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the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ+) people
and those impacted by HIV and AIDS.

Ryan White Part A Grant Year 2026 In-Service

Emergency Financial Assistance

Learning Objectives

- Types of EFA
- Eligibility & Program Guidance
- Caps/Limitations
 - Examples
- Allowable Expenditures
- Procedure
 - Referral Documents Checklist
 - Locating Documents in PE
 - Sending Referrals in PE
- Questions

Types of EFA

- Utilities
- Housing*
- Food
- Transportation
- Medication



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Eligibility

All clients Eligible to receive RWHAP services in PBC are eligible to receive EFA-Rent/Utility Assistance.

Program Guidance:

The Emergency Financial Assistance service category may assist with short-term assistance for medications.

LPAP funds are not to be used for emergency or short-term financial assistance.

Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client shall not be funded through emergency financial assistance.



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Caps/Limitations

Up to 4 accesses per grant year for no more than
a combined total of \$1,000, **and/or** housing
assistance as one access per **12 month** period to
equal 1 month of rent **and/or** one security deposit.



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Allowable Expenditures

*Utilities, housing**, food (including groceries and food vouchers), transportation, and medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.

Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Procedure

- Collect all necessary support documents
- Complete all required referral documents
- Submit all documents as a PDF attachment to referral in PE.
- Inform service provider agency of any changes in client's situation that may require cancellation of payment.



Referral documents checklist

- Current Financial Assessment
- Copy of bills to support financial deficit.
- Emergency Financial Assistance Application
- Emergency Financial Assistance Memo
 - Memo must indicate attempts to access other payor sources
- Copy of bill needing to be paid
- Security Deposit
 - Security Deposit Agreement
 - Agreement for Return of Security Deposit



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RYAN WHITE FINANCIAL ASSESSMENT WORKSHEET

Client Name: _____ PE ID#: _____

Address: _____

Household Member Name	DOB	Age	Sex (M/F/T)	Relationship	Race	Hispanic Origin	HIV+ (Y/N)	Disabled (Y/N)

Household Size: _____ Members age 5 or older: _____

Monthly Gross Income

Client's Employment \$ _____

Spouse's Employment \$ _____

(Always include Spouse, include Partner if finances combined)

SSA SSI SSD \$ _____

2nd Social Security \$ _____

Unemployment \$ _____

Child Support/Alimony \$ _____

Help from Family/Friends \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

TOTAL INCOME \$ _____

I ASSURE THAT ALL INFORMATION GIVEN HERE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Client Signature Date

Case Manager Signature Date

FOR EMERGENCY FINANCIAL ASSISTANCE REQUESTS, YOU MUST HAVE PROOF OF EXPENSES. OTHERWISE, CLIENT'S SELF-REPORTED EXPENSES ARE SUFFICIENT ACCORDING TO EFA PROCEDURES.

Actual Monthly Expenses

Rent/Mortgage \$ _____ Life Insurance \$ _____

Food (A.) \$ _____ Home Insurance \$ _____

Copays/Deductibles \$ _____ Cable/Satellite \$ _____

OTC medications \$ _____ Non-Food Stamp Items (D.) \$ _____

Natural Gas \$ _____ Taxes/Deductions \$ _____

Electricity \$ _____ Other _____ \$ _____

Water \$ _____ Other _____ \$ _____

Phone \$ _____ Other _____ \$ _____

Laundry (B.) \$ _____ Other _____ \$ _____

Fuel (C.) \$ _____

Car Payment 1 \$ _____

Car Insurance 1 \$ _____

Car Payment 2 \$ _____

Car Insurance 2 \$ _____ **TOTAL EXPENSES: \$ _____**

If you receive Food Stamps, how much per month? \$ _____

- A. Max. Self-reported = minus Food Stamp amount
- B. Max. Self-reported = \$30 for household of 1, \$50 for household of 2 or more
- C. Max. Self-reported = \$80 if not working, \$150 if working
- D. Max. Self-reported = \$30 for household of 1, \$60 for household of 2 or more

Revised by QMC May 2018



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Emergency Financial Assistance Application

Date: _____ PEID: _____

Monthly Gross Income: _____

Monthly Expenses: _____

Deficit: _____

Type of EFA

Rent Security Deposit Utility Other

Amount Requested: _____

Payor Name: _____

Payor Address: _____

I hereby certify that the information provided on this application is true and correct to the best of my knowledge. I give full consent to Compass, Inc. to provide/receive all information necessary to the payor listed on this financial request. I understand that all information given/received, including my status, will be held in confidence and will only be released on a need-to-know basis, as deemed necessary by Compass, Inc.

Client Signature: _____ Date: _____

I hereby certify that the information provided on this application is true and correct to the best of my knowledge. I certify that the client's eligibility for this service are accurately documented in the client's chart.

CM Name: _____ CM Signature: _____

Supervisor Name: _____ Supervisor Signature: _____



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Memo

To: Lysette Perez

From: Raymond Cortes

Agency: Compass

Date: 7/7/2025

Objective: Ryan White Emergency Financial

Case Manager: Alfonsina Vasquez

Client ID: 12709

NOE Expires: 05/05/2026

FPL: 0%

Amount Requested: \$3,000

Description of Need: Client is requesting Emergency Financial Assistance with their July rent in the amount of \$3,000. Client recently had to pay for unexpected auto repairs in order to maintain employment. This has set the client behind on being able to pay their total rent for the month of July. Client is not eligible to receive rental assistance from the county because the landlord did not agree to be a county vendor. Catholic Charities does not have any funds for rental assistance at the this time. Paying this rent will allow client to maintain stable housing. Client will be able to pay rent moving forward.



Compass Community Center

CLIENT AGREEMENT FOR RETURN OF RENTAL/SECURITY DEPOSIT

Client Name: [] PE ID: []

I am applying to rent a residential property at the location described below, and the lease requires payment of a rental/security deposit. I am requesting financial assistance to cover my rental/security deposit.

[]
Address of Rental Property

The rent is \$ [] per []. The rental/security deposit is \$ []

If financial assistance for rental/security deposit is provided, I agree to abide by the terms of my lease agreement to ensure that the rental/security deposit is returned in full.

I understand that when I vacate the property at the end of the lease, the rental/security deposit paid by Compass, Inc. on my behalf MUST be returned to Compass, Inc. as required by section 83.49, Florida Statutes.

If my landlord refunds the rental/security deposit to me, I agree to return the entire amount of the deposit to Compass, Inc.

[]

Client / Guardian Signature

[]

Date

[]

Case Manager Signature

[]

Date

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Compass Community Center
RENTAL/SECURITY DEPOSIT AGREEMENT

This Security Deposit Agreement verifies that Tenant has applied to rent a residential property at the location described below, and that the lease requires payment of a rental/security deposit.

Tenant:
[]

Name
[]

Address of Rental Property
[]

Phone
[]

Email
[]

Landlord:
[]

Name
[]

Address
[]

Phone
[]

Email
[]

The rent is \$ [] per []. The rental/security deposit is \$ []

If Tenant is eligible for rental/security deposit assistance, I agree to accept payment from Compass, Inc. on their behalf to cover the cost of the rental/security deposit. I understand that payment may take up to 30 days to receive. Further, I understand that when Tenant vacates the property for termination of the lease, rental/security deposits paid by Compass, Inc. on behalf of the Tenant MUST be returned to Compass, Inc. as required by section 83.49, Florida Statutes, and shall not be returned to Tenant.

Rental/security deposits should be returned to:

Health Services Director
Compass, Inc.
201 N Dixie Hwy.
Lake Worth Beach, FL 33480

[]

Landlord Signature

[]

Date



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Sending referrals in PE



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Close Edit Create View Active Print

Client Profile :
Palm Beach County - HIV Care

Profile Address Alert Demogra

Name Last
Name First
Name Middle
Name Suffix
Also Known As
Current Gender
Birth Gender
SSN
Birth Date
Age
Provide Client ID
[ADAP Client ID](#)
URN
Ryan White Status
EMessaging Setup
Okay to send email?
Okay to send text messages?
Cell Phone Carrier
Cell Phone with Area Code
Program Enrollment Records
Create Prog

- Acuity Assessment
- Appointment
- CM Action Plan
- CM Assessment
- COVID 19 Assessment
- EIS Episode of Care
- EHE Enrollment
- Eligibility Assessment
- Eligibility Override
- Eligibility Update Progress Log
- Letter
- Payment Request
- PHQ
- Premium Payment
- Progress Log
- Provider Note
- Referral**
- Report
- Required Action
- SAMISS Assessment
- Scan Document
- Service Provided
- Specialty Care Referral
- Test Result
- Tobacco Use Assessment
- Vaccine

TI [06/11/2015]

enefits RWA Eligibility

Status / Start / End /



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Compass - Client Services : Lysette Perez/psc [07/17/2025]








Referral

Referral Status	* Open
Referring Person	* Lysette Perez
Referral Date	* 07/17/2025
Eligibility Date Expire	07/14/2026
Referred Type	* Internal
Referred To	*
Referred for Service Type	*
Referred To Assignee	*
Referred for Service Description	*
Date Check Back	* 08/17/2025
Attachment Type	Image

Images

Attach Save As

Referral

Referral Status	* Open	Select From View	
Referring Person	* Lysette Perez	Please select item(s) from the view.	
Referral Date	* 04/01/2024		
Eligibility Date Expire	04/21/2024		
Referred Type	* Internal		
Referred To	*	    	
Referred for Service Type	*	Agency /	Service Type /
Referred To Assignee		AIDS Healthcare Foundation	AHF- Local Pharmacy Assistance
Referred for Service Description	*	AIDS Healthcare Foundation	Ambulatory Outpatient Medical Care
		AIDS Healthcare Foundation	Early Intervention Services
		AIDS Healthcare Foundation	Eligibility Assessment
		AIDS Healthcare Foundation	Lab Services
		AIDS Healthcare Foundation	Medical Case Management
		AIDS Healthcare Foundation	Medical Transportation
		AIDS Healthcare Foundation	Mental Health Services
		Broward Regional Health Planning Council	Insurance Support Services
		CAN Community Health, Inc	Rapid Entry to Care (REC)
		Compass	Early Intervention Services
		Compass	Eligibility Assessment
		Compass	Emergency Financial Assistance
		Compass	Insurance Support Services
		Compass	Medical Case Management
		Compass	Medical Transportation
		Compass	Mental Health Services
		Compass	Non Medical Case Management
		Florida Department of Health Palm Beach County	ADAP
		Florida Department of Health Palm Beach County	Ambulatory Outpatient Medical Care
		Florida Department of Health Palm Beach County	Early Intervention Services
		Florida Department of Health Palm Beach County	Eligibility Assessment
Date Check Back	* 05/01/2024		
Attach Documentation			
Attachment Type	Image		
Images			
 Attach  Save As			

OK Cancel



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Referral

Referral Status	* Open
Referring Person	* Lysette Perez
Referral Date	* 04/01/2024
Eligibility Date Expire	04/21/2024
Referred Type	* Internal
Referred To	* Compass
Referred for Service Type	* Emergency Financial Assistance
Referred To Assignee	Raymond Cortes
Referred for Service Description	*
Date Check Back	* 05/01/2024
Attach Documentation	
Attachment Type	Image
Images	

Attach Save As



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Referral

Referral Status	* Open
Referring Person	* Lysette Perez
Referral Date	* 04/01/2024
Eligibility Date Expire	04/21/2024
Referred Type	* Internal
Referred To	* Compass
Referred for Service Type	* Emergency Financial Assistance
Referred To Assignee	Raymond Cortes
Referred for Service Description	* See attached EFA rent request documents
Date Check Back	* 05/01/2024
Attach Documentation	
Attachment Type	File
File Attachments	

Attach Save As Launch

- 1234 EFA APP 3 27 24.pdf
- 1234 EFA CAR INS 3 27 24.pdf
- 1234 EFA FINANCIAL ASSMT 3 27 24.pdf
- 1234 EFA FPL 3 27 24.pdf
- 1234 EFA LEASE 3 27 24.pdf
- 1234 EFA MEMO 3 27 24.pdf
- 1234 EFA PHONE 3 27 24.pdf



FAQ



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Q: How often are referrals checked in PE?

A: Weekly

Q: How long does it take to process a referral once approved?

A: 1 -4 weeks depending on when it was received and accuracy of documentation.

Q: If my client has an FPL cut off notice is there anything I can do to speed up the EFA process?

A: No. However, you can contact FPL Assist and complete a Commitment to Pay. Depending on your agency's policies this may need to be done by a supervisor.

Q: Under the 1/12 rule is it per client or for all client's total?

A: All clients total



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Q: Why does it take so long for an EFA payment?

A: Compass' finance department has specific days they process checks that can take up to 2 weeks. A need for clarification of accuracy when a request is submitted can make this take longer.

Q: Do I need an eviction notice if a client is about to be evicted?

A: Yes. If you are requesting funds because the client has a notice, we need to see the notice.

Q: Can EFA funds be given to a client without legal status?

A: Yes.



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Q: If a client is renting a room are they eligible for EFA?

A: Yes. Documentation is needed to show the amount paid for the room and to whom it is paid.

Q: What documentation is needed if the client doesn't have a formal lease?

A: A letter from the landlord or person they are renting from stating the amount and that the client lives at that address.

Q: Does the payment have to go to a company?

A: Not necessarily. If the client is renting from a person that is not a company, we can pay that person. We cannot pay the client.



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GY 25 Case Scenario

- **Client was referred by 2 different Case Managers**
- **3 different EFA requests**
- **Power, Water & Rent**
- **Documentation did not align**
- **Payments made months after referrals were submitted**



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**Please send questions via email to
Lysette@CompassLGBTQ.com**





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Ryan White Part A Grant Year 2026 In-Service

Health Insurance Premium & Cost Sharing Assistance (HIPCSA)



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Learning Objectives

- Types HIPCSA
- Eligibility & Insurance Coverage Payor Sources
- Insurance Coverage Payor Sources Overview
- Procedure
- Premium Referral Documents and Information
- Copay/Deductible Referral Documents and Information
- Locating Documents in PE
- Sending Referrals in PE
- Questions



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Types of HIPCSA

- Premium Assistance
- Copay Assistance
- Deductible Assistance



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Eligibility

All clients Eligible to receive RWHAP services in PBC
are eligible to receive HIPCSA if there is no other payor source.



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Insurance Coverage Payor Sources & Overview

RW-Part A, Medicaid, Medicare,
Employer, Spouse, Parent

Procedure

- Ensure client is eligible for RWHAP Part A HIPCSA
- Ensure accurate documents are in PE scanned documents
- Proof of Coverage
- Complete all referral documents
- Submit all documents as a PDF attachment to referral in PE.
- Inform service provider agency of any changes in client's situation that may require cancellation of payment.



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Documents and information to submit with PREMIUM referral

- Carrier invoice, My Plans and Programs Page, or other invoice
- Memo explaining why client isn't eligible for other payor source when applicable
 - Client is employed but not on employer sponsored coverage
 - Client's FPL makes them ineligible for Part B Premium assistance
- Carrier login information in order to acquire monthly Premium Invoice or CM must send updated invoice and memo each month



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Date: _____

PE ID#: _____

Health Insurance Premium & Cost Sharing Assistance

(HIPCSA) Procedure and Checklist

This document is a guide to referring clients for
Health Insurance Continuation to Compass, Inc.

Procedure:

- Update Clients Insurance coverage information in PE.
- Complete all initial referral documents listed below.
- Submit all documents as a PDF attachment to initial referral in PE.
- Inform service provider agency of any changes in the client's situation that may require cancellation of payment.

Initial Referral/Enrollment documents checklist for Premium Payments

- Proof of Coverage
 - o My Plans and Programs Page from HealthCare.gov
 - o Insurance Carrier Invoice
- Client's Carrier username and password in order to access monthly invoice.
 - o If unwilling to provide CM will need to send updated invoice via PE referral monthly
- HICS Memo
 - o Memo must include why client is not eligible for Part B Premium assistance or Employer Sponsored Coverage (if employed).

Initial Referral/Enrollment documents checklist for Copayments

- Invoice from medical provider showing amount owed.
- Explanation of Benefits (EOB) showing matching amount of copayment indicated on provider invoice.
- Proof the provider is in-network with insurance carrier.
- HICS Memo
 - o Memo must include explanation why client does not have sufficient income (if employed) to pay copayment, why client needed to see this provider (if not ID doctor).

Program Guidance:

The Emergency Financial Assistance service category may assist with short-term assistance for medications. LPAP funds are not to be used for emergency or short-term financial assistance. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client shall not be funded through emergency financial assistance.



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HealthCare.gov

Lysette | Logout Español

Florida

[? HELP](#)

< [2026 application for Individuals & Families \(ID#: 7189472540\)](#)

[View all applications](#)

[My plans & programs](#)

- My plan profile
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Exemptions
- Tax forms

My plans & programs (1)

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

Need to terminate your coverage? [Start here](#).

Status: Active

**BlueSelect Bronze
2139 (\$50 PCP Visits
/ Rewards)
16842FL0120091**

Florida Blue
PO Box 660879
Dallas, TX 75266-0879
1-800-352-2583

<http://www.floridablue.com>

VIEW PLAN BENEFITS

Base premium **\$1,782.45/mo.**
[Premium tax credit](#) **\$-0.00/mo.**

You pay: **\$1,782.45/mo.**

Members:	Start date:	End date:	Action:
Lysette Perez	01/01/2026	12/31/2026	REMOVE



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Florida Blue

Enrollment & Billing Department
P.O. Box 44236
Jacksonville, FL 32231-4236

Billing Statement

Due Date	06/01/2023
Total Amount Due	\$1,490.91

Lysette Pérez
201 N. Dixie Hwy
Lake Worth Beach, FL 33460

Member ID: H32931083

Plan Information	Billing Details	Amount Due
BlueSelect Gold 1835		
Previous Balance Amount:	\$2,981.82	
Coverage Period: 06/01/2023 – 06/30/2023	\$1,490.91	
Amount Due:		\$1,490.91

Thank you for your last payment of \$2,981.82.

The COVID-19 public health emergency ended May 11. Many of the processes that were put in place to help you get care during the pandemic have now returned to normal. See what changed on [FloridaBlue.com/Moving Forward](https://FloridaBlue.com/MovingForward).

Statement created: 05/09/2023

Florida Blue

Florida Blue accepts payment on behalf of Florida Blue, Florida Blue HMO, and Florida Combined Life Insurance Company, Inc.

Make checks payable to: FLORIDA BLUE

Premium Payment	
Due Date	06/01/2023
Amount Due	\$1,490.91
Invoice Number	163087530-00
Member Number	H32931083

Important: If you pay by check, include this payment stub. For other ways to pay, see the next page.

Lysette Pérez
201 N. Dixie Hwy
Lakeworth Beach, FL 33460

Florida Blue
PO Box 660879
Dallas, TX 75266-0879

10000000000H32931083800001490912



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Memo

To: Raymond Cortes

From: Mars Tran

Agency: Compass Community Center

Date: 1/29/2026

Objective: Insurance Support Services

Case Manager: Sheariah Honore

Client ID: 1234

NOE Expires: 09/25/2026

FPL: 54%

Description of Need:

Client is requesting assistance with their insurance premium being sent to:

- **Florida Blue**
P.O. Box 660879
Dallas, TX 75266-0879

The payment will cover January of 2026

- **Premium Amount: \$1,782.45**

This client is not currently eligible for a tax credit. In order for the client to remain virally suppressed, it is essential that they continue to have receive financial assistance for their insurance premiums, and continue to have access to their medication.

Documents and information to submit with COPAY, DEDUCTIBLE referral

- Copay/Deductible Invoice from medical provider
- Proof that provider is in-network with client's plan
 - Summary of Benefits page showing copay amount
 - Information from carrier site showing provider in-network
- Memo explaining why client is in need of copay assistance (see draft examples)



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Memo

To: Raymond Cortes

From: Lysette Pérez

Agency: Compass Community Center

Date: 4/30/2026

Objective: Insurance Support Services

Case Manager: Lysette Pérez

Client ID: 1234

NOE Expires: 09/25/2026

FPL: 54%

Description of Need:

Client is requesting assistance with their copayment for date of service 3/16/26 at:

- **Rayus Radiology
Address**

The payment amount: **\$250.00**

Client was referred to Rayus by their Primary Care Physician for an MRI of the spine due to complaints of back pain. Client's income is only enough to support living expenses. Payment of MRI copayment will allow client to identify and treat back pain allowing the client to maintain overall health reducing stress. Stress reduction supports medication adherence and viral suppression.



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Sending referrals in PE



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Close Edit Create View Activate Print

Client Profile :
Palm Beach County - HIV Care

Profile Address Alert Demogra

Name Last
Name First
Name Middle
Name Suffix
Also Known As
Current Gender
Birth Gender
SSN
Birth Date
Age
Provide Client ID
[ADAP Client ID](#)
URN
Ryan White Status
EMessaging Setup
Okay to send email?
Okay to send text messages?
Cell Phone Carrier
Cell Phone with Area Code
Program Enrollment Records
Create Prog

- Acuity Assessment
- Appointment
- CM Action Plan
- CM Assessment
- COVID 19 Assessment
- EIS Episode of Care
- EHE Enrollment
- Eligibility Assessment
- Eligibility Override
- Eligibility Update Progress Log
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- Payment Request
- PHQ
- Premium Payment
- Progress Log
- Provider Note
- Referral**
- Report
- Required Action
- SAMISS Assessment
- Scan Document
- Service Provided
- Specialty Care Referral
- Test Result
- Tobacco Use Assessment
- Vaccine

TI [06/11/2015]

enefits RWA Eligibility

Status / Start / End /



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Compass - Client Services : Lysette Perez/psc [07/17/2025]

Referral

Referral Status	* Open
Referring Person	* Lysette Perez
Referral Date	* 07/17/2025
Eligibility Date Expire	07/14/2026
Referred Type	* Internal
Referred To	*
Referred for Service Type	*
Referred To Assignee	*
Referred for Service Description	*
Date Check Back	* 08/17/2025
Attachment Type	Image



Images

Attach Save As

Close   Link to Client Profile






Referral : (0)
Compass - Client Services : Lysette Perez/psc [07/17/2025]

Referral

Referral Status	* Open
Referring Person	* Lysette Perez
Referral Date	• 07/17/2025
Eligibility Date Expire	07/14/2026
Referred Type	• Internal
Referred To	•
Referred for Service Type	•
Referred To Assignee	
Referred for Service Description	•
Date Check Back	• 08/17/2025
Attachment Type	Image
Images	
 Attach  Save As	

Select From View ✕

Please select item(s) from the view.

Agency	Service Type
AIDS Healthcare Foundation	AIDS Pharmaceutical Assistance
AIDS Healthcare Foundation	Ambulatory Outpatient Medical Care
AIDS Healthcare Foundation	Early Intervention Services
AIDS Healthcare Foundation	EFA - Emergency Medication
AIDS Healthcare Foundation	Eligibility Assessment
AIDS Healthcare Foundation	Food - Nutritional Supplements
AIDS Healthcare Foundation	Insurance Support Services
AIDS Healthcare Foundation	Lab Services
AIDS Healthcare Foundation	Medical Case Management
AIDS Healthcare Foundation	Medical Transportation
AIDS Healthcare Foundation	Mental Health Services
Broward Regional Health Planning Council	Insurance Support Services
CAN Community Health, Inc	AIDS Pharmaceutical Assistance
CAN Community Health, Inc	Ambulatory Outpatient Medical Care
CAN Community Health, Inc	Rapid Entry to Care (REC)
Compass	Early Intervention Services
Compass	Eligibility Assessment
Compass	Emergency Financial Assistance
Compass	Insurance Support Services
Compass	Medical Case Management
Compass	Medical Transportation
-Cnmnass.	MentalHealth_Services



ENGAGE • EMPOWER • ENRICH

the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ+) people
and those impacted by HIV and AIDS.

Close Link to Client Profile Acknowledge

Referral Compass - Client Services : Lysette Perez/psc [07/17/2025]

Referral

Referral Status	* Open
Referring Person	* Lysette Perez
Referral Date	* 07/17/2025
Eligibility Date Expire	07/14/2026
Referred Type	* Internal
Referred To	* Compass
Referred for Service Type	* Insurance Support Services
Referred To Assignee	Mars Tran
Referred for Service Description	* See attached Premium Assistance Request documents
Date Check Back	* 08/17/2025
Attachment Type	Image

Images

Attach Save As



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the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ+) people and those impacted by HIV and AIDS.

Referral

Referral Status: **Open**

Referring Person: **Lysette Perez**

Referral Date: **07/17/2025**

Eligibility Date Expire: **07/14/2026**

Referred Type: **Internal**

Referred To: **Compass**

Referred for Service Type: **Insurance Support Services**

Referred To Assignee: **Mars Tran**

Referred for Service Description: **See attached Premium/Copay/Deductible Assistance Request**

Date Check Back: **08/17/2025**

Attachment Type: **File**

File Attachments

Attach Save As Launch

Organize New folder

Name	Status	Date modified	Type
1234 Copay Inv DOS 6 17 25	✓	4/1/2024 10:45 AM	Adobe Acrobat
1234 Copay Memo DOS 6 17 25	✓	4/1/2024 10:40 AM	Adobe Acrobat
1234 Deductible Inv DOS 6 17 25	✓	4/1/2024 10:45 AM	Adobe Acrobat
1234 Deductible Memo DOS 6 17 25	✓	4/1/2024 10:40 AM	Adobe Acrobat
1234 Prem Inv Aug	✓	4/1/2024 9:09 AM	Adobe Acrobat
1234 Prem Memo Aug	✓	4/16/2024 10:35 AM	Adobe Acrobat
Compass Client Agreement for Return of ...	✓	7/7/2025 7:41 AM	Adobe Acrobat
Compass Security Deposit Agreement	✓	7/7/2025 7:42 AM	Adobe Acrobat
EFA CM Procedure and Checklist	✓	7/7/2025 8:07 AM	Adobe Acrobat
EFA Manual	✓	4/1/2024 8:47 AM	Adobe Acrobat
EFA Memo Template	✓	12/19/2023 10:28 AM	Adobe Acrobat
Example My Plans	✓	4/1/2024 9:05 AM	Adobe Acrobat
Example Prem Memo	☁	4/1/2024 9:20 AM	Microsoft Word
Financial Assessment Worksheet 2016	✓	9/14/2020 3:19 PM	Adobe Acrobat
HIPCSA Chklist	✓	4/1/2024 9:00 AM	Adobe Acrobat

File name: 1234 Copay Inv DOS 6 17 25

Open Cancel



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Referral

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Referred To Assignee	Mars Tran
Referred for Service Description	* See attached Premium/Copay/Deductible Assistance Request documents
Date Check Back	* 08/17/2025
Attachment Type	File

File Attachments

Attach Save As Launch

- 1234 Copay Inv DOS 6 17 25.pdf
- 1234 Copay Memo DOS 6 17 25.pdf
- 1234 Deductible Inv DOS 6 17 25.pdf
- 1234 Deductible Memo DOS 6 17 25.pdf
- 1234 Login Info.pdf
- 1234 Prem Inv Aug.pdf
- 1234 Prem Memo Aug.pdf



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the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ+) people and those impacted by HIV and AIDS.

Close | Link to Client Profile | Acknowledge

Referral :
Compass - Client Services : Lysette Perez/pbc [07/17/2025]

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Attach | Save As | Launch

- 1234 Copay Inv DOS 6 17 25.pdf
- 1234 Copay Memo DOS 6 17 25.pdf
- 1234 Deductible Inv DOS 6 17 25.pdf
- 1234 Deductible Memo DOS 6 17 25.pdf
- 1234 Prem Inv Aug.pdf
- 1234 Prem Memo Aug.pdf

Save Changes?

Want To Save Your Changes?

Yes No Cancel



ENGAGE • EMPOWER • ENRICH

the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ+) people
and those impacted by HIV and AIDS.

**Please send questions via email to
Lysette@CompassLGBTQ.com**



Florida Department of Health

AIDS Drug Assistance Program (ADAP) and Rapid Entry-to-Care (REC) In-Service Training

Florida
HEALTH

April 23, 2026

Presenter



Hyguette Joseph

ADAP Manager

HIV/AIDS

Florida Department of Health in Palm Beach County



Courtney Koontz

QI Data Analyst

HIV/AIDS

Florida Department of Health in Palm Beach County

Introduction to ADAP

What is ADAP?

- Stands for AIDS Drug Assistance Program (ADAP).
- Statewide, federally-funded prescription program.
- Funded by Part B of the Ryan White Treatment Modernization Act and state general revenue funds.
- ADAP helps ensure that people living with HIV and AIDS who are uninsured or under-insured have access to HIV treatment.

Who Does ADAP Serve?

Persons of All Ages Living with HIV+ Status:

- Pregnant women and children born to HIV-positive mothers who are not eligible for Medicaid.
- Persons who do not have insurance.
 - ADAP must always be the payer of last resort.
- Medicare Part D clients.
 - To prevent a coverage gap, also known as the “donut hole”.

Who Does ADAP Serve?

- Affordable Care Act (ACA) client-approved by ADAP with income.
 - Federal Poverty Level (FPL) 50%-400% starting March 10, 2026.
- Medically needy.
 - Share of cost if they do not meet their monthly amount.

Qualifications

Application Documentation Requirements

1. Positive HIV test.
2. Proof of Florida residency.
3. Notice of eligibility (NOE) letter for HIV/AIDS Patient Care Program.
4. Insurance screening, Medicaid screening, and application or denial letter (if uninsured).

Qualifications

5. Have at least one valid prescription medication on the ADAP formulary [FloridaHealth.gov](https://www.floridahealth.gov).
6. Prescription written in the state of Florida.
7. CD4 labs within 12 months and viral load labs within six months (no longer required at time of enrollment but still needed).

Direct Medication Assistance

Direct medication assistance is only administered by Prime Therapeutics at approved pharmacies.

- Prime Therapeutics
 - ADAP prescriptions can be filled at a variety of pharmacies in your area.
 - Prime Therapeutics sends prescription discount cards to ADAP clients in the mail.
 - To find an in-network pharmacy near you, visit [FLDOH.PrimeTherapeutics.com](https://www.flDOH.PrimeTherapeutics.com) or call client services at 833-604-0925.

Premiums Assistance Benefits

- **Federal Marketplace**

- ADAP assists with premiums and out-of-pocket costs for drugs on the program formulary.
- ADAP will pay ACA insurance premiums for clients with income above 50% FPL-400%.
- ADAP does not pay for dental, vision, or out-of-pocket costs. Resources are available within the HIV Care Network to assist with these services.

- **Employer-Sponsored Insurance**

- Letter from employer stating they will accept a third-party check is required.

Premiums Assistance Benefits

- **COBRA**

- Must enroll and submit proof of signed application (entire packet required).

- **Medicare**

- New and returning clients must have A and B card. Must apply for Part D or C. Must apply for the Low-Income Subsidy (LIS) also known as Extra Help to be able to continue ADAP services.

- **Medicaid Medically Needy Share of Cost**

- May enroll or remain in the ADAP program if client doesn't meet their share of cost and must have the Medicaid form showing the share of cost amounts.
- All premium information must be sent to ADAP and Broward Regional Health Planning Council for payment at [BRHPC](#).

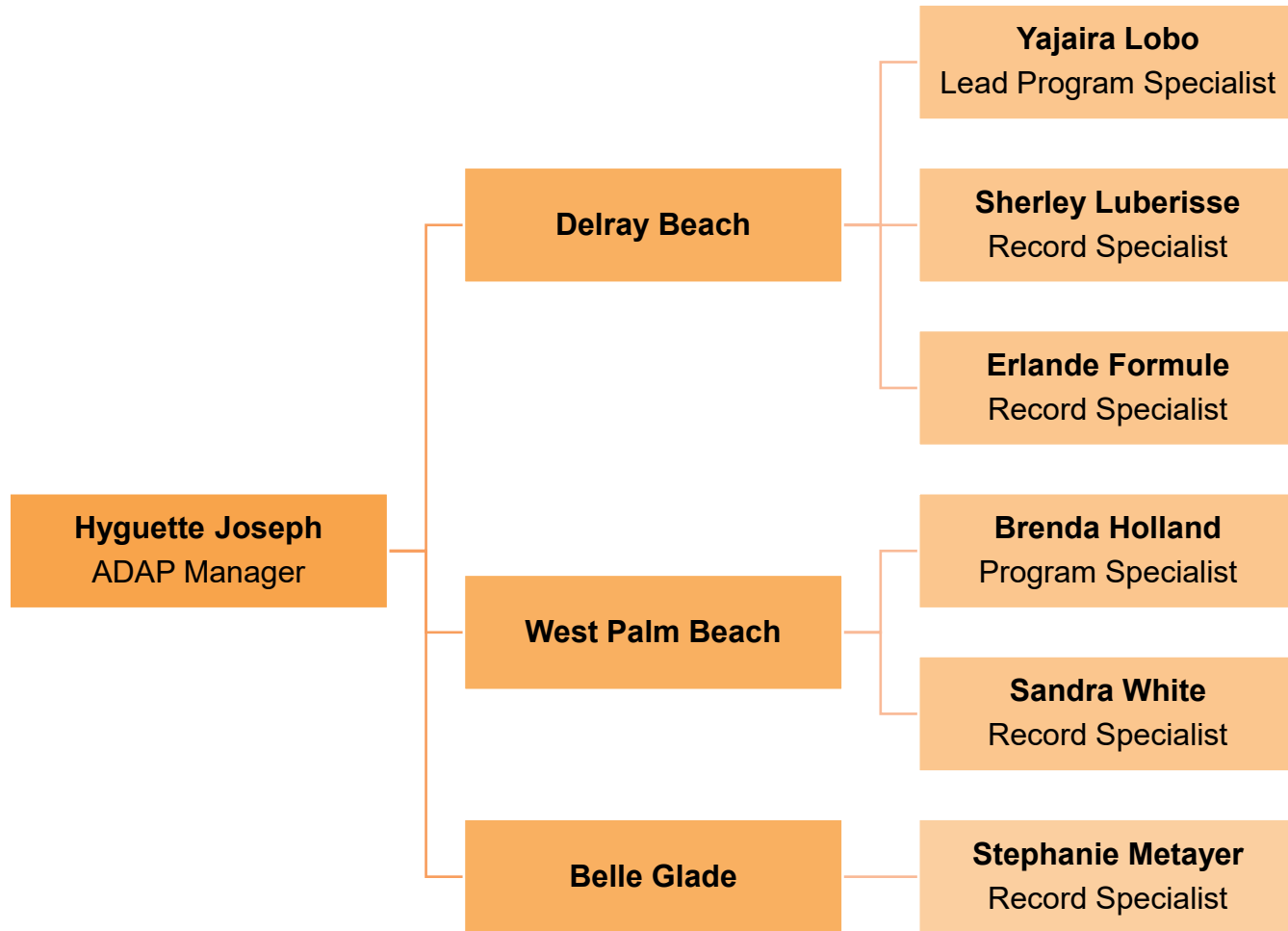
ADAP Recertification

- Must be evaluated every year.
- Ryan White eligibility (NOE) must always be current.
- Client must re-enroll over the phone or online before their enrollment period expires, or their record will automatically close in the ADAP database on the date specified in the ADAP system.
- An online account can be set up by calling the help desk at 844-381-ADAP (2327) or contacting local ADAP staff.
- Website to renew ADAP services: FLadap.ProvideCM.net.

Disenrollment

- Moved out of state.
- Overdue enrollment.
- Non-adherence (90 day no pick-up).
- Eligible for full LIS (dual enrollment).
- Private insurance (if all medications are covered).
- Has prescription coverage from Medicaid, private insurance, or participation in a program that provides reimbursement for long-term medications.
- Patient requested closure.
- 400% over income (monthly or yearly).
- Undocumented with insurance with FPL 0-400%.
- Documented with ACA insurance with FPL 0-49% (unless previously grandfathered).
- Refusal to comply with Medicaid requirements.
- Medical needs if client meets share of cost.

Meet the ADAP Team

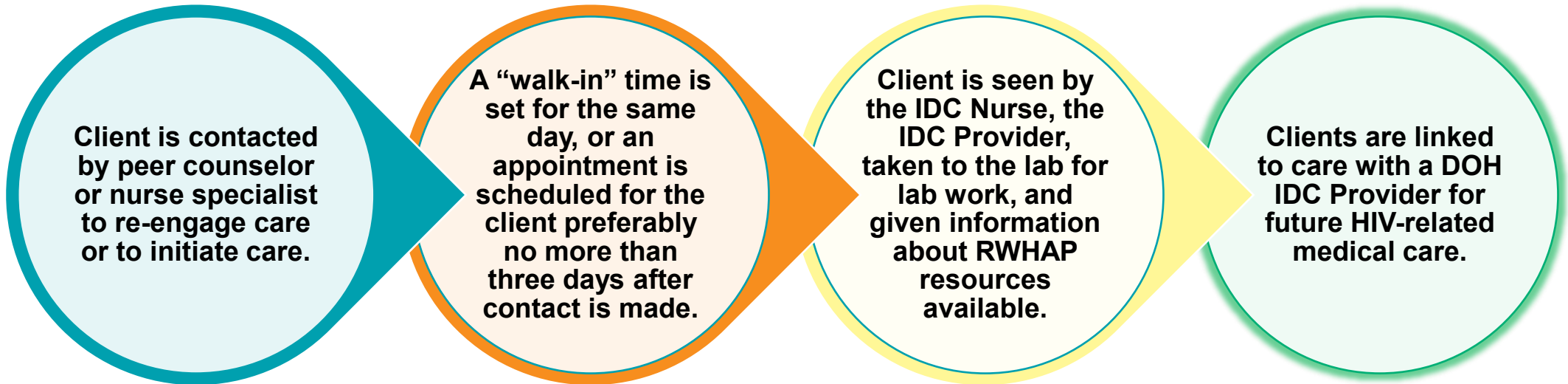


Hyguette Joseph
ADAP Manager
HIV/AIDS Program

C: 561-389-6951
DB: 561-274-3185
WPB: 561-530-6030

Introduction to Rapid Entry-to-Care (REC)

Intake Process



What's Covered

- Rapid entry-to-care through the Florida Department of Health will cover the office visit cost of:
 - Initial intake visit
 - Two-week follow-up visit
 - First set of labs ordered by the IDC Provider
- Clients will be assessed and reviewed to determine their Notice of Eligibility (NOE) status for RWHAP resources within 30 days of the intake visit.

Meet the REC Team



Dr. Berthline Isma,
PhD, MPH, MSPH,
MBA, CEPH
Patient Care and
Quality Improvement
Manager
C: 561-828-1346



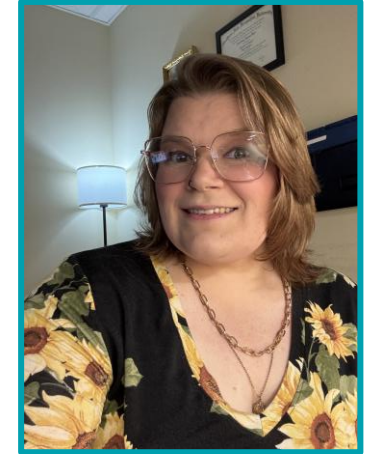
Denise Brown
Peer Counselor I
C: 561-597-0654



Rony Pierre
Peer Counselor I
C: 561-449-9400



Wily Joseph, RN
Nurse Specialist
C: 561-815-9037



Courtney Koontz
QI Data Analyst
REC Fiscal Specialist
D: 561-530-6887

Poverello



**Brad Barnes,
Live Well Center
Manager/
Program & Quality
Manager**

**Emma Roca,
Intake Specialist/
West Palm Beach
Coordinator**

Referrals

1. All clients need a yearly referral with the SNAP benefit document.
2. SNAP benefit must be up to date.
3. New clients must have a referral with the intake form and SNAP benefits.
4. We will accept new referrals. However, they will be allocated in a waiting list.

Food Voucher Program

1. "First come first served".

2. Due to funding, all other clients will be in a waiting list.

3. Waiting list includes food delivery service.

4. Vouchers will be Publix or Walmart "Perfect Gift".





Food Delivery Service

FOOD DELIVERY SERVICE

Order in Smartchoice: PE Number and Pin Number
www.poverello.org

FOOD IS MEDICINE™
COALITION



Orders are in by Tuesday, and orders are out next week. (Tuesdays)
Please have address and phone numbers that are correct in PE for all food deliveries.

Poverello



■ Brad Barnes, Program & Quality Manager

Bbarnes@Poverello.org 954 561 3663 ext 117

■ Emma Roca, Intake Specialist/West Palm Beach Coordinator

Eroca@poverello.org 954 561 3663 ext 109



MIDWAY SPECIALTY CARE CENTER

FLORIDA'S INFECTIOUS DISEASE SPECIALISTS



About Us

MOTI RAMGOPAL, MD, FACP, FIDSA

Dr. Ramgopal, Founder and Director of Midway Immunology and Research Center and Midway Specialty Care Center, is a leading infectious disease specialist and Clinical Professor at Florida State University. Board-certified with over 25 years of experience, he has overseen 300+ clinical trials and published research in top journals like *The Lancet*. A consultant for Caribbean health initiatives, he is committed to advancing healthcare access and ending HIV and HCV pandemics by 2030. His contributions earned him recognition as a top Infectious Disease Doctor by *U.S. News & World Report*.



Mission

Midway Specialty Care Centers are organized as a non-profit healthcare clinics designed to provide an integrated and holistic approach to patient and community care. The clinics' goal is to maximize patient choice to empower patients to assume responsibility for their healthcare decisions. Midway Specialty Care Centers targets its services to all HIV, AIDS, and Hepatitis C patients in the service area. The clinical care model used focuses on chronic, primary, and acute care, and will include the medically-needy and underserved patients in the community. The clinics are dedicated to promote and maintain a climate of respect, confidentiality, prevention, consultation and education, as well as to ensure a continuity of care. The clinics are committed to forming community partnerships to further assist patients in acquiring access to services.

OUR HISTORY

2003



**Midway
Immunology
&
Research
Center**

2013



**Midway
Specialty
Care Center,**
Fort Pierce

2016



**Midway
Specialty
Care
Pharmacy,**
Fort Pierce

2017



Temple
Terrace
**Midway
Primary
Care,**
Fort Pierce

2018



Wilton
Manors,
Orlando,
West Palm
Beach

2019



Miami
Beach,
Key West

Guyana

Trinidad &
Tobago

2020



South Miami,
Georgetown,
Guyana

**Pharmacy
Location:**
Wilton
Manors

2022



Miami -
Coconut
Grove,
Atlantis,

**Pharmacy
Location:**
Temple
Terrace

OUR HISTORY

2023



Ormond Beach

2024



TelePrEP Services

PRESENT



Tampa,
Jacksonville,
St. Augustine,
Jupiter



Midway Research Sites:

Miami,
Orlando,
West Palm Beach





Midway Specialty Care Center Research

- 400+ Clinical Trials

- Researching:

- HIV
- PrEP
- HEP B
- HEP C
- SARS-CoV-2
- HSV
- C. difficile
- And more...

- 119 Actively Enrolled Patients

- 1500+ Patients Have Been and are Currently Enrolled in Clinical Trials Since 2005

- Types of Studies Conducted

- Clinical Phases I-IV
- Interventional & Observational
- Retrospective & Prospective

- Collaborators:

abbvie



REGENERON

TaiMed
Biologics



Services at Midway



- **Free Rapid HIV Testing**
- **STI Testing**
- **HIV Prevention**
- **HIV/AIDS & Hep C Care**
- **Women's Health**
- **Infectious Diseases**
- **Nutritional Wellness**
- **Immunizations**
- **TeleHealth**
- **Clinical Research**
- **In-House Pharmacies**
- **Case Management**

Comprehensive Infectious Disease Care

- We specialize in expert care and management for a wide range of infectious diseases including HIV.
 - **Ryan White Part A Services in Palm Beach and Orange County**
- **Rapid Entry to Care services available at the clinics!**
- **We've adopted the Patient-Centered Medical Home (PCMH) model which promotes a partnership between patients and their healthcare team, providing accessible, coordinated, comprehensive, and continuous quality health care, ensuring that all of the patient's preventive, acute, and chronic care needs are met.**

OAHS Best Practices

- Patient Should bring to appointment:
 - Photo ID
 - Insurance Card if applicable: (If patient is insured, we MUST bill insurance)
 - Copy of Most Recent Labs
 - Medication List
- Translation Services Available

New patients should arrive 20 minutes early to complete paperwork.

Rapid Entry to Care

- Appointment with a medical provider within 72 hours including labs and medication samples
- Case Managers will facilitate Ryan White Enrollment
- **For Referrals:** If you have proof of positive, please have the client bring it!

West Palm Beach, FL

Linda Klumpp, MD

Dr. Linda C. Klumpp, an Infectious Disease and Internal Medicine specialist and Air Force veteran, combines personalized patient care with a passion for global health, women's health, and disease prevention. Based in Florida, she actively supports outreach efforts in Haiti and Tanzania and volunteers in her local community.



Jennifer Kuretski, DNP, APRN,AAHIVS

Dr. Jenn Kuretski, an advanced practice registered nurse specializing in infectious diseases, oversees Midway's West Palm Beach & Jupiter offices. A Doctor of Nursing from the University of Miami and certified HIV Specialist, she has contributed to 50+ clinical trials and previously served as adjunct faculty at UM's School of Nursing.



Address

2247 Palm Beach Lakes
Blvd., Suite 209
West Palm Beach, FL 33409

Contact Us

Phone (561) 249-2279
Fax (561) 720-2970

Atlantis, FL

Suzanne Succop, MD

Dr. Suzanne Y. Succop, MD, FACP, is a board-certified Infectious Disease specialist with 30 years of experience in Palm Beach County hospitals. Trained at the University of Miami and Jackson Memorial Hospital, she focuses on general infectious diseases, HIV, and Hepatitis C care



Address

5507 South Congress Ave
Suite 150
Atlantis, FL 33462

Contact Us

Phone (561) 766-0590
Fax (561) 766-0591

Jupiter, FL

Sreevani Vemuri, MD

Dr Sreevani Vemuri is an infectious disease physician serving the Jupiter community for about 15 years and happy to extend services working with Midway Specialty Care.



Jennifer Kuretski, DNP, APRN,AAHIVS

Dr. Jenn Kuretski, an advanced practice registered nurse specializing in infectious diseases, oversees Midway's West Palm Beach & Jupiter offices. A Doctor of Nursing from the University of Miami and certified HIV Specialist, she has contributed to 50+ clinical trials and previously served as adjunct faculty at UM's School of Nursing.



Address

221 Greenwich Cir
Suite 103
Jupiter, FL 33458

Contact Us

Phone (561) 427-6550
Fax (561) 677-3722

Case Managers & PN/OS

3 Case Managers:

- Andrea Brown : Atlantis
- Cynthia Roman: WPB
- New Case Manager in training

Services:

- 500/501 HIV Certified Testers
- HEP-C Certified Testers
- Ryan White Eligibility
- Recertifications
- Insurance Updates
- Referrals to ADAP, food assistance, vocational training, HOPWA, EHE, Market Place Insurance

Patient Navigator/Outreach Specialist

Lorenzo Lowe: Atlantis, WPB

Case Managers and PN/OS can be contacted for referrals

Case Management Eligibility

Eligibility Required Documents:

- Proof of Positive (Detectable VL or HIV 4th gen test)
- Photo ID
- Insurance Card (If Applicable)
- If working, most recent paystubs (1 months pay)
- Proof of Address if ID is not current
- Social Security Card (If Applicable)

Summary

- Comprehensive OAHS services provided by a team of medical providers:
 - Hector Bolivar, MD : WPB
 - Lorraine Dowdy, DO : WPB
 - Linda Klump, MD : WPB
 - Suzanne Succop, MD : Atlantis
 - Sreevani Vemuri, MD : Jupiter
 - Jennifer Kuretski, DNP, APRN : WPB, Jupiter
- Rapid Entry to Care: We will offer an appointment within 72 hours of referral.
- Case Management services offered across sites.

Any Questions?

thank you 😊



Any Questions: telias@midwaycare.org



OCEANA
COMMUNITY HEALTH, INC.

Empowering health.
Empowering lives.





Empowering health.
Empowering lives.

2406 S Seacrest Blvd, Boynton Beach, FL 33435

Monday-Thursday: 8:00AM to 4:00PM, Friday:
8:00AM-2:30PM

Main Office: (855) 479-4404

Fax: (772) 255-3565

www.oceanahealth.org



Empowering health.
Empowering lives.

Oceana's *Tidal Wave* EHE REC Service

- 1) Referral through PE
- 2) ART Initiation within 72 hours
- 3) Transitional Care Management and Medical Linkage within 30 days



F.L.A.S.H. 

**FLORIDA ACCESS TO SYRINGE
AND HEALTH SERVICES**



The logo for F.L.A.S.H. (Florida Access to Syringe and Health Services) is presented within a white rectangular border. The background is split vertically: the left side is dark blue with silhouettes of palm trees, and the right side is purple. The text 'F.L.A.S.H.' is in large, bold, white, sans-serif font. A yellow lightning bolt is positioned to the right of the text. Below the main text, the full name 'FLORIDA ACCESS TO SYRINGE AND HEALTH SERVICES' is written in a smaller, white, all-caps font. At the bottom of the logo area, two syringes are depicted horizontally.

PALM BEACH COUNTY, FLORIDA





ABOUT US

PROVIDING SYRINGE SERVICES IN PBC
SINCE APRIL 1ST, 2021

PROGRAM OF REBEL RECOVERY FL
(RCO/RCC)

FIRST GRASSROOTS, PEER-LED, AND PEER-RAN
SSP IN FLORIDA

3 MOBILE SITES, 5 DAYS/WEEK

- COMPASS COMMUNITY CENTER
IN LAKE WORTH (MON & FRI)
 - THE LORD'S PLACE IN WEST PALM
BEACH (TUES & THURS)
 - WELLVIEW CARE IN RIVIERA (WED)
 - WESTERN COMMUNITIES (BELLE
GLADE AND SOUTH BAY)
-

COLLABORATION WITH COMMUNITY
PARTNERS

OUR SERVICES

- **SYRINGE SERVICES**
- **WOUND CARE SERVICES**
- **WOUND CARE SUPPLIES**
- **RAPID HIV/HCV TESTING**
- **NAVIGATION TO PREP & HIV/HCV TREATMENT**
- **NAVIGATION TO MOUD SERVICES**
- **PEER SUPPORT SERVICES**

- **DRUG CHECKING SERVICES (UNC DRUG CHECKING LAB)**
- **FENTANYL, XYLAZINE, AND BENZO TESTING STRIPS**
- **CONDOMS, PLAN B, ETC.**
- **SAFER USE/HARM REDUCTION EDUCATION**
- **COMMUNITY OUTREACH WORK**

SINCE APRIL 2021....



**1,063
PARTICIPANTS
SERVED**

**560 SAMPLES
COLLECTED FOR
GC/MS
ANALYSIS**

**370,104 SYRINGES
DISTRIBUTED
(398,374 USED
SYRINGES
DISPOSED)**

1,071 HIV TESTS
• 11 REACTIVE
935 HCV TESTS
• 154 REACTIVE

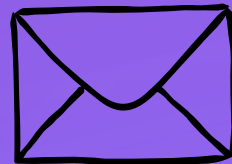
**6,285
EXCHANGE
ENCOUNTERS**

**4,910 NARCAN KITS
DISTRIBUTED (9,820
DOSES)**
**316 REVIVE KITS (632
DOSES)**

CONTACT



REBELRCO.ORG



AUSTIN@REBELRCO.ORG



DIRECT:

561-646-7701

REBEL OFFICE:

561-508-8388



**2110 N FLORIDA MANGO ROAD, WEST PALM BEACH,
FLORIDA, 33409**