



**CAN**

**COMMUNITY HEALTH**

# OUR MISSION

The mission of CAN Community is empowering wellness



# VALUES

At CAN Community Health, we believe that ending epidemics starts with breaking barriers to care. We are committed to providing stigma-free healthcare, ensuring that all individuals- regardless of background or circumstances- have access to life-saving treatment and support

# VISION

To serve as the Nation's premiere resource in ending Epidemics

# GUIDING PRINCIPLES

## COMMUNITY

We engage and uplift the communities we serve, ensuring no one is left behind

## ACCESS

We break barriers to care, ensuring that everyone receives life-saving treatment and support

## RESEARCH

We identify innovative ways to deliver healthcare

## EDUCATE

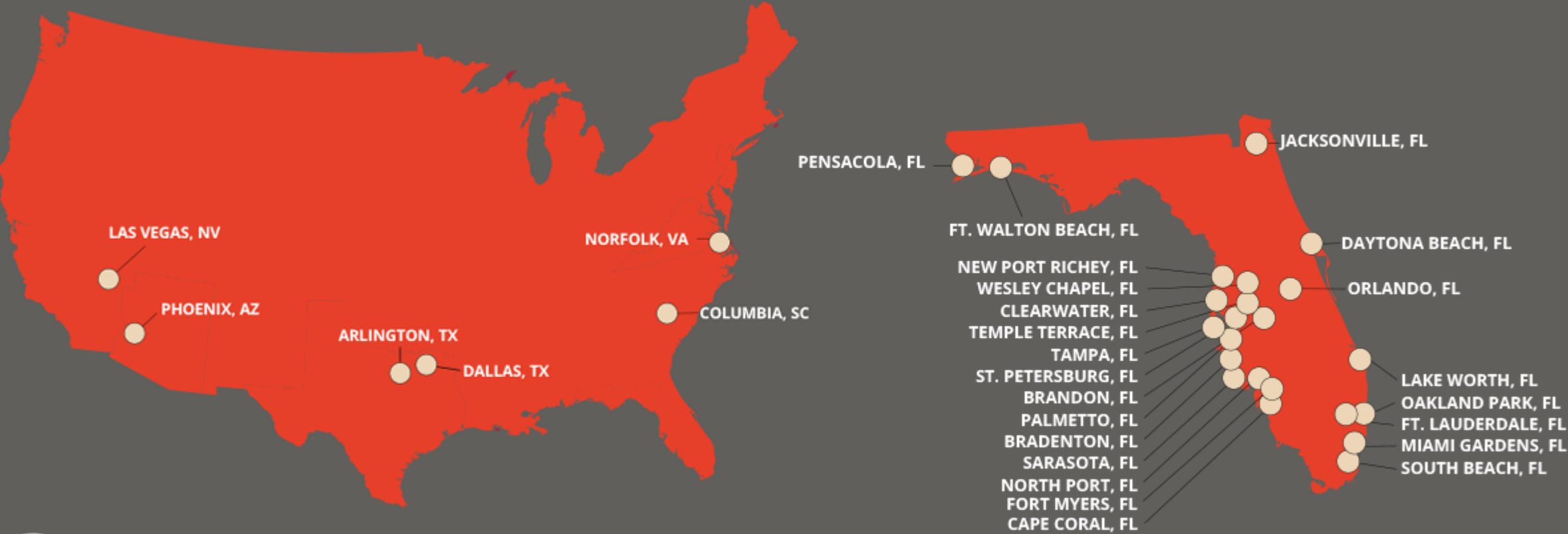
We empower individuals with knowledge and resources for lifelong wellness

## SERVICE

We are committed to exceptional, patient-centered care that transforms lives



EMPOWERING **WELLNESS.**



# Ryan White Funded Clinics

- Arizona: Part A and Prevention
- South Carolina: Part B, EHE, and EHE Prevention
- Sarasota, FL: Part B and Prevention
- St Petersburg, FL: Part A
- Tampa, FL: Part A
- Miami, FL: Part A, B, and EHE
- Lake Worth, FL: Part A, REC
- Jacksonville, FL: Part A, RW EHE
- Orlando, FL: Part A EHE
- Arlington, TX: Part C, D, EIS
- Dallas, TX: Part A
- Norfolk, VA: Part A, B and Status Neutral Prevention
- Las Vegas, NV: Part A, EHE
- Broward, FL: Part A
- Pensacola/Fort Walton Beach, FL: Part B
- Daytona Beach, FL: Part B, C, Prevention

# SCOPE OF SERVICES

We provide the below services through Ryan White grants, STD prevention funding, the 340B Federal Drug Discount Program\*, and philanthropic fundraising. As a result, CAN is able to provide the following services to all our clients regardless of their ability to pay

- HIV/Hepatitis/STI testing & medical care
- HIV Rapid Start (REC)
- Pre-Exposure Prophylaxis (PrEP)
- Non-Occupational Post Exposure Prophylaxis (nPEP)
- Primary Care
- Dental Care
- Ryan White Services
- Sexual Health & Harm Reduction Education and Outreach
- Food/Nutrition Services
- Support Groups
- Tele-Health Services
- Transportation Services
- Mental Health
- Patient Care Coordination
- Medical Mobile Units
- Medical Peer Navigation

*Services vary per location\*\*\**

# Outpatient Ambulatory Medical Services

- CAN provides comprehensive Infectious Disease and integrated primary care services
- CAN provides patients with:
  - Family planning
  - Reproductive health
  - Specialty care referrals
  - STD/TB screening and treatment
- Coordinates care closely with our partner agency Compass to ensure support services are available to patients
- Referrals processed through Provide Enterprise (PE) for Ryan White clients and our Patient Experience Expert (Roderly Esterlin) for all other services
  - Email: [resterlin@cancommunityhealth.org](mailto:resterlin@cancommunityhealth.org)
  - Tel: (561) 867 -9921 x 39101

# Rapid Entry to Care (REC)

- CAN has collaborated with PBC Community Services Department Mobile unit to expand clinical services in underserved communities
- Lighthouse Café
- Rebel Recovery
- Farmworker's Council
- The Glades Initiative





# Key Modalities of Service

- In-Person
- Extended evening and weekend Hours
- Mobile outreach (PBC Community Services collaboration)
- Telehealth availability  
*“CAN Connect”*



# Lake Worth Clinical Team



201 N. Dixie Highway  
Lake Worth  
Florida FL 33460  
Tel: (561) 867 - 9921

# Services and Accomplishments

- Partnership with Compass since 2021
  - This strategic partnership has allowed us to provide a Holistic approach to clients offering medical and support services in one location
- Practice has grown to 479 patients
- REC services began September 2022
- RW Part A services began March 2024
- Looking to continually expand prevention & outreach services:
  - Robust STI testing program has resulted in expansive PrEP presence/practice in the community
  - Partnership with PBC Mobile unit has afforded CAN the ability to bring clinical services into underserved communities and collaborate with area agencies



# Thank you!

Hardeep Singh, MPH  
Grants & Contract Manager  
[hsingh@cancommunityhealth.org](mailto:hsingh@cancommunityhealth.org)

Sacha Fiol  
Practice Administrator  
[sfiol@cancommunityhealth.org](mailto:sfiol@cancommunityhealth.org)

# Ryan White Project



Legal Services

NMCM:  
Social Security  
Administration

Presentation by:

Sandra Powery Moses, Esq., Supervising Attorney  
Kathy Morakis, MSW, Non-Medical Case Manager  
Legal Aid Society of Palm Beach County, Inc.



# Sandra Powery Moses, Esq.

## Supervising Attorney

### Legal Services



# Legal Services

**Who do I make the referral to within LAS in PE?**

- **For Legal Services: Marcy Classe, Lead Paralegal**
- **For specialized CM services: Kathleen “Kathy” Morakis**

**So, you say you’re not sure if there’s a legal issue, then refer it and include the legal issue(s) you have identified.**

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ► Immigration- your client/patient has a question and/or concern regarding:

- **Citizenship/naturalization** (Note: the acquisition of citizenship can be directly linked to the improvement of a person's access to health benefits and/or social security benefits)
- **Lawful Permanent Residence status (LPR/green card)**
- **Temporary Protected Status (TPS)**
- **Renewals of LPR (Lawful Permanent Resident)/Green Card, EAD (Employment Authorization card), or TPS**
- **Replacement of lost/stolen/expired LPR card, or EAD card**
- **They are/were a crime victim (U Visa, VAWA, T**

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ► Medicaid

- Appeals for denial of services, treatment and medication.

## ► Food Stamps

- Appeal of termination of food stamps or eligibility issues through DCF appeal and hearing process.
- Reductions in benefit amount without change in household status/income.

## ► Social Security

- Social Security Administration SSI/SSDI- denials of applications; reconsiderations; appeals; overpayments; disability reviews; and cessations cases, etc

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ► Housing

- **Eviction – MUST call prior to referral, should be related to health unless public housing issue.**
- **Unsafe conditions – mold, bugs, rodents, lead paint, etc.**
- **Accommodations – changes in rules, policies, practices or services so that a person with a disability and/or medical condition has equal use, e.g., accept rent payment by the 3<sup>rd</sup> w/o incurring a late fee b/c disability check arrival.**
- **Modification- structural change to allow a person with disabilities the full enjoyment of the dwelling (typically cost**

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ► Advance Directives

- Durable Power of Attorney – for patient or patient's children
- Healthcare surrogate
- Living Will
- Refer to Pro Bono: Last Will and Testament

## ► Private Disability Cases

- Appeals

## ► Health Insurance

- Medicare appeals for denial of services, treatment and medication.
- Private health insurance appeals for denial of services, treatment and medication.



# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

- ▶ **Driver License/Passport/Social Security Cards/IRS**
  - Assist with obtaining birth certificate and name change, where necessary.
  
- ▶ **Employment**
  - Request for accommodation, FMLA, employment action based on disability and/or discrimination.
  - Re-employment assistance issues involving denials and hearing requests.

# Cases to refer for Legal Services

- ▶ **OTHER UNITS WITHIN LEGAL AID, OR PRO BONO MAY TAKE THE FOLLOWING:**
  - **Divorce, paternity, child support (not involving client's disability income)\***
  - **Personal injury or medical malpractice\***
  - **Domestic violence\***
  - **Children's issues involving education, dependency or delinquency, or health insurance\***
  - **Wage dispute with employer\***
  - **Bankruptcy or foreclosure\***
  - **Veteran's benefits\***
  - **Consumer issues**
- ▶ **Family Law**
  - **Child support issues where the client's disability check is being reduced by obligation**

# Kathleen “Kathy” Morakis, M.S.W.

Non-Medical Case Manager/Social Worker

Case Management: Social  
Security Administration Cases



# Social Security Administration cases to refer for Specialized NMCM Services

## Referral Contact: Kathleen Morakis, Non-Medical Case Manager

- ✓ Clients may be referred for NMCM support at any stage of the Social Security Administration (SSA) process. This includes individuals initiating an initial application for SSI or SSDI, as well as those requiring continuing support after having already applied for benefits.
- Refer the following types of client applicants: cognitive, psychiatric impairments, or difficulty understanding SSA notices, forms, or deadlines; Clients exhibiting symptoms of paranoia, confusion, or memory loss, to include, but not limited to, non-compliance with appointments due to mental health conditions, or diagnosis with schizophrenia, bipolar disorder, intellectual disabilities, or dementia.


# Social Security Administration cases to refer for Specialized NMCM Services


■ Clients with document management barriers, lost or missing medical records, or needs help completing, organizing and/or submitting SSA forms: SSA-16, SSA-8000, and/or SSA-3368

🏠 Clients with unstable housing, or mail access, homelessness/unhoused, or living in transitional shelters, or no reliable mailing address to receive SSA correspondence, or disconnected phone number, or lack of consistent contact.

🔄 Clients with repeated denials, or appeals: Applicant has been denied multiple times but appears to meet the criteria. Reconsideration, or ALJ hearing pending, trouble preparing for, or understanding the appeal process.

# Social Security Administration cases to refer for Specialized NMCM Services

 Clients who have: missed appointments; incomplete applications; missed Consultative Exams (CEs) by SSA providers; incomplete or incorrectly submitted paperwork; or fails to respond to SSA notices.

 Clients who have: communication, or capacity issues; needs interpreter, or language barriers, or support in understanding the SSA terminology. Support, guidance and assistance for the guardian, representative, or advocate not actively involved or unavailable if the applicant appears overwhelmed and disengaged from the process.

# Outcomes to Effective Advocacy for Social Security Administration Cases

- ✓ Increased likelihood of initial approval by ensuring complete applications, gathering strong medical evidence and clearly documenting functional limitations. Advocates help improve approval rates at the initial determination stage.
- Reduced number of appeals, or hearing delays. Early intervention minimizes technical denials, missed deadlines and miscommunications, streamlining the process and reducing the need for lengthy appeals.
- 📖 Better client understanding of the process and requirements through education and consistent communication. Advocates empower clients to engage meaningfully in the process and make informed decisions about their benefits.

# Outcomes to Effective Advocacy for Social Security Administration Cases

- ▣ Improved Retention in Care and support services. Integrating legal advocacy with medical and social support helps stabilize housing, health and income, especially for clients with complex needs.

- 🎯 Purpose of Advocacy in SSA Applications: to ensure that individuals with disabling conditions — especially those facing cognitive, functional, or socio-economic barriers — can successfully navigate the Social Security application process and obtain benefits to which they are entitled.



*Questions*

In-Service Presentation, May 5th, 2025

Brittany Henry, Director of Grants & Orquidea Acevedo, Director  
of Care Coordination





# Our Mission

FoundCare's mission is to provide quality healthcare and social services for all individual and families.

# Overview

- EHE REC Services
- Referrals for Case Management (MCM/NMCM/SDOH)
- Early Intervention Services (EIS)
- Oral Health

# EHE Rapid Entry To Care (REC) Services

**Goal:** To Provide a low-barrier medical appointment within 72 hours after a new HIV diagnoses or referral when (re)engaging in HIV care; provide a 30-day supply of HIV medications and provide 30 days of Transitional Care Management (TCM) to ensure engagement with long-term medical care.

Program name	Rapid Entry Care (REC)
Characteristics	<ul style="list-style-type: none"><li>✓ Provide immediate entry care services</li><li>✓ Time bounded, intervention cycle to be completed in 3 days max.</li><li>✓ NOT restricted to minority</li></ul>
Key services delivered	Immediate access to care in 1 VISIT ( <i>at zero cost to the client</i> ): <ol style="list-style-type: none"><li>1. Medical appointment</li><li>2. Lab work</li><li>3. On-spot 30-Day Meds (<i>through FOUND CARE Pharmacy</i>)</li></ol>
Targets	<ul style="list-style-type: none"><li>✓ HIV Clients out of care – Not seen by ID Doctor in the last 6 months, not taking HIV meds, uninsured, not virally suppressed</li><li>✓ HIV Clients New/Returning to the county (<b>In care OR out of care</b>)</li></ul>
For Referral to REC & more Info	<p>Quinton Dames Grants Supervisor 561-432-5849, Ext. 1256 <a href="mailto:Qdames@foundcare.org">Qdames@foundcare.org</a></p>

# Medical Case Management (MCM)

**Care coordination** is a team of health care professionals, using a **patient-centric team-based approach** to provide better quality care to *high-risk patients* while keeping them healthy and lowering costs.

## **Care Coordinator Role:**

- Develop a plan of care that complements the provider's plan of care and that addresses physical, educational, and psychosocial needs for the patient/family.
- Identify patients needing additional support such as those with chronic conditions needing management or social issues impeding health improvement.
- Provide patient/family education with teach back method.
- Work with the medical assistant/provider to help with medication management and reconciliation.
- Refer patients to community and social service resources for additional help and support.
- Complete monthly CCM contact to support adherence and retention in care.

# Social Determinants of Health (SDOH)/NMCM Referrals

- **Referrals go to and from medical case managers to non-medical case managers.**
  - Patient Access Specialists/NMCM receive referrals from MCM/CC to provide access to patient needs and find resources to private or public programs.
- **SDOH Services provided by FoundCare are the following:**
  - - Food Bank Services
  - - Buss Pass/Tickets to Ride/Uber Health/FoundCare Vans
  - - Housing and Utility Assistance - Foundcare offers rental assistance to FoundCare patients only under another funding source.

## Oral Health Services

- FoundCare offers oral health services at it's **Palm Springs Location** and on our **Dental Mobile Unit** located at the **Yolette Bonnet Center**
- Incoming Referrals: Received by **Roosevelt Charles 561-432-5849 Ext. 1264** (Specialty referrals are referred out to contracted providers).



# Infectious Disease Providers

- Leslie Diaz, MD – North Palm Beach
- Sophia Giscombe, APRN – North Palm Beach
- Sreevani Vemuri, MD – Boynton Beach/Greenwood
- Mario Theliard, MD – Palm Springs
- Adriana Rodriguez, APRN – Palm Springs
- Pascal Gedeon, PA – Yvette Bonnet Center (YBC) /Belle Glade (Telehealth)

# Behavioral Health Contacts

- Serge Thys, MD – Corporate Way
- Myriam Glemaud, LCSW, PsyD. – All Sites
- Muracia Alliance, APRN – Palm Springs
- Valdinio Cambry, PMHNP – Okeechobee
- Kristi Graziano, LCSW, LCAT, NCC, BC-DMTR – Palm Springs (Telehealth)
- Nayelie Jean Louis, LMHC - Okeechobee
- Stephanie Reyes – Corporate Way/Palm Springs
- Mario Mendes, LMHC – Boynton Beach
- Sharmene Dorlean, Behavioral Health Practitioner– Boynton Beach/Palm Springs
- Sophia Lopez, LMHC – Palm Springs (Telehealth)

# Dental Department Contacts & Hours

- **Palm Springs Location** - Monday – Friday 8AM to 5PM; Walk-In Hours 8AM to 10AM; Lunch Hours 12PM-1PM
- **Mobile Dental Unit** – Monday - Thursday 8AM – 5PM @ **Yolette Bonnet** and Fridays at **Greenwood** 8AM-5PM
- Patient Access Representative – 561-432-5849 Ext. 1012 or Ext. 1013
- Dental Coordinator Front Desk – 561-432-5849 Ext. 1408

# Locations & Hours

## **PALM SPRINGS- MAIN OFFICE \***

2330 South Congress Avenue Palm Springs, FL 33406

### **Health Center Hours:**

Monday through Thursday: 8:00 AM – 8:00 PM

Friday: 8:00 AM – 5:00 PM

Saturday: 8:00 AM – 1:00 PM

### **Pharmacy Hours:**

Monday through Friday: 8:30 AM - 5:00 PM

Closed for Lunch: 1:00 PM - 2:00 PM

## **VOLETTE BONNET CENTER \***

5867 Okeechobee Blvd West Palm Beach, FL 33417

### **Health Center Hours:**

Monday, Tuesday, Thursday, and Friday: 8:00 AM - 5:00 PM

Wednesday: 8:00 AM - 8:00 PM

### **Pharmacy Hours:**

Monday through Friday: 8:30 AM - 5:00 PM

Closed for Lunch: 1:00 PM - 2:00 PM

## **BELLE GLADE \***

1500 NW Avenue L, Suite A Belle Glade, FL 33430

### **Health Center Hours:**

Monday through Friday: 8:00 AM – 4:30

### **Mobil Health Unit**

Location: Visit [www.fonundcare.org](http://www.fonundcare.org) more information on locations

## **BOYNTON BEACH \***

1901 South Congress Avenue, Suite 100 Boynton Beach, FL 33426

### **Health Center Hours:**

Monday through Friday: 8:00 AM – 5:00 PM

## **CORPORATE WAY- BEHAVIORAL HEALTH CENTER**

5730 Corporate Way, Suite 100 West Palm Beach, FL 33407

### **Health Center Hours:**

Monday through Friday: 8:00 AM – 5:00 PM

## **GREENWOOD**

5205 Greenwood Avenue, Suite 150 West Palm Beach, FL 33407

### **Health Center Hours:**

Monday through Friday: 8:00 AM – 5:00 PM

## **NORTH PALM BEACH \***

840 North Highway US 1, Suite 120 North Palm Beach, FL 33408

### **Health Center Hours:**

Monday through Thursday: 8:00 AM – 7:00 PM

Friday: 8:00 AM – 5:00 PM

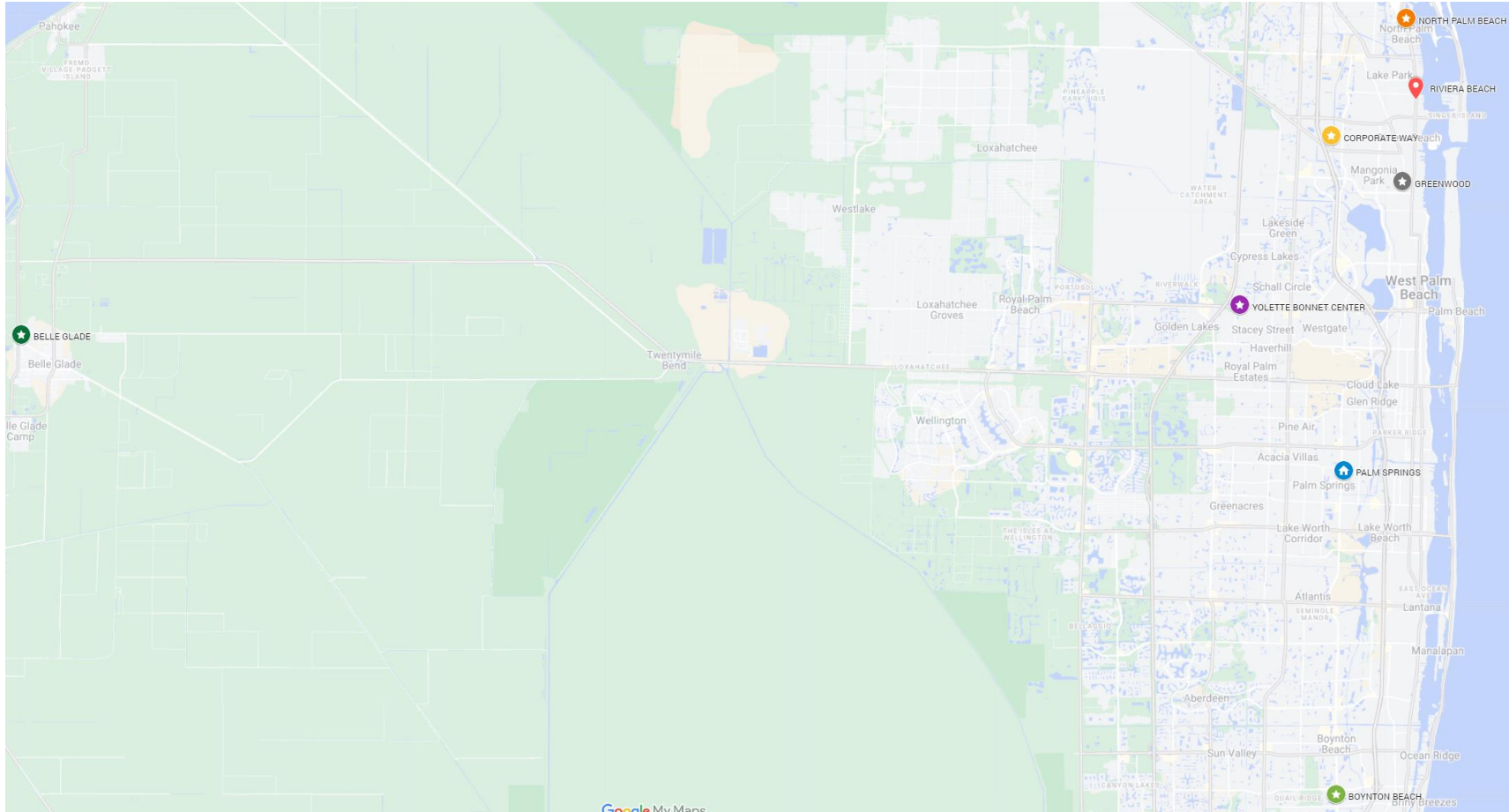
### **Pharmacy Hours:**

Monday through Thursday 8:30AM – 6:00PM









Friday: 9:00 AM - 1:00 PM

Closed for Lunch: 1:00 PM - 2:00 PM

# Service Sites



## Map Legend

-  North Palm Beach \*
-  Greenwood
-  Palm Springs \*
-  Boynton Beach\*
-  Belle Glade \*
-  Yvette Bonnet Center \*
-  Corporate Way
-  Riviera Beach (not yet in scope)



# THANK YOU!

Please call or visit our website to learn more about our services.



FOUNDCARE.ORG



INFO@FOUNDCARE.ORG



561- HEALTHY



2330 S. CONGRESS AVENUE  
PALM SPRINGS, FL 33406

Follow us on Social Media:

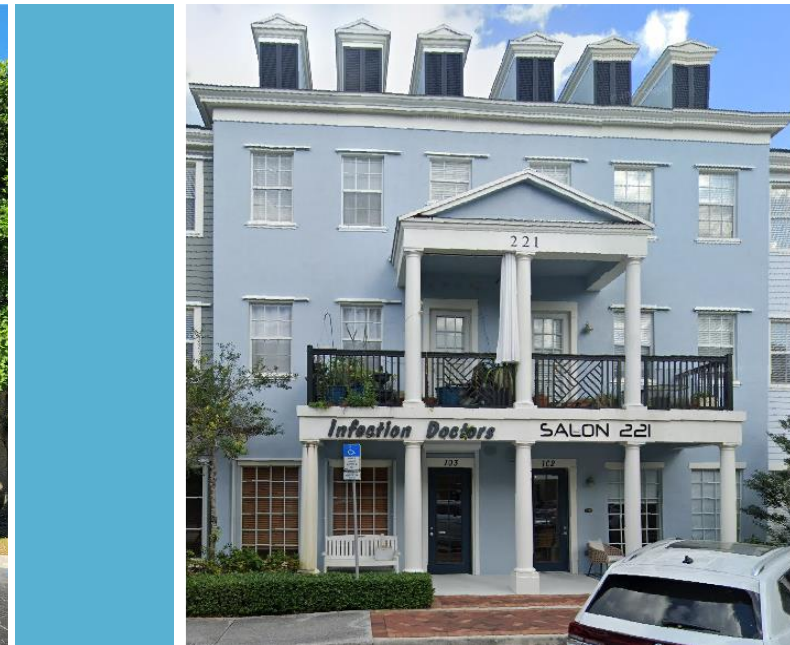






# MIDWAY SPECIALTY CARE CENTER

*FLORIDA'S INFECTIOUS DISEASE SPECIALISTS*





# Your Trusted Partner for Infectious Disease Care

- **Presentation Outline**

- **About Us**
- **Mission**
- **Midway Timeline**
- **Midway Locations**
- **Services at Midway Clinics**
- **Midway Research Center**
- **Comprehensive Infectious Disease Care**
- **Best Practices**
- **Rapid Entry to Care**
- **Our Infectious Disease Physicians**
- **Case Management, PN/OS**
- **Eligibility Supporting Documentation**
- **Summary**

# About Us

## MOTI RAMGOPAL, MD, FACP, FIDSA

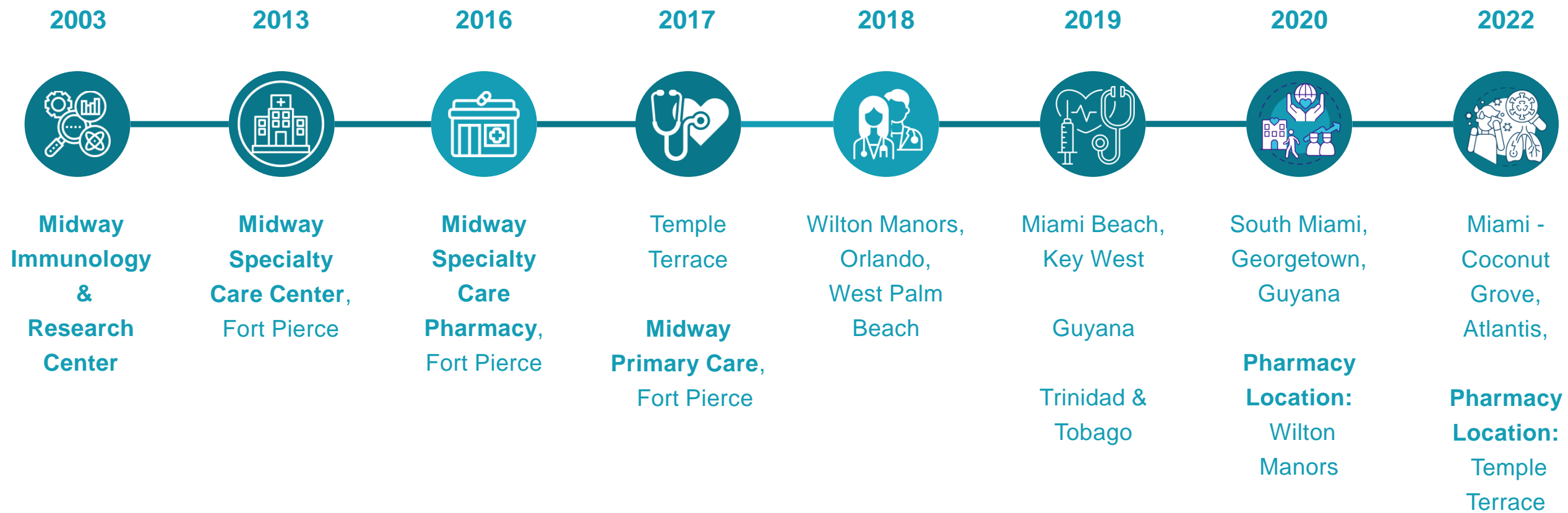
Dr. Ramgopal, Founder and Director of Midway Immunology and Research Center and Midway Specialty Care Center, is a leading infectious disease specialist and Clinical Professor at Florida State University. Board-certified with over 25 years of experience, he has overseen 300+ clinical trials and published 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



# OUR HISTORY

2023



Ormond Beach



**Midway Research Sites:**

Miami,  
Orlando,  
West Palm Beach

2024



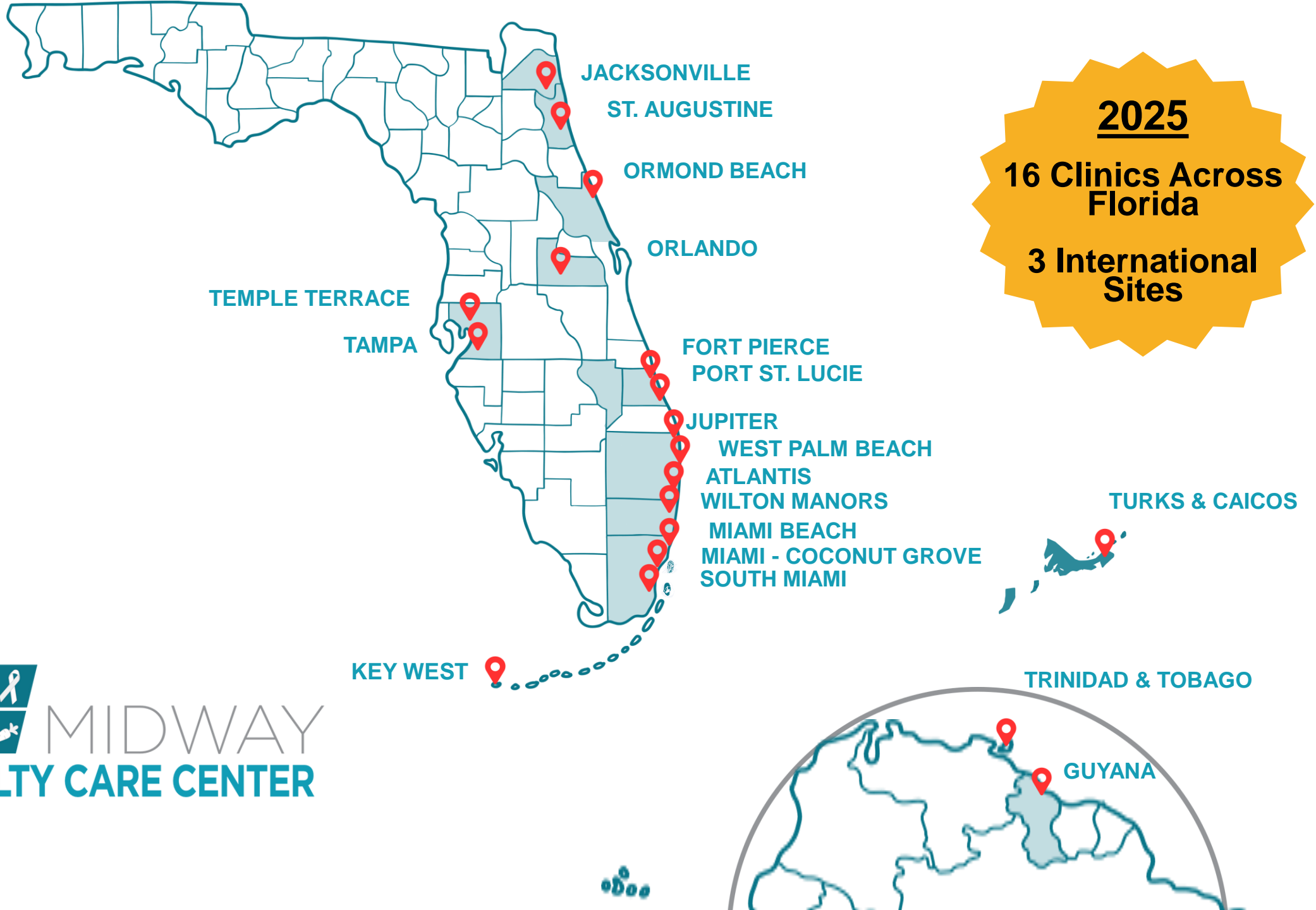
TelePrEP Services



PRESENT



Tampa,  
Jacksonville,  
St. Augustine,  
Jupiter



# Services at Midway



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



# 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



# Comprehensive Infectious Disease Care

- **We specialize in expert care and management for a wide range of infectious diseases.**
- **Rapid Entry to Care services available at the clinics! We will offer an appointment within 72 hours of referral.**
- **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 your preventive, acute, and chronic care needs are met.**

# Best Practices

- **Patient Should bring to appointment:**
  - Photo ID
  - Insurance Card (If applicable)
  - Copy of Most Recent Labs
  - Medication List

**New patients should arrive 20 minutes early to complete paperwork.**

# EHE Rapid Entry to Care

- Appointment with a medical provider within 72 hours  
labs completed 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
- Hector Bernadino : WPB
- Cynthia Roman: WPB

## Patient Navigator/Outreach Specialist

- Lorenzo Lowe: Atlantis, WPB

## 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



# 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 Slide

- 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 services available at three clinics! We will offer an appointment within 72 hours of referral.
- If patient is insured, we MUST bill insurance. Patient should come in with a copy.

# Any Questions?

# Thank you 😊





# MIDWAY SPECIALTY CARE CENTER

*FLORIDA'S INFECTIOUS DISEASE SPECIALISTS*





# **MONARCH**

**HEALTH SERVICES**

**Anaka Sergile**

***Lead Non-Medical Case Manager***

**Tiffani Jackson**

***Lead Care Manager***

**Jeanice Petit-Frere, MS**

***Programs & Linkage Coordinator***





# Ending The HIV Epidemic



1. PART A SERVICES (EIS, MCM, NMCM, OAHS)
2. ENDING HIV EPIDEMIC (EHE)
3. ECONOMIC SELF SUFFICIENCY (ESS) PROGRAM
4. SOAR (SSI/SSDI)
5. PRIMARY CARE

# SERVICE INFORMATION

**EIS:** Gateway into Ryan White HIV AIDS Program. All clients referred to RWHAP, join through EIS.

**LAB SERVICES/ DAHS:** Covers the cost of laboratory services for patients that meet Ryan White Eligibility Assessment requirements.

**MCM:** Supports clients with improving their health care outcomes (including treatment adherence). Ryan White Eligibility Assessment required.

**NMCM:** Supports clients with navigation, guidance and assistance in accessing needed services. Ryan White Eligibility Assessment required.

**EHE:** Links people with HIV to care and treatment within 72 hours after new HIV diagnosis or individual reengaging back into care. Client is scheduled a medical appointment within 72 hours, provided 30-day supply of HIV-ART, and provides 30 days of Transitional Care Management (TCM).

**ESS/DCF:** Application assistance is provided for SNAP (Supplemental Nutrition Assistance Program)/ Food Stamps, Medicaid and Temporary Cash Assistance.

**SOAR Program:** (SSI/SSDI Outreach, Access, and Recovery) Helps individuals diagnosed with a disability, including mental health or chronic medical conditions, in navigating the process of applying for SSI and SSDI.

# **Monarch Has 2 Referral Processes:**

**1) PART A AND EHE PROGRAMS**

**2) GENERAL PROGRAMS**

(Non-Part A / Non-EHE-Funded Programs)



# RWHAP & EHE

## REFERRAL PROCESS

### SUBMIT REFERRAL IN PROVIDE ENTERPRISE

Submit referral in Provide Enterprise (PE), for ***EIS, MCM, NMCM*** or ***EHE***. Referrals should be sent to **Program Contact**.

### FOLLOW-UP EMAIL TO PROGRAM CONTACT

After a referral is submitted in PE, send an email to **Program Contact**. Inform PC that a referral was submitted in PE and confirm receipt.

### PROVIDE ADDITIONAL INFORMATION IF NEEDED

A request maybe made for additional information or documentation. If so, please provide documentation promptly to avoid delays in the referral process.

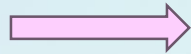
**Program Contact:**  
Jeanice Petit-Frere, MS  
[jpetitfrere@moarchealth.org](mailto:jpetitfrere@moarchealth.org)

# REFERRAL PROCESS FOR GENERAL PROGRAMS

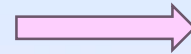
1. ECONOMIC SELF SUFFICIENCY (ESS) PROGRAM (through FDCF)
2. SOAR (SSI/SSDI Outreach, Access, and Recovery)
3. PRIMARY CARE

## REFERRAL PROCESS

**1.** Client or external Case Manager can call Monarch to schedule appointment for assistance applying for DCF public benefits or SSI and SSDI. Case manager can also submit a referral by emailing **Program Contact.**



**2.** Within **72 hours**, a Case Manager at Monarch will contact the client to complete a questionnaire for (ESS or SOAR) to determine eligibility.



**3.** If someone is eligible for a program or service(s), the next step is to provide application assistance. This involves completing necessary paperwork, and gathering any required documentation (e.g., proof of identity, income, residency, etc.).

**Turnaround time varies and is based on the type of service(s) client is applying for.**

**Program Contact:**  
Jeanice Petit-Frere, MS  
[jpetitfrere@moarchealth.org](mailto:jpetitfrere@moarchealth.org)

# PRIMARY CARE

## What services does a primary care provider offer?

- Physical exams, pre-employment exams and health assessments
- Treatment of illnesses and injuries
- Management of acute and chronic diseases
- Vaccinations and immunizations, including flu and pneumonia
- Wellness Check, health education and lifestyle modification services
- Laboratory and diagnostic testing

\* In order to remove financial barriers, allowing individuals who might otherwise avoid care due to cost to receive essential services, Monarch uses a **sliding scale fee** for clients who are **uninsured or low-income**.

# QUESTIONS ?





# 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. Each agency has a number of clients assigned to be served.

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

3. Waiting list includes food delivery service.





# Food Delivery Service

FOOD DELIVERY SERVICE



Order in Smartchoice: PE Number and Pin Number  
[www.poverello.org](http://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.



■ Brad Barnes, Program & Quality Manager  
[Bbarnes@Poverello.org](mailto:Bbarnes@Poverello.org) 954 561 3663 ext 117

■ Emma Roca, Intake Specialist/West Palm Beach Coordinator  
[Eroca@poverello.org](mailto:Eroca@poverello.org) 954 561 3663 ext 109

# RW Specialty Medical, Health Insurance Premium Cost Sharing Assistance, and Medical Transportation In-Service Training

Presenters: Suzette Blake, Medical Program Specialist and Ashnika Ali, Senior Program Manager



# The Health Council of Southeast Florida (HCSEF)

- HCSEF is one of eleven private Local Health Planning Councils
- Established by Florida Statutes to conduct regional health planning and implementation activities
- Develop regional health plans that relate to health care status and needs in the community
- The recommendations are designed to:
  - Improve access to health care
  - Reduce disparities in health status
  - Assist state and local governments to develop care policies & advocate for the underserved



# Initiatives of HCSEF

- **Ryan White Patient Care Program- Support Services for individuals living with HIV**
- HIV Prevention Services
- Covering Florida Navigator Program
- Riviera Beach Health Initiative
- Chronic Disease Self Management Workshops/ Health Literacy Workshops
- Overdose Data to Action (OD2A) linkage to care services

The background of the slide is split horizontally. The top half is a teal color with a fine, diagonal line pattern. The bottom half is a solid black color. A jagged, hand-cut style line separates the two colors, starting from the left edge, dipping down, and then rising back to the top edge.

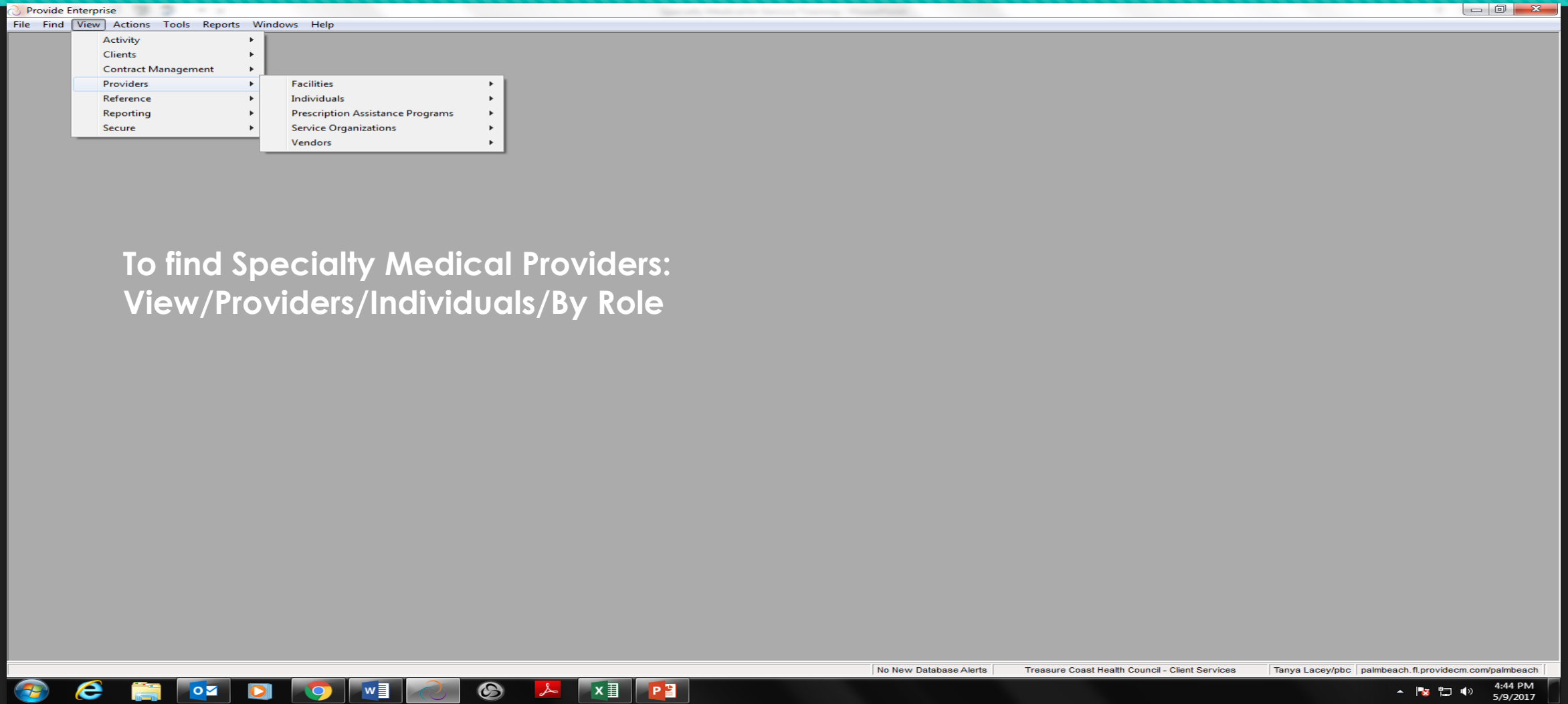
# **Specialty Medical Services**

# Check Notice of Eligibility for SM Clients

Please make sure that  
“Outpatient Ambulatory  
Health Services” is YES  
before proceeding with a  
Specialty Medical Referral.

Status	
Date Eligibility Expires	07/12/2024
Last Change Reason	Eligibility Assessment
Service Category Settings	
Medical Case Management	Yes
Non Medical Case Management	Yes
Outpatient Ambulatory Health Services	Yes
Oral Health Care	Yes
AIDS Pharmaceutical Assistance	Yes
Health Insurance Premium Cost Sharing Assistance	Yes
Mental Health Services	Yes
Substance Abuse Residential	Yes
Home Community-based Health Services	Yes
Food Bank	No
Food Bank Nutritional Supplements	Yes
Legal Services	Yes
Early Intervention Services	Yes
Medical Transportation	Yes
Emergency Financial Assistance	Yes
Housing	Yes
HOPWA Services	Yes
Medical Nutrition Therapy	Yes
Psychosocial Support Services	Yes
EHE Eligibility	No

# Provider List





Close								
Provider Role /	Last Name /	First Name /	Status /	Agency /	Phone	Fax	Street Address	City
+ Information Technology Support								
+ Legal Services, Lawyer								
+ LINKAGE COORDINATOR								
+ Linkage Specialist -EIS								
+ Linkage Specialist-EIS								
+ Medical Care Coordinator								
+ Medical Case Manager								
+ Mental Health Counselor								
+ Mental Health Therapist								
+ National Program Director of Mental Health Services								
+ Non Medical Case Manager								
+ Nurse Care Coordinator								
+ Nurse Practitioner								
+ Nutritionist								
+ Other								
+ Other- RW billing								
+ Paralegal								
+ Peer Mentor								
+ Pharmacy Tech								
+ Physician - Allergist								
+ Physician - Cardiologist								
+ Physician - Dermatologist								
+ Physician - Diagnostician								
+ Physician - Endocrinologist								
+ Physician - Gastroenterologist								
+ Physician - Gynecologist								
+ Physician - Hematologist								
+ Physician - Infectious Disease Specialist								
+ Physician - Internal Medicine Specialist								
+ Physician - Mental Health Therapist								
+ Physician - Nephrologist								
+ Physician - Neurologist								
+ Physician - Ophthalmologist								
+ Physician - Oral Surgeon								
+ Physician - Orthopedist								
+ Physician - Other								
+ Physician - Otolaryngologist								
+ Physician - Physiatrist								
+ Physician - Podiatrist								
+ Physician - Primary Care								
+ Physician - Psychiatrist								
+ Physician - Pulmonologist								
+ Physician - Radiation Oncologist								
+ Physician - Retina Specialist								
+ Physician - Surgeon - Breast								
+ Physician - Surgeon - General								
+ Physician - Surgeon - Neurological								
+ Physician - Surgeon - Vascular								
+ Physician - Urologist								
+ Psvchiatrist								
				No New Database Alerts	Treasure Coast Health Council - Client Services		Ashnika Ali/pbc	palmbeach.provideenterprise.com/palmbeach

# Important Reminders

Make sure you are completing the Ryan White Specialty Medical Care Referral form.

The form has a drop down selection where you will be able to select type of specialty service and allowable condition.

Please list the diagnostic code under 'Reason for Referral'.

PE ID# \_\_\_\_\_

## Ryan White Specialty Medical Care Referral

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Specialty Service- Allowable Medical Condition Requested: Dermatology- Psoriasis ▼

Name of Specialist: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Appointment Date/Time/Location: \_\_\_\_\_

Type of Referral Requested: Initial Follow up Other (please specify): \_\_\_\_\_

Reason for Referral:

---

---

---

Comments/special questions:

---

---

Attached: recent clinical encounters Imaging lab results Other \_\_\_\_\_

*By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.*

\_\_\_\_\_  
ID Primary Care Provider's Signature/stamp

\_\_\_\_\_  
Date

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:

# How to send a Specialty Medical request in PE:

Steps: Select 'Create'-Select 'Specialty Care Referral'

The screenshot displays the PE (Patient Engagement) system interface. At the top, there is a toolbar with icons for Close, Edit, Create, View, Action, and Print. Below the toolbar, the 'Client Profile' section is visible, showing 'Palm Beach County - HIV Care Network'. The 'Profile' tab is selected, displaying fields for 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?, and Okay to send text messages. A dropdown menu is open, showing a list of actions: 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, Progress Log, Provider Note, Referral, Report, Required Action, SAMISS Assessment, Scan Document, Service Provided, Specialty Care Referral (highlighted), Test Result, Tobacco Use Assessment, and Vaccine. The 'Specialty Care Referral' option is selected, indicating the next step in the process.

# Completing an Out-Patient Specialty Medical Referral

- Fill out the fields in top portion for a Specialty Referral
- Enter CPT codes needed in “Describe need” field

The screenshot shows a medical referral form with two tabs: "Specialty Care Referral" and "Support Documentation". The form is divided into two main sections. The left section contains various fields for patient and provider information, including Status, Referral Type, Authorization #, Number Visits, Requesting Agency Location, Requesting Agency, Referring Staff, Appointment Date, Specialty Service Type, Allowable Conditions, Specialty Provider Type, Specialty Provider, Specialty Provider Phone, Specialty Provider Fax, Specialty Provider Address, Specialty Provider City, Specialty Provider State, Specialty Provider Zip, Referring Provider, Primary Care Provider Phone, Primary Care Provider Fax, Payer Organization, Payer Program, Service Category, Assignee, and Describe Need. The right section is a "Selector" dialog box titled "Selector" with a close button (X). It contains a list of "Allowable Conditions" with checkboxes: "colitis (syphilitic colitis- very rare)", "diarrhea" (checked), "esophageal candidiasis", and "nausea/vomiting". The "OK" and "Cancel" buttons are at the bottom of the dialog box.

Field	Value
Status	Pending
Referral Type	Initial Consult
Authorization #	16091
Number Visits	1
Requesting Agency Location	Treasure Coast Health Council
Requesting Agency	Ashnika Ali
Referring Staff	05/06/2025
Appointment Date	Gastroenterologist
Specialty Service Type	diarrhea
Allowable Conditions	Provider
Specialty Provider Type	Yousef Usta
Specialty Provider	(561) 753-7487
Specialty Provider Phone	(561) 273-2331
Specialty Provider Fax	5065 SR7
Specialty Provider Address	Lake Worth
Specialty Provider City	FL
Specialty Provider State	33449-___
Specialty Provider Zip	Suzanne Succop
Referring Provider	(561) 766-0590
Primary Care Provider Phone	(561) 766-0591
Primary Care Provider Fax	Treasure Coast Health Council
Payer Organization	Client Services
Payer Program	Specialty Medical Care
Service Category	Suzette Blake
Assignee	99204
Describe Need	

**Note: Call provider's office to obtain CPT codes**

**Do not add brief descriptions in this box or any case notes. CPT codes are only needed here.**

# Supporting Documents

- Supporting documents (Referral in PE: Specialty Care Referral , script/referral from providing doctor, HCSEF specialty provider request for follow up visits (if follow up), RW county form)

Provide Enterprise - Specialty Care Referral

File Edit View Actions Tools Reports Windows Help

Close Submit Link to Client Profile Print

Specialty Care Referral [Redacted] : Tanya Lacey/pbc (06/15/2016)

Specialty Care Referral | Support Documentation

Status: Pending

Referral Type: [Dropdown]

Authorization ID: 1676

Number Visits: 1

Requesting Agency: Treasure Coast Health Council

Requesting Provider: Tanya Lacey

Appointment Date: [Dropdown]

Specialty Service Type: [Dropdown]

Specialty Provider Type: [Dropdown]

Specialty Provider: [Dropdown]

Specialty Provider Phone: [Text]

Specialty Provider Fax: [Text]

Specialty Provider Address: [Text]

Specialty Provider City: [Dropdown]

Specialty Provider State: FL

Specialty Provider Zip: [Text]

Primary Care Provider: [Dropdown]

Primary Care Provider Phone: [Text]

Primary Care Provider Fax: [Text]

Payer Organization: [Text]

Payer Program: [Text]

Service Category: [Text]

Funding Source: [Text]

Assignee: [Text]

Descriptive Need: [Text]

Procedures Planned to Perform

Add Procedure Code

Status	Deleted	End Date	Code	Max Bill Rate	Description
--------	---------	----------	------	---------------	-------------

**\*Do not scan medical notes from a Provider as a supporting document.\***

# Specialty Medical Attachments

The screenshot shows a web application interface with two tabs: "Specialty Care Referral" and "Support Documentation". The "Support Documentation" tab is active. Below the tabs, there is a section labeled "Attachment Type" with a dropdown menu currently set to "File". Below this, there is a section labeled "File Attachments" with three buttons: "Attach" (with a paperclip icon), "Save As" (with a floppy disk icon), and "Launch" (with a document icon). The main area below these buttons is a large, empty white box.

Under Supporting Documentation make sure that attachments are added as a "File".

Two documents are needed:

1. Ryan White Specialty Medical Care Form
2. Script from Provider

# Examples of Attachments (Initial Appointment)

## Ryan White Specialty Medical Care Referral

Date: 4/30/25 Client Name: John Doe DOB: 1/30/1989

Specialty Service- Allowable Medical Condition Requested: Gastrointestinal- Diarrhea

Name of Specialist: Dr. Usta Phone number: 561-753-7487

Name of Referring Physician: Dr. Gribkoff Phone number: 561-514-5452

Appointment Date/Time/Location: 5/15/25 @ 9am

Type of Referral Requested: ☒ Initial ☐ Follow up ☐ Other (please specify): \_\_\_\_\_

Reason for Referral:  
R19.7

Comments/special questions:

Attached: recent clinical encounters ☐ Imaging ☐ lab results ☐ Other \_\_\_\_\_

By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.

✓ ID Primary Care Provider's Signature/stamp Date: 4/30/25

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:



## Palm Beach County Health Department

### Clinical Referral

Date: 4/30/25

Specialty: Gastroenterology

Referral Physician: Dr. Usta

Telephone Number: 561-753-7487

Appointment Date/Time: 5/15/25 @ 9am

The Client is a 36 year old ☐ Female ☒ Male

Reason(s) for Referral: Screening colonoscopy

Referral Type  
Initial: ☒  
Follow Up: ☐  
ER Evaluation: ☐

Subjective: \_\_\_\_\_

Objective: \_\_\_\_\_

Laboratory: \_\_\_\_\_

X-Rays: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Comments / Special Questions: Please evaluate and treat the pt.

PBCHD Provider's Signature / Stamp: Samira Camp Provider's Phone Number: \_\_\_\_\_

Your evaluation and recommendation(s) are appreciated/ Please send your consult report to the address or fax number below.

PBCHD FACILITY NAME, ADDRESS, PHONE/FAX NUMBER  
West Palm Beach Health Center  
1150 45th Street  
West Palm Beach, FL 33407

John Doe  
1/30/1989

Example: Completed Ryan White Specialty Medical Care Referral and Provider Script

These are the documents that need to be attached to a Specialty Medical referral.



# Referral for a follow-up appointment

Specialty Care Referral

Support Documentation

Status	* Pending
Referral Type	* Follow-up
Authorization #:	16094
Number Visits	* 1
Requesting Agency Location	
Requesting Agency	* Treasure Coast Health Council
Referring Staff	* Ashnika Ali
Appointment Date	* 05/15/2025
Specialty Service Type	* Health Maintenance
Allowable Conditions	* Colorectal cancer screening
Specialty Provider Type	* Provider
Specialty Provider	* Yousef Usta
Specialty Provider Phone	* (561) 753-7487
Specialty Provider Fax	* (561) 273-2331
Specialty Provider Address	* 5065 SR7
Specialty Provider City	* Lake Worth
Specialty Provider State	* FL
Specialty Provider Zip	* 33449-____
Referring Provider	* Suzanne Succop
Primary Care Provider Phone	* (561) 766-0590
Primary Care Provider Fax	* (561) 766-0591
Payer Organization	* Treasure Coast Health Council
Payer Program	* Client Services
Service Category	* Specialty Medical Care
Assignee	Suzette Blake
Describe Need	

Selector

Select the Allowable Conditions

☐ Bone density test

☒ Colorectal cancer screening

☐ Mammogram

☐ Pap (cervical or anal)

OK

Cancel



# Examples of Attachments (For follow-up procedures)

PE ID# 12345

**Ryan White Specialty Medical Care Referral**

Date: 5/8/25 Client Name: John Doe DOB: 1/30/1989

Specialty Service- Allowable Medical Condition Requested: Health N/A

Name of Specialist: Dr. Usta Phone number: 561-753-7487

Name of Referring Physician: Dr. Gribkoff Phone number: 561-514-5452

Appointment Date/Time/Location: 5/15/25 @ 8am

Type of Referral Requested: Initial ☐ Follow up ☒ Other (please specify): \_\_\_\_\_

Reason for Referral:  
Z12.11

Comments/special questions:

Attached: recent clinical encounters Imaging lab results Other \_\_\_\_\_

By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.

✓ ID Primary Care Provider's Signature/stamp 5/8/25 Date

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:

\*\*\*\*\* ALL NOTES AND / OR RESULTS NEED TO BE SENT TO REFERRING DOCTOR\*\*\*\*\*



## SPECIALTY PROVIDER AUTHORIZATION FOR FOLLOW UP VISITS

PROVIDER Information: Name, Address, Phone, Fax and Contact Information:

EISENMAN & EISENMAN MD, LLC 5065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-753-7487 FAX: 561-273-2331
ADVANCED SURGERY CENTER PBC 5065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-273-2340 FAX: 561-273-2331

PATIENT Information: Name and Date of Birth of Client / Patient:

Patient Name: John Doe Date of Birth: 1/30/1989

### REQUEST

In order to expedite the authorization request, attach medical notes when submitting your Request to referral clerks and case managers. Make sure that you list each procedure code along with the diagnosis codes for date (s) of service being requested.

Date(s) of Service	CPT Codes	CPT Codes	Diagnosis Codes
<u>5/15/25</u>	<u>45378, 45380, 45384</u> <u>45385, 45390</u>		<u>Z80.0</u>

Authorized by: ✓

POP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_

For Primary Care Physicians Signature Only

For outpatient procedures, two referrals are needed for Specialty Medical: one for the provider and one for the facility.

**Example: PROVIDER**  
Completed Ryan White Specialty Medical Care Referral and Provider Script for procedure

# Examples of Attachments (For follow-up procedures)

PE ID# 12345

## Ryan White Specialty Medical Care Referral

Date: 5/8/25 Client Name: John Doe DOB: 1/30/1989

Specialty Service- Allowable Medical Condition Requested: Heart Mtn

Name of Specialist: Advanced Surgery Center Phone number: 561-753-7487

Name of Referring Physician: Dr. Gribkoff Phone number: 561-514-5452

Appointment Date/Time/Location: 5/15/25 @ 8am

Type of Referral Requested: Initial ☒ Follow-up ☐ Other (please specify): ☐

Reason for Referral:

Z12.11

Comments/special questions:

Attached: recent clinical encounters ☐ Imaging ☐ lab results ☐ Other ☐

By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.

✓  
ID Primary Care Provider's Signature/stamp

5/8/25  
Date

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:

\*\*\*\*\* ALL NOTES AND / OR RESULTS NEED TO BE SENT TO REFERRING DOCTOR\*\*\*\*\*



## SPECIALTY PROVIDER AUTHORIZATION FOR FOLLOW UP VISITS

PROVIDER Information: Name, Address, Phone, Fax and Contact Information:

EISENMAN & EISENMAN MD, LLC 5065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-753-7487 FAX: 561-273-2331
ADVANCED SURGERY CENTER PBC 5065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-273-2340 FAX: 561-273-2331

PATIENT Information: Name and Date of Birth of Client / Patient:

Patient Name: John Doe Date of Birth: 1/30/1989

## REQUEST

In order to expedite the authorization request, attach medical notes when submitting your Request to referral clerks and case managers. Make sure that you list each procedure code along with the diagnosis codes for date (s) of Service being requested.

Date(s) of Service	CPT Codes	CPT Codes	Diagnosis Codes
<u>5/15/25</u>	<u>45378, 45380, 45384</u> <u>45385, 45390</u>		<u>Z80.0</u>

Authorized by:	POP:
✓	Phone:
	Fax number:

For Primary Care Physicians Signature Only

For outpatient procedures, two referrals are needed for Specialty Medical: one for the provider and one for the facility.

**Example: FACILITY**  
Completed Ryan White Specialty Medical Care Referral and Provider Script for procedure

# Submitting A Referral

- Click **SUBMIT** to send request to HCSEF
- Once a referral is authorized you will be notified by email that a referral has been authorized.
- IMPORTANT: Print and send referral to the Specialty Provider once authorization has been completed.
- **Please Note** – If additional codes are needed please convey this to HCSEF (Medical Program Specialist). **DO NOT PUT A NEW REFERRAL IN FOR THE SAME SERVICE**

# Referral Specification

1. Submit two referrals for a procedure (Provider and Facility). This will always be for a FOLLOW UP visit.
  1. For example: A colonoscopy is a procedure. You will need two separate Specialty Care Referrals to go into PE, one for the provider Dr. Usta, and one for the facility, Advanced Surgery Center. Two different county forms with the same script from the provider.
2. Please submit referrals for initial visit 2 weeks prior to the appointment date.
3. Referrals are good for one visit.
4. Referrals expires after **30** days of issue date.
5. Scripts are good for 6 months since issue date.
6. County overrides are granted for special circumstances.

# Specialty Medical Services Allowable List

Pg. 132, Appendix K, HIV  
Elimination Services RW  
Part A/MAI Program  
Manual

Only allowable services on  
this list are granted under  
Specialty Medical services

## Appendix K- PBC RW Part A/MAI Specialty Medical Care Allowable Conditions and Referral

### PALM BEACH COUNTY RYAN WHITE PBC PART A/MAI PROGRAM ALLOWABLE SPECIALTY MEDICAL CARE CONDITIONS LIST

*These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.*

*Conditions listed may be accessible under multiple specialties though not specifically referenced.*

*This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. This list is not exhaustive and is a sample guideline created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred.*

***"Health Maintenance"** category for routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, and ophthalmologic screening) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Manual- Service Delivery for more information.*



The background consists of a teal upper section and a black lower section. A white geometric shape, resembling a stylized 'V' or a notch, is cut out from the teal section, extending into the black section.

# Health Insurance Premium Cost Sharing Assistance

# Allowable Services under HIPCSA

- Premiums
- Copays
  - Emergency room visit copays are NOT considered an outpatient service and is not allowable to be paid under RW.
  - In-patient hospital bills are not allowable to be paid under RW.
- Deductibles



# Insurance Support Services

The screenshot displays the 'Provide Enterprise' software interface for a client profile. The window title is 'Provide Enterprise - [Client Profile F...]' and the menu bar includes 'File', 'Find', 'View', 'Actions', 'Tools', 'Reports', 'Windows', and 'Help'. The toolbar shows 'Close', 'Find', 'Edit', 'Create', 'View', 'Action', and 'Print'. The left sidebar contains tabs for 'Profile', 'Address', 'Alert', and 'Demographics'. The 'Profile' tab is active, showing fields for 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, E-Messaging Setup, and Program Enrollment Records. The 'Create' dropdown menu is open, listing various actions: 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, Progress Log, Provider Note, Referral (highlighted), Report, Required Action, SAMISS Assessment, Scan Document, Service Provided, Specialty Care Referral, Test Result, Tobacco Use Assessment, and Vaccine. The 'Referral' option is selected. The bottom status bar shows 'No New Database Alerts', 'Treasure Coast Health Council - Client Services', 'Ashnika Alipbc', 'palmbeach.provideenterprise.com/palmbeach', '78°F Sunny', and '10:49 AM 5/2/2023'.

To create a Insurance Support Services referral: Select 'Create'- then select 'Referral'

# Insurance Support Services

Referred for Service Type: Insurance Support Services

Referred To Assignee: Tiara Moore

Referred for Service Description: add brief context on what the referral is for

File attachments: this is where you all will attach the supporting documents as a “File”.

Referral	
Referral Status	* Open
Referring Person	* Ashnika Ali
Referral Date	* 05/05/2025
Eligibility Date Expire	02/13/2026
Referred Type	* Internal
Referred To	* Treasure Coast Health Council
Referred for Service Type	* Insurance Support Services
Referred To Assignee	Tiara Moore
Referred for Service Description	* June 2025 Premium Payment Request and Invoice
Date Check Back	* 06/05/2025
Attachment Type	File
File Attachments	

# Supporting Documents

- HCSEF Request Form
- Invoice
- Summary of Benefits (needed for copays)



## Referral For Health Insurance Continuation Services

**DO NOT EMAIL THIS REFERRAL FORM**

Please send Referral Form through Provide Enterprise Referral System

<b>Date:</b> 04/02/2024	<b>Client PE ID:</b> 12435	<b>FPL:</b> 0%	<b>NOE Effective Date:</b> 4/1/2024	<b>NOE Expiration Date:</b> 4/1/2025
<b>Payment Due Date:</b> 3/31/24	<b>Payee/Vendor:</b> Cigna Healthcare			<b>Amount Requested:</b> 469.09
<b>Payee/Vendor Address:</b> PO Box 71217 Charlotte, NC 28272-1217				
<b>Service Needed:</b> <input checked="" type="checkbox"/> Premium Coverage Dates: 4/1/24 to 4/30/24  <input type="checkbox"/> Deductible Deductible for the date(s) of service: _____  <input type="checkbox"/> Copay Copay for the following date(s) of service: _____				
<b>For HCSEF Management Approval</b>				
Reviewer Signature: _____			Date: _____	
Approver Signature: _____			Date: _____	

# HIPCSA Supporting Documents

## PAYMENT INFORMATION



Policy Holder: [REDACTED]

Case ID: **7WC836**

Plan Name: **Cigna Connect Gold CMS Standard**

Monthly Premium: \$ **496.09**

Coverage Period: **05/01/2024 - 05/31/2024**

Payment Due By: **4/30/2024**

### SEND PAYMENT TO:

**Cigna HealthCare  
PO Box 71217  
Charlotte, NC 28272-1217**

Send a check payable to **"Cigna HealthCare"** and remember to write the Case ID, Member's Full Name and Date of Birth on your check.

## Example: Premium Invoice

- Invoices are to be submitted as the second supporting document with the HCSEF health insurance request form

# HIPCSA Supporting Documents

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Value Choice Provider: No Charge, <u>Deductible</u> does not apply/ Primary Care Visits: No Charge, <u>Deductible</u> does not apply - Visits 1-3; \$55 <u>Copay</u> per remaining Visit/ Virtual Visits: No Charge, <u>Deductible</u> does not apply	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Specialist: \$70 <u>Copay</u> per Visit/ Virtual Visits: \$70 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: \$65 <u>Copay</u> per Visit/ Independent Diagnostic Testing Center: <u>Deductible</u> + \$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Value Choice Provider: \$20 <u>Copay</u> per Visit/ Independent Diagnostic Testing Center: <u>Deductible</u> + \$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.

## Summary of Benefits

- Required when copays are submitted to ensure that copays are within in-network providers.
- If a provider is requesting a copay at the time of service, please complete the form and put in the description box that payment is needed at the time of service.
- We require advance notice of copays needed at the time of service because the process requires two layers of management review.

# Important Reminder

- Please remember to update the health benefits in PE!

Private Health Coverage	Public Health Coverage	Ryan White	Other Benefits
Primary Insurance			
Status	Active		
Source	ACA Exchange		
Carrier Name	Ambetter Health		
Policy/Plan Name or Number	Complete Gold		
Subscriber or Member on policy?	Member		
Member ID	U9651402401		
Benefits Phone	(877) 687-1169		
Ambulatory Benefits?	Yes		
Mental Health Benefits?	Yes		
Substance Abuse Benefits?	Yes		
Private Prescription Coverage	Yes		
Rx Carrier Name (PBM)	Ambetter Health		
Rx Plan Name	Complete Gold		
Rx Group Number	2CUA		
Rx Member ID	U9651402401		
Rx Bin #	003858		
Rx Benefits Phone	(877) 687-1169		
Comments			

The background of the slide is split horizontally. The top half is a teal color with a fine, diagonal line pattern. The bottom half is a solid black color. A jagged, hand-drawn style line separates the two colors, starting from the left edge, dipping down, and then rising back to the top edge.

# Medical Transportation



# Requirements

## Policy

### *Description:*

Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.

- Client has to be eligible in the RW program.
- HCSEF Uber Health request form needs to be completed and sent via PE.
- Client **DOES NOT** need to be case managed by HCSEF to receive this service.

# Uber Health Request Form

- Ensure form is completed entirely.
  - [Uber Estimate Cost Tracker](#)
- Indicate if client can receive text messages via cell phone. This is IMPORTANT as Uber communicates through text with driver's updates.
- Send this completed request via PE to our Medical Transportation contact Tiara Moore.
  - We request that agencies send transportation requests within 3 business days of appointment. For example, if appointment is on Friday, please send request no later than Tuesday. The sooner the better!



## Uber Health Request

Agency Name: HCSEF Case Manager: Ashnika Ali PE ID#: 12345 Client FPL: 50%  
NOE Expiration: 5 / 5 / 26 Client Phone Number: 561-323-0459 Text Message: Y/N

### DETAILS OF MEDICAL TRANSPORTATION:

ESTIMATED TOTAL COST: \$ 50.25

Type of Continuity of Care:

Initial Trip Actual Cost: \$ \_\_\_\_\_

Return Trip Actual Cost: \$ \_\_\_\_\_

☐ Lab Test

☒ ID Follow Up

☐ Specialty Medical Care

☐ Medication Pick Up

☐ Health Insurance

☐ Eligibility Documentation

☐ Case Management/Eligibility Determination Meeting

☐ Other: \_\_\_\_\_

Appt. Date: 5 / 15 / 25 Appt. Time: 12 : 00 AM ☒ PM

Client Address: 456 Happy Rd., West Palm Beach, FL 33409

Appointment Address: 123 Doctor Office Drive, West Palm Beach, FL 33409

### Client's Transportation Barriers:

☒ Difficult to engage in care

☐ Time sensitive appointment

☐ Not healthy enough to travel on bus

☐ Inconvenient location for public transportation

☐ Necessary while applying to other transportation services (bus, Palm Tran Connection, etc.)

☐ Disability

☐ Specialty appointment requires private transportation

☐ Other: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: 5/5/2025

HCSEF Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HCSEF Specialty Medical Contact

Suzette Blake

Email – [sblake@hcsef.org](mailto:sblake@hcsef.org)

600 Sandtree Drive, Suite 101

Palm Beach Gardens, FL 33403

Phone: 561- 557-9277

Fax: 561- 844-7276



# HCSEF Health Insurance Services/Medical Transportation Contact

Tiara Moore

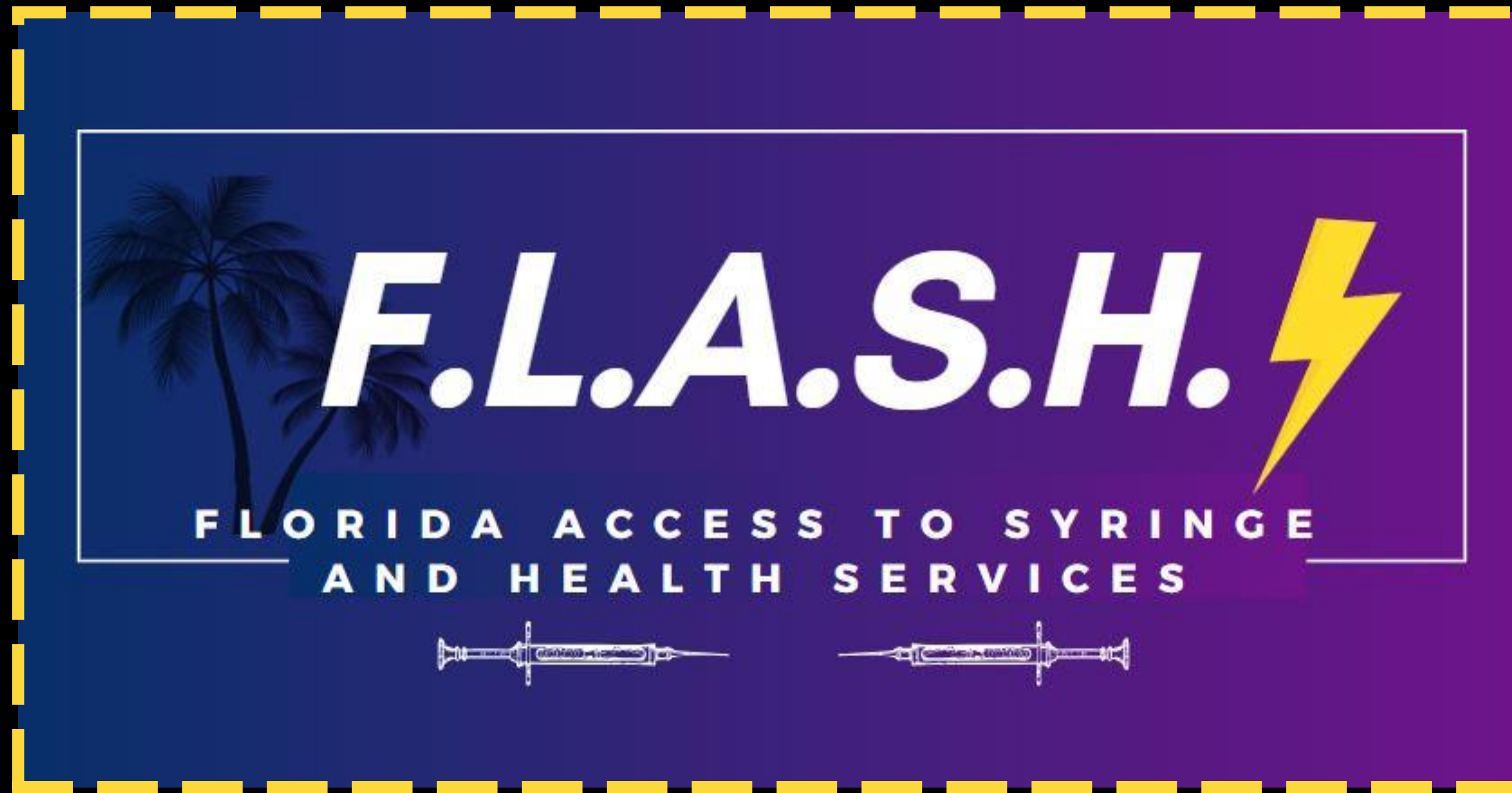
Email – [tdales@hcsef.org](mailto:tdales@hcsef.org)

600 Sandtree Drive, Suite 101

Palm Beach Gardens, FL 33403

Phone: 561-323-8364





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
- 2 mobile sites, 4x per week
  - Lake Worth (2)
  - West Palm Beach (2)
- Western communities (Belle Glade and South Bay)
- Collaboration with community partners
  - Compass Gay and Lesbian Community Center
  - The Lord's Place





# Our services

- **Syringe Services**
- **Wound Care Services**
- **Wound Care Supplies**
- **Rapid HIV/HCV Testing**
- **Navigation to PrEP & HIV/HCV Treatment**
- **Navigation to MOUD Services**
- **Drug Checking Services (UNC Drug Checking Lab)**
- **Condoms, Plan B, etc.**
- **Fentanyl and Xylazine Test Strips**
- **Peer Support Services**
- **Safer Use/Harm Reduction Education**
- **Community Outreach Workers**





# Since April 2021....

- 955 Participants Served
- 5,267 Participant engagements
- 294,120 Syringes Distributed
- 645 HIV Tests (8 reactive); 556 HCV Tests (86 Reactive)
- 4,433 Narcan Kits Distributed (8,866 doses); 181 Revive Kits (362 doses)
- 1,242 Reported Overdose Reversals



**1:1 Exchange Rate**



**Mobile Sites only, requiring signed MOU (No service “overlap”  
with Rebel Recovery’s  
RCO/RCC)**



**No public funding for ANY costs related to SSP**



**“Good Neighbor Clause”**

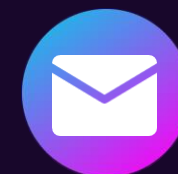
**Barriers**

# CONTACT

**rebelrco.org**



**austin@rebelrco.org**



**(561)-646-7701**



**400 N Congress Suite 130  
West Palm Beach, FL 33401**







# AIDS Healthcare Foundation Palm Beach

# WELCOME

One Team Philosophy





# AHF Locations

## Delray Beach HCC

200 Congress Park Drive , Suite 210  
Delray Beach Florida 33445  
561-279-0991

- Healthcare Center & Pharmacy

Monday & Tuesday 8:30-7pm  
Wednesday & Thursday 8:30am-5pm  
Friday 8:30am-3pm

- Wellness

Wednesday 2pm-4:30pm  
Friday 12pm-2:30



## West Palm Beach HCC

1411 N. Flagler Drive, Suite 9300  
West Palm Beach, Florida 33401  
561-284-8182

- Healthcare Center & Pharmacy

Monday, Tuesday & Thursday 8am-5pm  
Wednesday 8am-7pm  
Friday 8am-3pm

- Wellness

Tuesday 1pm-4:30pm  
Thursday 1pm-4:30pm







# AHF Services in Palm Beach County

- 
- 
- 
- 
- 
- 
- Outpatient Care
  - Ryan White Services
  - Wellness Clinic
  - Pharmacy
    - ADAP
    - LPAP

A series of white lightbulb icons of varying sizes and orientations are arranged along the left edge of the slide, creating a decorative border.

# AHF Services in Palm Beach County

- RW AIDS Pharmaceutical Assistance

\*Prior to referral being sent, Case Managers are required to screen for alternative medication payer sources, including but not limited to Patient Assistance Programs (PAP), rebate/discount programs, Health Care District, and Florida RWHAP ADAP prior to dispensing.

A series of white lightbulb icons of varying sizes and orientations are arranged along the left edge of the slide, creating a decorative border.

# AHF Services in Palm Beach County

- 3 Sub-Categories of APA
  - EFA-Emergency Medications for 30days The Emergency Financial Assistance service category may assist with short-term assistance for medications. Dispensing of one (1) emergency medication not exceeding a thirty (30) day supply to a client during any 12-month period
  - LPAP-The Local Pharmaceutical Assistance Program (LPAP) is a supplemental means of providing ongoing medication assistance when Florida RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria
  - Food Bank, Nutritional Supplement may assist with dispensing nutritional supplements as prescribed

# Case Management Supervision Team



**EDDY DIAZ**

Associate Director,  
Clinical Care  
Management  
Operations, Southern  
Bureau



**ANDREW CARRON**

Regional Manager for  
Broward County, Palm  
Beach County, South  
Carolina



**LISYANI MACHADO**

Regional Manager for  
Broward County, Palm  
Beach County, Pinellas  
County

# Medical Case Management Team



**Michelle Sullivan**

AHF West Palm



**Shane Richards**

AHF Oakland Park



**Iverlyne Charles**

AHF Delray



**Adkeisha Jean**

AHF Delray



A series of white lightbulb icons arranged in a vertical line on the left side of the slide, with some bulbs tilted at different angles.

# Other AHF Services

- Food Voucher Program
- Mental Health Services
- Part A Premium Assistance



A series of white lightbulb icons arranged in a diagonal line from the top-left corner towards the bottom-right corner, set against a solid red background.

# Part C Case Management

- The RN Medical Care Manager provides a system of coordinated health care interventions to assist clients in self-managing their HIV and preventing complications stemming from uncontrolled Viral load ( $>200$ ) and uncontrolled co-morbid chronic disease conditions.
- The RN Medical Care Manager's responsibilities include assessing client needs, developing a coordinated action plan, and care coordination.

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# Part C Case Management

Key activities include:

- Conducting a Comprehensive Needs Assessment
- Developing and maintaining a comprehensive Action Plan
- Supporting healthcare monitoring, such as prescription dispensing documentation, medication adherence coaching, and attendance at healthcare appointments
- Coordinating essential medical and support services.
- Providing adherence counseling to treatment regimens and healthcare and initiating strategies and interventions to improve the client's disease self-management skills pertaining to health maintenance, medication adherence, and drug interactions, and HAB measures.

# Part C Case Management Team



**Tausha Wright**

AHF Delray

# Part C Referral

- Fax referral form to Mark or Tausha.
- Client will need to provide their medical records if not an AHF patient

**Part C Referral FORM**

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

To RN MCM: \_\_\_\_\_

Referred By: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client ID: \_\_\_\_\_

Is the client newly diagnosed? ☐ Yes ☐ No If yes, date of diagnosis: \_\_\_\_\_

Reason for Referral:

☐ High viral load >200 copies/ml.

☐ Uncontrolled co-morbidity (diabetes, hypertension, cardiovascular disease, and COPD).

☒ Client missed at least three (3) consecutive medical appointments.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

7/25/2022



**THANK YOU !**

# Florida Department of Health

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

**Florida  
HEALTH**

June 9, 2025



# Presenter



**Hyguette Joseph**

**ADAP Manager**

HIV/AIDS

Florida Department of Health in Palm Beach



**Courtney Koontz**

**QI Data Analyst**

HIV/AIDS

Florida Department of Health in Palm Beach

# **Introduction to AIDS Drug Assistance Program (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 and state general revenue funds.
- ADAP helps ensure that people living with HIV and AIDS who are uninsured and 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 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 January 1, 2024
- Medical needs
  - 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 Cont.

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 CVS Specialty Pharmacy and Magellan RX Management LLC (MRx) at approved pharmacies.

- CVS Specialty
  - Mail order pharmacy only
  - New Rx/refills for uninsured clients need to be sent to CVS Specialty located in Monroeville, Pennsylvania

# Direct Medication Assistance

- Magellan RX
  - ADAP prescriptions can be filled at a variety of pharmacies in your area.
  - Magellan Rx sends prescription discount cards to ADAP clients in the mail.
  - To find a pharmacy in network near you, visit [FLDOH.MagellanRx.com](https://FLDOH.MagellanRx.com) or call client services at 833-604-0925.
  - Link to submit pharmacy request to Magellan:  
[MagellanRx.com/Provider/ContractRequest](https://MagellanRx.com/Provider/ContractRequest)
  - In the request, the pharmacy needs to indicate “FL ADAP Uninsured Network” in the comments.

# 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

- **COBRA**

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

# Premiums Assistance Benefits

- **Medicare**

- New and returning clients must have A and B card. Must apply for Part D or C. Must apply for 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. Client must have the Medicaid paper showing the share of cost amounts.

All premium information must be sent to ADAP and Broward Regional Health Planning Council for payment at [enroll.brhpc.org](https://enroll.brhpc.org)

# ADAP Recertification

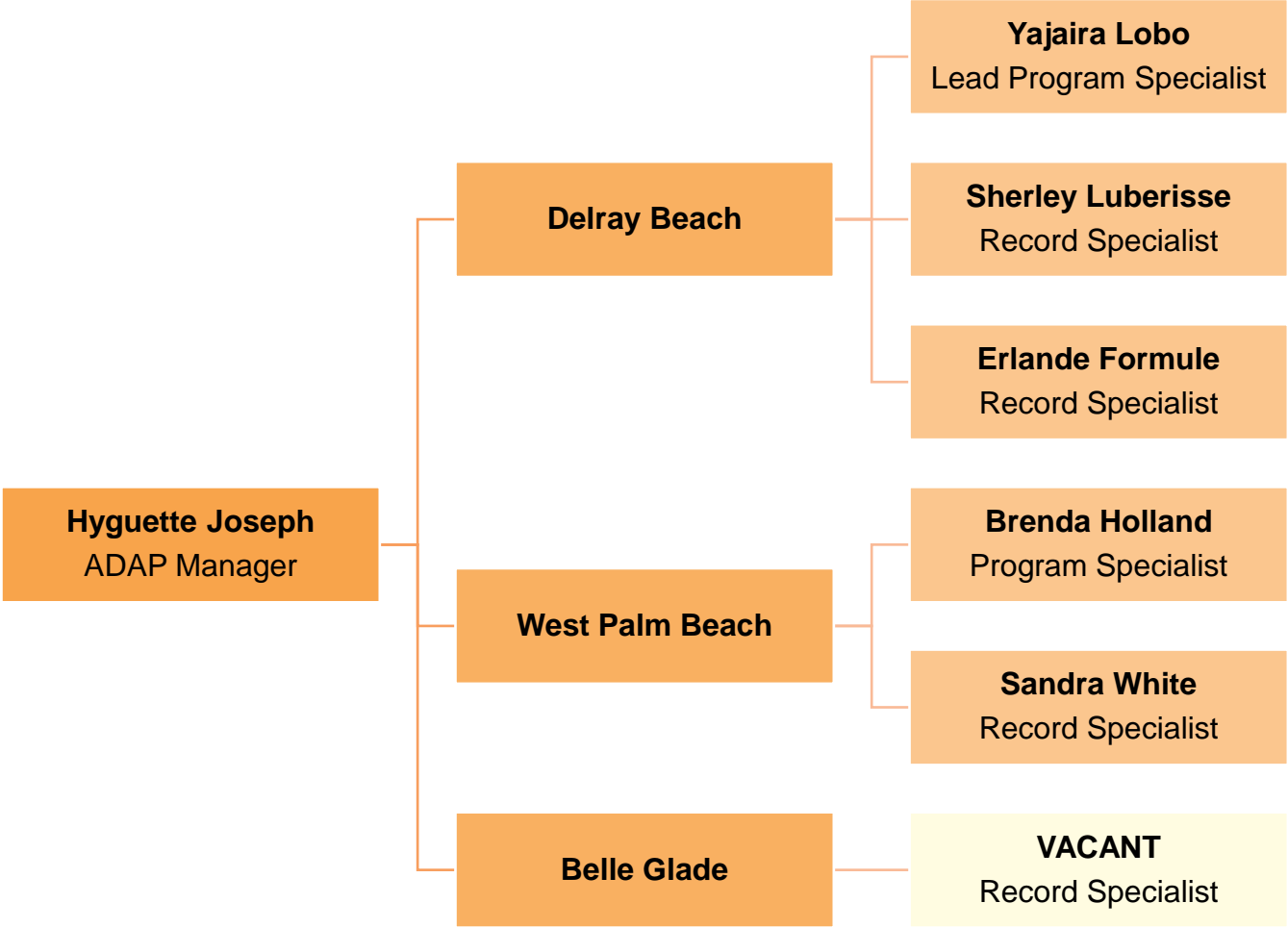
- Must be evaluated every year.
- Ryan White eligibility (NOE) must always be current.
- Client must re-enroll over the phone or online before their enrollment period expires, or their record will automatically close in the ADAP database on the date specified in the ADAP system.
- Online account can be set up by calling the help desk at 844-381-ADAP (2327) or local ADAP staff.
- Website to renew ADAP services: [FLadap.ProvideCM.net](https://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)
- Have 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 grandfathered previously)
- Refusal to comply with Medicaid requirements
- Medical needs if client meets share of cost

# Meet the ADAP Team



# Contact Information

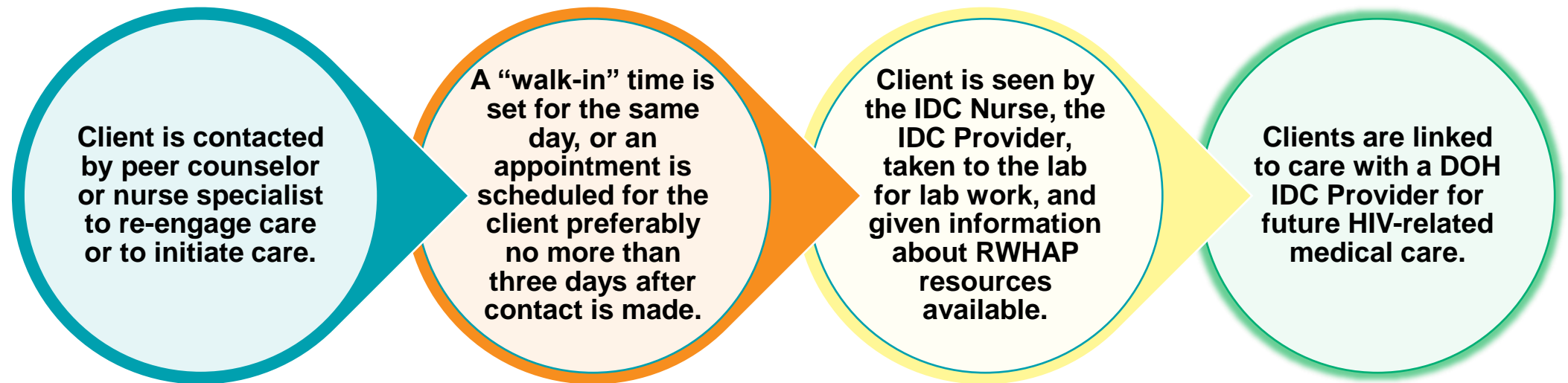


**Hyguette Joseph**  
**ADAP Manager**  
HIV/AIDS Program

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 from intake visit.



# Meet the REC Team!



**Dr. Berthline Isma, PhD,  
MPH, MSPH, MBA, CEPH**  
Patient Care  
and Quality Improvement  
Manager



**Marcus Martin**  
Peer Counselor I



**Wily Joseph, RN**  
Nurse Specialist



**Courtney Koontz**  
QI Data Analyst  
REC Reimbursement  
Specialist  
D: 561-530-6887  
C: 561-446-5643

# Ryan White Part A

## Grant Year 2025 In-Service

### Emergency Financial Assistance

Community Services Ryan White Program



**Lysette Pérez**  
**Health Programs Officer**

# 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



\*Rent and/or security deposit

# Eligibility & Program Guidance

## 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.



# Caps & Limitations

# 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.

**Example 1:** Client's rent for 1 month is \$2,000. EFA can pay this rent.  
The client can still receive utility or security deposit assistance.  
Client has reached rental assistance limit.

**Example 2:** Client needs assistance with \$50 water bill for month of June. EFA can pay this bill.  
Client is still eligible for EFA services until they have used it 4 times or  
reached the \$1,000 annual limit.  
The client can still receive rent or security deposit assistance.

**Example 3:** Client needs 1<sup>st</sup> month's rent and security deposit for a total of \$4,000.  
EFA can pay both of these.  
The client can still receive utility assistance up to 4 times or  
reached the \$1,000 annual limit.  
Client has reached rental and security deposit assistance limit.

EFA cannot pay for **Deposits for Utility Services.**

# Allowable Expenditures

## 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.



\*Rent and/or security deposit

# Procedure

# 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

## 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

# 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 ☐ \$ \_\_\_\_\_

2<sup>nd</sup> 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

## Emergency Financial Assistance Application

Date: \_\_\_\_\_ PE ID: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_  
Monthly Expenses: \_\_\_\_\_  
Deficit: \_\_\_\_\_

### Type of EFA

Rental ☐ 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/recieved, 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 certiy 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.

Case Manager's Name: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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



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 33460

Landlord Signature

Date





# Locating Documents in PE

- Activity >
- Benefits Management >
- Clients >
- Contract Management >
- Lab Import >
- Providers >
- Reference >
- Reporting >
- Secure >
- Wait List >

- Activity >
- Benefits Management >
- Clients >
- Contract Management >
- Lab Import >
- Providers >
- Reference >
- Reporting >
- Secure >
- Wait List >

- ADAP Formulary >
- Benefit Programs
- Client Assessment Goal Templates >
- Codes >
- Documentation >
- Drugs >
- Formulary >
- Health Plans >
- Medical Supply >
- Tests >

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- ADAP Formulary >
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- Client Assessment Goal Templates >
- Codes >
- Documentation >
- Drugs >
- Formulary >
- Health Plans >
- Medical Supply >
- Tests >

By Type



Provide Enterprise - [Reference\Documentation\By Type]

File Find View Actions Tools Reports Windows Help

Close

Type /	Name /	Date
+ Application Form		
+ Form		
+ FoundCare Forms		
+ Manual		
+ Other		
+ Referral Documents		
+ Report		

Type /	Name /	Date
+ Application Form		
+ Form		
+ FoundCare Forms		
+ Manual		
+ Other		
- Referral Documents		
↑ Referral Documents	EFA CM Procedure and Checklist	6/18/2024
Referral Documents	EFA Memo Template	6/18/2024
Referral Documents	Emergency Financial Assistance Application	6/18/2024
Referral Documents	Example Copay Memo	6/18/2024
Referral Documents	Example Premium Memo	6/18/2024
Referral Documents	HIPCSA Procedure and Checklist	6/18/2024
Referral Documents	Letter of Medical Necessity for Opioid Medications	11/5/2020
Referral Documents	Poverello Food Voucher Process Flow	6/1/2021
Referral Documents	Poverello Intake Package	6/1/2021
Referral Documents	Specialty Provider Authorization Request Form	6/29/2016
+ Report		

# Sending Referrals in PE



Referral

Referral Status

Referring Person

Referral Date

Eligibility Date Expire

Referred Type

Referred To

Referred for Service Type

Referred To Assignee

Referred for Service Description

Date Check Back

Attach Documentation

Attachment Type

Images

Attach

Save As

Open

Lysette Perez

04/01/2024

04/21/2024

Internal

05/01/2024

Image

Select From View

Please select item(s) from the view.

Agency /



Service Type /

AIDS Healthcare Foundation	AHF- Local Pharmacy Assistance
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

OK

Cancel




## 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	

## 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

Q: How often are referrals checked in PE?

A: Weekly

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

A: 1 -2 weeks depending on when it was received.

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 \$2,500 per client or for all client's total?

A: All clients total

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

A: Compass' finance department has specific days they process checks, as such we can only provide a 1-2 week turn around.

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

A: Yes.

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

A: Yes.

Please send questions via email to  
[Lysette@CompassLGBTQ.com](mailto:Lysette@CompassLGBTQ.com)





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

PE ID#: \_\_\_\_\_

## Emergency Financial Assistance (EFA) CM Procedure and Checklist

This document is for Case Managers to use as a guide for correctly completing all procedures when referring clients for Emergency Financial Assistance.

### 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.

### Initial Referral documents checklist

- ☐ Current Financial Assessment
- ☐ Emergency Financial Assistance Application
- ☐ Emergency Financial Assistance Memo
  - **Memo must clearly outline all attempts to locate another payer source before applying to Ryan White as the payer of last resort.**
- ☐ Copy of bill needing to be paid
- ☐ Copy of bills to support financial deficit
- ☐ Security Deposit
  - ☐ Security Deposit Agreement
  - ☐ Agreement for Return of Security Deposit

### 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.

### 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.

**Allowable payments**

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.**



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

# 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: \_\_\_\_\_



**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 33460

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

# Memo

To: Compass

From:

Agency:

Date:

Subject: Emergency Financial Assistance

---

Case Manager:

Client ID:

NOE Expires:

FPL:

Amount Requested:

**Description of Need:**

Client is requesting Emergency Financial assistance for rent in the amount of \$2,000. Client lost their job in January due to layoffs. Client was able to maintain their monthly expenses for the month of February. Client does not have the funds for March expenses. Client already has a job offer. They will start their new employment the end of this month.

Client was denied assistance from Catholic Charities due to lack of funding. Client has reach maximum allowable uses of Community Services funding for rental assistance.

Client has been able to maintain adherence. Without this assistance client will be likely face eviction and homeless and risk their health.

# 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 ☐ \$ \_\_\_\_\_

2<sup>nd</sup> 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





Q: How often are referrals checked in PE?

A: Weekly

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

A: 1 -2 weeks depending on when it was received.

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 \$2,500 per client or for all client's total?

A: All clients total

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

A: Compass' finance department has specific days they process checks, as such we can only provide a 1-2 week turn around.

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

A: Yes.

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

A: Yes.

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

A: Yes.

Q: What documentation is needed if a 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.





**COMPASS**  
COMMUNITY CENTER

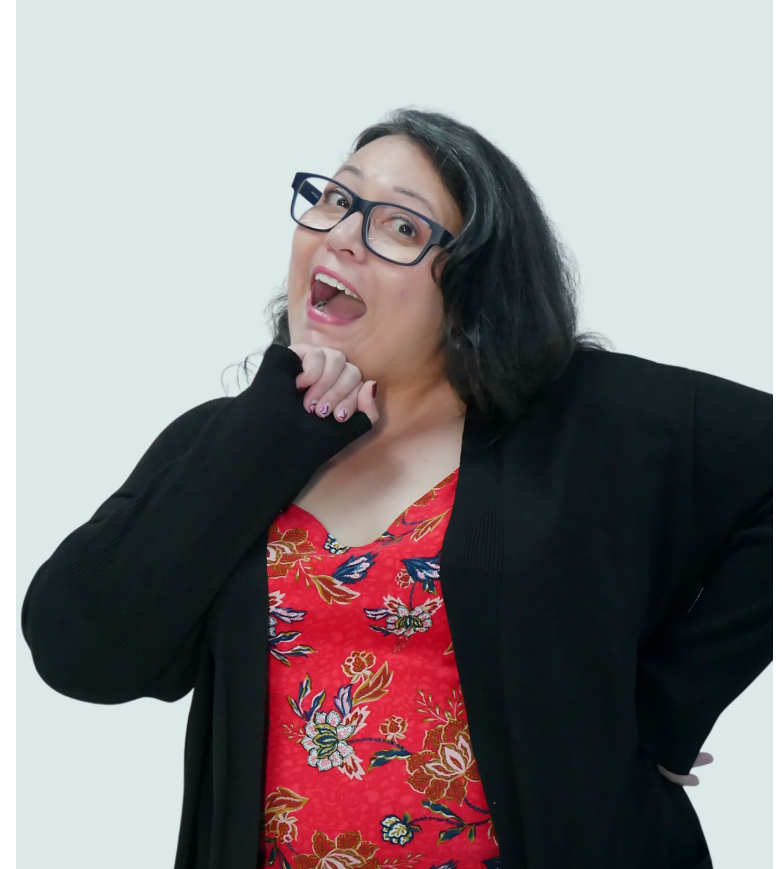
Ryan White Part A  
Grant Year 2025 In-Service

Health Insurance Premium &  
Cost Sharing Assistance  
(HIPCSA)

Community Services Ryan White  
Program

# Lysette Pérez

## Health Programs Officer



# 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

# Types of HIPCSA

# Types of HIPCSA

- Premium Assistance
- Copay Assistance
- Deductible Assistance



# Eligibility & Insurance Coverage

## Payor Sources



# Eligibility

All clients Eligible to receive RWHAP services in PBC are eligible to receive HIPCSEA unless there is another payor source.

## Insurance Coverage Payor Sources

RW-Part A, RW-Part B/ADAP,  
Medicaid, Medicare,  
Employer, Spouse, Parent

# Insurance Coverage Payor Sources Overview

# Insurance Coverage Payor Sources Overview

- RW-Part A- Premium Assistance
  - Clients FPL below 50%
  - Categorically ineligible for Part B
  - Not eligible for any other payor source
- RW-Part A- Co-pay/Deductible Assistance
  - RW Eligible
  - In-network provider
  - Insurance must pay some portion of cost

# Insurance Coverage Payor Sources Overview

- RW-Part B/ADAP- Premium Assistance
  - Clients FPL 51% or higher
  - Eligible for ADAP Services
  - Not eligible for any other payor source

# Insurance Coverage Payor Sources Overview

## Medicaid

A joint federal and state program that helps cover medical costs for some people with limited income and resources.

# Insurance Coverage Payor Sources Overview

## Medicare

Is federal health insurance for people 65 or older, and some people under 65 with certain disabilities or conditions

# Insurance Coverage Payor Sources Overview

## Employer

Insurance offered through client's employer

## Spouse

Usually insurance offered through client's spouse's employer



# Insurance Coverage Payor Sources Overview

## Parent

Usually insurance offered through client's parent's employer

# Procedure

# 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.

Documents and information to  
submit with PREMIUM referral



## 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

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
  - My Plans and Programs Page from HealthCare.gov
  - Insurance Carrier Invoice
- ☐ Client's Carrier username and password in order to access monthly invoice.
  - If unwilling to provide CM will need to send updated invoice via PE referral monthly
- ☐ HICS Memo
  - 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
  - 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.

My plans & programs

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

My plans & programs (2)

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 pay your first month's premium?** Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).

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

Status: Initial Enrollment

Elite Gold  
21663FL0130123

VIEW PLAN BENEFITS

Ambetter from Sunshine  
Health  
P.O. Box 25408  
Little Rock, AR 72221-5408  
1-877-687-1169

Base premium \$535.37/mo.  
[Premium tax credit](#) \$-0.00/mo.

You pay: \$535.37/mo.

<http://ambetter.sunshinehealth.com/>

Members:	Start date:	End date:	Action:
Lysette Pérez	03/01/2024	12/31/2024	<a href="#">REMOVE</a>

Coverage record

Coverage dates	Premium	<a href="#">Premium tax credit</a>	You pay	Members
01/01/2024 - 12/31/2024	\$535.37	\$0.00	\$535.37	Lysette





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
<b>BlueSelect Gold 1835</b>		
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 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





# Memo

To: Compass Community Center

From: Ashnika Ali

Agency: HCSEF

Date: 4/2/2024

Objective: Insurance Support Services

---

Case Manager: Ashnika Ali

Client ID: 1234

NOE Expires: 3/26/25

FPL: 78%

**Description of Need:** Client is requesting assistance with their premium for the month of (Insert month). Client is not eligible for ADAP premium assistance due to being part a of medication study.



COMPASS  
COMMUNITY CENTER

Documents and information to  
submit with  
COPAY, DEDUCTIBLE referral



## 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)



Statement Date 02/27/24  
Account Number 0059-0000-0024-5405  
Guarantor Name [REDACTED]

PAYMENT OPTIONS

Pay your bill online at [rayusradiology.com/billpay](http://rayusradiology.com/billpay)



New features available through our online payment partner InstaMed:

- View Statements
- Make Payments
- Enroll in Paperless Billing

Access anywhere & anytime: scan the QR code to be directed to our online payment website.

InstaMed

AMOUNT DUE

\$21.18

PATIENT PAYMENTS SINCE LAST STATEMENT

\$0.00



Call 1-888-806-1898  
9:30am-4:30pm Eastern Time

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	WEEK PAID	PATIENT PAID	ADJUST	YEAR BALANCE	PATIENT BALANCE
02/12/24	[REDACTED]	Havas	74018	Radioecological exam, abdomen; 1 view	\$115.00	\$0.00		\$115.00	\$0.00	\$21.18
This balance is your responsibility. Payment in full is due upon receipt.										
					CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE
					\$21.18	\$0.00	\$0.00	\$0.00	\$0.00	\$21.18
					TOTAL ACCOUNT BALANCE					\$21.18
					DUE FROM PATIENT					\$21.18

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

STATEMENT

PAGE 1/1

MAKE CHECKS PAYABLE TO

RAYUS RADIOLOGY  
P.O. BOX 745918  
LOS ANGELES, CA 90074-5918

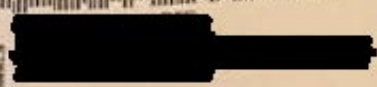


STATEMENT DATE 02/27/24  
PAY THIS AMOUNT \$21.18  
ACCOUNT NUMBER 0059-0000-0024-5405  
SHOW AMOUNT PAID HERE \$

Please check box if address is incorrect or incorrect information has changed and indicate change(s) on reverse side.

ADDRESSEE

QYH022TA EST1 1 AS 3-567  
7100009339 00 0921 0013 357121



PLEASE REMIT TO

RAYUS RADIOLOGY  
P.O. BOX 745918  
LOS ANGELES, CA 90074-5918



# Memo

To: Compass Community Center

From:

Agency:

Date:

Objective: Insurance Support Services

---

Case Manager:

Client ID: 1234

NOE Expires: 02/27/2025

FPL: 0%

**Description of need:** The client is requesting assistance with a copay for a medical appointment on 02/12/2024, with Rayus Radiology. The client is unemployed and earns no income, and this copay assistance would allow the client to continue attending their medical appointments so that they can remain medically adherent and virally suppressed.



# Locating Documents in PE

- Activity >
- Benefits Management >
- Clients >
- Contract Management >
- Lab Import >
- Providers >
- Reference >
- Reporting >
- Secure >
- Wait List >

- ADAP Formulary >
- Benefit Programs
- Client Assessment Goal Templates >
- Codes >
- Documentation >
- Drugs >
- Formulary >
- Health Plans >
- Medical Supply >
- Tests >

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- Benefits Management >
- Clients >
- Contract Management >
- Lab Import >
- Providers >
- Reference >
- Reporting >
- Secure >
- Wait List >

- ADAP Formulary >
- Benefit Programs
- Client Assessment Goal Templates >
- Codes >
- Documentation >
- Drugs >
- Formulary >
- Health Plans >
- Medical Supply >
- Tests >

By Type



Provide Enterprise - [Reference\Documentation\By Type]

File Find View Actions Tools Reports Windows Help

Type /	Name /	Date
+ Application Form		
+ Form		
+ FoundCare Forms		
+ Manual		
+ Other		
+ Referral Documents		
+ Report		

Provide Enterprise - [Reference\Documentation\By Type]

File Find View Actions Tools Reports Windows Help

Close

Type /	Name /	Date
+ Application Form		
+ Form		
+ FoundCare Forms		
+ Manual		
+ Other		
- Referral Documents		
Referral Documents	EFA CM Procedure and Checklist	6/18/2024
Referral Documents	EFA Memo Template	6/18/2024
Referral Documents	Emergency Financial Assistance Application	6/18/2024
Referral Documents	Example Copay Memo	6/18/2024
Referral Documents	Example Premium Memo	6/18/2024
Referral Documents	HIPCSA Procedure and Checklist	6/18/2024
Referral Documents	Letter of Medical Necessity for Opioid Medications	11/5/2020
Referral Documents	Overello Food Voucher Process Flow	6/1/2021
Referral Documents	Overello Intake Package	6/1/2021
Referral Documents	Specialty Provider Authorization Request Form	6/29/2016
+ Report		

# Sending referrals in PE

Close Edit Cre... Vi... Act... Pr...

**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

Status / Start / End /

EHE Enrollment Records

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



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 :  
Compass - Client Services : Lysette Perez/pbc [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
Compass	Mental Health Services

OK

Cancel

**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	

## 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 c  
Date Check Back \* 08/17/2025  
Attachment Type File  
File Attachments

Attach Save As Launch



Organize New folder

- Music
- Videos
- Packet Docs
- 2. RWA In Servic
- 340B CY 2025
- 2024

- The LGBT Comm
- Public - Public
- This PC
  - Local Disk (C:)
  - Local Disk (D:)
  - CM (\\dc02) (N
  - accounting (\\
  - LPerez (\\DC02
  - Network

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










# 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 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







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

Referral

Referral Status	* Open
Referring Person	* Lysette Perez
Referral Date	* 07/17/2025
Eligibility Date Expire	07/14/2026
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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 Prem Inv Aug.pdf
-  1234 Prem Memo Aug.pdf

Save Changes?

Want To Save Your Changes?

Yes

No

Cancel



**COMPASS**  
COMMUNITY CENTER

Please send questions via email to  
[Lysette@CompassLGBTQ.com](mailto:Lysette@CompassLGBTQ.com)





# Health Insurance Premium & Cost Sharing Assistance (HIPCSA) Procedure and Checklist

This document is a guide. Do Not Submit with referral

## 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
  - ☐ My Plans and Programs Page from HealthCare.gov
  - ☐ Insurance Carrier Invoice
- ☐ Client's Carrier username and password in order to access monthly invoice.
  - If unwilling to provide CM will need to send updated invoice via PE referral monthly
- ☐ HIPCSA Memo
  - 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/Deductibles

- ☐ Invoice from medical provider showing amount owed.
- ☐ Proof the provider is in-network with insurance carrier.
- ☐ HIPCSA Memo
  - Memo must include explanation why client does not have sufficient to pay copayment, why client needed to see this.

# Memo

To: Compass Community Center

From:

Agency:

Date:

Objective: Insurance Support Services Copay

---

Case Manager:

Client ID:

NOE Expires:

FPL:

Amount:

## Description of Client's Hardship:

Client is requesting copay assistance for their appointment at:

**Provider**

**Address**

**Address**

**Phone**

**On date(s):**

Client is requesting copay assistance in the amount of \$ on **Date(s) of Service** with **type of provider**. Client is unable to afford copay due to **explanation**. Copay will allow client to maintain in good standing with provider improving client's overall health. Maintaining overall health and wellness will allow client to remain in care and virally suppressed.