



## Massachusetts HIV Drug Assistance Program (HDAP) and Comprehensive Health Insurance Initiative (CHII) Application Instructions

### General Information

The **Massachusetts HIV Drug Assistance Program (HDAP)** is a program to help HIV-positive Massachusetts residents pay for drugs for the treatment of HIV and HIV-related conditions. The program assists clients by paying copays for prescriptions and, through the **Comprehensive Health Insurance Initiative (CHII)**, paying for health insurance premiums. HDAP can also assist clients with full pay coverage of prescriptions when they are temporarily uninsured.

### Eligibility

To be eligible for HDAP/CHII, you must be a Massachusetts resident, be HIV-positive, and have a gross annual income from all sources of no more than 500% of the [Federal Poverty Level \(FPL\)](#) (an allowance is made for each legal dependent). You do not have to be a U.S. citizen to be eligible.

### Instructions for Completing the HDAP Application

Before you begin completing this application, carefully review these instructions. If you need assistance, contact your case manager or call HDAP at (617) 502-1700, Option 1 or toll-free at (800) 228-2714. You may also email us at [hdap@crihealth.org](mailto:hdap@crihealth.org). We recommend sending a secure email through our secure portal (instructions: <https://crihealth.org/contact/#Secure>).

There are several ways to submit an HDAP application:

- As of October 2023, we encourage you to use our electronic application:
  - Clients can submit applications directly through our electronic [Client Portal](#). While this does not require an account, we recommend contacting us at 617-502-1700, Option 1 or [hdap@2crihealth.org](mailto:hdap@2crihealth.org) to set up an account to more easily submit applications.
  - Case managers can submit applications on behalf of clients through our electronic [Provider Portal](#). Please contact us at 617-502-1700, Option 1 or [hdap@crihealth.org](mailto:hdap@crihealth.org) if you would like to request a Provider account.
- Via fax: 617-502-1703
- Via secure email: visit <https://crihealth.org/contact/#Secure>
- Via mail: Attention: HDAP, 529 Main Street, Suite 301, Boston MA 02129

Please complete all sections clearly and completely. In the electronic portals, all fields in **bold** with an \* are required to submit the application. Please visit <https://crihealth.org/hdap-portal-resources/> for instructions, tips, and videos explaining how to use the portals.

Incomplete applications and applications without supporting documentation will delay your enrollment and may result in your application being rejected. Complete applications submitted with all required documentation will typically be processed within two to four weeks.

You are required to submit a copy of a completed MassHealth application for your HDAP application to be considered complete. If you have been determined to be ineligible for MassHealth within the past 12 months, please submit a copy of your MassHealth determination letter (include all pages). If you are already enrolled in MassHealth, ConnectorCare, or the Massachusetts Insurance Connection (MIC), you are not required to reapply to MassHealth.

All information provided by you will be kept confidential, as outlined in the [HDAP Client Consent for the Release of Information and Client Certification Statement](#).

Once your application has been approved, HDAP will send you an approval letter showing the end date of your current eligibility and providing any further instructions for your continued enrollment. You must recertify with HDAP/CHII every six months in order to remain active in the program.

The Client portal and HDAP application will be available in Spanish in the future.

### Client Consent

All clients must sign the updated [HDAP Client Consent for the Release of Information and Client Certification Statement](#) ("Client Consent").

- If you are applying using the Client Portal, you will be required to agree to the Client Consent by entering your name and the date before completing the application.
- If your Case Manager is submitting an application on your behalf through the Provider Portal, you will need to sign the Client Consent and have your case manager upload the signed copy to the application. Once you have signed and submitted the new consent form, you do not need to sign it again as long as the consent remains valid.
- If you are sending a paper application via email, fax or mail, you will need to include a copy of the new signed Client Consent with your Application. Once you have signed and submitted the new consent form, you do not need to sign it again as long as the consent remains valid.

### Applicant

- Applicant Information
  - If you have a case manager or client advocate who assists you with completing the HDAP application, provide their name and current contact information. HDAP will send notifications to them based on your communication preference (as noted in the Contact Information section of this application).
- Applicant Identification
  - List your full name. If you have changed your name since your last application, you must submit legal documentation or a letter from your case manager stating the change.
  - If you don't have a social security number, please select "No" to the question, **Do you have a Social Security Number**. This will set the Social Security Number to 999-99-9999. If you are completing an application outside of a portal, select "None" for Social Security Number.

- Please be sure to indicate your race and ethnicity, as this information is required for program reporting. Select all that apply. You can select “Prefer not to answer” if you are not comfortable providing this information.

### Contact Information

- Home Address
  - Please indicate whether or not you lack housing.
  - If you do not lack housing, you are required to submit proof of Massachusetts residency with this application. Submitted documents must match the residential street address provided in this section, must include your name, and must be dated within the past six (6) months. Examples of acceptable documents include:
    - Utility bill
    - Paystub/earnings statement
    - Lease
    - Current driver’s license/Massachusetts identification card
    - Government assistance mailing (see exceptions below).
  - The following forms of documentation CANNOT serve as proof of residence.
    - Envelopes
    - Tax returns
    - MassHealth applications Notices from the Massachusetts Dept. of Transitional Assistance (DTA)
    - Documents showing only PO boxes
    - Letters from roommates, family members, or caretakers
  - If you do not have documentation of residential address available, please submit a letter from your case manager verifying your current residential address. All case manager letters must be on agency letterhead and signed by the case manager.
  - If you currently lack housing, please submit a letter from your case manager attesting to a lack of stable housing, including the City, State, and ZIP code for where you primarily reside.
  - If you do not have a case manager and are unable to attain proof of residency letter from your provider, please contact HDAP at 617-502-1700, Option 1.
- Communication Preferences
  - Indicate whether you would like HDAP to communicate with you directly or with your Case Manager or with you AND your Case Manager (if you select Case Manager Only, HDAP will not communicate with you directly or send you any program notifications).
  - If your selection allows communication with you directly, you can choose how you would like us to communicate with you: email, mail and/or phone.
    - You may choose to receive official program notices by email or mail (you must provide an email address and/or mailing address to receive official program notices). If you provide an email address and mailing address, we will only send official program notifications via email. These notices will be emailed or mailed securely and will contain personal information, such as your name, and information about HDAP.
      - If you consent to receive email, please provide your email address. If you provide an email address, HDAP will send you an email once your application is processed asking you to validate that email. Once your

email is validated, HDAP will send all program notices via email only. **You must validate your email address to receive notices.**

- If you consent to receive mail, indicate if your mailing address is the same as your home address. If it is different, you will be required to enter your mailing address.
- Optionally, you can decide to allow us to also contact you via phone.
  - Be sure to indicate whether you would like us to leave a message on your home or cell phone voicemail.
  - If you consent to receiving messages via Text message, you will be required to enter your cell phone carrier. HDAP will text you alerts about recertification, approvals, and other reminders when text notifications become available (text notifications are not yet available). Texts will NOT include any personal identifying information, such as name, date of birth or social security number and will not identify HDAP directly.
- Alternate Contact
  - Complete this section if you would like to authorize someone other than yourself (and your case manager, client advocate, and/or clinician) to communicate with HDAP staff on your behalf regarding your enrollment in HDAP. HDAP staff cannot discuss your enrollment with a spouse, friend, family member, etc. unless they are indicated in this section.
- Click the **'Upload a File'** button to attach a copy of your proof of residency if you are applying via a portal. If you are submitting an application via email, fax, or mail, a copy of your proof of residence should be included with the submission.

### Income

- Indicate if you have income.
- If you have income, provide an estimate of your annual gross income before any deductions and indicate all sources of income.
- You are required to submit proof of all income. Please provide documentation for each source of income checked. Acceptable proof of income may include:
  - At least two paystubs from your job, from within the past 3 months, showing gross income for those pay periods
  - A copy of your unemployment statement, from within the past 3 months
  - Award letters for the current year from SSI/SSDI, TAFDC/EAEDC, long-/short-term disability, and/or Worker's Compensation. (If you do not have copies of recent award letters, recently dated bank statements showing corresponding direct deposit amounts for monthly benefits received are acceptable.)
  - Monthly pension statements for the current year
- If you are working but have no documentation (i.e. paystubs) of your income:
  - A letter from your case manager stating your weekly, monthly, or yearly gross income and its source. If you do not have a case manager and are unable to get a letter from your provider, please contact HDAP at 617-502-1700, Option 1.
- If you have no income:
  - A letter from your case manager or provider verifying that you have no income and identifying your source of support: i.e., partner, parents, other family members, community resources, etc. All case manager letters must be on agency letterhead and must be signed by the case manager. If you do not have a case manager and are

unable to get a letter from your provider, please contact HDAP at 617-502-1700, Option 1.

- Indicate if you file federal income tax. If yes, you are required to enter your tax filing status and number of legal dependents you claim on your tax return. Do not include yourself.
- Click the **'Upload a File'** button to attach a copy of your proof of income if you are applying via an online portal. If you are submitting a paper application via email, fax, or mail, a copy of your proof of income should be included with the submission.
- Please note that you may be required to submit a copy of your most recent federal tax return with all accompanying schedules/forms to HDAP upon request.

### Insurance

- Indicate if you have health insurance that includes prescription drug coverage.
- If No insurance,
  - Answer "Yes" to **I need temporary full coverage of prescriptions pending activation of insurance coverage** if you need temporary full pay coverage.
  - Click the **'Upload a File'** button to attach a letter from your Case Manager requesting full HDAP Coverage. This letter should also be included with any applications submitted via email, fax, or mail and should in all cases include complete information about your current insurance situation.
- If Yes insurance,
  - Indicate what type(s) of health insurance you currently have. You must include all insurances that include prescription coverage.
  - Indicate if you are currently working and your employer offers health insurance.
    - If yes, indicate if you are enrolled in your employer plan.
    - If your employer offers health insurance, even if you are not currently enrolled in that insurance, you may be required to submit a summary of benefits for all available plans, as well as the date of your employer's next open enrollment period. If you are employed full-time but are not offered health insurance, a letter from your employer attesting to this would be required.
  - If you do not have MassHealth, you are required to apply and submit a MassHealth determination letter once per year.
  - Click the Upload a File button to attach copies of all health insurance/prescription cards (front and back) to your HDAP Application. Copies of all cards should be included with any applications submitted via email, fax, or mail.

### CHII

- This section will only appear on the online portals if you have health insurance that includes prescription drug coverage. Select "Yes" for Health Insurance Status on the Insurance tab to show the CHII tab.
- Indicate if you would like CHII to pay your monthly health insurance premiums.
  - If yes, click **'Upload a File'** to attach a copy of your Premium Bill
  - If you are applying for assistance for your employee premium deductions (current employer-based insurance), include a letter from your employer (i.e., benefits administrator, human resources staff), on company letterhead, which confirms:
    - Your employment
    - Your employer-based insurance policy

- The amount that you contribute to that insurance (this will be the amount that CHII will cover)
- When CHII payments are to be applied
- That your employer agrees to accept payment for this amount
- Where to send payment (name of person, department, and mailing address).
- If you are applying via email, fax, or mail, please include a copy of the premium statement or letter with your application. A template for the employer premium deduction letter is available by contacting CHII at 617-502-1700, Option 1 then Option 3.

### Pharmacy

- You may choose one primary pharmacy and one secondary pharmacy for your prescriptions covered by the program. Once your application has been approved, HDAP will send an approval notice directly to the pharmacy or pharmacies you have chosen.
  - You should inform HDAP immediately if you decide to go to a different pharmacy in order to avoid any delays in being able to access your medications.

### Medical

- A signed [Clinician Form](#) is required for all new clients applying to HDAP for the first time. If you are recertifying in HDAP, we do not need a clinician signature. Click the '**Upload a File**' button to attach a copy of the signed Clinician Form.
- Click '**Upload a File**' to attach recent CD4 or Viral Load Results. Please provide the most recent viral load test from within the past year. Viral load results should be submitted for new clients and with each Long Form. For CD4, please provide nadir, or lowest CD4, and date of test, if available. (NOTE: federal funding requires that HDAP collect this information. If labs are not received, clients can still enroll but we will contact your provider to provide lab results.)

If you are using a portal, when you have completed the application, click '**Submit Application**'. The system will check to verify all required information has been entered. If required information is missing, a message will be displayed alerting you that you must complete the required information in order to submit the application. After you have entered the required information, click '**Submit Application**' again.

Once all of the verifications are complete, you will receive a confirmation of your submission along with a confirmation code. Please make note of this code, as it can be used to check the status of your application. If you do not have a portal account, the confirmation code is the only way to check on the application status using the portal.

Documentation is not required to submit the electronic application to allow you time to gather the information needed. However, this documentation is still required for HDAP to process your application. If any proof documentation is missing, it will be noted on your submission confirmation message. If the documentation that is missing is required to process your application, HDAP staff will notify you when we attempt to process your application. You can submit documents any time after submitting the application by clicking on the '**Submit Any Other Documents**' button.

### **Additional Information for Submitting Applications via Email, Fax, or Mail**

- Applications should be legible, complete, and should include all proofs and supporting documentation as specified above, including the signed Clinician form and signed Client

Consent. We cannot process any applications for new clients unless we have received a signed Client Consent.

- Please note that HDAP prefers submissions of applications via our electronic portals. This allows for faster processing.
- If you must submit a paper application, you can submit them via:
  - Fax to: 617-502-1703 or
  - Secure email (see <https://crihealth.org/contact/#Secure> for instructions) or
  - Mail to Attention: HDAP, 529 Main Street, Suite 301, Boston MA 02129

If you have questions, please reach out to HDAP at 617-502-1700, Option 1 or by email at: [HDAP@crihealth.org](mailto:HDAP@crihealth.org)