and uninsured persons** living with HIV. They are funds of "last resort," meaning that all other funding sources for a service including health insurance must be exhausted before using Ryan White funds for the service.
- For more detailed information on the Act, refer to the Care Council New Member Orientation Handbook (link is external) (link is external).

Eligibility for Ryan White-funded Services:

In order to enroll for Ryan White-funded services, all consumers must provide proofs of eligibility every six months. The first time you go to receive Ryan White-funded services, you will need to bring proof of identification, proof of residency, proof of HIV diagnosis, and proof of meeting low-income requirements. Ryan White services and medications are free for those with an income under \$62,450 (500% FPL) regardless of immigration status.

The table below shows what documentation you can use to prove your eligibility:

Proof ofProof of MarinIdentificationResidency	Proof of Income	Proof of HIV Diagnosis	
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ROSEN, SAPPERSTEIN & FRIEDLANDER, LLC

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MARYLAND LOCAL HEALTH DEPARTMENT – BILLING MANUAL

Driver's license	Utility bill	State/Federal tax return indicating adjusted gross income	Diagnosis letter from doctor's office on MD stationery
Immigration card	Lease/mortgage statement	W-2 or 1099 form	Lab test results with CD4 and/or viral load test
State ID card	Support affidavit	Current pay stub	Positive test result from ELISA and/or Western Blot HIV test (not anonymous)
Passport	Letter from a shelter	Bank statement indicating direct deposited income	
Photo ID from another Country		Disability award letter (e.g. SSI, SSDI, SDI)	
		Self-employment affidavit	
		Support affidavit	

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