

Appendix I- Expedited Application Checklist

Case # or Agency

Medical Criteria (Check all that apply)

- Acute HIV infection
 - New diagnosis
 - High viral load
 - Low CD4 count
 - Opportunistic infection(s) (OI)
 - Already on ART and out of medications
 - Other _____
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Required Criteria/Documents

- DHHS Form 3014/3056
- Hard copies of **all** prescriptions
- Submit/Verify that Walgreens has received prescriptions
- Documentation of Income (Proof of Income is required for the applicant and all countable family members, i.e. individuals related to the applicant by blood, marriage or adoption, live in the same household and share a financial responsibility).

Preferred documentation:

- Most recent paycheck stub (showing year to date income and deductions) **and** the income tax return for the previous calendar year for all sources of employment/income.

Other acceptable forms of documentation include:

- Most recent paycheck stub (showing year to date income and deductions) **and** last paycheck stub (showing year to date income and deductions) for previous year for all sources of employment/income.
- Most recent paycheck stub (showing year to date income and deductions) **and** Form W-2 for previous year for all sources of employment/income.
- Most recent paycheck stub (showing year to date income and deductions) **and** Form 1099 for previous year (or most recent earning period if 1099 is not yearly).
- Most recent Social Security Benefits Letter (SA1099) **and** SA1099 from the previous year.
- Documentation of other sources of income (e.g. Unemployment)

Individual reports low income (defined as at or below 125% of the Federal Poverty Guidelines):

- Ryan White Part B/HMAP “Verification of No/Low Income” sheet (should correspond to box 28 on 3014/3056)

Individual reports no income:

- Ryan White Part B/HMAP “Verification of No/Low Income” sheet (should correspond to box 28 on 3014/3056)

Individual reports income but proof of income is not available:

- Ryan White Part B/HMAP Income Signature Card
- Documentation of Residence (Proof of North Carolina Residency is required for all applicants whose current name and address are not included on their proof of income).

Preferred documentation:

- Copy of valid NC Driver’s License or government-issued identification card with name and home address

Other acceptable forms of documentation:

- Copy of a utility bill or lease with applicant’s name and current address

Last resort for documentation:

- Anything with applicant name and home address or the Ryan White Part B & HMAP Declaration of Residency (clients will be expected to provide a preferred or other acceptable documentation of residency by the next renewal period unless there are documented extenuating circumstances)
- Documentation of Insurance or Medicare/Medicaid:
 - Copy of insurance card(s)
 - If there is an insurance cap, letter/summary from insurance company or specific proof from the insurance policy
 - Copy of Medicare card (If income is at or below 150% of the Federal Poverty Guidelines, client must apply for Social Security’s low-income subsidy (LIS) also known as “extra help”)
 - Copy of Medicare Part D plan card (this is different from the Medicare card)
 - Copy of Medicaid card
- Is Anything Left Blank?
- Is the Application Signed?

Appendix J

Instructions for Completing the Expedited Checklist

Interviewers:

1. Refer to the HMAP Manual (page 28) and read the guidance regarding Expedited Applications.
2. Interviewers should pursue assistance from a medication manufacturer sponsored Patient Assistance Program or another medication assistance foundation/program before requesting an expedited application. Information about Patient Assistance Programs can be found on the [HMAP Website](#).
3. **If the applicant is pregnant:**
Requests for expedited processing for pregnant applicants should be directed to the appropriate processor at POMCS (see Appendix A). POMCS will process these applications as a top priority, without further review from the HMAP Office.
4. For all other Expedited Applications:
 - 1) The Interviewer should contact Debra Bost, HMAP Client Services Project Manager, at the HMAP Program Office at (919) 546-1698 to briefly explain the situation and request approval to fax the client's application.
 - 2) If approved for expedited processing, Debra will ask the Interviewer to fax a copy of the application and required documents to the ADAP Office for review. Use the Expedited Application Checklist (which can be found on the [HMAP Website](#)) to ensure that you have all the required documents, including hard copies of all prescriptions.

The HMAP Office may also require a letter from a Clinician, and/or proof that the Interviewer pursued a PAP, depending on the situation.

- 3) Fax the completed HMAP application and all required documents to Debra Bost at (919) 715-2993.

HMAP Staff:

1. Debra will evaluate the application for completeness and accuracy as well as confirm that prescriptions have been written and submitted to the pharmacy.
2. Once the application has been screened and deemed ready for processing, Debra will submit the expedited application request for approval by an HMAP Authorizing Official (HMAP coordinator, State AIDS Director, or the Assistant HMAP Coordinator).
3. The HMAP Authorizing Official will email the POMCS Supervisor and appropriate processor to alert them that a fax is coming and the applications is approved for expedited processing.
4. The HMAP Office will fax the application to be expedited to POMCS with approval to expedite noted on the cover sheet.
5. POMCS will process the application within 24 hours of receiving the application.
6. Once approved, POMCS will reply to the email from the ADAP Office with the Client Case Number.
7. The HMAP Office will confirm the approval in the POMCS database.
8. The HMAP Office will notify the interviewer/case manager that the application has been approved and give the interviewer/case manager the case number.