Linking Eligibility
Across the Ryan White HIV/AIDS Program Parts

Case Study:

Multi-Agency Collaboration and Eligibility Process Integration Across Ryan White HIV/AIDS Programs in Minnesota

In Minnesota, the Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients have integrated their eligibility policies and data systems to streamline the eligibility process for RWHAP clients.

Three agencies led this integration effort: the Minnesota Department of Health (RWHAP Part B recipient), the Minnesota Department of Human Services (administrating the RWHAP Part B AIDS Drug Assistance Program [ADAP]), and Hennepin County (RWHAP Part A recipient). Together, they navigated a complex jurisdictional environment where RWHAP Part A, Part B, and Part B ADAP provide funds for services for people with HIV in Minnesota. Further, the RWHAP Part A Minneapolis-St. Paul Transitional Grant Area (TGA) includes counties in Minnesota and Wisconsin.

Several stakeholders, including state health agencies, a local health agency, CAREWare consultants, clients, and service provider organizations collaborated to develop the governance infrastructure, data sharing agreements, eligibility policies, and an integrated database to streamline eligibility. This new process also shifted to an eligibility cycle based on the client's birthday.

Community-Driven Change Process

This initiative to improve existing eligibility systems was proposed by RWHAP service providers and community members with HIV in 2014. As the change was community-driven, there was a strong focus from the beginning on prioritizing the needs of RWHAP clients and creating effective tools for RWHAP service providers. Early conversations included multiple stakeholders, clients, providers, and government staff, which helped ensure strong buy-in for the proposed changes.

The Minnesota Department of Health conducted extensive engagement with RWHAP service providers throughout the discovery process including in-depth question and answer

sessions to understand needs for a new eligibility system. Key challenges identified included:

- Bottlenecks in eligibility processes
- Data entry inconsistencies and data quality issues
- Duplicated client records
- Multiple CAREWare databases and data systems
- Rolling eligibility renewal dates based on initial eligibility determinations rather than standardized birthday-based renewal

The Minnesota Department of Health staff's responsiveness, trustworthiness, and openness to change were critical to success. They helped keep community partners motivated and engaged through a development pipeline that stretched nine years.

Developing a Data Sharing Agreement

One of the essential steps to improving the existing system in Minnesota was developing data sharing agreements among the different partners. This was a lengthy process; coming to agreement on the language and executing the agreements took four and a half years.

Minnesota's key lesson learned was to complete data sharing agreements before making significant progress on developing software to integrate data systems. Without a solid governance structure, projects may face unnecessary delays in implementation. Initially, the Minnesota Department of Health hoped to develop the new integrated eligibility database simultaneously with the data sharing agreements. However, the software development process moved more quickly than the data sharing component, which meant that database development had to pause until the data sharing and governance elements were completed.

Database Unification – Nuts and Bolts of Integrated Eligibility

Programs in Minnesota determined that they would merge independent RWHAP Part A, Part B, and Part B ADAP databases into one unified CAREWare database managed by the Minnesota Department of Health. They extensively planned each step, including migrating the database to a state server, importing data from the separate systems, and maintaining close collaboration between the Minnesota Department of Health, Hennepin County, RWHAP service provider staff, and the state's CAREWare consultant. To ensure a successful cutover - the final, critical phase of transitioning from an old system to a new one - a robust support infrastructure was developed for the go-live transition:

- **Immediate response team:** State IT staff, server support staff, program staff, and CAREWare consultants were available to troubleshoot issues and implement fixes

quickly. Key personnel included the account manager, program manager, and lead programmer.

- **First three days:** Staff were on call to address any issues throughout the day.
- **Week two:** Staff maintained half-day availability for continued support.
- **Weeks three and beyond:** Daily stand-up meetings continued for several weeks to troubleshoot ongoing issues.
- **Server support relationships:** The Minnesota Department of Health found that maintaining strong relationships with state support staff was critical. Knowing exactly who to call for specific issues and understanding the system well enough to differentiate problem types was essential. For example, being able to identify whether an issue was a CAREWare server problem (requiring state server staff) or a problem within CAREWare (requiring the CAREWare consultants) streamlined troubleshooting significantly.
- **Clear governance:** A chain of command and response tree with clearly defined decision-making authority and responsibilities enabled effective problem resolution.

By moving to a single, statewide CAREWare system, the state created a central place where all client records and services could be securely stored, ensuring that a patient's medical history followed them no matter which Minnesota provider they visited. However, entering data into CAREWare could still be challenging, as clients often had to bring paperwork (like proof of income and residency) to each new clinic they visited. To address this, the state developed Minnesota Centralized Eligibility (MNCE). This is a simplified, one-time enrollment process that allows a person to apply for all RWHAP services in the state at once.

To make this process work, the state partnered with TriYoung to use a web-based system called RWISE (Ryan White Integrated Statewide Eligibility). RWISE provides a website where case managers log in to enter client details and upload documents. A dedicated team of state eligibility specialists then logs in to the same system to review the files and click the approval button. In Minnesota's centralized model, while case managers at various agencies assist with the initial application and gather documents, only the Department of Human Services (DHS) or authorized Hennepin County eligibility specialists have the authority to enter the official "Approved" status and renewal dates into RWISE after a full review. Once approved in RWISE, the system automatically updates CAREWare with a green light. This ensures that any provider in the state can see the client is eligible and provide care immediately through the At-a-Glance screen (see below) without needing to see the private paperwork themselves.

At-A-Glance Tool and Ease of Usability for RWHAP Service Providers

The At-A-Glance screen is a view-only interface built through the RWISE system to serve as the primary tool used by program staff to verify a client's eligibility for Ryan White services. It was built to be responsive to service provider needs and display the most critical information required to deliver services effectively.
It includes:

- **Real-time eligibility lookup:** RWHAP service providers can quickly look up clients and see their current eligibility status.
- **Program eligibility:** Which programs clients are eligible for (RWHAP Part A, RWHAP Part B, and/or Part B ADAP)
- **Renewal dates:** Upcoming RWHAP eligibility renewal dates
- **Demographic and health care coverage information**
- **Contact information**

This tool reduces burden on clients by helping prevent repetitive or duplicative questions, thus supporting a more client-centered eligibility process. RWHAP service providers now have what they need to deliver high-quality eligibility services.

Putting the Process Together: Training and Implementation

The Minnesota Department of Health developed the following training and educational materials to facilitate the transition:

- RWHAP service provider manual
- Training sessions for RWHAP service providers
- Training materials like slide presentations, fact sheets, and information on state websites
- Educational resources for clients including changes to birthday-based eligibility renewals

This education and training ensured service provider competence in the new system upon rollout and helped clients navigate new processes, limiting surprises and negative experiences from the changes.

These changes resulted in significant improvements in data quality and coordination of services among RWHAP service providers, greater functionality for data system users, and improved efficiency and accuracy in data reporting.

In being responsive to community needs, working collaboratively to develop comprehensive

solutions to eligibility barriers, implementing strong project management practices, providing thorough training and education materials, and staying true to the original vision, Minnesota successfully implemented a greatly improved and streamlined RWHAP eligibility process.