

Verification of Medicaid Documentation for NC Ryan White Part B and HIV Medication Assistance Program (HMAP)

All RW Part B and HMAP applicants/clients with income at/below 140% FPL who are not enrolled in a Medicare Part D Plan or Medicare Advantage Plan are required to apply for Medicaid before applying for or renewing for RW Part B and/or HMAP unless they are otherwise ineligible for Medicaid due to an inability to satisfy Medicaid eligibility requirements (such as the insurance status, citizenship, or income requirements).

This form must be used to document that an applicant/client with income at/below 140% FPL either applied for Medicaid or was screened for Medicaid Eligibility and determined to be ineligible within three months. This form must be complete, legible, and signed within 30 days.

Client Name: _____

Client Date of Birth: _____

HMAP/NCREEDS Client ID: _____

Case Manager Name: _____

Case Manager Agency: _____

Select One:

☐ The Client/Applicant Applied for Medicaid on this date: _____

☐ The Client/Applicant was screened for Medicaid and was deemed ineligible to apply for Medicaid on this date: _____

Who Assisted with Medicaid Eligibility Screening and/or Application for Medicaid?

☐ Case Manager ☐ DSS ☐ NC Navigators ☐ Other: _____

I attest that the information provided above is true and agree to submit an insurance update via NC REEDS immediately upon notification of Medicaid enrollment or any other change in client information such as insurance, address, income, etc.

Case Manager Signature: _____ Date: _____