

## **Ryan White Part B and HIV Medication Assistance Program (HMAP) Medicaid Ineligibility Documentation**

All RW Part B and HMAP applicants/clients who have an income at/below 140% FPL and are not enrolled in a Medicare Part D Plan or Medicare Advantage Plan are required to apply for Medicaid before applying for or renewing RW Part B and/or HMAP. Case Managers with applicants who have an income at/below 140% FPL but are ineligible for Medicaid (due to an inability to satisfy Medicaid eligibility requirements such as the citizenship or income requirements) are required to attest that the client is not eligible for Medicaid. This form can be used to document that the Case Manager screened the client and determined that the client does not meet Medicaid's eligibility requirements. This form must be complete, legible, and signed within 30 days of submission of the application.

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Client ID: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Case Manager Agency: \_\_\_\_\_

Date of Medicaid Eligibility Screening: \_\_\_\_\_

Who Assisted with the Medicaid Eligibility Screening? (select one)

DSS      NC Navigators      Case Manager      Other: \_\_\_\_\_

Based on the information provided by the client referenced above, I attest that the client is not eligible for Medicaid at this time. I acknowledge that I am required to notify HMAP via NC REEDS immediately upon notification of any change in Medicaid eligibility.

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_