

## Appendix I- Expedited Application Checklist

Case # or Agency

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### Medical Criteria (Check all that apply and attach required supporting documentation)

- Acute HIV infection
- New diagnosis
- High viral load
- Low CD4 count
- Opportunistic infection(s) (OI)
- Already on ART and out of medications
- Other \_\_\_\_\_
- Hard copies of **all** prescriptions
- Submit/Verify that Walgreens has received prescriptions. Debra will confirm.

### Additional Required Criteria/Documents

- The Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request (DHHS Form 3014/3056).
- Documentation of Income (Proof of income is required for the applicant, spouse and dependents claimed on taxes (children). See the manual for important guidance regarding documentation as this is a checklist only.

### Preferred/Acceptable documentation:

- Current Pay Stubs from Employment: (showing year to date income and deductions). HMAP requires 1 months' worth of pay stubs. \*If the client has just started a new job, refer to the Manual.
- Disabled/Veteran/Retired: A copy of applicant's and spouse's benefit award letter or any other official document showing the amount received on a monthly basis.
- Alimony and Child Support: A copy of applicant's benefit award letter or any other official document 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 Form: If self-employed, a copy of the Tax Return Form for the most recent year will be required. If the client doesn't have a copy of the tax return form, see the Manual for how to obtain one.

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1. Applicants with Low Income (defined as at or below 125% of the Federal Poverty Guidelines):

Ryan White Part B/HMAP “Verification of No/Low Income” sheet (For HMAP Applicants only)

2. Applicants with No Income:

Ryan White Part B/HMAP “Verification of No/Low Income” sheet

3. Applicants with No Existing Documentation of Income:

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

Copy of a recent (within 30 days of signing the Ryan White Part B/HMAP Financial Eligibility and Authorization Request) utility bill, phone bill, or lease with the applicant’s name and current address.

Any documents from the applicant’s clinician, case management agency, pharmacy, or other medical provider with the applicant’s name and current address.

Any correspondence from the HMAP Office, the HMAP dispensing pharmacy, or the SPAP/ICAP Pharmacy Benefits Manager that contain the 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) for all family members.

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 the Application Signed by the client, interviewer and medical provider?

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## Appendix J- Instructions for Completing the Expedited Checklist

### Interviewers:

1. **Refer to the HMAP Manual (page 32) and read the guidance regarding Expedited Applications. Print out and use the Expedited Checklist and Instructions.**
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 Debra Bost (see Appendix A). HMAP staff will process these applications as a top priority.
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 HMAP 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) Make sure that the application is completed accurately, the protocol for Expedited procedures is followed, and all documentation is provided **before** faxing to the HMAP Office.
  - 4) Fax the completed HMAP application and all required documents to Debra Bost at (919) 715-5221.

## 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. A HMAP processor will process the application within 24 hours of receiving the application provided the application is completed accurately, the protocol for Expedited procedures is followed, and all documentation is provided.
4. The HMAP Office will notify the interviewer/case manager that the application has been approved and give the interviewer/case manager the case number.