

AIDS Connecticut, Inc.



**Accessing
Ryan White Part A
Client Assistance Funds
(CAF)**

Accessing the Ryan White Client Assistance Fund

On the following pages you will find ACT's policies and procedures for administering the Client Assistance Fund, including:

- Purpose of Funds
- Case Manager Partnership
- Service Categories
- Ryan White Eligibility Requirements
- ACT Determination Process
- Participating Medication Assistance Pharmacies

Purpose of Funds

The Client Assistance Fund is a set of financial assistance services funded by the City of Hartford's Ryan White Program. The Ryan White Client Assistance Fund can be used to help clients maintain their quality of life and to meet emergency needs. All funds must be accessed through case managers/service providers working on behalf of Ryan White eligible clients.

Ryan White funds are intended to be the payer of last resort. As instructed by the funder, case managers **must** document that assistance was sought elsewhere and **denied** before applying for these funds. All requests for assistance must document that other sources were applied for and were denied. **Documentation of denials or proof of ineligibility will be expected with all requests for client assistance fund applications.**

Designated service category funds can be used up to a funder-established cap per client per contract year to assist with requests that may be emergency in nature, or when only one expenditure per year will be made. These emergency needs can include utility shutoffs, and other emergency situations. Funding can also be used for the continuation of medical insurance, if the client is not eligible for the CT Insurance Premium Assistance (CIPA) under CADAP. These caps may vary depending on availability of TGA funding appropriations.

Case Manager Partnership

Case managers are crucial to the success of the Client Assistance Funds Program. Since Ryan White funds are funds of last resort it is important for case managers to coordinate their efforts to access a wide range of client-centered, culturally sensitive services to link their clients with all available entitlement programs, subsidized and affordable housing programs, utility and food assistance programs, as well as provide any budgeting assistance that might be needed to ensure client self-sufficiency and success.

Timely, complete and accurate submission of all required client documentation to ACT will assist in quickly approving and paying requests. The fax cover sheet/checklist should provide you and your supervisor with another tool to ensure completeness (see CAF Request Forms section on our website for the fax cover sheet/checklist).

ACT will provide training to current and new case managers, and others, regarding accessing the client assistance funds. For questions about processes or to arrange a case manager training, contact Shawn M. Lang, Deputy Director, at slang@aids-ct.org or 860-247-2437 x319.

Service Categories

Emergency Financial Assistance Services

1. Medical Fee-for-Service (\$350 cap per client per contract year)

Medical Fee-for-Service provides assistance for medical bills and lab fees not covered by any other programs. This can include deductibles for medical appointments, optometry and ophthalmic services, and corrective prescription eye wear that is necessitated by HIV infection. Outstanding balances, costs incurred prior to the contract period, and accounts in collection will be considered on a case-by-case basis.

Ryan White funds will be disbursed for prescriptive eye wear only after all alternative funding sources have been pursued. These funds will pay for one prescription per year if the prescription has changed and is deemed necessary because of HIV infection. These payments will cover up to \$150 for single vision lenses and \$250 for bi-focal or tri-focal lenses. **Sunglasses, progressive lenses, transitional lenses and contact lenses are not included.**

2. Medications (\$200 cap per client per contract year)

EFA Medications are medications not covered by insurance, including over-the-counter medications that were prescribed by a doctor and filled by the pharmacy, or for people who cannot access CADAP and do not have any other type of insurance.

This may include new prescriptions, refills of medications, vitamins, supplements, or over the counter medications **prescribed** by a physician. **Prescribed nutritional supplements (e.g., Ensure), multivitamins, Vitamin D, and Calcium can be accessed free of charge through the Medical Nutritional Therapy (MNT) program.** Clients can also receive a comprehensive nutritional assessment free of charge through the MNT program. Case managers should refer clients needing these supplements to the MNT program. Referrals can be made through CAREWare to ACT's MNT program or by calling 860-547-1771.

A list of approved pharmacies is included at the beginning of the **FORMS** section. Additional pharmacies can be added as needed.

3. Utilities (\$375 cap per client per contract year)

These funds are to be used for **emergency assistance** to pay for electricity, electric heat, heating oil and gas payments and **basic** phone service. ***Cable TV bills are not eligible for assistance.*** Case managers must document that clients have an established payment plan to avoid additional emergency situations. Other funding sources **must** be pursued and denied before applying for client assistance in this service category.

This fund is not available to pay for *ongoing* utility bills. We require documentation to confirm that the client is in arrears. Clients who apply for Ryan White Part A energy assistance each contract period are STRONGLY urged to be referred to and attend a budgeting class offered by the Utility Company or local Community Action Program, such as CRT.

Bills with back-up documentation and dates of service for the request must be within the contract year and included with the request form. Checks will only be issued to the vendor(s) designated on the request form. Bills must be in the client's name.

Consumers must apply for any available utility emergency assistance program.

Electricity Payments - The case manager should call Eversource (formerly Northeast Utilities) and arrange to have the client placed on the NU-START program. Ryan White funding can be used to pay the required match amount. Case managers are also asked to work with the client and NU to arrange appropriate payment plans to pay any arrearage. This fund will pay for the \$25 sponsor fee but **will not be used to make any payments in the event the client does not adhere to the payment plan.**

Electric Heat and Oil Payments - Case managers should refer clients to the Community Renewal Team's (CRT) Energy Assistance Program and Operation Fuel.

Gas - Case managers should refer clients to the Community Renewal Team's (CRT) Energy Assistance Program, the Connecticut Natural Gas (CNG) forgiveness and payment programs and Operation Fuel.

Phone - For clients who do not have land line phones, cell phone bills will be reviewed on a case-by-case basis with a cap of \$40 towards current basic service on approved cases. **ACT requires documentation that extra services have been eliminated, particularly from the telephone charges (e.g. directory assistance, call waiting, automatic call back, 900 numbers, caller-ID or answering machine rental and internet services, ringtones and ringback tones).** Application to LifeLine, for phone service when deemed medically necessary, must be made when appropriate.

4. Food Voucher Program (\$30 cap per client per contract year)

This program is intended to be a **one-time emergency assistance program for income strapped clients.**

Any case manager who serves Ryan White Part A eligible clients is eligible to participate in the Food Voucher program. Upon request, case managers will receive a **\$30 food voucher** (gift card to Stop and Shop).

Case managers must come to ACT to pick up food vouchers by appointment (email cafhaf@aids-ct.org). No food vouchers will be mailed. These food vouchers are available for the purchase of food items only. They are designed as an emergency source to supplement other sources of food such as entitlement programs or food pantries, and are **not meant as the sole source of the client's nutrition.** The voucher enables a client to purchase nutritious food items. The client should bring a receipt to their case manager to ensure that the voucher was used for nutritious food. Violation of this protocol disqualifies the client from receiving a food voucher in the future.

All clients who are accessing food vouchers must first be counseled by their case manager regarding all other sources of food income and resources must be discussed (i.e., SNAP, food pantries, soup kitchens, Food Share, etc.). The case manager must provide documentation that the client has expended SNAP funds and exhausted other options. **Case managers must remind clients that Ryan White programs are not entitlements, are intended to address emergencies and – by statute - are the payer of last resort.**

We strongly encourage case managers to engage in developing and managing a budget with their clients to prevent “ongoing” emergencies.

Non-Emergency Financial Assistance Services

1. Health Insurance Premium and Cost Sharing Assistance (\$1,200 cap per client per contract year)

This fund provides assistance to clients in paying for health insurance premiums, and co-pays for medications and medical bills after insurance.

2. Transportation

The Ryan White Part A Transportation Program is used to enable clients to access medical or support services. As with all Ryan White Services, it must be the payer of last resort for those clients who may be otherwise unable to attend their medical appointments due to lack of access to other programs or lack of personal funds. Bus passes are for medical and social support program attendance purposes only. Cab fare will be provided only for clients who live East of the River.

Clients who are on **Medicaid are not eligible** for this program. Medicaid has contracted with **Logisticare** for non-emergency medical transportation in the Greater Hartford area, therefore, recipients of Medicaid living within the Hartford TGA must contact **Logisticare at 1-888-248-9895** to determine eligibility for and/or schedule transportation to medical appointments. Eligible clients must call at least **48 hours** in advance of their appointment to schedule for livery cab. Rides to appointments may be scheduled up to a month in advance. **Medicaid clients** who are actively participating in substance use treatment or mental health treatment may be able to get non-emergency medical transportation. Please contact **Logisticare at 1-888-248-9895** to **determine eligibility for your client before** submitting your request for transportation assistance to ACT. However, Medicaid clients may access the Ryan White A Transportation Program for social service appointments (e.g., appointment with case manager).

A Transportation Request Form must be filled out with clearly defined dates for medically related appointments and the number of bus passes requested. This should be reflected within the client's case notes. Use of tokens/bus passes for recreational purposes is prohibited and will result in clients being denied further access. The client should bring documentation to their case manager to ensure that bus passes are used for the intended purpose. Violation of this protocol may disqualify the client from receiving transportation assistance in the future.

Case managers must come to ACT to pick up bus passes by appointment (email cafhaf@aid-ct.org).

Ryan White Eligibility Requirements

1. Documentation of HIV status, including CD4/VL done within the past six months.
2. Federal income cap of 300% of poverty (by family size) using **gross income** (before taxes).
3. For RWA Funds: Must be a resident(s) of the Greater Hartford Transitional Grant Area.
4. In cases where the client is affected rather than infected, the service(s) must be intended to provide direct benefit for the infected individual (s), and,

Required Client Eligibility Documentation:

1. ACT fax checklist/cover page
2. Ryan White referral form OR CAREWare referral
3. Ryan White intake form OR CAREWare demographic report
4. Up-to-date annual review
5. Ryan White eligibility worksheet
6. Household income verification (e.g., Current year's DSS award, **one month of consecutive, recent paystubs [two biweekly paystubs, or four consecutive weekly paystubs]**, notarized letter documenting other income, zero income affidavit, etc.)
7. A Release of Information form (external agencies only)
8. Signed ACT Policies and Procedures
9. Signed Consent Agreement

10. Signed ACT and external agency CAREWare sharing agreement
11. Documentation of HIV status, including CD4/VL done within the past six months
12. Supporting documentation (e.g., itemized bill)
13. Signature of Case Manager and Supervisor
14. Request form(s)

Documents available on our website: <http://www.aids-ct.org/assistance.html>

For clients applying for the same assistance each year, **we strongly encourage that a budget be developed between the case manager and client to demonstrate that there is a plan for the client to live within their means**, and have anticipated annual expenses such as holidays, school uniforms, car tax/registration/insurance.

Geographic Eligibility

For Ryan White Part A (RWA) Funds:

RWA funds are available to any eligible client in the Greater Hartford Transitional Grant Area (TGA), consisting of towns in Hartford, Tolland, and Middlesex Counties:

• Amston	• Coventry	• Farmington	• Middletown	• Suffield
• Andover	• Cromwell	• Glastonbury	• New Britain	• Tolland
• Avon	• Deep River	• Granby	• Newington	• Union
• Berlin	• Durham	• Haddam	• Old Saybrook	• Vernon
• Bloomfield	• East Granby	• Hartford	• Plainville	• Westbrook
• Bolton	• East Haddam	• Hartland	• Portland	• West Hartford
• Bristol	• East Hampton	• Hebron	• Rocky Hill	• Wethersfield
• Burlington	• East Hartford	• Killingworth	• Simsbury	• Willington
• Canton	• East Windsor	• Manchester	• Somers	• Windsor
• Chester	• Ellington	• Mansfield	• Southington	• Windsor Locks
• Clinton	• Enfield	• Marlborough	• South Windsor	
• Columbia	• Essex	• Middlefield	• Stafford	

For Ryan White B (RWB) Funds:

Applicants must have a case manager to access RWB funds. Preference will be given to those applicants who live in Tolland County or outside of the Hartford TGA. RWA Hartford TGA clients who cap out of RWA funds may be eligible for RWB funds.

Case managers do not need to designate whether they are applying for Part A or Part B funds on behalf of their client. The CAF staff will make the determination of what funds will be used.

ACT Determination Process

1. Case managers may submit completed applications via fax to **860.761.6711**
2. Application materials are available on our website: <http://www.aids-ct.org/assistance.html>
ACT will open one file per client per contract period with the receipt of required client eligibility documentation so that a case manager will not be required to submit two sets of standard documentation for the housing assistance fund and the client assistance fund programs. New clients will be able to apply for both housing and direct client assistance funds simultaneously. However, client income verification and CD4 count/viral load must be updated within six months of the request.
 - a. If all documentation is up-to-date in CAREWare, the case manager only needs to submit the signed request form and supporting documentation (e.g., itemized bill)
3. **CAF/HAF Staff** will check the fax folder/email twice daily, and will date and document all applications on our internal tracking spreadsheet.
4. **CAF/HAF Staff** will review applications twice per week for completeness. Medication requests from pharmacies will be reviewed daily.
5. When an application is **approved**, approvals will be given to the Funds Administrator on Friday, and checks will be cut during the following week and sent to the applying case manager **within 10 business days of the application approval**.
6. If an application is **incomplete**, CAF/HAF staff will email the person(s) identified by the applying agency (the case manager and one other person) **within five business days of receipt**, detailing missing information or inaccurate/conflicting information. The application will be filed as a **pending application**.
 - a. If a complete/corrected application has **not been received within 10 business days, it will be denied**. A letter of denial will be emailed to the contacts at the applying agency and a copy will be placed in the client's file.
 - b. It is the express responsibility of the applying case manager to follow up and complete a pending application within the ten business days. Failure to do so will result in a denial.
7. When an application is **denied**, an email will be sent to the applying case manager/service provider and one other designated agency staff person detailing the reason(s) why and a copy will be placed in the applicant's file.

For medication authorizations from pharmacies:

1. To apply for assistance, the client brings a prescription to a case manager, who in turn makes a copy for the client file. The client brings the original prescription to the pharmacy.
2. The pharmacy faxes a medication approval to ACT.

- a. If the client's Ryan White eligibility is up-to-date, CAF/HAF staff will **approve** the authorization and fax it to the pharmacy. The pharmacy can then release the prescription to the client.
 - b. If the client's Ryan White eligibility is not up-to-date, CAF/HAF will let the pharmacy know the application is **pending** and the pharmacy cannot release the prescription to the client. The case manager has ten business days to send ACT the required documentation or the application will be **denied**.
 - c. If a client is not eligible for Ryan White medication assistance or has reached the category cap, the pharmacy and case manager will be notified that the request has been **denied**.
3. CAF/HAF staff notify the case manager as to whether the medication authorization was approved, pending or denied.
 4. Upon approval, the case manager must submit a Request for Payment form so ACT can pay the pharmacy for the medications. **Failure to do so in a timely manner may be grounds to deny subsequent medication requests.**
 5. The case manager should inform the client of the request approval, particularly if the request was for a new prescription or refill.
 6. When the medication request is **denied**, the case manager and, for medication reimbursement requests, the pharmacy will be notified by fax with the appropriate reason. A denial form will be sent to the case manager and a copy of the denial form will be placed in the respective client's file. The case manager should notify the client immediately with the reason for denial and develop alternative plans for payment.

Checks for CAF do not have ACT's name imprinted on them. Checks will be made out directly to the vendor. The memo line will include the account number and the client's CAREWare code. A copy of the bill or invoice will be attached to the check. A confirmation with check number and date of payment will be sent to the case manager or supervisor within five days following check disbursement and a copy of the documentation will also be maintained in the client file. Bank protocol does not allow us to send copies of the original check.

Checks will not be given directly to clients under any circumstances. **Under no circumstances will clients, family or agency staff be reimbursed.** If you are unclear about this policy, please contact Shawn M. Lang, Deputy Director, at slang@aims-ct.org or 860-247-2437 x319. Failure to adhere to this policy will disqualify a case manager from submitting future applications to ACT.

Confidentiality of all client information is strictly maintained by ACT staff. We will use Ryan White codes rather than the names of the applicants. All applications are kept on a secure server to which only the employees involved in the HAF/CAF have access.

Please note: Payments for emergency requests may be made within 2 business days. Requests must come directly from case managers and detail clearly and specifically why the request is deemed an emergency. Failure to plan on the part of the client or the case manager does not qualify as an emergency.

Participating Medication Assistance Pharmacies

Ryan White Part A Funds can be used for prescriptions and prescription co-pays that are not covered by Title XIX, CADAP or private insurance. See information in the ACT Determination Process section on the procedure for prescription authorization/applications. The following pharmacies have been approved for the drug reimbursement program:

Arrow Prescription Center*
500 Farmington Avenue
Hartford, CT 06106
Lydia Grant (Account Rep)
Acct rep Ph:860- 570-0543
Pharmacy Phone: 860-522-9289
Pharmacy Fax: 860-231-7007

Arrow Prescription Center*
Burgdorf/Fleet Health Center
131 Coventry Street
Hartford, CT 06112
Attn: Wendy/Darcy
Phone: 860-286-2766
Fax: 860-286-2981

Arrow Pharmacy*
St. Francis Hospital
100 Woodland Street
Hartford, CT
Ph: 860-527-2800
Fax: 860-527-1381

Beacon
543 West Main Street
New Britain, CT 06052
Phone:860- 225-6487
Fax: 860-229-4488

Community Health Service*
Arrow Pharmacy
500 Albany Avenue
Hartford, CT
Attn: Jerry Ouellette
Phone: 860-249-9625
Fax: 860-524-5836

CVS
308 Main Street Extension
Middletown, CT 06457
Attn: Pharmacist
Phone: 860-345-9623
Fax: 860-344-8018

Hartford Health Care Comm.
Pharmacy (formerly Arrow #17)
85 Seymour Street
Hartford, CT 06106
Phone: 860- 727-1123
Fax: 860-520-4307

Manchester Pharmacy
348 Main Street
Manchester, CT 06040
Phone:860 649-1025
Fax: 860-649-0457

Rite Aid
100 Main Street
Middletown, CT 06457
Phone:860- 346-8603
Fax: 860-346-7035

Rite-Aid
School Street Plaza
271 Ellington Rd
East Hartford, CT 06108
Attn: Carlene
Phone: 860-528-6115
Fax: 860-289-0433

Walgreens
Attn: Ann L. Pharmacy
Manager
100 Retreat Avenue
Suite 102 B
Hartford, CT 06106
Phone: 860-595-1813
Fax: 860-595-1852

Walgreens
161 Washington Street
Hartford, CT 06106
Phone: 860-522-5005
Fax: 860-522-5405

Walgreens
674 Farmington Avenue
West Hartford, CT 06119
Phone: 860-523-5849
Fax: 860-523-0093

***These three Arrow Pharmacies bill through the Arrow Prescription Center Bookkeeping Department at the Farmington Avenue address in Hartford. The other Arrow Pharmacies bill contractor directly.**

Manchester Pharmacy will deliver prescriptions free of charge and covers a wide area including Broadbrook, Ellington, Coventry, Manchester area, East Hartford and also into Hartford.

Additional pharmacies may be added to this list during the contract period. Please contact Aaron Lucas, Fund Administrator @ 860.247.2437