

# Community Health Services, Inc.

500 Albany Avenue, Hartford CT 06120

860-249-9625



## **Ryan White Part A Medical Fee for Service Emergency Financial Assistance March 2016-February 2017**

## **Accessing the Ryan White A Medical Fee for Service EFA**

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

- Purpose of Funds
- Case Manager Partnership
- Service Category
- Ryan White Eligibility Requirements
- CHS Determination Process

### **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. All requests for assistance must document that other sources were applied for and follow up reference will be expected during subsequent Emergency Financial Assistance request.

Designated service category funds can be used up to established cap of \$700.00 per client per contract year to assist with requests for Medical fee for services. These caps may vary depending on availability of TGA funding appropriations. If a patient has reached the EFA Cap per patient for the contract year, CHS will work with RW A Grantee to attempt to find a resolution. (CHS will explore this option on a case by case basis).

### **Case Manager Partnership**

Case managers are crucial to the success of the Client Assistance Funds Program. Since Ryan White funds are payer of last resort it is important for case managers coordinate their efforts to access a wide range of client-centered, culturally sensitive services to link their clients with all available entitlement 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 CHS 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.

## Service Category

### Emergency Financial Assistance Service

#### 1. Medical Fee-for-Service (\$700 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, ophthalmic services, and corrective prescription eye wear that is necessitated by HIV infection.

### 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. 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 must be intended to provide direct benefit for the infected individual (s).

### Required Documentation for Medical Fee for Service Requests

Before submitting a EFA Medical Fee for Service request, please make sure you have reviewed the CHS EFA Policy and Procedure.

1. CHS Fax Checklist: This document outlines all materials needed to be submitted with a EFA Medical Fee for Service request. Ensure that all materials are submitted with a request by checking off materials included in the application on the checklist.
2. Request for Service Form: This form outlines the service payment is requested for and other options that have been explored to assist with the request. The request form must be filled out in its entirety and signed by the requesting case manager and case manager supervisor.
3. Referral: Referral for service can be made through CAREWare or using the *Referral for Ryan White Part A Services* Form. A referral should be made with every request.
4. Ryan White Intake Form OR CAREWare Demographic Report: If client's CAREWare record is up-to-date, and sharing is granted, CAF staff can see the client's demographic report in CAREWare and a paper form is not needed. The intake includes basic information about the client including name, date of birth, race/ethnicity and mode of HIV transmission. Intake forms are formatted on an agency basis.
5. Up-to-Date Annual Review: If client's CAREWare record is up-to-date, and sharing is

granted, program staff can see the client's annual review in CAREWare and a paper form is not needed. The annual review includes an assessment of the client's income, needs for mental health and substance use services and housing arrangement. If your agency does not use CAREWare, this information is often included on the agency's intake form.

6. Ryan White Eligibility Worksheet and Income Verification: There are two Ryan White required forms, along with income verification required for a EFA request to be considered. The two required forms are: Ryan White Eligibility Worksheet and Client CAP and Sliding Fee Determination. Income verification includes, but is not limited to: Two consecutive, recent bi-weekly paystubs, four consecutive weekly paystubs, SSI statement, zero income affidavit. Notarized letters documenting income will be considered on a case-by-case basis. The Eligibility Worksheet and Income Verification expires every six months.
7. Release of Information (ROI): The Release of Information (ROI) grants the referring case manager/agency permission to share the client's information with Community Health Services Inc (CHS). The ROI should be made out specifically to CHS, or CHS should be initialed on the Network of Providers sheet. An ROI made out to the Network of Providers should not also be initialed for "This agency only." The ROI is valid for 18 months (new form; old form valid for 12 months) from the date of client's signature.
8. CHS Policy and Procedure: The CHS Policy and Procedure outline the client's rights as a participant in CHS EFA program, CHS privacy and consent/release of information practices, and CHS grievance procedure. This form is valid for 12 months from the date of client's signature.
9. Consent Agreement Statement: This form grants the referring agency consent to coordinate services on the client's behalf. This form should be made out to the referring agency and is valid 18 months (new form; old form valid for 12 months) from the date of client's signature.
10. CHS CAREWare Consent for Sharing: This form grants CHS the right to share the client's CAREWare information with the referring agency and other agencies for the coordination of services and for the agency to input data into CAREWare. This form should be made out to CHS and is valid for 18 months (new form; old form valid for 12 months) from the date of client's signature.
11. Referring Agency CAREWare Consent for Sharing: This form grants the referring agency the right to share the client's CAREWare information with other agencies for the coordination of services and for the agency to input data into CAREWare. This form should be made out to the referring agency and is valid for 18 months (new form; old form valid for 12 months) from the date of client's signature.
12. Up-to-Date Labs: CD4 and Viral Load labs should be within the last six months. If CD4 or Viral Load are not medically necessary every six months, a doctor's note should be included stating as such.

13. Supporting Documentation: Supporting documentation can include, but is not limited to an itemized bill or detailed invoice.

**Documents available on the following website: [ryanwhitehartford.org](http://ryanwhitehartford.org)**

**It is expected that when there are more than one Medical Fee for service request in the same contract that there is follow documentation in regards to resources accessed by patients in order to obtain health insurance ( If applicable).**

**Geographic Eligibility**

**Ryan White Part A Funds:**

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

<ul style="list-style-type: none"><li>• Amston</li><li>• Andover</li><li>• Avon</li><li>• Berlin</li><li>• Bloomfield</li><li>• Bolton</li><li>• Bristol</li><li>• Burlington</li><li>• Canton</li><li>• Chester</li><li>• Clinton</li><li>• Columbia</li></ul>	<ul style="list-style-type: none"><li>• Coventry</li><li>• Cromwell</li><li>• Deep River</li><li>• Durham</li><li>• East Granby</li><li>• East Haddam</li><li>• East Hampton</li><li>• East Hartford</li><li>• East Windsor</li><li>• Ellington</li><li>• Enfield</li><li>• Essex</li></ul>	<ul style="list-style-type: none"><li>• Farmington</li><li>• Glastonbury</li><li>• Granby</li><li>• Haddam</li><li>• Hartford</li><li>• Hartland</li><li>• Hebron</li><li>• Killingworth</li><li>• Manchester</li><li>• Mansfield</li><li>• Marlborough</li><li>• Middlefield</li></ul>	<ul style="list-style-type: none"><li>• Middletown</li><li>• New Britain</li><li>• Newington</li><li>• Old Saybrook</li><li>• Plainville</li><li>• Portland</li><li>• Rocky Hill</li><li>• Simsbury</li><li>• Somers</li><li>• Southington</li><li>• South Windsor</li><li>• Stafford</li></ul>	<ul style="list-style-type: none"><li>• Suffield</li><li>• Tolland</li><li>• Union</li><li>• Vernon</li><li>• Westbrook</li><li>• West Hartford</li><li>• Wethersfield</li><li>• Willington</li><li>• Windsor</li><li>• Windsor Locks</li></ul>
---	---	---	---	---

**CHS Determination Process**

1. Case managers may submit completed applications via fax to 860-808-1579 to the attention of EFA staff.
2. All communication regarding EFA applications will be transmitted securely by using a secure envelope to secure Patient Health Information ( PHI). A secure envelope ensures the message is encrypted. Such messages must be read and replied to from our email portal. Please do not send emails to any of the program staff to their agency email as they will not respond to such emails. When a first message is sent to you, you will receive an invitation to create your account. Please see instructions attached.
3. **Confidentiality** of all client information is strictly maintained by EFA program staff. We will use Ryan White URN rather than the client names of the applicants. All applications are kept on a secure server to which only the EFA program staff involved in program have access.

4. Application materials are available at [ryanwhitehartford.org](http://ryanwhitehartford.org).  
CHS 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 client assistance fund programs. 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)
5. **EFA program staff** will check the fax daily, and will date and document all applications on our internal system.
6. When an application is **approved**, approvals will be given to the CHS Finance department along with a business Requisition form by Medical Fee for service approval checks will be cut the following week and sent to the applying case manager **within 10 business days of the application approval**.
7. If an application is **incomplete**, program staff will correspond to 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**. Communication of denial will be sent via a secure envelope 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.
8. When an application is **denied**, communication via a secure envelope 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.
9. **EFA program staff** will notify the case manager as to whether application was approved, pending or denied via a secure envelope.
10. The Case Manager should inform the client that the EFA Medical Fee for Service application was approved, denied or in pending status.

Checks will be made out directly to the vendor. The memo line will include the account number and the client's CAREWare URN. 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 payee noted on the request 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 for CHS to send copies of the original check. Case Managers may contact [acctspayable@chshartford.org](mailto:acctspayable@chshartford.org) to request a copy of check stub for their reference.

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 William Morales at 860-808-8766 or Nitza Agosto, HIV Program Manager at 860-808 8749. Failure to adhere to this policy will disqualify a case manager from submitting future applications to CHS.