

Instructions for Completing a CAREAssist Application

CAREAssist is for HIV-positive Oregonians with gross monthly income at or below 200% (at enrollment for group I) and 300% (at enrollment for Group III) of the Federal Poverty Level (FPL). CAREAssist helps pay for the following:

1. Prescription Drugs

For those **with** health insurance that pays 50% or more for prescription drugs, CAREAssist pays the deductibles, co-payments, or both for any prescription drug. For those **without** prescription drug coverage through health insurance (or health insurance that pays less than 50% for prescription drugs) CAREAssist can pay for 100% for any prescription drug, up to a 90-day supply, while we assist you in obtaining health insurance. We are unable to cover co-payments for those on the Oregon Health Plan.

2. Insurance Premiums

CAREAssist helps pay for health insurance premiums, including: COBRA continuation policies, group policies, individual policies, Oregon Medical Insurance Pool (OMIP) policies, or Medicare Supplement Policies (MSP) with an acceptable prescription benefit. If you have the Oregon Health Plan (OHP), we can help with premiums as part of CAREAssist Group II services.

3. Deductibles and Co-Payments on Medical (Non-Drug) Services

If your health insurance leaves you with deductibles and co-payments, CAREAssist can help with many of these. This benefit has an annual maximum, and is subject to availability of funds. It will be explained in greater detail once you are enrolled in the program.

CAREAssist verifies that you are **HIV positive, live in Oregon, and meet program eligibility based on the Federal Poverty Level guidelines**. CAREAssist has a responsibility to be coverage of “last resort” and to be cost effective. That may mean we help identify your most cost-effective insurance option and require that you use it. (Examples include the Oregon Health Plan and Oregon Medical Insurance Pool.)

Note to all applicants:

You must complete the entire application. If you do not, it will be returned to you to fill in the missing information. This means your enrollment WILL BE substantially delayed. If there is a waiting list at the time of your incomplete application, you will not be placed on the waiting list until complete information is received. If you need help completing this application, please talk to your HIV Case Manager.

Note to those needing help paying for insurance: The information requested in Parts 7-11 is needed before we can pay for your insurance. Please understand that from the time we get this requested information, it will take up to two (2) weeks or more to put a check in the mail. Add time for mailing and processing time by your insurance administrator. If you expect your policy will be cancelled before the administrator gets and processes our check, please make payment yourself to avoid termination of your policy. We cannot reimburse you for this expense.

Part 1: Applicant Information

Social Security Number - Please list it, **if** you have one.

Preferred Language - What language do you prefer to speak?

Part 2: Address Information

Home Address - The home address is where you physically live, sleep at night, etc. If you are homeless, do not complete this.

Mailing Address - **Everyone must give us a mailing address**, even if you are homeless. Your mailing address may be the same as your home address. If you are homeless, ask if you can use a case manager's or a health care provider's address. Whichever address you use, be sure to advise that person that they will be getting mail for you. In all cases, **you are responsible for timely replies to our mailed requests.** (In other words, check in regularly for your mail.)

Note: We must always have up-to-date contact information; at least, a correct mailing address and (if you have one) a phone number. Sometimes we need to reach clients quickly, and if we cannot, your service may be interrupted or cancelled. (Typically, urgent matters include overdue eligibility renewals, changes in premium rates, and termination of insurance.)

Part 3: Phone Information

You are asked if we may **"leave a detailed message at home."** We keep your HIV status confidential. May we leave a detailed message at home without breaking your confidentiality?

You are asked if we may **"call you at work"** – If so, know that we identify ourselves only by the staff member's name and phone number. We keep your HIV status confidential. Do not complete this part if you do not work, are not allowed to get personal phone calls at work, don't have a work phone, or don't want to get phone calls from us at work.

Part 5: HIV Case Manager

Case managers are professionals who help HIV-positive clients. They may help you apply for assistance programs, get insurance, help arrange housing, help complete paperwork to get disability income, get Ryan White Emergency funds. If you do not already have a case manager, we **strongly** urge you to get one.

Part 6a: Financial Information - Income

You are financially eligible **for Group I** if you have up to 200% of the federal poverty level (FPL) in gross monthly income. We evaluate your income *before any taxes are deducted*.

Please see the table for those income limits:

If your family size is:	At 200%, you can have monthly income up to:	At 300%, you can have monthly income up to:
1	\$1,702	\$2,553
2	\$2,282	\$3,423
3	\$2,862	\$4,293
4	\$3,442	\$5,163
5	\$4,022	\$6,033
6	\$4,602	\$6,903

These limits are in effect through **February 29, 2008**.

Note: If your income is between 200 and 300% of the FPL, you may be eligible as a Group III client. The benefits for the Group III clients have some limits, and include other restrictions. Coverage for Group III may be terminated with a 60-day notice.

Important Note on Family Size: We use the same criteria as the Oregon Health Plan to define family. A family of two or more is a group of persons related by birth, marriage, or adoption/legal guardianship who live together. Going by the OHP guidelines, here are some examples of how to count household members:

- If you have a life partner or roommate (and no children in common), you have a household **one**.
- If you have a child by and live with the child's other biological parent, you have a family of **three**.
- If you have only your children living with you, you have a household of that many **children plus yourself**. (For purposes of verification we may require that child or those children are counted as a deduction on a federal income tax return.)
- A husband and wife who live together are a family of **two**.
- If you claim as a dependent a person outside the definitions discussed here, you must provide proof that person is legally adopted or that you have legal guardianship of that person. All dependents claimed must appear on the client's most recent federal and state income tax returns.

For each family member/dependent and for each income source, you must include proof of your income with the application. If you are unclear about what to send us, please call. We reserve the right to request more proof of your earnings to help insure we have a clear picture of your income. So, including too much proof is better than too little to avoid delays while we wait for the additional paperwork. You may be sending us some proof that shows you were recently over our income limit. (For instance, your last year's tax return shows you over-income, but you changed jobs this year and now are well within our limits.) We strictly follow our income guidelines. However, we will interpret income as favorably as we can. In that case, include a note of explanation at the end of Part 6.

You must **include a copy of the most recent year's federal tax return, if you file.**

If you get Social Security Disability, include a copy of this year's Social Security award letter.

Self-employed Applicants Only - The way we determine income for applicants who are self-employed mirrors that of the Oregon Health Plan. The sum of your gross income will be divided by the number of months involved. That figure will be halved. Thus, your gross monthly income can be no more than double our limit. If you have questions about this please feel free to call us. Once a year, your proof of income must include a copy of your federal tax return and it **must include a copy of your Schedule C.**

Part 6b: Financial Information – Assets: The limit for assets for CAREAssist clients is \$10,000 for all clients not income-eligible for the OHP. If you are income-eligible for OHP, then our asset limit matches that of OHP - \$2,000 for a one-person household, \$3,000 for a family. If you are over your asset limit, you **must spend or dispose of those disqualifying assets before applying to the program.**

The following are **exempted, that is, not counted as assets:**

- One house (owned or buying).
- One vehicle (owned or buying). A client may have one car registered in his or her name.
- Tax-deferred retirement accounts.

The following **are counted as assets:**

- Liquid assets, including savings and other bank accounts.
- All real estate holdings other than one house (owned or buying). This includes vacation homes, rental property, and business property.
- All investments at the reasonable market value for those holdings (for example: stocks, bonds, securities, etc.).
- All limited partnerships, expense reimbursements, compensations to expense accounts as officers or employees of a corporation.

Part 6c: Affidavit of Zero Income: If you have no income, you **must** complete the Affidavit of Zero Income section.

Part 7: Health Insurance

This section assesses if you have health insurance.

Part 8: Health Insurance Type

This section assesses the type of health insurance you have. It helps us get the details needed to plan how to best help you. Remember, we can pay for all or part of most health insurance policies. This includes employer plans, the Oregon Medical Insurance Pool (OMIP), and COBRA policies, to name a few. (COBRA is a continuation of employer insurance offered to employees leaving their employment.) Clients with the Oregon Health Plan are eligible for Group II benefits, which includes help with paying monthly premiums.

Part 9: Financial Assistance for Health Insurance Premiums

If you need help paying for health insurance premiums, **this section lists the information we must have** to pay your bills. This section **MUST BE** filled out completely. Any missing information will result in your application being returned to you to be finished. This will delay the time it takes us to accept your application and start making payments for you.

Part 10: Additional Household Members

If your health insurance policy covers other household members, list them here.

Part 11: Health Insurance Policy Information

These questions help us pay for your insurance and coordinate other assistance (including your need for help with prescriptions or prescription co-pays).

Part 12: Prescription Drug Coverage

This section helps us figure out how to help clients get their prescription drugs. If you need help paying for prescription drugs and you have health insurance, you **must include your insurance plan's "Summary of Benefits."** It is a brief listing or outline of what **insurance** will pay for your medical services and what deductibles, and co-pays, or coinsurance you must pay. **If you have insurance and need CAREAssist to pay for your premiums or your out-of-pocket drug costs, we must have this. Failure to include this in your application will result in the application returned to you.**

Part 13 Health Care Provider(s)

List your primary health care provider. This is the physician, doctor, nurse practitioner you see for your general health care. It may also be the person you see for your HIV specialty care.

List your HIV specialist, if you have one.

Part 14: Laboratory Test Results

List your latest laboratory results. This helps tell us how the assistance we give affects our clients' lab results.

Part 15: Authorization

This section **must** be completed. Please read, sign, and date the top section of the authorization. Your health care provider must sign the bottom.

Part 16: Checklist

The more complete your application, the faster we can process it. Enrollment occurs within one week of receipt of a **complete** application. That is we are able to pay for your eligible health related expenses. **Please** read the checklist to confirm that you have included all the needed back-up paperwork

Part 17: HIV/AIDS Confirmation Form

We must have this. Be sure to complete the top part of the form. **Your health care provider must complete the lower part of the form.** You can either get the completed form from your provider and attach it to your application, or ask your health care provider to send Part 17 directly to us. **Please note:** on the back of Part 17 you and your health care provider can list the medications you are currently taking. While it is very important to take your medications as directed, we currently have a waiting list and we may not be able to enroll you by the time your medications run out. If we know what you are taking and how much you have, it will help us direct you patient assistance programs through the drug manufacturers. They may be able to provide the medications until you are enrolled.