



The Massachusetts Pre-Exposure Prophylaxis Drug Assistance Program (PrEPDAP)

Application Instructions

General Information

The **Massachusetts Pre-Exposure Prophylaxis Drug Assistance Program (PrEPDAP)** helps Massachusetts residents pay for approved medications that can prevent the transmission of HIV. The program assists clients in need by covering out-of-pocket costs for Truvada or other FDA-approved medication prescribed by a clinician for the prevention of HIV transmission. These costs can include copays, co-insurance, and up-to-full-cost payments towards a deductible. PrEPDAP can also cover the full cost of Truvada or other HIV transmission prevention medications, if necessary, for individuals who lack health insurance. These medications have been shown to significantly reduce the likelihood of transmission of HIV between individuals.

PrEPDAP is a program of the Office of HIV/AIDS in the Bureau of Infectious Diseases at the Massachusetts Department of Public Health and is administered by Community Resource Initiative.

Eligibility

To be eligible for PrEPDAP, you must be a Massachusetts resident, be HIV-negative, and have a gross annual income from all sources of no more than 500% of the Federal Poverty Level (FPL). Please visit our website to www.crihealth.org/PrEP to find this year's eligibility guidelines.

Instructions for Completing this Application

Before you begin completing this application, carefully review these instructions. If you need assistance, contact your PrEP Navigator or call Community Resource Initiative's PrEP Team at 617.502.1700 option 4.

Please complete all sections clearly and completely. Incomplete applications and applications without supporting documentation will delay your enrollment and may result in your application being returned to you to complete. Complete applications submitted with all required documentation will typically be processed within one week. We suggest you make a copy of your completed application for your records.

You are required to include any information about your current health insurance coverage in order for your PrEPDAP application to be considered complete. If you have been determined to be ineligible for MassHealth or ConnectorCare coverage within the past 12 months, please submit a copy of your determination letter (include all pages).

All information provided by you will be kept completely **confidential**.

Once your application has been approved, PrEPDAP staff 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 to PrEPDAP every year (12 months) in order to remain active in the program.

Application Requirements and Specific Instructions

Section 1: Applicant Information

Question number:

1. List your full name. If you have changed your name since your last application, you must submit legal documentation or a letter from your PrEP Navigator stating the change.
3. Please provide your mother's first name for coding purposes.
- 4a. PrEPDAP ID #: Community Resource Initiative staff will assign a PrEPDAP # for clients enrolling in PrEPDAP for the first time. You may include this number each time you recertify in PrEPDAP.
- 4b. MDPH PrEPDAP #: For PrEPDAP demonstration sites only, the Massachusetts Department of Public Health has provided code numbers to be assigned by PrEP Navigators for data reporting. Please provide this MDPH PrEPDAP # here.
6. If you don't have a social security number, do not make one up; use "999-99-9999" instead.
7. You are required to submit proof of Massachusetts residency with this application. Submitted documents must match the residential street address provided in this section, include your name, and 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)
 - If you are homeless or do not have documentation of residential address available, please submit a letter from your PrEP Navigator verifying your current residential address. All PrEP Navigator letters must be on agency letterhead and must be signed by the PrEP Navigator.
 - The following forms of documentation **cannot** serve as proof of residence:
 - Envelopes
 - Tax returns
 - Documents showing only PO boxes
 - Letters from landlords, roommates, family members, or caretakers
 - Client affidavits without the case manager's signature
8. Fill out this field if your mailing address differs from your residential address. **If you do not want to receive mail from PrEPDAP at your mailing address, please be sure to check box 8A.**
12. For the number of legal dependents, do not include yourself.
16. Be sure to indicate whether you would like us to leave a message on your home and/or work/cell voicemail.
17. Please provide your e-mail address only if PrEPDAP staff can communicate with you via e-mail about your application and enrollment status.

Section 2: Income Information

19. Provide an estimate of your annual gross income, before any deductions.

20. Check 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 PrEP Navigator stating your weekly, monthly, or yearly gross income and its source

If you have no income:

- A letter from your PrEP Navigator 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

Please note that you may be required to submit a copy of your most recent federal tax return with all accompanying schedules/forms to PrEPDAP with your application, if requested.

Section 3: Optional Alternate Contact and Signature

22. Complete this section if you would like to authorize someone other than yourself (and your PrEP Navigator, case manager, and/or clinician) to communicate with PrEPDAP staff on your behalf in helping you with your enrollment in PrEPDAP. PrEPDAP staff will not discuss your enrollment with a spouse, friend, partner, or other family member unless this section is completed and signed.

Section 4: Provider Information

23. Provide current contact information for your PrEP Navigator. If you checked box 8A, PrEPDAP will send your mail to this PrEP Navigator.

24 - 27. These fields should be completed by your clinician (health care provider). All sections are required to be filled out. Dates of required clinical tests must be included.

Section 5: Pharmacy Information

28. PrEPDAP clients may only use one specific pharmacy designated by their health care site for their prescriptions covered by the program. Once your application has been approved, PrEPDAP will send an approval letter directly to that pharmacy. See your PrEP Navigator with any questions about your designated pharmacy.

PrEPDAP only covers 30-day prescriptions. If your health insurance requires 90-day prescription fills, please notify PrEPDAP staff so that we may adjust our payment procedure.

Section 6: Insurance Coverage / Co-Pay Assistance

29. Indicate what type of health insurance you currently have. If you do not have any insurance coverage, check the first box.

- Attach a copy of all health insurance/prescription cards (front and back) to your PrEPDAP application.
- If your employer offers health insurance, even if you are not currently enrolled in that insurance, you are 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, please provide a letter from your employer stating this.

30. Your insurance coverage has either a maximum dollar co-pay or a percentage co-pay per 30-day prescription. Please indicate which co-pay type and amount you have under your current insurance. This information can be obtained by calling your insurance company.

If you do not currently have active health insurance, please skip question 29.

Please note that PrEPDAP is not able to pay for the costs of health insurance premiums.

31. If your health insurance coverage has a deductible (in which you are required to pay up to a certain amount of medical expenses out-of-pocket), indicate the deductible amount here.

32. Gilead, the pharmaceutical company which manufactures Truvada, offers a program which can assist individuals on PrEP with the cost of co-pays and deductibles for Truvada. Indicate here whether you have applied to Gilead's Truvada co-pay assistance program.

Section 7: Certification Statement

33. It is important that you read carefully the attached Client Agreement Statement and Grievance Procedure before submitting your PrEPDAP application. These documents describe both your rights and your responsibilities in enrolling in PrEPDAP.

After reviewing the Grievance Procedure and Client Agreement statements, sign and date the Certification Statement in Section 7. Applications that are missing a current signature and date in this section cannot be processed by PrEPDAP staff, and will be returned.