

FY 2019 How to Best Meet the Need

**Special Workgroup #2
12:30 p.m., Monday April 16, 2018**

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**Service Category Definition - DSHS State Services - Rebate (SS-R)
September 1, 2017 - August 31, 2018**

Local Service Category:	Clinic-Based ADAP Enrollment Service Linkage Worker
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions (TRG Only):	Maximum 10% of budget for Administrative Cost. No direct medical costs may be billed to this grant.
DSHS Service Category Definition:	Direct a client to a service in person or through telephone, written, or other types of communication, including management of such services where they are not provided as part of Ambulatory Outpatient Medical Care or Case Management Services.
Local Service Category Definition:	<p>AIDS Drug Assistance Program (ADAP) Enrollment Service Linkage Workers (SLWs) are co-located at Ryan-White funded clinics to ensure the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP). ADAP enrollment SLWs will meet with all potential new ADAP enrollees, explain ADAP program benefits and requirements, and assist clients with the submission of complete, accurate ADAP applications. ADAP Enrollment SLWs will submit annual recertifications by the last day of the client's birth month and semi-annual Attestations six months later to ensure there is no the lapse in ADAP eligibility and loss of benefits. Other responsibilities will include:</p> <ul style="list-style-type: none"> • Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible; • Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible; <p>ADAP Enrollment workers must maintain relationships with the Ryan White ADAP Network (RWAN).</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV in the Houston HDSA in need of medications through the Texas HIV Medication Program
Services to be Provided:	Services include but are not limited to completion of ADAP applications/six-month attestations/recertifications, gathering of supporting documentation for ADAP applications/six-month attestations/recertifications, submission of ADAP applications/six-month attestations/recertifications, and interactions with clients as part of the ADAP application process.
Service Unit Definition(s) (TRG Only):	One unit of service is defined as 15 minutes of direct client services or coordination of application process on behalf of client.
Financial Eligibility:	Income at or below 300% of Federal Poverty Guidelines
Client Eligibility:	People living with HIV in the Houston HDSA
Agency Requirements (TRG Only):	Agency must be funded for Outpatient Ambulatory Medical Care bundled service category under Ryan White Part A/B/DSHS SS.
Staff Requirements:	Not Applicable.
Special Requirements (TRG Only):	The agency must comply with the DSHS Referral to Healthcare Standards of Care . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.

FY 2019 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/14/18
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/07/18
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/15/18
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMN Workgroup		Date: 04/16/18
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		



ADAP 2018 UPDATE

Background

The Houston HIV Services Delivery Area (HSDA) has the most People living with HIV/AIDS in Texas that are consumers of the AIDS Drugs Assistance Program (ADAP).

One barrier that has been identified within the Houston HSDA is the lack of linkage and retention of consumers within the Texas HIV Medication Assistance Program (THMP). Although many organizations were standing in line to help, due to lack of structure and no processes or training, many clients experience lapse in program benefits or was never successfully linked onto the program.

Overview

In January 2017, The Houston Regional HIV/AIDS Resource Group (TRG) Liaison took on the role of monitoring, implementing, and providing technical assistance for providers within the Eastern Texas region. TRG began monitoring the Rural HSDA (7 Funded agencies) as well as the Houston HSDA (7 Non-Funded agencies)

The areas of monitoring included:

- *Applications for New Enrollments and Annual Recertifications;
- *Six-Month Attestation;
- *Ten-day submission; and
- *Lapse in program benefits;

Monitoring Review 1

Year 2017, for the months of January, February, March, and April roughly 950 applications were received from the Houston HSDA. These applications included both New enrollments and Annual Recertifications. Data concluded that 58% of these applications were completed upon initial submission. Of those applications that were submitted, 52% of the applications were submitted within ten business days of initial contact with the client. Within six months of the client being on the program only 10 % of six month self-attestation were complete which contributed to 63% of applications documented as lapsed in program benefits.

What were the Challenges?

While conducting site visits, TRG identified the following challenges within the Houston HSDA agencies:

- There was no official ADAP review or submission process internally at agencies;

- A multitude of staff in various positions were responsible for completing, reviewing, and submitting applications; (One agency had 17 different staff members processing applications.)
- No follow-up on applications were conducted until client experienced lapse of program benefits;
- No structure or training was provided to staff who completed ADAP applications;

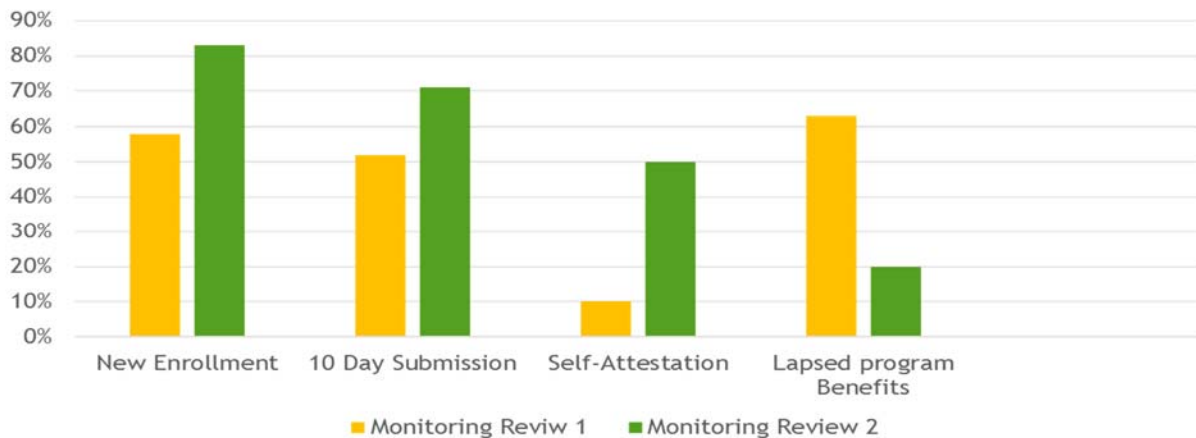
What was Done?

After site visits were conducted and barriers were identified, TRG began to identify an ADAP point of contacts at agencies within the Houston HSDA while also establishing a Memorandum of Understanding. The Department of State Health Services (DSHS) and TRG also conducted multiple ADAP trainings and meetings with agencies who identified a point of contact to create the Ryan White ADAP Network (RWAN). During these trainings and meetings Technical Assistance and Updates were provided to assist agencies with bettering their ADAP processes. In implementing the ADAP processes, TRG performed monthly site visits and monitoring in efforts to capture the agency’s strengths and weaknesses. By identifying these indicators, it allowed TRG to provide and personalize recommendations and work one on one with agencies administrative and direct service staff.

Monitoring Review 2

Data concludes that for months of August, September, October, and November the Houston HSDA area processed 1,100 applications. Overall, 83% of New Enrollments and Recertifications were completed and processed, reflecting a 25% progression. There was a 19% progress of applications that were submitted within ten business days of initial contact with the client and 50% of Self-Attestations were identified complete and processed. Clients who lapsed Program Benefits decreased by 43% which showed an all-time low of only 20% of clients lapsing.

Monitoring Review 1 Versus Monitoring Review 2



Current Outcomes

While having access to resources such as identifying a point of contact, providing trainings, hiring an ADAP Enrollment Worker, continuous technical assistance and monitoring; the Houston HSDA has demonstrated progression related to indicators that correlate with the AIDS Drug Assistance Program. Currently agencies are submitting 83% of completed new enrollment applications versus 58%. Previously, the Houston HSDA were only submitting 52% of their applications within 10 business days. Now 71% of the applications are being submitted within 10 business days which gives clients sooner access to the program and has a positive impact on Medication Adherence. As related to self-attestation, it was identified that agencies were not completing this process which resulted in THMP not having the most current information for clients. Currently 50% of self-attestations are being reported as complete compared to only 10% in the past. 63% of applications lapsed program benefits which affected the clients from getting access to medication. With the Houston HSDA increase in Application and Self Attestation being submitted complete and accurate upon initial submission, 43% additional clients have not had a lapse in their program benefits. With continuous support, the Houston HSDA will be able to achieve the program goals by ensuring at least 95% of new enrollments are not only accepted but are submitted within 10 business days. Each agency and their AEW will be accountable to demonstrate a minimum of 95% of eligibility recertifications and six month self-attestations are completed on or before the lapse of THMP benefits.

Overall Ranking of Barriers Types Experienced by Consumers

For the first time in the Houston Area HIV Needs Assessment process, participants who reported *difficulty* accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Recursive abstraction was used to categorize participant descriptions into 39 distinct barriers. These barriers were then grouped together into 12 nodes, or barrier types.

(**Graph 3**) Overall, the barrier types reported most often related to service education and awareness issues (21% of all reported barriers); wait-related

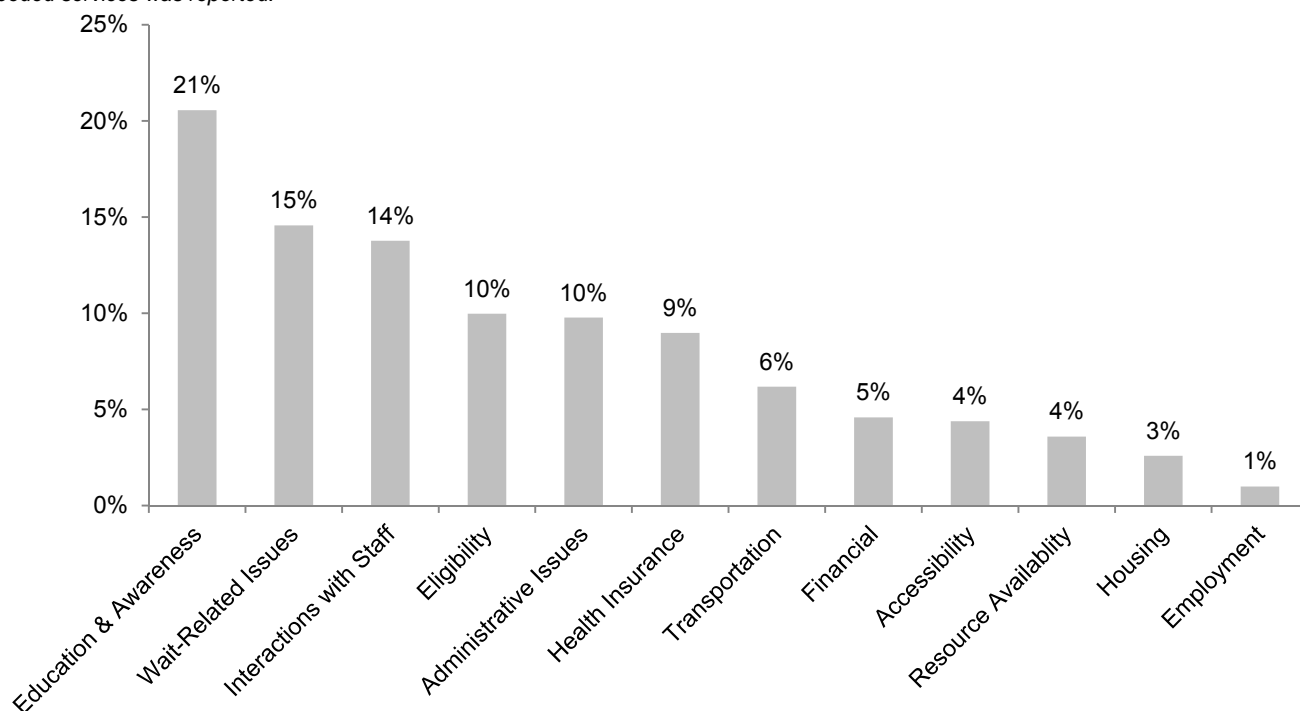
issues (15%); interactions with staff (14%); eligibility issues (10%); and administrative issues (10%).

Employment concerns were reported least often (1%). Due to the change in methodology for barrier assessment between the 2014 and 2016 HIV needs assessments, a comparison of the change in number of reports of barriers will not be available until the next HIV needs assessment.

For more information on barrier types reported most often by service category, please see the Service-Specific Fact Sheets.

GRAPH 3-Ranking of Types of Barriers to HIV Services in the Houston Area, 2016

Definition: Percent of times each barrier type was reported by needs assessment participants, regardless of service, when difficulty accessing needed services was reported.



Descriptions of Barriers Encountered

All funded services were reported to have barriers, with an average of 33 reports of barriers per service. Participants reported the least barriers for Hospice (two barriers) and the most barriers for Oral Health Care (86 barriers). In total, 525 reports of barriers across all services were indicated in the sample.

(Table 1) Within education and awareness, knowledge of the availability of the service and where to go to access the service accounted for 82% barriers reported. Being put on a waitlist accounted for a majority (66%) of wait-related issues barriers. Poor communication and/or follow up from staff members when contacting participants comprised a majority (51%) of barriers related to staff interactions. Almost all (86%) of eligibility barriers related to participants being told they did not meet eligibility requirements to receive the service or difficulty obtaining the required documentation to establish eligibility. Among administrative issues, long or complex processes required to obtain services sufficient to create a burden to access comprised most (59%) the barriers reported.

Most (84%) of health insurance-related barriers occurred because the participant was uninsured or underinsured and experiencing coverage gaps for needed services or medications. The largest proportion (81%) of transportation-related barriers occurred when participants had no access to transportation. It is notable that multiple participants reported losing bus cards and the difficulty of replacing the cards presented a barrier to accessing other services. Inability to afford the service accounted for all barriers relating to participant financial resources. The service being offered at a distance that was inaccessible to participants or being recently released from incarceration accounted for most (77%) of accessibility-related barriers, though it is worth note that low or no literacy accounted for 14% of accessibility-related barriers. Receiving resources that were insufficient to meet participant needs accounted for most resource availability barriers. Homelessness accounted for virtually all housing-related barriers. Instances in which the participant's employer did not provide sufficient sick/wellness leave for attend appointments comprised most (60%) employment-related barriers.

TABLE 1-Barrier Proportions within Each Barrier Type, 2016

Education & Awareness	%	Wait-Related Issues	%	Interactions with Staff	%
Availability (Didn't know the service was available)	50%	Waitlist (Put on a waitlist)	66%	Communication (Poor correspondence/ Follow up from staff)	51%
Definition (Didn't know what service entails)	7%	Unavailable (Waitlist full/not available resulting in client not being placed on waitlist)	15%	Poor Treatment (Staff insensitive to clients)	17%
Location (Didn't know where to go [location or location w/in agency])	32%	Wait at Appointment (Appointment visits take long)	7%	Resistance (Staff refusal/ resistance to assist clients)	13%
Contact (Didn't know who to contact for service)	11%	Approval (Long durations between application and approval)	12%	Staff Knowledge (Staff has no/ limited knowledge of service)	7%
				Referral (Received service referral to provider that did not meet client needs)	17%
Eligibility	%	Administrative Issues	%	Health Insurance	%
Ineligible (Did not meet eligibility requirements)	48%	Staff Changes (Change in staff w/o notice)	12%	Uninsured (Client has no insurance)	53%
Eligibility Process (Redundant process for renewing eligibility)	16%	Understaffing (Shortage of staff)	2%	Coverage Gaps (Certain services/medications not covered)	31%
Documentation (Problems obtaining documentation needed for eligibility)	38%	Service Change (Change in service w/o notice)	10%	Locating Provider (Difficulty locating provider that takes insurance)	13%
		Complex Process (Burden of long complex process for accessing services)	59%	ACA (Problems with ACA enrollment process)	17%
		Dismissal (Client dismissal from agency)	4%		
		Hours (Problem with agency hours of operation)	16%		
Transportation		Financial	%	Accessibility	%
No Transportation (No or limited transportation options)	81%	Financial Resources (Could not afford service)	100%	Literacy (Cannot read/difficulty reading)	14%
Providers (Problems with special transportation providers such as Metrolift or Medicaid transportation)	19%			Spanish Services (Services not made available in Spanish)	9%
				Released from Incarceration (Restricted from services due to probation, parole, or felon status)	32%
				Distance (Service not offered within accessible distance)	45%
Resource Availability	%	Housing	%	Employment	%
Insufficient (Resources offered insufficient for meeting need)	56%	Homeless (Client is without stable housing)	100%	Unemployed (Client is unemployed)	40%
Quality (Resource quality was poor)	44%	IPV (Interpersonal domestic issues make housing situation unsafe)	0%	Leave (Employer does not provide sick/wellness leave for appointments)	60%

ADAP Enrollment Factsheet

What is the difference between an incomplete application and an application with verification issues?

Factor	Incomplete application	Verification Issues
Income:	<p>The application does not provide proof of income for all sources listed in the application, or proof of income is not current.</p> <p>The application provides proof of income that is not accepted by THMP</p> <p>The application does not provide end date and name of last employer if unemployed.</p> <p>The application states the client is married, but does not include spouse's income or explanation of spouse's financial situation</p> <p>The application states the client has children living in the home, but does not list names and dates of birth.</p>	<p>Client does not provide proof of income for all wages reported to Texas Workforce Commission</p> <p>The client provides paystubs that do not match anything reported by Texas Workforce Commission wages.</p> <p>Texas Workforce Commission does not clearly show that former job ended, and that job or that job plus the new job would make the client over scale</p> <p>Client does not report spouse (and we don't have proof of spouse's income)</p> <p>Client is stating a marital status that is different from what THMP has on file or finds through verification, and does not explain why</p> <p>The client lists children in the application that it appears do not live in the home.</p>

Factor	Incomplete application	Verification Issues
Application Integrity Issues:	<p>Pages are missing</p> <p>The application is unsigned or the signature is more than 60 days old.</p> <p>Income Verification form or Supporter Statement, if required, are not signed by the employer or supporter or the signature is more than 60 days old.</p> <p>The application is for a new enrollment, and there is not a Medical Certification Form.</p> <p>There are unexplained blanks on the application.</p> <p>The application provides contradictory information throughout.</p>	N/A
Insurance:	The application indicates the client is insured or have Medicare Part D, but does not complete the SPAP/TIAP form.	The client does not report health insurance, but it is found during verification.

Factor	Incomplete application	Verification Issues
Residency	<p>The application does not include valid proof of residency</p> <p>The proof of residency provided is not accepted by the THMP</p> <p>The application provides an out of state or out of country mailing address, residential address, or employer address, and there is no explanation given.</p>	It appears the client may live in a different state or country.



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

ADAP Enrollment Worker Training

April 18-19, 2017
Austin, Texas

Hosted by
Texas Department of State Health Services
Texas HIV Medication Services



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Texas HIV Medication Program Contact Information

Mailing Address

**Texas Department of State Health Services
ATTN: MSJA - MC 1873
PO Box 149347, Austin, TX 78714-9347**

Phone Number

1-800-255-1090

Fax Number

512-533-3178

THMP Website

<https://www.dshs.texas.gov/hivstd/meds/>

Essential elements of the proposed ADAP Enrollment Worker (AEW) Position

Education:

- To be defined locally, but must have at minimum a high school degree or equivalency;

Experience:

- To be further defined locally, but must have documented experience (paid, internship and/or as a volunteer) working with Persons Living with HIV/AIDS or other chronic health conditions;
- To be further defined locally, but experience in performing intake/eligibility, referral/linkage and/or basic assessments of client needs preferred;

Skills:

- Must demonstrate proficiency in the use of PC-based word processing and data entry to ensure ADAP applications and re-certifications are completed accurately in a timely manner;
- Must demonstrate the ability to quickly establish rapport with clients in a respectful manner consistent with the health literacy, preferred language, and culture of prospective and current ADAP enrollees;
- Must demonstrate general knowledge of, or the ability to learn, health care insurance literacy (third party insurance and Affordable Care Act (ACA) Marketplace plans);
- Bilingual (English/Spanish) preferred;
 - AEWs working in care systems with a high prevalence of non-English speaking clients must be fluent in the preferred language of the high prevalence non-English speaking clients;

Training:

- Must complete all THMP ADAP training modules within 30 days of hire;
- Must complete all training required of Agency new hires, including any training required by TDSHS HIV Care Services Branch Standards of Care, within established timeframes;
- Must complete all annual or periodic training or re-certifications within established timeframes;
- AEWs who will also provide general Ryan White Program Intake/Eligibility services to prospective Agency clients must complete all applicable required training within established timeframes;

Duties:

- Meet with all potential new ADAP enrollees; explain ADAP program benefits and requirements; and assist clients with the submission of complete, accurate APAP applications;
 - Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible;
 - Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible;

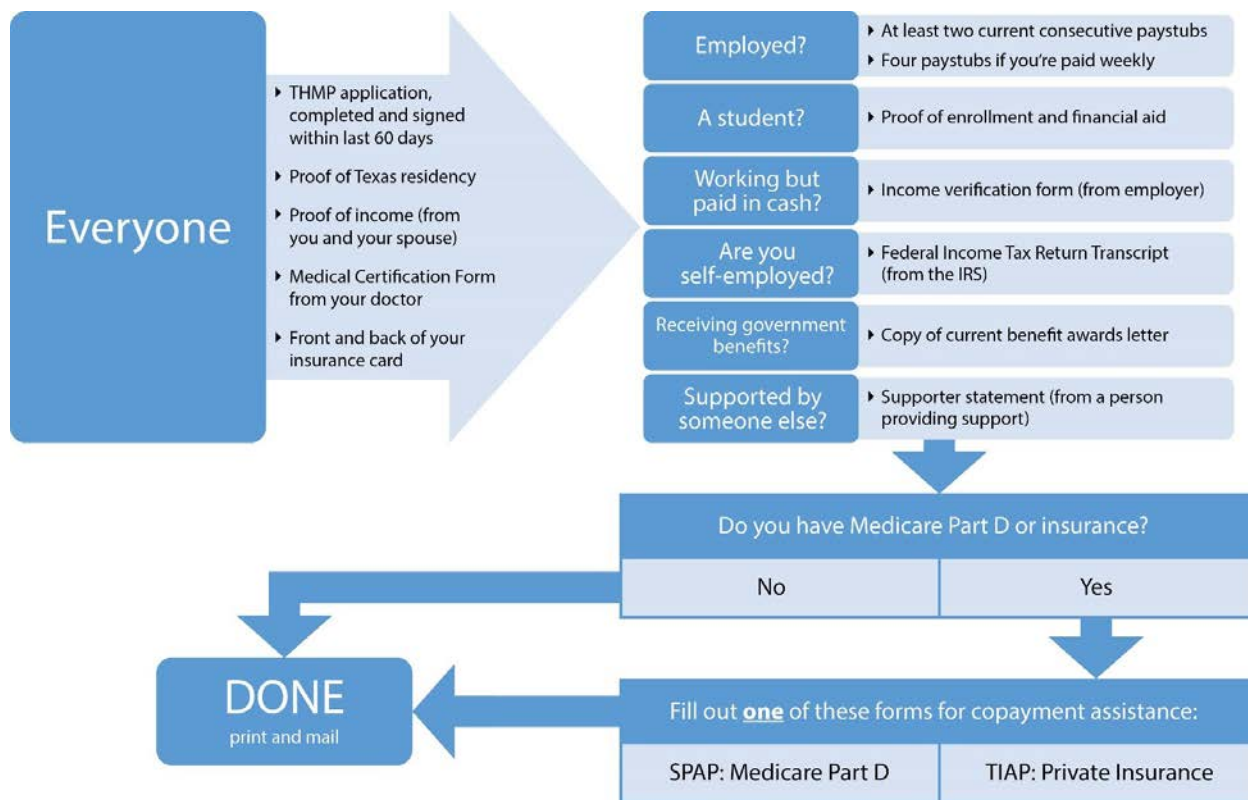
- Completed applications must undergo secondary review by a peer ADAP Enrollment Worker or Supervisor before submission. This peer or supervisor must meet all requirements of the ADAP Enrollment worker, including required training.
- Submit completed applications via the most efficient method available (e.g. the Public Health Information Network or PHIN), including ARIES, once the document upload capability is rolled out;
- Ensure annual re-certifications are submitted by the last day of the clients birth month and semi-annual Attestations are completed six months later to ensure there is no the lapse in ADAP eligibility and loss of benefits;
 - Proactively contact current ADAP enrollees 60-90 days prior to the enrollee's re-certification or attestation deadline to ensure all necessary documentation is gathered to complete the re-certification/attestation on or before the deadline;
- Must document per TDSHS and Agency requirements all activities performed on behalf of ADAP enrollees including re-certifications and attestations

Performance Measures:

- AEW will ensure:
 - $\geq 95\%$ of new enrollee ADAP applications are accepted by the THMP upon initial submission;
 - $\geq 95\%$ of new enrollee applications are submitted within ten (10) business days of initial contact with the client;
 - 100% of applications rejected or held by the THMP because of missing or inaccurate documentation are followed-up with the applicant within two (2) business days of notice from the THMP;
 - $\geq 95\%$ of ADAP eligibility Re-certifications and Attestations are completed on or before the lapse of ADAP program benefits
 - All efforts made on behalf of the applicant are documented in the appropriate file (e.g. medical record) within one (1) business day of occurrence;
- Agency will provide aggregated data regarding AEW performance measures to the TDSHS Care Services Group as directed;

Page 1: Is Your Application Complete?

Use this flow chart to help you and the client understand if the application is complete.



Page 2: Personal Information, Alternate Contacts, Jail Release

PERSONAL INFORMATION			
1. Last Name	First Name	Middle Name	Suffix (Jr., Sr., III)
2. Previous names (including maiden name, aliases, and name changes)			
3. Do you have a SSN? <input type="checkbox"/> No <input type="checkbox"/> Yes		Social Security Number:	Tax ID (only if you do not have a SSN):
4. Date of Birth:		5. Client's Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other:	
6a. Current Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Transgender: Male to Female <input type="checkbox"/> Transgender: Female to Male		6b. Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
6c. If applicable, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date:		7b. Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian (if Asian, please select subgroup) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander (please select subgroup) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> American Indian/Alaska Native	
7a. Ethnicity (check the one that best describes you) <input type="checkbox"/> Hispanic (if Hispanic, please select subgroup) <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino/a or Spanish origin <input type="checkbox"/> Non-Hispanic			
8. Residential Street Address – (No P.O. Boxes or Rural Routes)		Apartment Number	
City	State	Zip Code	
If you wish to have mail sent somewhere other than your residential address please provide an alternate mailing address:			
9. Mailing Address - (P.O. Boxes and Rural Routes accepted here)		Apartment Number	
City	State	Zip Code	
10. Home Phone Number (area code + number)		Work/Alternate Phone (area code + number)	
May we leave a voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we leave a voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are unavailable, are there any special instructions as to how we should leave a message for you?			

Personal Information

Make sure the client’s demographic information is complete.

- A. **Pay close attention to Dates of Birth, **Social Security numbers (SSN)**, and **Tax I.D. numbers (TIN)** as these boxes are often overlooked. The client should have checked one of the boxes or written “N/A” if the client doesn’t have a SSN or TIN.

Tip: If a client provides you with pay stubs that list the SSN (or the last 4 digits of a SSN), then THMP will require that SSN.

If a SSN was previously provided to THMP but not provided in the current application, then THMP will need to address this.

THMP cannot assume that a client does not have SSN/TIN numbers simply because the boxes are left blank. The application will go on **pending** status if this information is not provided.

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- B. The client should provide a **residential address** (*except for the homeless population-more on this later*). Clients will need to provide a different **mailing address** if they don't want THMP to send mail to their residence. However, a residential address must always be provided to help prove Texas residency.

THMP must have a way to contact clients or send important information that might affect the clients' eligibility and access to medication.

Examples of alternative mailing addresses:

- Address of a trusted friend/family member
- Address from homeless or rehabilitation shelter
- The social service agency/clinic if the social service agency/clinic accepts mail for clients.
- P.O. Box

THMP will not, under any circumstances, accept a P.O. Box or a business address (that leases out mail boxes to customers) as a residential address. Having a P.O. Box does not prove Texas residency.

THMP will not, under any circumstances, accept an Out of State address as residential or mailing address. The client will have to prove Texas residency and an Out of State address should alert you to ask about the client's residential location.

Homeless Population and Addresses

It is possible that a client's medications will be placed "on hold" if THMP needs the client to contact the program. Which is why THMP strongly encourages Enrollment Specialists to help homeless clients identify a mailing address THMP can use to contact them. Otherwise, Enrollment Specialists will have to directly warn them about the possibility of "dropping" from THMP or medications being placed "on hold". Enrollment Specialists should always call THMP directly if there is a change of address.

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- C. A client should provide THMP with a phone number. Pay special attention to the **voicemail options**. THMP will respect clients' requests to refrain from leaving voicemail messages, however, there will be times when THMP needs to contact clients with important information that may affect their access to medication.

Eligibility Enrollment Specialists will ensure clients understand that if THMP is restricted from leaving voicemail messages (or mailing information), clients will need to communicate with THMP often.

Voicemail from THMP

THMP will only leave a detailed message if the client indicates it's okay to leave a voicemail message and if THMP knows that phone number truly belongs to the client. However, THMP will not leave a voicemail message if they suspect the phone number no longer belongs to the client.

THMP Program Specialists are instructed to leave generic voicemail messages without stating they are calling from the Texas HIV Medication Program or THMP. Program Specialists will say they are calling from "the state" or from "the Department of State Health Services" or from "DSHS". THMP encourages Enrollment Specialists to let their clients know that THMP Program Specialists might leave a vague voicemail message.

Putting medications "on hold" usually alerts the client to call THMP. However, THMP prefers that the client stays in contact with the program and updates THMP with new contact information as needed. This will decrease the chances of an interruption in the clients' regimen.

Medications will be put "on hold" for any of the following reasons:

1. THMP correspondence sent to client was returned to THMP due to an "incorrect address" or "return to sender" label. This could mean the client is no longer a Texas resident.
2. Pending information for recertification has not been provided by the due date.

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3. HMS reports the client may have an active insurance policy. The medications will be dropped until the client can provide insurance information or proof of prior coverage.
4. Notification from the pharmacy or agency informing THMP that the client has moved out of state, their marital status has changed, or insurance information has changed.

Authorization for Release of Information

AUTHORIZATION OF RELEASE		
11. Agency Worker (if applicable): [Redacted]	Agency Worker Phone & Fax #: Direct Line: Fax:	Agency: [Redacted]
11b. Alternate contact: The following individual(s) may speak on my behalf regarding my application and program status. These individuals may be family members or friends.		
Name of Person	Relation to You	Phone Number
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Enrollment Specialist or Agency Worker Contact Information:

All Enrollment Specialists will need to include their information in box #11. They will be the point of contact if more information is needed. It is VERY IMPORTANT to include a fax number because that is how Enrollment Specialists will receive a THMP denial letter should a client be denied THMP assistance.

It is also very important for Enrollment Specialists to provide a direct number or an extension because they will be the point of contact. THMP Program Specialists might need to leave very specific information regarding the client's eligibility and they will need direct numbers or extensions to convey these important messages.

Clients are often confused about the relationship between the service provider and THMP or they haven't been made aware of what THMP is. This confusion or lack of information often leads clients to exhibit mistrust and withhold information when a THMP Program Specialist calls clients directly. Therefore, in order to reduce anxiety for the client, THMP Program Specialists will contact the Enrollment Specialists for pending information. The Enrollment Specialists should encourage their clients to call them directly before they call THMP.

Alternate Contact (optional for the client)

A client might identify a family member or friend who is aware of his/her HIV status and can provide information or relay messages to the client. The client can authorize THMP to speak with this trusted source by providing the name and contact information in section 11b.

This is optional, however, this is helpful when a client does not have a good mailing address or voicemail messaging available. This is also helpful when a client is unable to call THMP directly due to illness, incarceration, hospitalization, or other circumstances.

THMP will not release information to persons who are NOT listed in this section unless the client has a new service provider and the service provider.

Jail Applications

12. Have you recently been released or are you currently incarcerated in a jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility Name █	Correctional ID # █	Release Date █
Approximate Length of Incarceration: █		

(Revised 12/2016)

Page 2

THMP's Post-Incarceration Coordinator has been assigned to process all applications for clients who have been released from jail **less than** 6 months ago. Applications for clients who were released over 6 months ago will follow the regular THMP eligibility process.

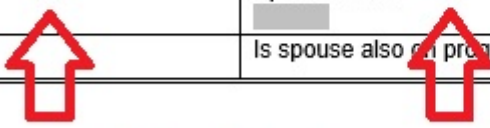
Make a Case

If you know your client was incarcerated, it can be helpful to share that information with THMP even if the release date was over 6 months ago. Knowing a client's release date can help THMP understand the client's situation.

For example, it is possible the client is not working or has not worked for a few months after the client's release date. If the client was incarcerated for many years, then the client may not have income information to provide or earnings reported to databases like the Texas Workforce Commission. Knowing this information can help a THMP Program Specialist decide if he/she needs to request a Tax Return Transcript or Proof of Non-Filing.

Page 3: Guardian Information, Marital Status, Household Information

IF UNDER 18 : GUARDIAN INFORMATION			
If you are <u>under the age of 18</u> list parent or guardian information. Your <u>parents</u> must complete the Income Section on the next page.			
A. <u>Name of Parent or Guardian</u> []		B. Name of Other Parent or Guardian (if applicable) []	
Social Security Number []	Date of Birth []	Social Security Number []	Date of Birth []
MARITAL STATUS			
13. What is your current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced, Date: [] Copy of divorce decree required for divorce filed as final for less than 6 months or as required by THMP. <input type="checkbox"/> Separated, Date: [] (explanation required) <input type="checkbox"/> Married/Common Law (provide spouse information below)		If you are separated, please explain your current legal situation. [] THMP will always require an explanation of marital status if client is separated	
14. Spouse Name: []		Spouse SSN: []	
Spouse Date of Birth: []		Is spouse also on program? <input type="checkbox"/> Yes <input type="checkbox"/> No	



 Spouse's information is required if the client has been separated for less than 6 months or if the client plans to separate/divorce but still lives with the spouse. Spouse's information may be required if THMP deems necessary.

Guardian Information if Client is Under 18 (EXPEDITE application. More on expedited applications later)

If clients under the age of 18 live with their parents, the parents' income information will be used to determine eligibility. The client's income information will not be calculated if the client is under 18, employed, and lives with his/her parents. THMP will not ask for the guardians' SSN or income information. THMP will only ask parents for this information.

If the client is under 18 but lives independently or with a guardian, the client's income information will be used to determine eligibility if the client is employed.

Marital Status

THMP follows the definition of Legal and Common Law Marriage as defined by the State of Texas.

If the client states that he/she is common law married or refers to his/her partner as a *spouse* **at any time**, even if they are not legally married, then

Texas HIV Medication Program Guide for Enrollment Specialists

THMP will consider this partnership a *marriage* until the client provides a written explanation regarding a separation or dissolving of partnership.

The spouse's income information (as well as the Household information on page 2) is needed to determine if the client meets the income guidelines for eligibility. **THMP will need the spouse's name, date of birth, Social Security number, and proof of income** in order to determine eligibility. ****Applications are often put on "pending" status because this section is overlooked and/or left incomplete.**

THMP understands that not all cases are alike. Therefore, THMP will review these applications on a case by case basis and request certain information according to the marital situation.

The following tips will help you determine if and when the spouse's information is needed:

1. Married/Common Law:

THMP will request the spouse's name, date of birth, Social Security number, and income information. *If the spouse (or client) has never worked or hasn't worked in years, that information will need to be included on the application.*

****THMP cannot assume that a spouse or client is not employed by leaving employment questions unanswered.**

THMP must know when and where the client AND spouse last worked if one or both are not currently employed.

2. Divorced:

The client will need to provide a copy of the divorce decree. THMP only requests to see the first page (which lists the names of the individuals) and the last page (which shows the signatures of the divorced individuals and the signature or official stamp of the judge or court). THMP will NOT request the name, date of birth, SSN, or income information of the ex-spouse if a copy of the decree is attached to the application.

THMP will not accept child support documentation as proof of divorce.

3. Separation:

If the client is separated, he/she will need to provide a brief statement explaining: 1) the duration of the separation, 2) if he/she continues to

receive financial support from the spouse during the separation, and 3) if the separation is temporary.

If the estranged spouse still provides financial support, THMP will need the estranged spouse's name, date of birth, Social Security Number, income information.

If the client is recently separated, it is possible that THMP will ask for the spouse's name, date of birth, Social Security Number, income information regardless of the situation. **Even if the estranged spouse doesn't provide financial support.** These will be reviewed on a case by case basis.

If the couple has filed for divorce, it will be helpful to submit any documentation that shows the start of that process.

4. **Separated and Lost Contact/Unable to Divorce/Deportation/Domestic Abuse:**

Separated and Lost Contact with Spouse

If a client states that he/she has been separated and has lost contact with the spouse, then THMP will not ask for the estranged spouse's information **as long as the situation is explained in the space provided (next to box #13) and as long as THMP doesn't find contradictory information.**

Unable to Divorce Due to Financial Constraints

If the couple has not been able to finalize a divorce due to financial constraints, then THMP will not ask for the estranged spouse's information **as long as the couple is not living in the same household and as long as the situation is explained in the space provided (next to box #13).** THMP might request proof that **they are not living in the same household** (i.e. an apartment leasing contract, a written note from the client, etc.).

Domestic Abuse

If the client states that he/she is afraid to ask the estranged spouse for income information due to domestic abuse, then THMP will not require that income information. However, the client or the Enrollment Specialist will have to provide a written explanation. The client will have to provide his/her own proof of income or support.

5. If the Spouse Lives in a Different State:

If the client is married but their spouse lives in a different state, THMP will still request the spouse's name, date of birth, SSN, and income information.

If the client and spouse are separated and the estranged spouse lives in a different state, THMP will request the estranged spouse's income information **if** the client's sole financial support comes from the estranged spouse. *THMP will only require a supporter statement if the estranged spouse lives in a different country.*

6. If the Client Applied for THMP Before:

Because a client may have already applied for THMP in the past, it is likely that THMP has the client listed as "married" and have the former spouse's information. If the client was once married and now identifies as single, then the client will need to provide proof of divorce or an explanation of separation. **THMP cannot assume that the client is divorced or separated even if he/she identifies as "single" on the current THMP application.**

This is also true for a client who states to have a new common law spouse. THMP needs documentation that shows the client is divorced from the person he/she told THMP he/she was once married to.

7. Paystubs or Tax Transcripts Indicate Client is Married:

Pay stubs or tax transcripts might indicate the client files as "married". It is possible that a client has not updated this information with his/her employer or with the IRS, **however, THMP cannot assume that.** The client will need to provide proof of divorce or an explanation of marital status if the client says he/she is no longer married but income information states otherwise.

It is *possible* that the client will have to provide proof that this information has been updated with his/her employer or with the IRS.

****THMP will not, under any circumstances, assume that the client is single, divorced, or separated if this section is left incomplete and if a written explanation is not provided.**

Household Information

HOUSEHOLD INFORMATION		
15. Including yourself, how many people live in your home? <input type="text" value="1"/>		
Complete the following table for your family. This only includes your <u>legal or common law spouse and children under 18 (including biological, adopted and step-children)</u> .		
Name	Age and Date of Birth (Birth Date Required for under 18)	Relationship
<input type="text" value="Write 'self' if the client is the only one in the household."/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
16. Do you receive HOPWA/Section 8 housing assistance/subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(if yes, include agency verification)</small>		
17. Is there anything else you would like to tell us about your living situation that could help clarify your application? For example, if you live with someone who supports you please explain your situation. Use this space to explain unique living situations. THMP can approve a client for assistance if unique living situations are made clear. Otherwise, the client can go on a "pending" status while THMP waits clarification or more information.		

This section should only include a spouse, biological, adopted, or step-children under the age of 18. The client is considered an adult at the age of 18.

If the client lives alone, the client should have written "1" for question 15 and "self" in the list of members.

THMP uses the Federal Poverty Income Guideline at 200% to determine eligibility (more on this in the *Income* section). The number of household members and the household income is what helps to determine if the client qualifies for the program. **Therefore, it is extremely important that this section is complete. The application will go on pending status if this section is left unanswered.**

*Make a Case: If the client is single and unemployed but lives with/supported by a friend, roommate, or family member, then it will be helpful to include the supporter in the list of household members. The supporter will **not** be required to submit income information unless the supporter is a spouse.*

THMP defines a “family” as:

- a. A single person living alone, with roommates, or living with others who do not meet the definition of “family”.
- b. A client and spouse (legal or common-law).
- c. A client as the single parent of biological, adopted, or step-children under the age of 18 living in the home. Must be custodial parent.
- d. A client, spouse, and biological, adopted, or step-children under the age of 18.

Dates of Birth must be provided. Adult children over the age of 18 will not be counted as part of the household even if they live in the home, if they are fully supported by parents, or if parents pay for their education.

THMP will not, under any circumstances, assume that the client lives alone if this section is not complete even if the client identifies as single in his/her marital status.

THMP cannot assume that children residing in the home are under the age of 18. Dates of birth MUST be provided. If dates of birth are not provided, then all children will be assumed to be over 18.

NOTES

Page 4: Income, Employment, and Benefits

***The client and spouse (legal or common law marriage) will also need to submit the following information even if the spouse is not applying for THMP.**

INCOME, EMPLOYMENT and BENEFITS	
18. How do you support yourself? Please check ALL that apply below:	
Required Documentation	
<input type="checkbox"/> I am employed <ul style="list-style-type: none"> • Include 2 current, consecutive pay stubs. If paid weekly, submit 4 consecutive pay stubs. (For you AND your spouse.) <p><u>Do you work but you're paid in cash?</u></p> <ul style="list-style-type: none"> • Have your employer complete the Income Verification Form (Page 8). You may be required to submit a Tax Return Transcript or Proof of Non-filing and/or bank statements. . (For you AND your spouse.) <p><u>Do you have more than one job?</u></p> <ul style="list-style-type: none"> • Include 2 current, consecutive pay stubs for each job. If paid weekly, submit 4 consecutive pay stubs for each job. You may be required to submit a Tax Return Transcript or Proof of Non-filing. (For you AND your spouse.) <input type="checkbox"/> I am self-employed <ul style="list-style-type: none"> • Include complete copy of your most recent Federal Income Tax Return Transcript (obtained directly from the IRS). . (For you AND your spouse.) <input type="checkbox"/> I receive disability benefits, unemployment benefits, retirement/pension, VA benefits, or other awarded benefits <ul style="list-style-type: none"> • A copy of your benefit award letter or other official documentation showing the amount received on a regular basis. (For you AND your spouse.) 	<input type="checkbox"/> I'm a student <ul style="list-style-type: none"> • Submit proof of enrollment and financial aid from your school's financial aid office. <input type="checkbox"/> I don't work. A relative, friend, or agency provides support in the form of room and board, cash assistance, or payment of bills. <ul style="list-style-type: none"> • The person who supports you must complete the Supporter Statement (Page 7). • Provide proof of agency assistance you receive (if applicable). <input type="checkbox"/> I am under 18 (parent must fill out this page)
	<input type="checkbox"/> I am homeless <ul style="list-style-type: none"> • Provide proof of agency/shelter assistance you receive (if applicable). <input type="checkbox"/> Other (please explain here) <hr/> <hr/> <hr/>

Income and Benefits

The client must indicate how he/she is supported.

If the client is employed, he/she will have to provide proof of income. The clients' spouse, (legal or common law) will **also** have to provide proof of income.

The clients' living situation must be made clear. *Refer back to the section on "Marriage" to determine when the client will need to submit information from an estranged spouse.*

The information in the screen shot above is a quick reference to help you understand which information and proof of income THMP will need to determine income eligibility. (More on income documentation in the following pages.)

THMP cannot assume the client is employed or unemployed and/or supported without providing proof of income or support.

THMP will not, under any circumstances, approve an application without income information or a supporter statement.

Income

If there is a conflict between what the client submits and what the Texas Workforce Commission (TWC) reports in terms of income, the earnings on the TWC will be taken as the official income.

The following are acceptable proof of income (*Refer to Required Documentation for a shorter version of this information*).

Current Pay Stubs from Employment:

THMP prefers to determine income eligibility by calculating the gross earnings reported on pay stubs. THMP requires 1 months' worth of pay stubs in order to see a better picture of the monthly household income. THMP will need at least one pay stub even if they get paid by direct deposit. THMP calculates the monthly income as shown below.

- Client is paid **weekly**: copies of 4 pay stubs are required. THMP will find the average of the gross earnings reported on the pay stubs and **multiply the average by 52 (weeks)**.

$$\text{Weekly: } \$456 + \$123 + \$789 + \$321 = \$1689 \div 4 = \$422.25 \times 52 = \$21,957$$

- Client is paid **biweekly or semi-monthly**: copies of 2 pay stubs are required. THMP will find the average of the gross earnings reported on the pay stubs and **multiply the average by 26 weeks (bi-weekly) or 24 weeks (semi-monthly because the client is only paid 2 times a month)**.

$$\text{Biweekly: } \$456 + \$123 = \$579 \div 2 = \$289.50 \times 26 = \$7527$$

$$\text{Semi-Monthly: } \$456 + \$123 = \$579 \div 2 = \$289.50 \times 24 = \$6948$$

- Client is paid **monthly**: a copy of 1 pay stub is required as long as the pay period is complete (for example: January 1, 2016 thru January 31, 2016). THMP will find the gross earnings reported on the pay stub and **multiply by 12 (months)**.

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Monthly: \$2400 X 12 = \$28,000

*Often times, clients will submit a copy of their first pay stub from a new job. Depending on the client's hire date and pay schedule, the first pay stub may not reflect a complete work period. Consequently, a pay stub reporting an incomplete work period will not reflect the clients' usual monthly income. The client may submit the first pay stub received, however, it is possible an extra pay stub will be requested in order to calculate the clients' usual monthly earnings.

Disabled/Veteran/Retired:

A copy of applicant's and spouse's benefit award letter or any other official documentation showing the amount received on a monthly basis. These awards might come from RSDI, SSI, SSDI, VA, DARS, or other agencies.

**Definitions: RSDI is Retired, Survivors, and Disability Insurance (for retired adults, widows, orphan children)
SSI is Supplemental Security Income
SSDI is Social Security Disability Insurance
VA is Veteran's Affairs
DARS is Department of Assistive and Rehabilitative Services
401k and IRA (Individual Retirement Account)-after a client loses his/her job, the client can receive this money and it's usually a one-time payment. It could be enough to support himself/herself with for a few months or couple of years.)*

Alimony and Child Support:

A copy of applicant's benefit award letter or any other official documentation showing the amount received on a regular basis from Alimony and Child Support.

Unemployment Benefits/Income:

A copy of applicant's benefit award letter or any other official documentation showing the amount received on a regular basis.

Copy of IRS Tax Return Transcript (more on transcripts later):

If self-employed a copy of the Tax Return Transcript for the most recent year will be required (there are different types of transcripts-THMP wants the *Tax Return Transcript*). This can be obtained directly from the IRS by calling 1-800-908-9946, by submitting the form 4506-T to the IRS by mail, online at www.irs.gov, and possibly in person at the client's local IRS Tax Office. Enrollment Specialists should guide clients to obtain a transcript. Visit this website if a client needs more

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information regarding how to obtain a Tax Return Transcript <https://www.irs.gov/individuals/get-transcript> .

If the client has not filed taxes, then THMP will require proof of Non-Filing, which can be obtained the same way as a Tax Return Transcript.

Income Verification Form:

To be completed by employer and if paid in cash or written check ONLY. (See copy of form on the next page.)

Information to look for on an income verification form:

- *Cash wages and pay schedule.*
- **Employer's Signature.** *The form will become null and void if signed by the client.*
- *If the employer indicates the client is paid with a **pay stub**, this form will become null and void and the client will be required to submit copies of pay stubs.*
- *If the employer indicates that the client is or will be insured, the client will need to provide insurance information.*

**Written Explanation from Client:
(THE LAST RESORT POSSIBLE)**

A client can submit a written statement if he/she is a day laborer, works for different people at a time, or earns income through non-traditional activities. A verbal or written explanation from the Enrollment Specialist can serve as supportive documentation for the client's living and/or work situation.

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Income Verification Form

FORM B: INCOME VERIFICATION	
This form should be used only when no supporting income documentation is available . If paystubs are available to the employee copies must be submitted. This should be signed by the employer only.	
I. Employee Information	
Employee Name: _____	
Employee Address: _____	
II. Employer Contact Information	
Business Name: _____	
Business Address: _____	
Business Phone Number: _____	
Contact Name: _____	Contact Phone Number: _____
III. Employee Income	
Type of work performed by the employee: _____	
First Day of Employment: _____	Last Day of Employment (if applicable): _____
Average number of hours worked per week: _____	
Method of payment (<i>check one</i>): <input type="checkbox"/> Cash <input type="checkbox"/> Personal check <input type="checkbox"/> Payroll check <input type="checkbox"/> Other (please specify) _____	
Frequency of payment (<i>check one</i>): <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Other (please specify) _____	
Gross earnings \$ _____ per pay period	
Estimated amount of weekly tips or commissions: \$ _____ <i>per week</i>	
IV. Employee Health Coverage	
Is employer-sponsored health coverage offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is/was this employee enrolled in health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Additional Information	
Will there be any changes to this person's employment in the next few months? _____ _____ _____	
VI. Certification	
I verify that the above information is true and correct to the best of my knowledge.	
Signature of Employer (<i>please print and sign</i>)	Date

If the client reports they are supporting themselves by other means than regular employment, the following will be required:

If the client is a student living off financial aid assistance:

The client will have to provide proof of school enrollment and proof of any financial aid awarded for current semesters (from the school's financial aid office). Verification from the Free Application for Federal Student Aid (FAFSA) will not be accepted.

If the client is living off savings:

The client must provide a copy of their most recent savings and checking bank statement. Bank statements will show if the client is receiving direct deposit from an employer or other consistent deposits. This indicates that a client might be receiving income from a job or another source.

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If the client is supporting him/herself with Child Support (OAG or informal arrangement):

The client will have to provide documentation of that support. If an informal arrangement has been made, the client will need to submit this in writing.

If the client is supported by a friend or family member:

(See a copy of the Supporter Statement on the next page)

A copy of the THMP Supporter Statement **signed by the person providing support** must be submitted. If the supporter provides the client with money or other ways not listed on the form, this should be explained on the supporter statement.

THMP will not, under any circumstances, accept a Supporter Statement completed and signed by the client.

**Agencies often send their version of a supporter statement. Some of the agency forms are more acceptable than others in terms of the information requested/applied on the form. The closer the form appears to the THMP supporter statement, the greater the likelihood THMP can accept it but situations vary.*

THMP will not accept another agency's supporter statement as proof of residency.

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Supporter Statement

FORM A: SUPPORTER STATEMENT	
<p>If an applicant has no income or is unable to provide any documentation showing how they manage, this form can be used as documentation. This form must be completed and signed by the person providing support; it should not be filled out by the person applying for the program.</p>	
<p>I, _____, _____, certify that I currently support <small>(printed name of supporter)</small></p> <p>_____ , who resides at the following <small>(printed name of person you support)</small></p> <p>address: _____ <small>(person you support's street address, city, state, & zip code)</small></p> <p>I have supported him/her since _____ . My relationship to the applicant <small>(Date)</small></p> <p>is _____ <small>(examples: parent, spouse, roommate, friend, sister, etc.)</small></p>	
<p>The type of support I provide is (check all that apply):</p> <p><input type="checkbox"/> Room <input type="checkbox"/> Food/Clothing <input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utility Bills</p> <p><input type="checkbox"/> Cash Assistance in the amount of \$ _____ per month</p> <p><input type="checkbox"/> Other: _____</p> <p>Additional explanation (if necessary): _____</p>	
<p>I can be reached at the following phone number(s) to verify this information: _____</p>	
<p>By signing this form, I affirm that the above information is an accurate statement of assistance being provided to the applicant. I understand that if I deliberately omit or give false information the applicant may be removed from the program and/or criminally prosecuted.</p>	
<p>Signature of Supporter <small>(please print and sign)</small></p>	<p>_____</p> <p>Date</p>
<p>Please note: If there are special circumstances surrounding your household situation that would need to be explained or verified by a social worker, Agency Worker, or public health nurse, please have them provide a detailed support statement on your behalf and attach it to your application when applying for assistance.</p>	

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Income Guidelines and Spend Down

Below is the income guideline THMP uses to determine eligibility. This changes every year.

Texas HIV Medication Program Client Eligibility – CY 2017 Income Guidelines

If family unit size is:	The adjusted family income level may not exceed:
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

For additional family members in household, add \$8,360 per person.

Source: *Federal Register*, Vol. 82, No. 19, January 31, 2017, pp. 8831-8832

Please note that all dollar amounts are listed at 200% of the current Federal Poverty Income Guidelines; no further doubling of the amounts are required.

Spend Down

Our goal is to try to approve all eligible clients for THMP. If the client is over scale, it is possible that he/she will still qualify for THMP if a Spend Down is conducted. A Spend Down is when the medication cost is deducted from the client's gross income. If the Spend Down shows that a client's gross income remains above the FPL, then the Spend Down will serve as documentation to prove that a client does not qualify for THMP.

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Employment

19. Employment: We may verify your income with other sources such as the Texas Workforce Commission. Spouse information is required (common law or legally married). Parents of applicants under 18 must be complete this.		
	Applicant or Parent A (if minor)	Spouse or Parent B (if minor)
Employment Status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Temp/seasonal	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Temp/seasonal
Job 1: Employer (current or last)	<input type="text"/>	<input type="text"/>
Job Title (current or last)	<input type="text"/>	<input type="text"/>
End date (if unemployed)	<input type="text"/>	<input type="text"/>
Job 2: Employer (current or last)	<input type="text"/>	<input type="text"/>
Job Title (current or last)	<input type="text"/>	<input type="text"/>
End date (if unemployed)	<input type="text"/>	<input type="text"/>
20. Income and Benefits: Report MONTHLY gross income (the amount received before taxes/deductions). Submit proof of income!		
Wages, salary, commissions, tips, unemployment benefits	\$ <input type="text"/>	\$ <input type="text"/>
Social Security Income (SSI or SSDI)	\$ <input type="text"/>	\$ <input type="text"/>
Retirement / Pension	\$ <input type="text"/>	\$ <input type="text"/>
Other Income (includes financial aid, alimony, investment income)	\$ <input type="text"/>	\$ <input type="text"/>

****The client and spouse will need to report employment or unemployment even if the spouse is not applying for THMP.**

THMP will need to know the clients' and spouses' employment status. If a client is not employed, he/she will need to tell THMP when/where he/she was last employed. This will help THMP determine if a Tax Return Transcript is needed. It can also help THMP reconcile questions that may arise due to recent employment and earnings found on the Texas Workforce Commission database.

Employed:

Clients and their spouse must provide income information from all current jobs. Many times clients' job statuses change by the time THMP processes an application. They may need to provide proof of termination. The information on the next page will help you decide when to ask a client to provide proof of termination. This information also applies to the spouse.

Self-Employed:

If the client and/or the spouse are self-employed, he/she will have to provide a Tax Return Transcript or Proof of Non-filing for the most

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recent year. A Tax Return Transcript will give THMP a reflection of the annual income earned through self-employment.

Make A Case:

If a client states that he/she hasn't been employed for several years, does not report benefits or type of support, and the Texas Workforce Commission does not report recent employment or income, then it is possible the client is self-employed. If the client has a SSN or TIN, then he/she will need to submit a Tax Return Transcript or Proof of Non-filing for the most recent year. A transcript might be the only documentation that can be used to prove income.

Never Worked:

If the client and/or spouse has never worked in the U.S. then he/she should indicate this by writing "never worked" in the Employment section of the application. **By leaving this information blank, THMP cannot assume that the client and/or spouse have never worked or aren't currently employed.** The clients' and spouses' current employment status must be made clear.

When/Where last employed:

It is helpful for THMP to know when/where the client and spouse were last employed especially if one or both are not currently employed.

Proof of Termination

THMP might find recent employment information on the Texas Workforce Commission database that can indicate the client is working multiple jobs, thus, earning more income. Because THMP needs to justify that a client qualifies for the program based on income, the client will need to provide proof of termination if he/she recently lost a job. The client will need to provide proof of termination for the following reasons:

If recent earnings make the client over scale:

The client will need to provide proof of termination if he/she no longer has the job that is making him/her over scale.

If the client has recently lost employment:

The client will have to provide proof of termination if the date of separation is not reported on the Texas Workforce Commission database.

If the client has a different job:

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The client will have to provide the new income information. He/she will also have to provide proof of termination from the former employer ONLY if the client appears to be over scale with potentially having both jobs.

For example:

A client was employed with Alorica in October 2016 and was averaging \$15,000 annually. The client states that job ended and he's been employed with Prestigious since December 2016 and is averaging \$20,000 annually. Combining those two incomes (\$35,000) would make the client over scale as a household of 1. Therefore, the client will have to provide proof of termination from Alorica.

If the client reported 1 job but Texas Workforce Commission reports the client has multiple jobs:

The client will have to provide proof of income and/or termination for all jobs if income from all jobs will make the client over scale.

*It will be helpful to ask the client for his Tax Return Transcript if the client has multiple temporary jobs.

If the client has earnings reported on TWC for a job that he/she continuously denies to have.

The client will need to provide proof of income or termination especially if the income will make the client over scale.

If the client reports that his/her Social Security Number (SSN) has been compromised and another person is earning income under the client's SSN and name.

The client will have to provide proof that he/she has taken legal action to fix this situation (documentation from the Social Security Administration or police reports, etc.).

Steps to obtain proof of termination:

1. The THMP Program Specialist will check if Texas Workforce Commission or The Work Number provide a date of separation.
2. THMP will check if the client filed for Unemployment Benefits (on TWC) at or around the time the client reports to have lost his/her job. The client should have submitted an Unemployment Benefits award letter.

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3. If the information in steps 1 and 2 are not available, then the THMP Program Specialist will call the employer's phone number to verify employment. However, the phone number isn't always provided on The Work Number.

THMP Program Specialists never tell the employer they are calling from the Texas HIV Medication Program. If asked, the THMP Program Specialists say they are calling from the Department of State Health Services.

If the THMP Program Specialist is not able to obtain proof of termination, then the client will be asked to provide it. The client's Enrollment Specialist or case manager can assist the client by calling or faxing the employer directly.

It is often difficult for the client to obtain proof of termination, however, the attempt needs to be made by the client if all else fails.

If the client, the Enrollment Specialist, and the THMP Program Specialist have all been unsuccessful in obtaining proof of termination, then the Enrollment Specialist can write a letter on behalf of the client describing their attempts and THMP will accept this documentation as proof of termination. *However, THMP might not accept this as proof of termination if the income from that job indicates the client might be over scale.*

Other Benefits

TIERS:

Search for SNAP benefits (food stamps), Medicaid (SSI), Temporary Assistance for Needy Families, etc.

Housing or Rental Assistance:

The client will need to provide proof of housing assistance currently received.

Page 5: Health Insurance, Medication Assistance, Signature.

HEALTH INSURANCE or MEDICATION ASSISTANCE	
21. If you currently have health care coverage or health insurance, why are you applying for this program? <i>(Please check ALL that apply. Submit documentation from the insurance plan verifying your situation.)</i> <input type="checkbox"/> I do not have health care coverage or health insurance (proceed to question 22). <input type="checkbox"/> I need help paying my medication deductibles, medication copayments, or coinsurance expenses. <input type="checkbox"/> Private insurance (complete Copayment Assistance: Insurance on page 6) <input type="checkbox"/> Medicare (complete Copayment Assistance: Medicare on page 6) <input type="checkbox"/> My insurance does not cover prescription drugs or it doesn't cover one or more HIV meds I need. <input type="checkbox"/> Coverage will end soon <i>(specify ending date):</i> _____ <input type="checkbox"/> Expenses have or are about to exceed the plan's annual prescription cap. Amount of annual prescription cap: \$ _____ <input type="checkbox"/> Other limitations on coverage or payment <i>(specify):</i> _____	
22. How are you currently getting medications for HIV (antiretroviral therapy)? <i>(check ALL that apply)</i> <input type="checkbox"/> I am not currently taking medications for HIV (antiretroviral therapy). <input type="checkbox"/> Private Health Insurance, Employer <i>(if a card is issued, submit a copy the front and back of the card.)</i> <input type="checkbox"/> Private Health Insurance, Individual <i>(if a card is issued, submit a copy the front and back of the card.)</i> <input type="checkbox"/> Patient Assistance Program (PAP) <input type="checkbox"/> Medicaid (including Star and Star +) <input type="checkbox"/> Medicare (Part A, Part B, Part C or Part D) <input type="checkbox"/> ACA, "ObamaCare" or Marketplace Plans <input type="checkbox"/> Indigent Care (City/County plans such as MAP, Gold Card, Carelink or local agency assistance) <input type="checkbox"/> Veteran's Affairs (VA) <input type="checkbox"/> Other: _____	
23. Have you previously had any health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name and date coverage ended. If your insurance terminated in the last 90 days, submit proof of termination.	
Insurance Name: _____	End Date: _____
Insurance Name: _____	End Date: _____

Health Insurance

Clients who have health insurance or COBRA must also complete page 6 of application.

The client must answer question 21. If the client is not insured, he/she should check the first box and move on to question 22. This is one of the most common reasons for which applications go on pending status.

THMP cannot assume that the client is not insured if this information is not provided.

The client must provide proof of prior coverage if his/her insurance terminated less than 90 days ago.

If the client has insurance, a copy of the insurance card (front and back) and Rx card (front and back) are required. The TIAP team will determine if the

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client is under-insured and if the client qualifies for THMP assistance. The client must still meet all other requirements for eligibility.

If the person has COBRA, THMP needs the election paperwork and/or need to know when the last payment was made and for how much. This amount is usually on the COBRA election paperwork. However, if another agency has been assisting, then THMP will need to know who has been assisting with payments and when the last payment was made.

If a person is dropped for insurance, medications cannot be dispensed to the person after they are found ineligible.

Medicare

Clients who have Medicare must also complete page 6 of the THMP application.

If a client has Medicare, it is important that he/she completes the SPAP enrollment form and apply for the Low Income subsidy. Enrollment Specialists should help the client apply for the help online in order to get a quick response. Visit this website for more information: <https://www.cms.gov/>.

For both programs:

Clients need to have their copayments for antiretroviral medications paid by THMP on a monthly basis or every 90 days in order to avoid being dropped from THMP due to six months of inactivity. It is a program requirement that prescriptions be refilled. If dropped, clients will have to fully reapply and their COBRA payments might end.

If the client is electing COBRA, the client must submit their election paperwork to their COBRA administrator by the election due date and provide a copy of the paperwork to THMP.

A client needs to contact the program if he/she has found new employment.

NOTES

A client who receives Medicare or has insurance coverage should complete this page AND ALSO sign page 5 of the application.

COPAYMENT ASSISTANCE – Complete only if you do not have: Medicare part D (State Pharmaceutical Assistance Program) Or Private Insurance (Texas Insurance Assistance Program)		
<p>Applicants with MEDICARE or PRIVATE INSURANCE should fill out this form in addition to the main THMP form. The SPAP provides help with co-pays, coinsurance and gap coverage associated with a Medicare Part D prescription drug plan. The TIAP provides help with co-pays, coinsurance and premiums associated with COBRA plans and private insurance.</p>		
First and Last Name [] []	Social Security Number [] [] []	Date of Birth [] [] []
DO YOU HAVE MEDICARE? FILL THIS SECTION		
Your Medicare Number [] [] [] [] [] []	Effective Date of Medicare Part A (listed on your Red White & Blue Medicare Card) [] [] [] []	
Are you enrolled in a Medicare Prescription Drug Plan (Part D)? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide plan information below)		
Rx Plan Name: [] [] [] [] [] []	Effective Date: [] [] [] []	
Have you applied for the Low Income Subsidy or Extra Help through the Social Security Administration? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate application status below)		
Low Income Subsidy/Extra Help Application Status		
<input type="checkbox"/> Approved, 100% Assistance	<input type="checkbox"/> Denied Assistance (attach a copy of pre-decisional or denial letter)	
<input type="checkbox"/> Approved, partial assistance (attach copy of approval letter)	<input type="checkbox"/> Awaiting determination, application date: [] [] [] []	
DO YOU HAVE INSURANCE? FILL THIS SECTION INSTEAD		
Are you enrolled in a private insurance plan? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide plan information below)		
Plan Name: [] [] [] [] [] []	Effective Date: [] [] [] []	Member ID [] [] [] [] [] []
Do you have an Affordable Care Act (ACA) Marketplace Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No PROVIDE COPY OF FRONT & BACK OF INSURANCE CARD		
Is this an Individual, Non-ACA, Off Marketplace Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this plan offered through an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have COBRA or may be eligible for COBRA, please submit copies of your COBRA paperwork:		
Have you already submitted your COBRA paperwork? <input type="checkbox"/> No <input type="checkbox"/> Yes date submitted: [] [] [] []	COBRA Election/Enrollment Due Date: [] [] [] []	
COBRA Administrator's Phone Number: [] [] [] [] [] []	COBRA Initial Payment Due Date: [] [] [] []	
COBRA Account #: [] [] [] [] [] []		
COPAYMENT ASSISTANCE AGREEMENT		
<p>1) I understand that it is my responsibility to:</p> <p>a) enroll in a Medicare Prescription Drug Plan and apply for the Low Income Subsidy if I have Medicare,</p> <p>b) maintain my enrollment in an insurance plan or a Medicare Prescription Drug Plan, and</p> <p>c) pay the monthly prescription drug plan premium directly to the prescription drug plan.</p> <p>2) If I have private insurance, it is my responsibility to inform the program of any changes in my private insurance benefits or COBRA.</p> <p>3) I understand that it is my responsibility to notify the THMP immediately if any of the following happen:</p> <p>a) my household income changes, b) my address changes or I move out of the State of Texas, c) my marital status changes, or d) my Medicare benefits are terminated, I lose my insurance coverage or my eligibility for Medicaid or Medicare changes</p> <p>4) I understand that the THMP reserves the right to limit enrollment based upon availability of funds.</p> <p>5) I understand that the THMP is required to recertify my eligibility status per program rules in order to continue receiving services.</p> <p>6) I understand that information may be shared with THMP staff and my insurance plan. I hereby give consent to the THMP to obtain or release my demographic, medical and /or insurance coverage information with other entities as necessary.</p> <p>7) I agree to participate in a periodic follow up by the THMP Insurance Assistance Program staff to determine the effectiveness of the program.</p> <p>8) I understand that I must order HIV medications from this program on a monthly basis and that I will be dropped from the program if I don't order medications for six consecutive months.</p> <p>9) I understand that this is a legal document. My signature (1) attests that all the information given is true and correct, (2) authorizes the release of my medical information to the THMP, and (3) attests that I do reside in the State of Texas.</p>		
Signature of Applicant (please print and sign)	[] [] [] [] [] []	Date
Signature of Parent (if applicant is under 18) (please print and sign)	[] [] [] [] [] []	Date

(Revised 12/2016)

Page 8

The client should sign this form AND page 5 of the application.

Signature Page (Page 5)

ADDITIONAL INFORMATION	
<p>24. Is there anything you would like to clarify on this application? Please use this space to provide any additional information that may help THMP process your application. Attach additional pages if needed.</p> <div style="background-color: gray; height: 40px; width: 100%;"></div>	
<p>IMPORTANT – THE FOLLOWING CERTIFICATION AND AUTHORIZATION <u>MUST BE SIGNED</u> BY THE APPLICANT:</p> <ul style="list-style-type: none"> a. I understand that this application is a legal document. My signature (1) attests that all the information given is true and correct, (2) authorizes the release of my medical information to the Texas HIV Medication Program (THMP) and (3) attests that I do reside in the State of Texas. b. I understand that it is my responsibility to notify the THMP immediately if my/our income increases; if I/we move from Texas; if my/our residential or mailing address changes; or if my/our marital, household or insurance status changes. c. I understand that the THMP may request verification of the information I have provided in order to process my application, and also at any time thereafter. I also understand that the processing of my application may be delayed until such requested verification is received. d. I understand that the THMP may verify information provided on this application with data resources made available to the program for the purpose of eligibility determination. e. I understand that deliberately omitting or giving false information could cause me to be removed from the THMP, or criminally prosecuted, or both. f. I understand that the THMP reserves the right to limit enrollment based upon availability of funds. g. I understand that the THMP is required to recertify my eligibility status per the program rules in order to continue receiving services. h. I understand that I must order HIV medications from this program on a monthly basis and that I will be dropped from the program if I don't order medications for six consecutive months. i. I understand that my information will be shared with my HIV service providers and Agency Workers. I will contact THMP if I want an exception to be made. 	
Signature of Applicant <i>(please print and sign)</i>	<div style="text-align: center;">→</div> Date WILL NOT ACCEPT IF OVER 60 DAYS OLD
Signature of Parent (if applicant is under 18 years of age) <i>(please print and sign)</i>	<div style="text-align: center;">→</div> Date WILL NOT ACCEPT IF OVER 60 DAYS OLD
(Revised 12/2016) ←	Page 5

Question #24 provides space for the client to explain his/her situation. The client can include any information he/she believes THMP needs to better understand their situation.

It is important for the Enrollment Specialist to ensure the client understands that he/she is about to sign a legal document and, therefore, all information must be true and correct. Enrollment Specialists should discuss the attestation with the client and ensure the client understands it all before the client signs the application. THMP encourages Enrollment Specialists to read the attestation to the client before they sign.

“I understand that my information will be shared with my HIV service providers and Agency Workers. I will contact THMP if I want an exception to be made.”

Please ensure the client understands that information will be shared with the client’s current HIV service providers and Enrollment Specialists. Often times, clients will change service providers or seek assistance from other agencies without informing THMP.

If a doctor, agency, or pharmacy that is assisting a client in real time contacts THMP, THMP will release certain information to them. **The client**

must contact THMP if he/she does not want THMP to share this information with service providers or Enrollment Specialists.

Applications will be considered outdated after 60 days from the date of signature.

THMP will not accept old applications. Check the last revised date at the bottom left corner of the application. The latest application is posted on THMP's website.

An application will go on pending status if the client's signature AND/OR date are missing.

After September 1, 2017, the application will be denied if any information is missing.

Every client must complete pages 1-5 of the application.

Pages 6-8 should only be completed and signed if applicable to the client's living situation.

- Page 6.....Copayment Assistance (COBRA, private health insurance, employer sponsored insurance and Medicare)
- Page 7.....Form A: Supporter Statement
(If the client is supported by another person)
- Page 8.....Form B: Income Verification Form
(If the client is paid in cash or written check)

Medical Certification Form (MCF) (Page 9)

- New and dropped clients should submit a new Medical Certification Form (MCF) when they apply/reapply.
- Clients who are recertifying should only submit an MCF if the clients' medications are changing.
- If recertifying, the MCF should be faxed separate from the recertification application so medication changes can be made immediately.

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- Medications/regimens may change for clients in the course of time. If the client is “active” with THMP but has been prescribed a different HIV regimen, then the doctor will need to complete, sign, and submit a new MCF to THMP before the client orders the new regimen. The client will not have to reapply just because his/her regimen has changed.
- MCFs can only be completed and signed by a certified doctor, a physician’s assistant, or a nurse practitioner.
- The MCF is THMP’s complete formulary and the only medications available at the time. New HIV medications will need to be approved before they are added to the THMP’s formulary.

Communication with Enrollment Specialists

THMP Program Specialists will follow these steps when they need to request missing or extra information.

1. Call or fax the Enrollment Specialist.

-Or-

Call the client if the client applied directly to THMP without the assistance of an Enrollment Specialist.

2. A pending letter will only be mailed to clients who have applied directly to THMP without the assistance of an Enrollment Specialist.

Self-Attestation (6-month follow-up)

A client will have to submit a Self-Attestation form six months after the client is approved or reapproved.

A self-attestation will provide an update to THMP if the client's residency, income, marital status, or insurance information has changed. This follow up will help THMP determine if the client is still qualified to receive THMP assistance.

The client will need to submit proof of residency, proof of income, new insurance information, and new spouse's income information with the self-attestation if the client reports that any or all of these have changed.

The form must be signed by the client and/or the Enrollment Specialist. The Enrollment Specialist can call the client and complete a self-attestation over the phone. However, if the client reports any changes, proof of the new information will need to be submitted with the self-attestation form.

Recertification Process (Done annually)

Active clients will have to reapply to THMP in order to determine if the client is still eligible for THMP assistance.

THMP will mail a recertification application to the client to the address THMP has on file. If the client's address has changed and THMP is not informed, the client will not receive the recertification application and, therefore, miss his/her deadline to submit the application.

The client's medications are put on hold if the client misses his/her deadline. The client can get a one-time 30 day extension once the client's address has been updated with THMP. The Enrollment Specialist will have to call THMP to update the information.

THMP can mail a 2nd recertification application to the client or the Enrollment Specialist can give the client an application. A new deadline will be assigned and the hold on the medications will be lifted for the one-time 30 day extension. If the client misses the 2nd deadline, then the medications will be put on hold again and the hold will remain until THMP receives the client's recertification application.

Currently, recertification applications can be faxed to THMP. MCFs for recertification applications should be faxed separately.

Application Status

Approved:

- The application is complete and the client has met all requirements for THMP assistance.
- The client is considered an “active” client.

Pending:

- The application is incomplete and a determination for THMP assistance cannot be reached.
- THMP staff will call the Enrollment Specialist to request the missing information. THMP staff will call the client directly (or send a pending letter) if the client applies to the THMP without the assistance of an Enrollment Specialist.
- The application will be held for 30 days to give the client time to submit all necessary documents.
- The application is denied and shredded after 30 days. THMP staff WILL NOT call the Enrollment Specialist or client to notify him/her that the application will be shredded.
- **THMP WILL STOP “PENDING” APPLICATIONS AS OF September 1, 2017. INCOMPLETE APPLICATIONS WILL BE DENIED AND SHREDDED.**

- After September 1, 2017, THMP will only pend in the following situations:

Third party information was found that contradicts the client’s application (for example, information was found that indicates the client is married but they applied as single) and THMP is waiting for additional information that will resolve this conflict.

The client has an urgent need to enroll in the program (expedited) and can get missing information to the program quickly

On Hold:

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- The client is currently approved for the program but his/her medications have been placed on hold due to one of the following reasons:
 - THMP correspondence sent to client was returned to THMP due to an “incorrect address” or “return to sender” label. This could mean the client is no longer a Texas resident.
 - Pending information for recertification has not been provided by the due date.
 - HMS reports the client may have an active insurance policy. The medications will be dropped until the client can provide insurance information or proof of prior coverage.
 - THMP cannot assist a client who is currently hospitalized. The Enrollment Specialist or the client will have to inform THMP of the client’s discharge from the hospital before the application can be approved.
 - Notification from the pharmacy or agency informing THMP that the client has moved out of state, their marital status has changed, or insurance information has changed.

Purged:

- The incomplete application has been on “pending” status for over 30 days and the application will be shredded.
- The client has moved out of state after he/she submitted a THMP application.
- The client is deceased.
- These applications go through a second review before they are shredded.

Dropped:

- The client has been dropped from the program because he/she has not ordered from THMP for 6 consecutive months.
- THMP determined the client’s medical insurance is sufficient and THMP is not the payer of last resort.

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- The client will have to reapply for the program.

Rejected/Denied:

- A complete application was submitted but the client has not met all requirements for THMP assistance.
- The client is currently hospitalized, living in a nursing home facility, or is currently in jail.
- THMP staff will fax a rejection letter to the Enrollment Specialist who will assist the client to apply for Patient Assistance Programs (PAP).
- THMP Staff will mail a rejection letter and PAP information directly to a client who has applied to THMP without the assistance of an Enrollment Specialist.

Recertification:

- The client is due for recertification. The client will be kept on an "active" status until the application due date.
- The client will be dis-enrolled from the program if THMP does not receive an application by the due date as it will be impossible for THMP to make a determination for continued assistance.
- Only one 30 day extension will be given for recertification applications.
- If a person is denied for recertification, no medications can be dispensed to the person after they are found ineligible.

Useful Information to Look for on Pay Stubs

Pay stub for an employee paid an hourly wage

SMITH AND COMPANY, INC.
123 West Street Smalltown, CA 98765

EMPLOYEE
Johnson, Bob

SOCIAL SECURITY NO.
XXX-XX-6789

PAY RATE
18.00 regular
27.00 overtime

PAY PERIOD
2/11/02 to 2/17/02

EARNINGS		HOURS	AMOUNT
Regular		40.00	720.00
Overtime		2.00	54.00

DEDUCTIONS		AMOUNT
Federal W/H		60.45
FICA		49.67
Medicare		12.36
CA State W/H		10.04
CA State DI		7.12
401k		77.40

GROSS EARNINGS: 774.00
TOTAL DEDUCTED: 217.04
NET EARNINGS: 556.96

Callout Boxes:

- Name of the employer:** SMITH AND COMPANY, INC.
- The name and address of the legal entity that is the employer:** 123 West Street Smalltown, CA 98765
- Last 4 digits of the employee's social security number or an employee ID number:** XXX-XX-6789
- All applicable hourly rates:** 18.00 regular, 27.00 overtime
- The inclusive dates of the period for which the employee is paid:** 2/11/02 to 2/17/02
- This information will help you determine how to calculate income:** (Points to pay period)
- Total hours worked:** 42.00 (40.00 regular + 2.00 overtime)
- Gross wages earned:** 774.00
- Use the gross wages to calculate income:** (Points to Gross Earnings)
- Net wages earned:** 556.96
- All deductions:** (Points to Deductions table)
- Look for deductions for health insurance, medical insurance, or drug discount programs. It's okay for the client to have a visual or dental insurance plan. Health or medical insurances need to be investigated. Forward these applications to the TIAP team.** (Points to Deductions table)
- Some pay stubs will report the clients' marital status. You might see an "S" for Single or an "M" for Married. If a client's marital status does not match what he/she has reported on the THMP application, then you will need to ask for an explanation of marital status.** (Points to Net Earnings)
- If the client is undocumented but provided an SSN to the employer, you must ask for the SSN.** (Points to Social Security No.)

This pay stub is not applicable to an employee whose compensation is solely based on a salary and who is exempt from payment of overtime under Labor Code section 515(a) or any applicable IWC order.

Tax Return Transcripts

The IRS can provide the following types of transcripts: Account Transcript, Wage and Income Transcript, and Tax Return Transcript. **THMP only requires the Tax Return Transcript.**

Tax Return Transcripts for the previous year are not available until June of the current year (example: Transcripts for the year 2015 were not available until June of 2016). THMP will accept Tax Return Transcripts from the year prior until Tax Return Transcripts are available for the most recent year (example: it is okay to submit a 2015 Tax Return Transcript before June of 2017. Tax Return Transcripts for 2016 will be required after June 2017).

Reasons THMP Might Request a Tax Return Transcript:

- *The client and/or spouse is/are self-employed.*
- If the client just moved to Texas, has never worked in this state, and is not currently employed.
- If the client hasn't been employed in over a year and the Texas Workforce Commission does not report recent earnings for the client. (An exception will be made for those recently released from jail or homeless persons.)
- The client works multiple, overlapping jobs (ex: home health care providers and temporary jobs, etc).
- Jobs that are considered contract labor in which the employer submits a 1099-MISC to the IRS and clients have to pay their own taxes.

Information THMP Looks for on Tax Return Transcripts

- ***Schedule C for those who are self-employed. A Schedule C must accompany the THMP application.***
- Social Security Number (SSN) or Tax Identification Number (TIN)
- Marital status
- Dependents
- Total Income
- Investments
- Interests
- Annuities
- 401k information
- One-time paid benefit information
- Insurance deductions

Note: An exception to request a Tax Return Transcript or Proof of Non-filing may apply to Special Population applicants, such as: undocumented persons, those recently released from incarceration, and homeless persons.