

# **Advancing Connecticut Together, Inc.**



**Advancing  
Connecticut  
Together**

Client Assistance Funds and Housing Assistance Funds (CAF/HAF)  
**Pharmacy Assistance Program**

## **Client Assistance Funds & Housing Assistance Funds (CAF/HAF)** **Pharmacy Assistance**

On the following pages you will find ACT's policies and procedures for accessing the CAF/HAF Pharmacy Assistance Program:

- Case Manager Partnership
- Purpose of Funds
- Pharmacy Program Service Categories
- Eligibility Requirements
- Pharmacy Assistance Determination Process
- Partnering Pharmacies
- How to Partner with a New Pharmacy and Corresponding Forms

### **Case Manager Partnership**

Case managers are crucial to the success of the Client Assistance Funds Program. Since Ryan White funds are funds of last resort, it is important for case managers to coordinate their efforts to access a wide range of client-centered, culturally sensitive services to link their clients with all available entitlement programs, subsidized and affordable housing programs, utility and food assistance programs, as well as provide any budgeting assistance that might be needed to ensure client self-sufficiency and success.

Timely, complete and accurate submission of all required client documentation to ACT will assist in quickly approving and paying requests. The fax cover sheet/checklist should provide you and your supervisor with another tool to ensure completeness (see CAF Request Forms section on our website for the fax cover sheet/checklist). We strongly encourage you to use this tool.

ACT will provide necessary guidance to current and new case managers, and others, regarding accessing the client assistance funds. For questions about processes or to arrange a case manager training, contact Lauren Ciborowski, [cahhaf@act-ct.org](mailto:cahhaf@act-ct.org), or 860.247.2434 X 379.

### **Purpose of Funds**

The Client Assistance Fund is a set of financial assistance services funded by the City of Hartford's and the CT Department of Public Health's Ryan White Programs. The Ryan White Client Assistance Fund can be used to help clients maintain their quality of life and to meet

emergency needs. All funds must be accessed through case managers/service providers working on behalf of Ryan White eligible clients.

Ryan White funds are the payer of last resort. As instructed by the funders, case managers **must document** that assistance was sought elsewhere and **denied** before applying for these funds. All requests for assistance must document that other sources were applied for and were denied.

## **Pharmacy Program Service Categories**

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

This fund provides assistance to clients in paying for **medication co-pays, after insurance**. The Medication Authorization Form must be completed by the pharmacy staff and clearly document the RX Number, what was charged, insurance paid, and what the client's co-pay is.

### **2. Emergency Medication Assistance (\$200 cap per client per contract year)**

EFA Medications are medications not covered by insurance, including over-the-counter medications that were prescribed by a doctor and filled by the pharmacy, or for people who cannot access CADAP and do not have any other type of insurance.

This may include new prescriptions, refills of medications, vitamins, supplements, or over-the-counter medications **prescribed** by a physician. The Medication Authorization Form must clearly document the RX Number, what was charged, insurance paid, and what the client's co-pay is.

## **Ryan White Eligibility Requirements**

1. Documentation of HIV status, including CD4/VL done within the past twelve months.
2. Federal income cap of 300% of poverty (by family size) using **gross income** (before taxes).
3. RWA Funds: *Must be a resident(s) of the Greater Hartford Transitional Grant Area.*
4. In cases where the client is affected rather than infected, the service(s) must be intended to provide direct benefit for the infected individual(s).

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

1. ACT fax checklist/cover page
2. CAREWare referral OR Ryan White referral form if your agency doesn't use CAREWare
3. Ryan White intake form OR CAREWare demographic report
4. Up-to-date annual review
5. Ryan White Eligibility worksheet

6. Household income verification (e.g., Current year’s DSS award, SSD/SSI, one month of consecutive, recent paystubs [two biweekly paystubs, or four consecutive weekly paystubs for housing requests], notarized letter documenting other income, zero income affidavit, etc.)
7. A Release of Information form (external agencies only)
8. Signed ACT Bill of Rights
9. Signed Consent Agreement
10. Signed ACT CAREWare Consent Form
11. Documentation of HIV status, including CD4/VL done within the past twelve months
12. Signature of Case Manager and Supervisor

All documents are available on our website: <https://www.act-ct.org/assistance.html>

### **Geographic Eligibility**

#### **For Ryan White Part A (RWA) Funds:**

RWA funds are available to any eligible client in the Greater Hartford Transitional Grant Area (TGA), consisting of towns in Hartford, Tolland, and Middlesex Counties:

<ul style="list-style-type: none"> <li>• Amston</li> <li>• Andover</li> <li>• Avon</li> <li>• Berlin</li> <li>• Bloomfield</li> <li>• Bolton</li> <li>• Bristol</li> <li>• Burlington</li> <li>• Canton</li> <li>• Chester</li> <li>• Clinton</li> <li>• Columbia</li> </ul>	<ul style="list-style-type: none"> <li>• Coventry</li> <li>• Cromwell</li> <li>• Deep River</li> <li>• Durham</li> <li>• East Granby</li> <li>• East Haddam</li> <li>• East Hampton</li> <li>• East Hartford</li> <li>• East Windsor</li> <li>• Ellington</li> <li>• Enfield</li> <li>• Essex</li> </ul>	<ul style="list-style-type: none"> <li>• Farmington</li> <li>• Glastonbury</li> <li>• Granby</li> <li>• Haddam</li> <li>• Hartford</li> <li>• Hartland</li> <li>• Hebron</li> <li>• Killingworth</li> <li>• Manchester</li> <li>• Mansfield</li> <li>• Marlborough</li> <li>• Middlefield</li> </ul>	<ul style="list-style-type: none"> <li>• Middletown</li> <li>• New Britain</li> <li>• Newington</li> <li>• Old Saybrook</li> <li>• Plainville</li> <li>• Portland</li> <li>• Rocky Hill</li> <li>• Simsbury</li> <li>• Somers</li> <li>• Southington</li> <li>• South Windsor</li> <li>• Stafford</li> </ul>	<ul style="list-style-type: none"> <li>• Suffield</li> <li>• Tolland</li> <li>• Union</li> <li>• Vernon</li> <li>• Westbrook</li> <li>• West Hartford</li> <li>• Wethersfield</li> <li>• Willington</li> <li>• Windsor</li> <li>• Windsor Locks</li> </ul>
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## Pharmacy Assistance Determination Process

1. To apply for assistance, the client brings a prescription to a case manager, who in turn makes a copy for the client file. The client brings the original prescription to the pharmacy.
2. The pharmacy faxes a medication request to ACT.
  - a. If the client's Ryan White eligibility and all paperwork is up-to-date, CAF/HAF staff will **approve** the authorization and fax it to the pharmacy. The pharmacy can then release the prescription to the client.
  - b. If the client's Ryan White eligibility is not up-to-date, CAF/HAF will let the pharmacy know the application is **pending** and the pharmacy cannot release the prescription to the client. The case manager has ten business days to send ACT the required documentation or the application will be **denied**.
  - c. If a client is not eligible for Ryan White medication assistance or has reached the category cap, the pharmacy and case manager will be notified that the request has been **denied**.
3. CAF/HAF staff notify the case manager as to whether the medication authorization was approved, pending or denied.
4. Upon approval, the case manager must submit a Request for Payment form **within 10 business days** of the approval so ACT can pay the pharmacy for the medications. **Failure to do so may be grounds to deny subsequent medication requests.**
5. The case manager should inform the client of the request approval, particularly if the request was for a new prescription or refill.
6. When the medication request is **denied**, the case manager and, for medication reimbursement requests, the pharmacy will be notified by fax with the appropriate reason. A denial form will be sent to the case manager and a copy of the denial form will be placed in the client's file. The case manager should notify the client immediately with the reason for denial and develop alternative plans for payment.

## **Participating Medication Assistance Pharmacies**

The pharmacies listed below have been approved for the drug reimbursement program.

- **Community Walgreens**  
100 Retreat Ave Suite 105, Hartford, CT 06106  
P: 860 595 1813  
F: 860 595 1852  
E: [rxm.21185@store.walgreens.com](mailto:rxm.21185@store.walgreens.com)
  
- **Saint Francis Rx #1**  
100 Woodland Street  
Hartford, CT. 06105  
P: (860) 527-2800

### **How to Partner with a New Pharmacy & Required Forms:**

Additional pharmacies can be added as needed. Please contact Lauren Ciborowski, Client and Housing Assistance Funds Coordinator: [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org) or (860)247-2437 x 379 to discuss adding pharmacies that are not listed as a partners.

1. **Initiate Partnership:** Clients bring prescription to case manager from a non-participating pharmacy.
2. **Contact CAF/HAF Coordinator.** Case managers will work with Lauren Ciborowski to establish the connection between ACT and the pharmacy.
3. **Obtain Documentation and Agreement Forms:** The pharmacy receives an Introduction Letter, Pharmacy Agreement Form, W9, and Medication Authorizaton Form.
4. **Establish Partnership:** Pharmacy returns signe documents to CAF/HAF to begin accepting Ryan White program prescriptions.

Good Afternoon,

Please complete the attached Pharmacy Agreement and fax back for the Client Assistance and Housing Assistance Funds program (CAF/HAF), so that we can better assist you with client medication assistance. Included is the medication Authorization Form, including our contact information and fax number.

Please contact me if you have any questions,

***Lauren Ciborowski***

She/her/hers

Client Assistance Funds & Housing Assistance Funds Coordinator



Advancing Connecticut Together

110 Bartholomew Ave

Hartford, CT 06106

860-247-2437 ext 379

[www.act-ct.org](http://www.act-ct.org)



## Pharmacy Agreement Form

I \_\_\_\_\_ representing \_\_\_\_\_ pharmacy,  
agree to fax an Advancing Connecticut Together, Inc. (ACT) Prior Authorization Form requesting approval for medications for Ryan White eligible clients.

The form requires the following:

1. Pharmacy name, address, phone and fax
2. Date of the request
3. Patient name, DOB, Case Manager (if known)
4. Rx number, drug name, quantity, amount covered by insurance, co-pay amount or OTC price

\_\_\_\_\_ pharmacy agrees to set up a house charge account and bill ACT for the approved charges. \_\_\_\_\_ Pharmacy is required to bill the patient's insurance first, the CT AIDS Drug Assistance Program (CADAP) if the client has that coverage, then ACT as Ryan White funding is the payer of last resort.

**\*Please send a W-9 along with this signed agreement.**

Name of Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Advancing Connecticut Together, Inc. agrees to: check faxed requests twice per business day, determine eligibility from the case manager, and fax approvals/pending/denials back to the requesting pharmacy within one business day; request payment request forms from the client's case manager, and submit payment to the pharmacy upon receipt of those payment requests.

\_\_\_\_\_  
Erika Mott, Senior Program Director      Date

\_\_\_\_\_  
Pharmacy Representative      Date

**RYAN WHITE PART A – PRESCRIPTION PRIOR AUTHORIZATION FORM**  
**Advancing Connecticut Together Attn: Client Assistance and Housing Funds**

Lauren Ciborowski, Program Coordinator  
Erika Mott, Senior Program Director

Email: [cafhaf@act-ct.org](mailto:cafhaf@act-ct.org)  
Fax: (860) 761-6711 – Phone: (860) 247-2437 ex 379

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Case Manager: \_\_\_\_\_

	<b>Rx Number</b>	<b>Drug Name</b>	<b>Quantity</b>	<b>Amount Covered by Ins</b>	<b>Co-pay Amount/ Cost if not covered</b>
1.					
2.					
3.					
4.					
5.					

Please do not write below line  
**Fax Authorization Request to ACT**  
**(860) 761-6711**

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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Ryan White Request for Client

**HEALTH INSURANCE PREMIUM AND COST SHARING/ EFA MEDICATIONS**

Client URN: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Request: Health Insurance Premium & Cost Sharing  
EFA Medications**

**Reason for Request (Please be specific. "No other funding available" is not acceptable):**

**Identify all other funding sources you have applied to in order to get this request paid, and note amount(s) received. That amount will be deducted from the requested amount, unless otherwise indicated.**

Medicaid/Husky \_\_\_\_\_ ACA \_\_\_\_\_ CADAP \_\_\_\_\_ CIPA \_\_\_\_\_

Medicare \_\_\_\_\_ Other (e.g. VA) \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_ **Check Payable to:** \_\_\_\_\_

**Mail payment to:**

**Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Manager Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY** Funds Used:  RWA  RWB



## Request for W9

Client Assistance & Housing Funds | ACT

Dear (name of company or individual):

Enclosed is an IRS Form W-9, "Request for Taxpayer Identification Number and Certification". Advancing Connecticut Together (ACT) is required by the Internal Revenue Service to obtain this information from Healthcare Providers, Utility Companies, and Landlords. This is to determine that our agency is paying the proper vendor, confirming they are a registered vendor with the IRS.

When completing, please be sure to:

1. Use the exact name that corresponds with your Social Security Number (SSN) or Employer Identification Number (EIN).
  - a. Enter the name as shown on your income tax return.
  - b. If you have a doing business as (DBA) name, also enter this name on the business name/disregarded entity name line.
2. Check the appropriate box for federal tax classification indicating whether you are an individual/sole proprietor, corporation, partnership, trust/estate, or other.
3. Include your complete address.
4. Enter your SSN or EIN as appropriate.
5. Sign and date the W-9

In order to provide client assistance, ACT must have a W-9 on file for all vendors before payment can be issued. It is important to note that failure to comply with this request may result in the denial of client assistance. Please refer to the enclosed W-9 instructions for further information.

Thank you for your prompt attention and cooperation. For further clarification on IRS requirements please refer to the link below: <https://www.irs.gov/instructions/iw9>

Sincerely,

Advancing Connecticut Together Team

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*