Outpatient Donor Human Milk Screening

Bronson Mothers' Milk Bank of Kalamazoo provides free donor human pasteurized milk to people with HIV for their infant.

All recipients must be screened for eligibility as outlined by the Michigan Department of Health and Human Services, Bureau of HIV and STI Programs (MDHHS- BHSP). Each request will be considered on a case-by-case basis and is contingent based on funding and the availability of supply from the Bronson Mothers' Milk Bank of Kalamazoo. Please direct any questions to the MDHHS- BHSP HIV Clinical Nurse Consultant at (517) 241-5900.

Service Eligibility Check List

Please see page 2 for accepted proof/documentation.

- ____ Proof/documentation of HIV positive status/diagnosis
- ____ Must reside in the state of Michigan
- ____ Must have an income ≤ 500% of the most current Federal Poverty Level, FPL Guidelines
- ____ Must be underinsured or uninsured for applicable Ryan White services that are reimbursable through third party payers
- ____ Have delivered or will be delivering an infant

** Immigration status is irrelevant for the purposes of eligibility for Ryan White services. MDHHS subrecipients should not share immigration status with immigration.

If all eligibility requirements were checked, please proceed with completing and faxing this form to Bronson Mothers' Milk Bank (269) 341-8365.

Consumer Prescription

Name	Date of Birth	Email	Phone
Infant Name		Infant Date of Birth	
Street Address		County	
City		Zip	
Dates of service requested		Quantity requested	
From To		Ounces per day	days
Provider name		Provider signature	
Provider phone number		Provider FAX number	

Please note: No requests for donor human milk can be processed before all required Ryan White program eligibility has been confirmed and received by the prescribing provider, including all supporting financial documentation.

MDHHS and its funded sub-recipients must assure Ryan White funds are used as a payer of last resort.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact may subject me to administrative, civil or criminal liability.

for consum	ners. Proof of eligibility criteria include:
Eligibility Criteria	Accepted Proof/Documentation
HIV Status Residency	 Eligible laboratory documentation confirming HIV diagnosis test results include: Type Differentiation (e.g., Geenius), Western Blot, viral load, viral culture, genotype, Nucleic Acid Amplification Test (NAAT) or dual (2) Immunoassay (IA) results positive for HIV (assays must be from different manufacturers) Documentation from licensed physician or consumer's designee, as allowed under Michigan law verifying the individual's HIV status Current State of Michigan identification card or driver's license
	 Passport with Michigan address Utility bill in consumer's name showing address Benefits award letter (e.g., Social Security Insurance (SSI) Railroad Retirement (RR), Social Security Disability Insurance/Social Security (SSDI/SSA)) with consumer's name and address Lease or mortgage in consumer's name showing address Voter registration Current Michigan Drug Assistance Program enrollment documentation Declaration of Residency/No Income or Support/Insurance Ineligibility-MDHHS-5422
Income	 Benefits award letter (e.g., SSDI/SSA, SSI, RR, Pension) Most recent pay stubs Tax forms from previous year Unemployment benefits award Department of Corrections release papers within 30 days of release Employment Verification Form- MDHHS-5644 Current Michigan Drug Assistance Program enrollment documentation Declaration of Residency/No Income or Support/Insurance Ineligibility- MDHHS-5422
Insurance Status	 Verification of Insurance (e.g., CHAMPS, Insurance Cards, COBRA) Denial documentation from MDHHS Affordable Care Act Marketplace Eligibility Determination Letter Current Michigan Drug Assistance Program enrollment documentation Declaration of Residency/No Income or Support/Insurance Ineligibility- MDHHS-5422

1. MDHHS Ryan White funded sub-recipients must collect the following proof of eligibility for consumers. Proof of eligibility criteria include:

**MDHHS sub-recipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify consumer eligibility. If consumer reports change, collect and update acceptable proof in consumer's health record.