

# **Advancing Connecticut Together, Inc.**



## **Accessing Ryan White 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
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### Purpose of Funds

The Client Assistance Fund is a set of financial assistance services funded by the City of Hartford's and the CT Department of Public Health's Ryan White Programs. 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 living in Hartford RWA Transitional Grant Area (TGA) or RWB Region 3 made up of Hartford, Tolland, and Middlesex counties.

Ryan White funds are the payer of last resort. As instructed by the funders, 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.

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. Caps on charges listed in this document are subject to change per funder and contractual obligations and all requests are considered on the basis of the availability of funds. These emergency needs can include utilities 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 the availability of TGA/DPH funding appropriations. All applications for assistance will be considered on a first come first serve basis and considered on the basis of a completed application rather than the application date. If funds are expended in a particular category while an application is in pending status, the application will be canceled.

### Case Manager Partnership

Case managers are crucial to the success of the Client Assistance Funds Program. It is important for case managers to provide ongoing support to their clients, helping them access suitable entitlement programs, subsidized and affordable housing programs, as well as utility and food assistance. Case managers should also provide budgeting assistance when necessary, in order to ensure self-sufficiency and success of their clients.

Complete, and accurate submission of client documentation will allow ACT to process applications and administer assistance in a timely manner. The fax cover sheet/checklist should provide you and your supervisors with another tool to ensure completeness of (see CAF Request Forms section on our website for the fax cover sheet/checklist). We strongly encourage you to reference the cover sheet when submitting applications.

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 the Client and Housing Assistance Funds Coordinator, [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org), or 860.247.2434 X 379.

## **Service Categories**

### **Emergency Financial Assistance Services**

#### **1. Emergency Medication Assistance (\$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.

**Part A** - This may include new prescriptions, refills of medications, vitamins, supplements, or over-the-counter medications **prescribed** by a physician.

A list of approved pharmacies is included at the beginning of the **FORMS** section. Additional pharmacies can be added as needed. Please contact the Client and Housing Assistance Funds Coordinator: [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org) or (860)247-2437 x 379 to discuss adding pharmacies that are not listed as a partner.

#### **2. Utilities (\$1,000 cap per client per contract year) Part A & B**

These funds are to be used for **emergency assistance** to pay for electricity, electric heat, heating oil, gas payments and water, and **basic** phone service. ***Cable TV and bundled package bills are not eligible for assistance.*** Case managers must document clients' established payment plans in an effort to avoid future 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 or has a past due balance. Clients who apply for Ryan White 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 or CT Money School, a program of the CT Association of Human Services (CAHS) [https://www.cahs.org/ct\\_money\\_school](https://www.cahs.org/ct_money_school).

**Bills with backup 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 or a name of an affected household member who is considered part of the client’s household. HRSA regulations specify that eligibility is considered on a household basis. Therefore, we can only assist one eligible household member per year, even if there are two Ryan White eligible individuals living in the residence.**

***Consumers must apply for any available utility emergency assistance programs.***

Region/County	Organization	Address	Phone #
Greater Hartford	CRT	395 Wethersfield Ave Hartford, CT	860-560-5800
Central CT	HRA of New Britain	336 Arch St. New Britain, CT	860-225-1084
Greater Middletown	CRT	395 Wethersfield Ave Hartford, CT	860-560-5800
Tolland	Access: Community Access Agency	1315 Main St. Ste 2 Willimantic, CT	860-450-7400
CT Residents	Operation Fuel	75 Charter Oak Ave #2-240 Hartford, CT	860-243-2345

**Electricity Payments** - The case manager should call Eversource and arrange to have the client placed on the NU-START program. Case managers are also asked to work with the client and Eversource to arrange appropriate payment plans to pay any arrearage. This fund will pay for the Good Faith payment required by the utility company.

**Electric Heat and Oil Payments** - Case managers should refer clients to the Community Renewal Team's (CRT) Energy Assistance Program (Greater Hartford), HRA of New Britain and to 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.

**Water** - Case managers should refer clients to the Community Renewal Team's (CRT) Energy Assistance Program.

**Phone** - For clients who do not have landline 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.

### **3. Food Voucher Program ( \$160.00 cap per client per contract year) Part A & B**

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 or B eligible clients is eligible to participate in the Food Voucher program. Please apply in \$40 increments for gift cards to Stop and Shop. The cap **may** be increased or decreased over the course of the contract period.

**Case managers must come to ACT to pick up food vouchers (email [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org)).** Case managers will receive an email from ACT letting them know that Food Vouchers and/or Bus Passes are ready. The approval letter does NOT mean that a case manager can come to pick them up. Case managers can call the office to make arrangements to pick up Food Vouchers 860-247-2437. Alternate arrangements such as drop-offs can be arranged. Please contact the Director of Community Resources at ext. 316. **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.**

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.). A complete listing of food distribution centers and helpful resources can be found on CT Foodshare's website:

<https://www.ctfoodshare.org/find-help/>

**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 and recurring emergencies.

## **Non-Emergency Financial Assistance Services**

### **1. Health Insurance Premium and Cost Sharing Assistance (HIPCSA) (\$1,200 cap per client per contract year) Part A only**

HIPCSA funds provide assistance to clients in paying for health insurance premiums, and co-pays for medications and medical bills after insurance. HIPCSA includes payments for medical bills toward deductibles. A detailed invoice is required that clearly documents what was charged, insurance paid, and what the client's copay is. Clients who receive tax reimbursement payments for insurance payments through the Affordable Care Act are required to reimburse Ryan White for Insurance Deductibles. Please contact the Client and Housing Assistance Funds Coordinator [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org) for more information on how to submit payments.

### **2. Transportation Part A**

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. For clients requiring cab service or for those who do not live on a bus line, please refer to our Uber policy.

Clients who are on **Medicaid are not eligible** for this Ryan White assistance for medical transportation. Medicaid has contracted with **Veyo** for non-emergency medical transportation in the Greater Hartford area, therefore, recipients of Medicaid living within the Hartford TGA must contact **Veyo @ 866.478.7350** 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 a delivery 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 **Veyo** to **determine eligibility for your client before** submitting your request for transportation assistance to ACT. Medicaid clients may access the Ryan White A Transportation Program for social service appointments (e.g., appointments with a case manager, meals at Wellness Centers or community-based recovery support groups).

**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 strictly 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 will receive an email from ACT letting them know when vouchers are ready for pick up. The approval letter does NOT mean that a case manager can come to pick them up.** Case Managers can contact ACT at 860-247-2437 to arrange a time to pick up the bus passes. Please contact [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org) and speak with the Client and Housing Assistance Funds coordinator to make alternative arrangements for drop off if necessary.

## **Ryan White Eligibility Requirements**

1. Documentation of HIV status, including CD4/VL done within the past year.
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. For RWB funds: Clients who are residing in Region 3. (Hartford/Middlesex/Tolland counties).
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).

### **Required Client Eligibility Documentation:**

1. ACT fax checklist/cover page
2. INTERNAL CAREWare referral
3. Ryan White Intake form OR CAREWare Demographic report
4. Ryan White Eligibility worksheet

5. Household income verification (e.g., Current year’s DSS award, SSD/SSI, **one month of consecutive, recent pay stubs [two biweekly pay stubs, or four consecutive weekly pay stubs for housing requests]**, notarized letter documenting other income, zero income affidavit, etc.) (annually)
6. Release of Information to ACT/RW Network
7. Signed ACT Bill of Rights (once ever)
8. Signed RW Consent Agreement
9. Signed ACT agency CAREWare Consent Agreement
10. Documentation of HIV status, including CD4/VL done within the past year
11. Supporting documentation (e.g., itemized bill)
12. Signature of Case Manager and Supervisor
13. Request form(s)

All documents are available on our website: <https://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, etc. For clients who have experienced chronic homelessness, multiple evictions, or who are experiencing difficulty managing finances due to mental health, cognitive issues, or substance use, case managers may consider a **referral to ACT’s Housing Support Services** for budgeting/representative payee program. Contact 860.549.1728 for more information.

### **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 in Region 3. 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/HAF staff will make the determination of what funds can and will be used.

## ACT Determination Process

1. Case managers must submit completed applications via our secure fax to **860.761.6711** and **send a CAREWare referral. Under no circumstances should any client information be emailed to CAF unless you are able to send an encrypted email. Our fax is secure whereas email is not.**
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 annually. Documentation that assistance is needed to obtain medical care can be substituted, however, the case manager is responsible for providing the assistance when it becomes available or further assistance requests will be placed in pending status.**
  - 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)
  - b. Please use the fillable PDFs located on our website and refrain from handwriting the requests.
3. **CAF/HAF Staff** will check the fax folder daily, and upon receipt, will date and document all applications on our tracking spreadsheet.
4. **CAF/HAF Staff** will review applications on an ongoing basis for completeness. Medication and transportation requests will be reviewed daily and prioritized.
5. When an application is **approved**, approvals will be given to Finance, and checks will be cut within ten business days of receipt of a completed application. .
6. If an application is **incomplete**, CAF/HAF staff will email the person(s) identified by the applying agency (the case manager and their supervisor) **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 ten business days. Failure to do so will result in a denial. If a request is denied, Case Managers may re-apply at any time.

7. When an application is **denied**, an email will be sent to the applying case manager/service provider and their supervisor 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 request to ACT.
  - a. If the client's Ryan White eligibility and all paperwork 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 **within 10 business days** of the approval so ACT can pay the pharmacy for the medications. **Failure to do so 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 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/e2Connecticut 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. If there are issues with payments, please contact [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org) so that the request can be researched. In applicable instances, a check number, date check was mailed and or cashed can be provided.

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, Director of Community Resources, 860.247.2437 x 316. 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  
Ph: 860-522-9289  
Fax: 860-231-7007

### **Community Walgreens**

100 Retreat Ave Suite 105  
Hartford, CT 06106  
Ph: 860-595-1813  
Fax: 860-595-1852

### **St. Francis Pharmacy #1**

100 Woodland Street  
Hartford, CT  
Ph: 860-527-2800  
Fax: 860-527-1381

### **Beacon**

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