

# Ryan White Part B Program



## Information and Application Pamphlet

April 1, 2014 to March 31, 2015

Ryan White Part B CARE Program Department of Health

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10/21/2014

The Ryan White CARE Act is a federal program started in 1990 and includes a number of programs; previously called "Titles". This pamphlet concerns the South Dakota Ryan White Part B Program, hereafter referred to as Part B. Part B funding is awarded to each state to improve the quality, availability, and organization of care for people with HIV disease statewide. A large part of the funding for Part B is designated for the AIDS Drug Assistance Program, referred to as ADAP.

This pamphlet describes the Part B program for the 2014 fiscal year (FY2014), which runs from April 1, 2014 through March 31, 2015. The goal of the Part B program is to assist low-income, HIV infected individuals with the cost of specific health care needs. Benefits of the program are determined by federal guidelines and a state advisory council made up of representatives from health care, people with HIV disease, support groups, and state agencies. The Department of Health is responsible for the administration of the program.

### **Who is eligible for the program?**

To be eligible for the Part B program in FY2014, the applicant must:

1. Be a resident of South Dakota
2. Diagnosed as HIV positive;
3. Have an income at or less than 300% of the federal poverty level (see table below); and
4. Not have identical services available through other compensation programs including Medicare, Medicaid, insurance, or other public resources. Ryan White Part B case management services are available to all clients and those on the waiting list for the program if one is in place.

### ***Income Limitations effective April 1, 2014 - March 31, 2015***

<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Max Yearly Income</b>	<b>\$35,010</b>	<b>\$47,190</b>	<b>\$59,370</b>	<b>\$71,550</b>	<b>\$83,730</b>	<b>\$95,910</b>	<b>\$108,090</b>	<b>\$120,270</b>

### **How do I apply?**

Individuals who meet the above criteria may apply by completing and submitting the Ryan White Part B Program Application Form (included with this pamphlet). **PLEASE KEEP THE REST OF THE PAMPHLET FOR FUTURE REFERENCE.** Include with your application the most current income tax return or signed statement indicating no return was filed.

You will be notified in writing whether or not you are eligible for services through this program. Eligible applicants may be placed on a waiting list for the program if the program's projected budget limit has been met when you apply.

It is the responsibility of the applicant to supply information pertinent to the Part B program as requested by the program manager. It is also the responsibility of the applicant to notify the program manager of changes in address or phone number. You will be required to update your information every 6 months.

### **Benefits and Limits**

The programs listed below are described in further detail on the following pages. All services will be paid at the current Medicaid rate (except continuation of health insurance).

1. AIDS Drug Reimbursement Program (ADAP) - up to \$10,500 per client per fiscal year
2. Patient Care (Home and Community Based Care) - up to \$2,500 per client per fiscal year
3. Continuation of Health Insurance - evaluated for cost effectiveness

\*Budgets are limited to funding provided by the federal grant. Benefits and the number of individuals served will be limited to remain within the budget.

If a client utilizes their maximum benefit in a program area, the client is kept on the program but is inactive for that program area until the beginning of the next fiscal year. An inactive client's health care providers would be notified in writing that no further benefits will be paid by the Ryan White Part B program for that individual in the current fiscal year. Case management will continue to be available to inactive clients

If a client has not utilized benefits for 3 months, they will be considered no longer in need of services and will be excluded from the program. Clients excluded from the program will need to reapply for the program. Clients who jeopardize the Ryan White program may be administratively discharged.

***All ADAP clients eligible for Medicare must apply for Medicare Part D and for low-income assistance.***

### **Case Management**

Case management services are available for clients and those that are on the waiting list. A case manager can help you access available services from the Ryan White Part B and Part C Programs, Medicaid, Medicare, insurance benefits, social security benefits, drug manufacturer patient assistance programs, employment, unemployment, food stamps, food banks, housing, medical, dental, and mental health care, transportation, etc.

Case management is available from highly qualified individuals under contract with the Part B program. All clients are strongly encouraged to take advantage of this service.

A client's signature on the application form authorizes the South Dakota Department of Health to furnish your Part B application and associated documents with the Ryan White Part B program case manager(s) and the Part C program coordinator, if you apply for Part C services (see Part C below).

If a client does not want Part C case management or your Part B application and associated documents shared with the Part C program, attach a signed, written request for exemption to the application.

### **Part C**

There is a Ryan White Part C program in South Dakota that can provide medical and support services to east river SD residents. Part C benefits are provided through clinics and can not be provided through state government agencies. Your application for Part B services may be shared with the Part C program operated by the City of Sioux Falls Health Department to provide you with the maximum benefits available in the state. Part B and C will coordinate to provide as many services to clients as possible. Please contact the Part C program for information about their benefits at 605 367-8122. At this time, there are no Part C programs in west river South Dakota but if you seek medical care in East River SD, the Part C program may be able to assist you.

### **AIDS Drug Reimbursement Program (ADAP)**

Each client will have a **\$10,500 maximum benefit** through the ADAP in Fiscal Year 2014. Before purchasing prescription drugs, the client is responsible for contacting the Ryan White Part B Program in order that a direct-billing arrangement can be set up. The following drugs will be payable through this program from April 1, 2014 through March 31, 2015. All drugs will be reimbursed at the Medicaid rate to the pharmacy and are the oral form unless otherwise stated. Generics will be used when available.

Class	Brand or Trade Name	Class	Generic Name	Indication
Antiretrovirals	Atripla	Comb	Efavirenz, Emtricitabine, Tenofovir Disoproxil	Viral Suppression
	Combivir	Comb	Lamivudine + Zidovudine	Viral Suppression
	Complera	Comb	Emtricitabine, Rilpivirine, Tenofovir Disoproxil	Viral Suppression
	Edurant	NNRT	Rilpivirine	Viral Suppression
	Emtriva	NRTI	FTC, Emtricitabine	Viral Suppression
	Epivir	NRTI	Lamivudine, 3TC	Viral Suppression
	Epzicom	NRTI	Abacavir Sulfate + Lamivudine	Viral Suppression
	Hivid	NRTI	Zalcitabine, ddC, Dideoxyxytidine	Viral Suppression
	Intelence	NNRT	Etravirine	Viral Suppression
	Rescriptor	NNRT	Delavirdine, DLV	Viral Suppression
	Retrovir	NRTI	Zidovudine, AZT, Azidothymidine, ZDV	Viral Suppression
	Stribild	Comb	Elvitegravir, Cobicistat, Tenofovir, Emtricitabine	Viral Suppression
	Sustiva	NNRT	Efavirenz	Viral Suppression
	Trizivir	Comb	Abacavir+Lamivudine+Zidovudine	Viral Suppression
	Truvada	NRTI	Emtricitabine+Tenofovir Disoproxil	Viral Suppression
	Videx/Videx EC	NRTI	Didanosine, ddI, EC (Enteric Coated)	Viral Suppression
	Viramune/Viramune XR	NNRT	Nevirapine, NVP, BI-RG-587	Viral Suppression
	Viread	NRTI	Tenofovir Disoproxil Fumarate	Viral Suppression
	Zerit	NRTI	Stavudine, d4T	Viral Suppression
	Ziagen	NRTI	Abacavir, ABC	Viral Suppression
Opportunistic Illnesses/ Antibiotics	Biaxin		Clarithromycin	M. Avium complex
	Cipro		Ciprofloxacin	Bacterial infections
	Dapsone		Dapsone	PCP/Toxoplasmosis
	Daraprim, Fansidar		Pyrimethamine	Toxoplasmosis
	Diflucan		Fluconazole	Cryptococcal/Candidiasis
	Famvir		Famciclovir	Herpes
	Humatin		Paramomycin Sulfate	Cryptosporidiosis
	Kenalog Cream		Triamcinolone Acetoinide Cream	Skin Conditions
	Lamprene		Clofazamine	M. Avium complex
	Levaquin		Levofloxacin	Bacterial Infections
	Mepron		Atovaquone	PCP
	Myambutol		Ethambutol	M. Avium complex
	Mycelex		Clotrimazole	Candidiasis
	Mycobutin		Rifabutin	M. Avium complex
	Nebupent		Pentamidine	PCP
	Septra, Bactrim		Trimethoprim/Sulfameth.(TMP/SMX)	PCP/Toxoplasmosis
	Sporanox		Itraconazole	Histoplasmosis
	Valcyte		Valganciclovir	CMV
	Valtrex		Valacyclovir hydrochloride	Herpes
	Zithromax		Azithromycin	Bacterial infections
	Zovirax		Acyclovir	Herpes
Pain/Other	Compazine		Prochlorperazine	Nausea
	Depakote		Divalproex sodium	Anti-convulsant
	Dilantin		Phenytoin	Anti-convulsant
	Duragesic		Fentanyl	Pain
	Elavil		Amitriptyline	Pain/neuropathy
	Leucovorin		Leucovorin	Methotrexate elimination
	Lyrica		Pregabalin	Pain
	Megace		Meqgestrol	Anorexia/Cachexia
	Morphine, MS Contin		Morphine w/wo Sulphate	Pain
	Neurontin		Gabapentin	Neuropathy

	Tylenol w/Codeine		Acetaminophen w/Codeine	Pain
*Vaccines Hepatitis Treatment	Influenza		Inactive Trivalent	Immunization
	Hepatitis		A and B, Twinrix	Immunization
	Pneumococcal		23-valent	Immunization
	Intron-A		Interfero Alfa -2b	Hepatitis C Treatment
	Rebetron		Ribavirin/Interferon Alfa 2b	Hepatitis C Treatment
	Pegasys		Peg-Interferon alfa-2a	Hepatitis C Treatment
	Peg-Intron		Peg-Interferon alfa-2b	Hepatitis C Treatment
	Rebetol		Ribavirin	Hepatitis C Treatment
	Copequs		Ribavirin	Hepatitis C Treatment
*Protease Inhibitors	Agenerase**	PI	Amprenavir	Protease Inhibitor
	Aptivus	PI	Tipranavir	Protease Inhibitor
	Crixivan	PI	Indinavir, IDV, MK-639	Protease Inhibitor
	Invirase	PI	Saquinavir Mesylate, SQV	Protease Inhibitor
	Kaletra	PI	Lopinavir+Ritonavir	Protease Inhibitor
	Lexiva	PI	Fosamprenavir Calcium	Protease Inhibitor
	Norvir	PI	Ritonavir, ABT-538	Protease Inhibitor
	Prezista	PI	Darunavir	Protease Inhibitor
	Reyataz	PI	Atazanavir Sulfate	Protease Inhibitor
	Viracept	PI	Nelfinavir Mesylate, NFV	Protease Inhibitor
*Fusion Inhibitor	Fuzeon		Enfuvirtide, T-20	Fusion Inhibitors
*Entry Inhibitors	Selzentry		Maraviroc	CCR5 co-receptor antagonist
*Integrase Inhibitors	Isentress		Raltegravir	Integrase Inhibitors

\*Drugs that are not on this list may be available through a patient assistance program from the drug manufacturer. Please ask your physician, case manager, or the drug manufacturer about these programs.

A single source pharmacy will be used for the ADAP. A client's signature on the application form authorizes the South Dakota Department of Health to furnish your Part B application and associated documents with the Ryan White Part B program to the Ryan White Part B Pharmacy.

**Questions?** Please call the Ryan White Part B CARE Program at 1-800-592-1861.

<i>Protease Inhibitors added July 2007</i>	<i>Kenalog Cream added January 2012</i>
<i>Fusion Inhibitor added July 2007</i>	<i>Edurant added January 2012</i>
<i>Entry Inhibitor added August 2007</i>	<i>Levaquin added January 2012</i>
<i>Isentress added November 2007</i>	<i>Complera added January 2012</i>
<i>Intence added February 2008</i>	<i>Stribild added January 2013</i>

### Continuation of Health Insurance

The Ryan White Part B Program provides financial assistance for clients to maintain health insurance including insurance premiums, deductibles, and co-payments.

The client is responsible for providing the Department of Health with pertinent written information as requested concerning insurance plan benefits. Insurance plans are evaluated and approved as an eligible benefit of the Ryan White Part B Program based on cost-effectiveness. The plan must be more economical for the Ryan White Part B Program than paying for the services would be.

**Note:** Over the last few years, a number of federal and state laws have been passed that provide access to health insurance for many people regardless of their health status. The South Dakota Department of Commerce's, Division of Insurance, has some important insurance information available on their website at [www.state.sd.us/insurance](http://www.state.sd.us/insurance) or you can call 605 773-3563 to speak to someone in the Division of Insurance regarding questions about your insurance rights.

### **Grievance Procedure**

- If you are dissatisfied with the services that you are receiving, you may voice a complaint or grievance to your Case Manager.
- If you are unable to resolve the issue, you may, within 30 days, file your complaint or grievance in writing to: Ryan White Part B Program Manager, 615 East 4<sup>th</sup> Street, Pierre, SD 57501.
- The Ryan White Part B Program Manager will respond in writing within 14 days of receipt of the grievance or complaint informing you of the time and place of a meeting with the Ryan White Part B Program Manager and other appointed Health Department Officials.

### **Patient Care Program** (Home and Community Based Care)

Each client will have a \$2,500 maximum benefit through the Patient Care Program in FY2014.

Prior authorization is required before services are received; the applicant is responsible for contacting the Ryan White Program to obtain authorization. Services will be reimbursed to the provider at the current Medicaid rate. **The program will not reimburse providers for services that are provided prior to authorization.**

#### **1. Home Health Care**

- The Department of Health may provide for home health care visits, up to three hours a day or 21 hours a week, by a para-professional or home health aide who is employed by a certified home health agency and supervised by a registered nurse and/or physician. Home health care activities may include: activities of personal care, changing of linens, taking vital signs, assisting with ambulating or simple exercises, preparing and assisting with meals, etc.
- Skilled Nursing visits may be provided up to three hours a day. A registered nurse may provide services as directed by a physician, to evaluate clients and establish a plan of care.

#### **2. Outpatient Primary Medical Care Services include:**

- office visits or consultations from a physician, physician's assistant, or nurse practitioner
- eye exams from an ophthalmologist
- HIV Viral Loads
- CD4 counts
- Genotyping/phenotyping
- Durable medical equipment
- Nutritional Services



3. **Mental Health Therapy** can be provided to the client by psychiatrists, psychologists, clinical nurse specialists, social workers, or counselors in private or public practice and not a family member of the client.
4. **Dental services** - diagnostic, prophylactic, and restorative dental services rendered by dentists, dental hygienists, and similar professional practitioners will be paid at the current Medicaid rate. Services eligible are those procedure codes currently allowed by Medicaid. It would be prudent for the client to discuss the Medicaid rate and eligible services with the dentist and the Ryan White Part B CARE program manager before services are administered.
5. **Direct Emergency Financial Assistance** - emergency expenses related to food, housing, rent, utilities, medications, or other needs. This assistance will be dependent upon available funding.

### South Dakota Ryan White Part B Initial Program Application Form

(Return to: Ryan White Part B Program, Department of Health, 615 E. 4<sup>th</sup> Street, Pierre, SD 57501)

Name:		Birth Date:		<b>Case Number (office use)</b>	
Physical Address:		City:		State:	Zip Code:
Primary Phone:	Secondary Phone:	Gender:	Race:	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the best time to contact you?					
Mailing Address:					

<b>Current Physician</b>	<b>CD4:</b> <b>Viral Load:</b>	<b>Date:</b> <b>Date:</b>
<b>What State were you diagnosed in:</b>	<b>Date of diagnosis:</b>	
<b>Are you under 18 years old?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Do you receive VA Benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Insurance Coverage – Applicant Insurance Information ONLY</b>		
<b>Do you currently have Dental Insurance Coverage?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes) Name of dental coverage provider:		
<b>Do you currently have Health Insurance Coverage?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes) Provide information below:		
<b>Medicaid</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number:</b>	<b>Medicare</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>Medicare Part D</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Part D Company:</b> <b>Part D Number:</b>	
<b>Private Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Company:</b> <b>Monthly Amount paid:</b>	<b>Coverage through Employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Employer Name:</b> <b>Health Plan Name:</b> <b>Is this COBRA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(I am currently employed)</i>	
<b>Household Income;</b> List all household members, including yourself <b>that you support.</b>		
<b>Names</b>	<b>Birthdates</b>	<b>Yearly Gross Income</b>
<b>Total Income:</b>		
<p>I hereby certify that all of the above information is true and correct to the best of my knowledge and belief. Deliberate misrepresentation will subject applicants to prosecution under applicable State and Federal Statutes. By my signature, I authorize the South Dakota Department of Health to furnish the Ryan White Part B CARE case manager(s) and/or the SD Ryan White Part C program with a copy of this application and associated documents pertinent to the Ryan White Part B CARE Program. This authorization may be cancelled in writing at any time except to the extent the Ryan White Part B CARE Program has taken action upon it. If not cancelled, this authorization will be terminate in one year or upon the following specified date: <b>ENTER DATE</b> <i>(one year from date signed)</i>: _____.</p> <p>Applicant Signature: _____ Date: _____</p> <p>Guardian Signature (if client is under 18): _____</p> <p>Witness Signature: _____</p>		