



Oregon
Health
Authority



INTRODUCTION TO CASE MANAGEMENT

Training Modules

1. Introduction to the HIV Care & Treatment Program
2. Oregon Housing Opportunities in Partnership (OHOP) Program
3. Support Services
4. CAREAssist Program Overview





Module 4: CAREAssist

Objectives:

- Introduction and history
- Eligibility information
- Services
- Supporting clients on CAREAssist
- Client responsibilities
- Additional resources



Introduction to AIDS Drug Assistance Program (ADAP)



Introduction to CAREAssist

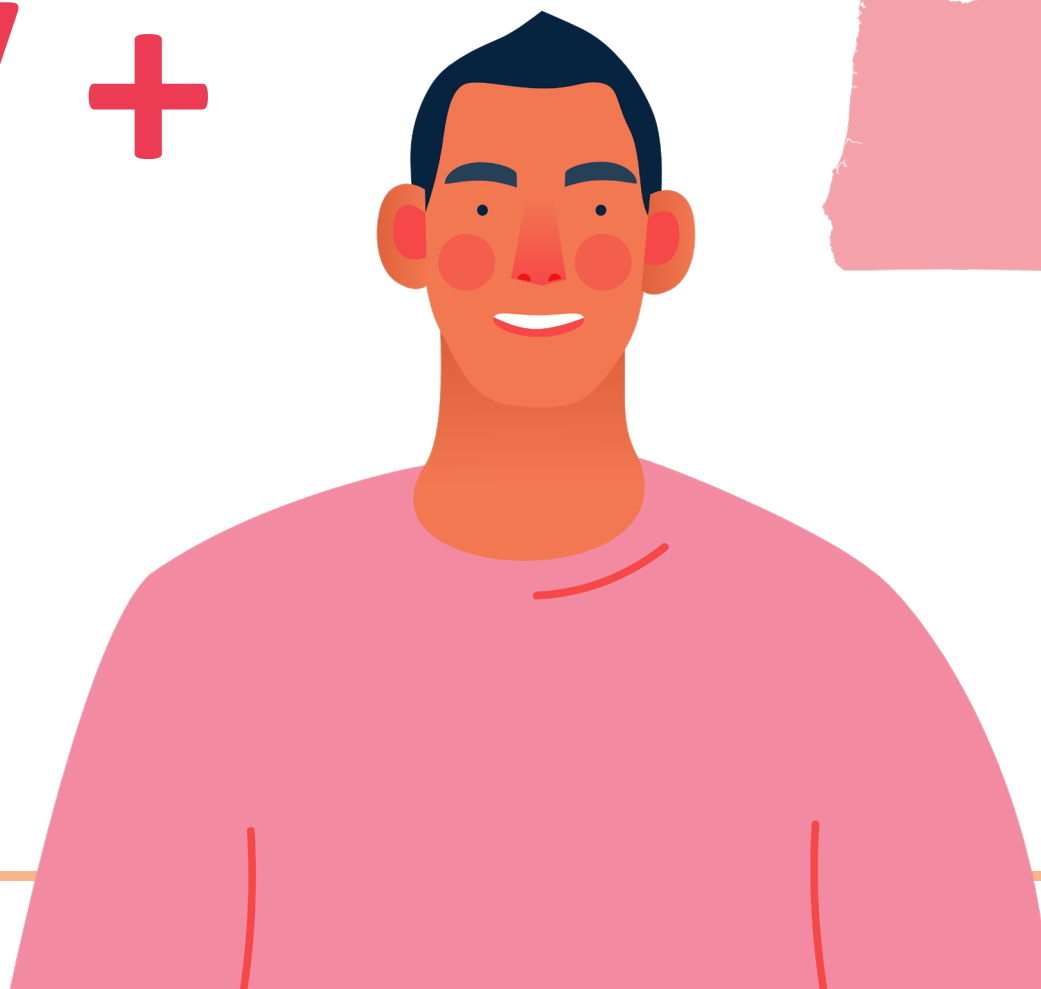
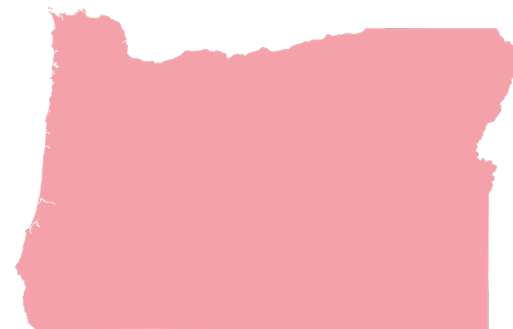
- CAREAssist is not an insurance program
- The mission of the CAREAssist program is to **improve the health** of Oregonians living with HIV by paying for insurance premiums and prescription and medical service copays





Eligibility overview

HIV +





Eligibility: HIV+



We must receive
documentation from a
medical provider of a

**verified HIV
diagnosis**

Eligibility: Live in Oregon



Clients must reside in

Oregon

for a minimum of 6 months out of the year and may not be out of Oregon for more than 3 consecutive months



Eligibility: Income



As of October 2021, client income must be at or below 550% of the **federal poverty level**, based on gross income and family size

Review the [CAREAssist website](#) for the current federal poverty level eligibility



Eligibility: Health insurance



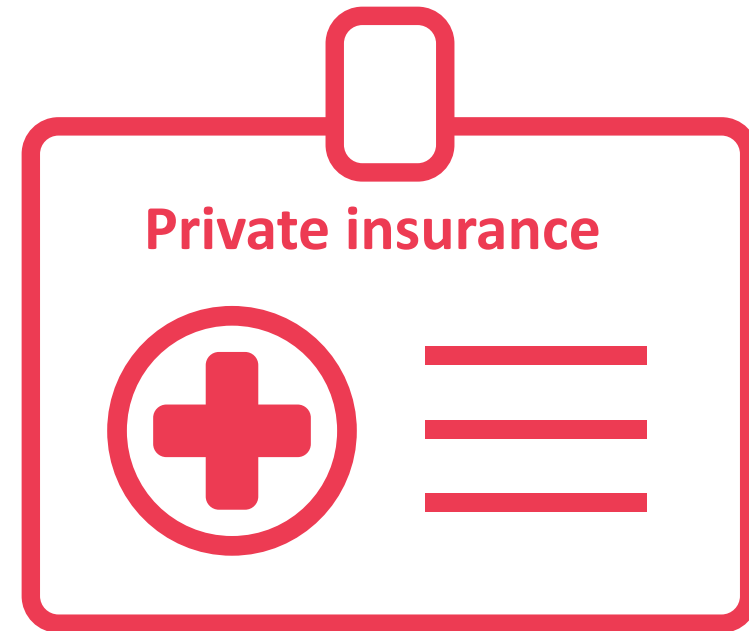
Client must have or be able to obtain
health insurance



CAREAssist groups

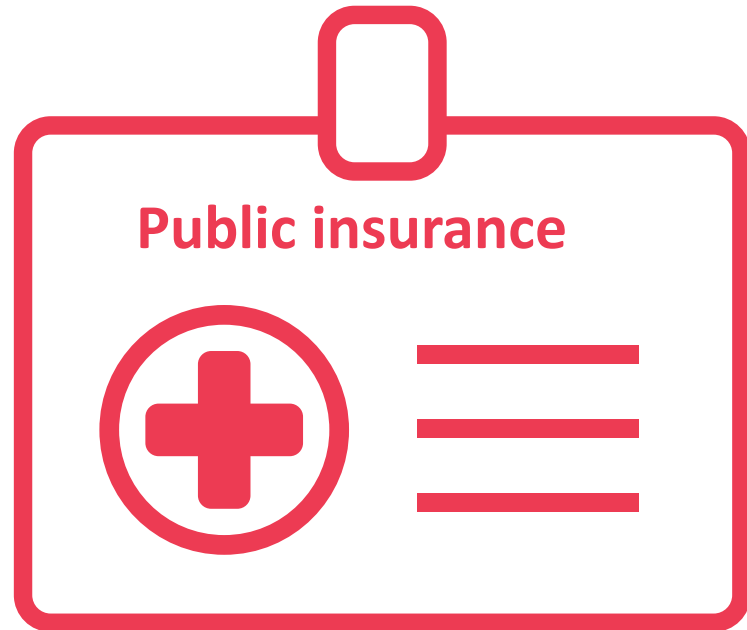
Group 1:

For people who have health insurance purchased in or outside of the Health Insurance Exchange, group insurance through employers and Medicare Part D and Advantage plans.





CAREAssist groups



Group 2:

For people who have publicly supported health insurance, such as Oregon Health Plan (Medicaid) or the Veterans Administration (VA).



CAREAssist Services

- Insurance premiums
- Copays
- Medication
- Tobacco cessation
- Medical therapy management
- Uninsured
- Dental





Health insurance premiums

- Medicare Part D and Advantage Drug Plans
- Individual Policy
- Group Policy





Premiums: Medicare Part D & Advantage Drug Plans

- Medicare Part D and Advantage Drug Plans
- Individual Policy
- Group Policy

Medicare Part D and Advantage Drug Plans provide prescription drug coverage for individuals with Medicare.





Premiums: Individual policy

- Medicare Part D and Advantage Drug Plans
- Individual Policy
- Group Policy

If a client is ineligible for insurance under the Affordable Care Act, CAREAssist can help purchase insurance, referred to as an off the exchange plan.





Premiums: Group policy

- Medicare Part D and Advantage Drug Plans
- Individual Policy
- Group Policy

Group insurance is insurance provided through the client's employer, or through the employer of a spouse, partner or parent.



Copays

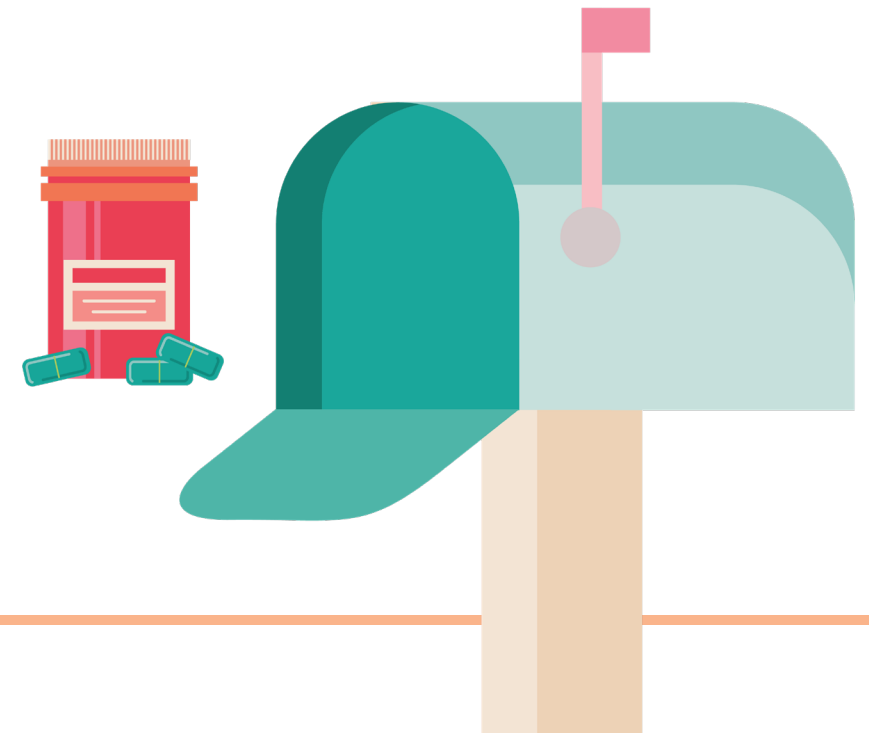
CAREAssist will pay deductibles, copayments and co-insurance, on covered medical services, not just those related to the treatment of HIV.

Clients should inform the provider that they are covered by CAREAssist and provide a copy of their CAREAssist card. The provider can usually bill CAREAssist directly.

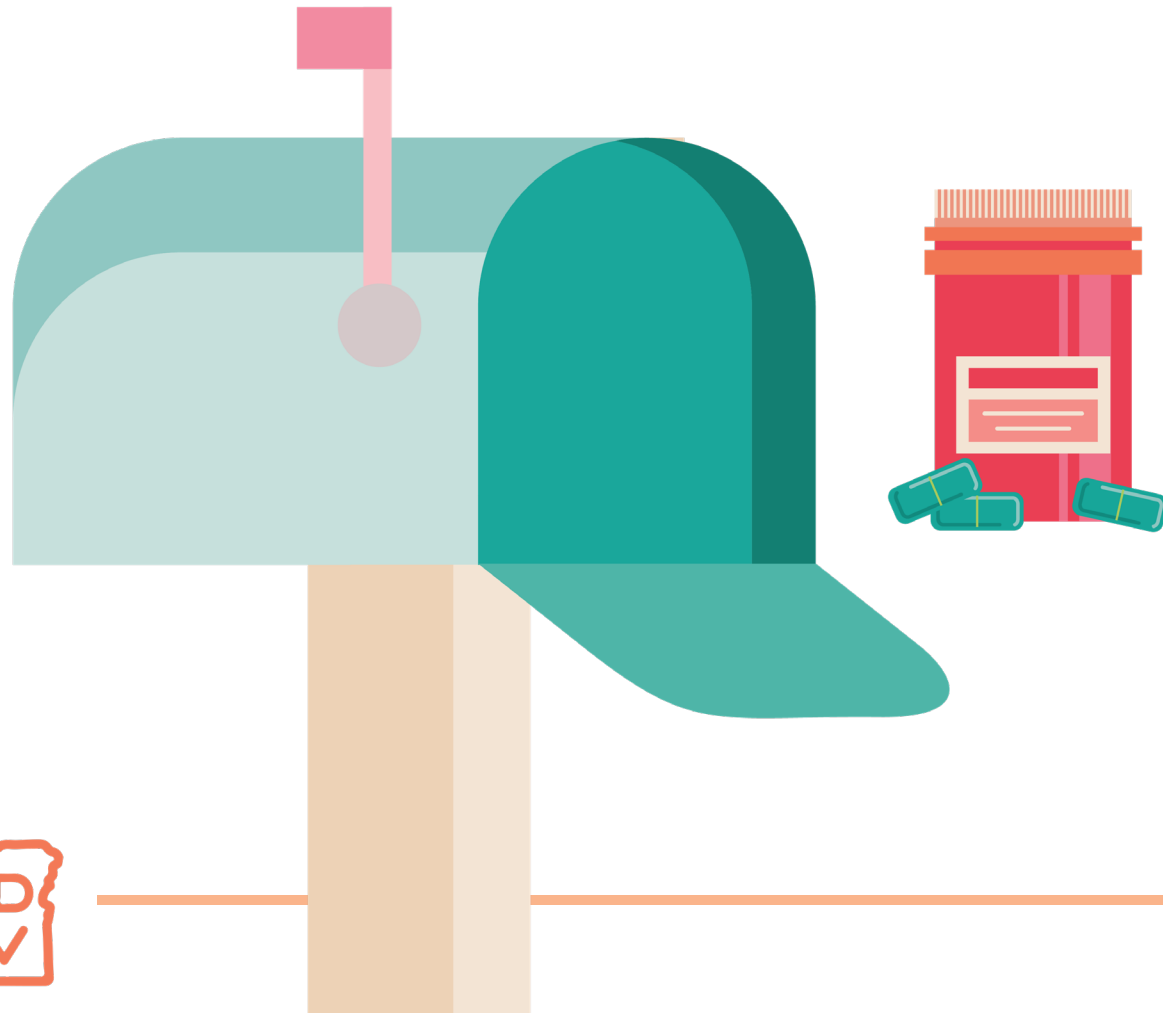


Medications

[Pharmacy locator](#)



Medications: Mail order



By using the mail-order pharmacy, all medications (both HIV and non-HIV medications) will be conveniently mailed to a client's home or any other chosen location in Oregon.

Medications: Store based pharmacy

CAREAssist clients are also able to pick up medication at one of the CAREAssist Preferred store-based or retail pharmacies, also known as preferred, in-network, pharmacies.





Nicotine dependence treatment

Oregonians living with HIV are **more than twice** as likely to smoke compared to adults statewide



Nicotine dependence treatment services



- Counseling services
- Nicotine replacement therapy
- Prescribed medications for smoking cessation

Free medicines, nicotine replacement therapy and quit counseling are all available to CAREAssist clients. Reclaim your future. Quit smoking today.

SMOKEFREE
oregon

QUIT LINE
1-800-QUIT-NOW
(1-800-784-8669)

CAREAssist
CAREASSIST.ORG

CAREAssist is an Oregon Health Authority program that provides free support to low-income Oregonians living with HIV.

<http://caresssistorg.squarespace.com/>





Medication Therapy Management



- Medication review
- Adherence counseling
- Medication for side effects





Uninsured programs

Uninsured Persons Program

Bridge program





Uninsured Persons Program

Uninsured Persons Program

- Provides access to limited medical services and formulary medications for persons who are unable to secure health insurance outside of open enrollment or a Special Enrollment Period

Bridge program





Bridge Program

Uninsured Persons Program

- Provides access to limited medical services and formulary medications for persons who are unable to secure health insurance outside of open enrollment

Bridge program

- Available for 30 days for persons who are uninsured. Provides for a 30-day fill of medications and specific CPT codes



Dental insurance

Dental care has been rated the highest unmet need among people living with HIV for several years.

[CAREAssist Dental Insurance](#)





True/False

If a client is eligible for group coverage through an employer, they are required to take it.

- A. True
- B. False



True/False

A client uses a Safeway pharmacy that is a 30-minute drive from their home, for their HIV and mental health medications. Their doctor just prescribed them a short-term antibiotic for an infection. They'll have to go to their usual pharmacy to pick up the antibiotics even though there's a pharmacy just down the street from their doctor's office.

- A. True
- B. False



Matching

How do you think CAREAssist would count the following family size?

- | | |
|--|------|
| A. A legally married same sex couple that live together | a. 1 |
| | b. 2 |
| B. Client who lives with a significant other | c. 3 |
| C. A non married couple who live together but are both legal guardians of a child who also lives with them | |





Client responsibilities

- ✓ Client eligibility review (CER)
- ✓ Insurance eligibility
- ✓ Billing information
- ✓ Contact information





Client responsibilities: CER

Client Name:

Client ID:

Oregon Department of Human Services

CAREAssist Client Eligibility Review

Part 1: Applicant Information

	Information on file	Corrections
Full Legal Name:		
Soc. Sec. No.		
Gender:		
Nickname:		
DOB:		
Language:		

☐ Enter your initials if the above information is correct.

Part 2: Home Address

Important Note: Failure to provide current contact information will result in cancellation.

Address:

City: State: Zip: County:

Are you currently homeless? Yes ☐ No ☐

Part 3: Mailing Address (if different from home address)

Address:

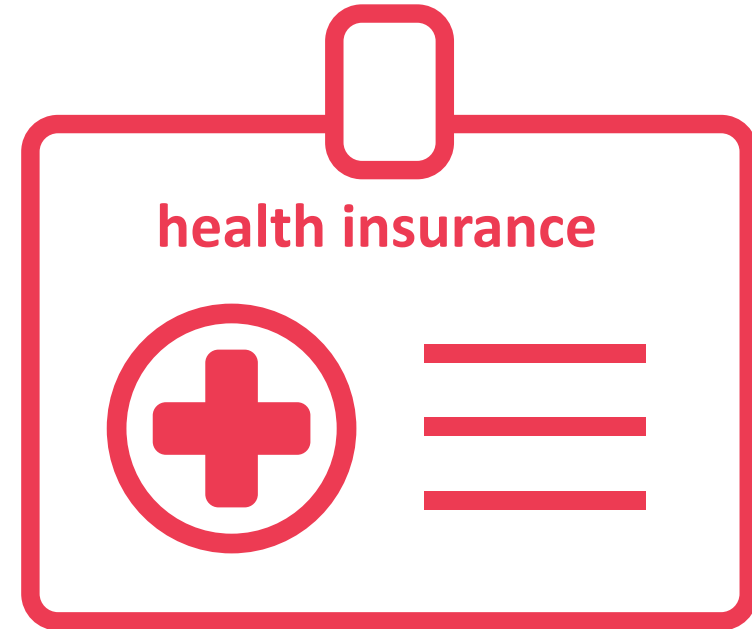
City: State: Zip: County:

Clients are required to recertify their eligibility every six months



Client responsibilities: Insurance

Clients must notify the program immediately if their insurance changes, including eligibility for new insurance such as the Oregon Health Plan, COBRA, an employer policy or Medicare.





Client responsibilities: Billing



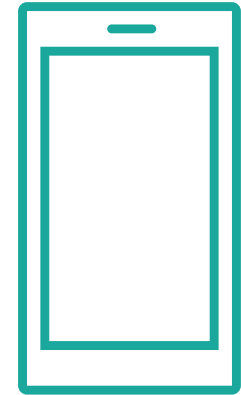
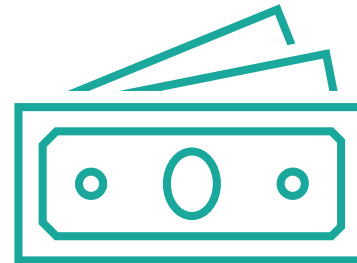
If a provider bills a client directly, they should mail their Explanation of Benefits and the bill to CAREAssist.



Client responsibilities: Contact info

Notify CAREAssist immediately of changes in:

- Mailing address
- Phone number
- Email
- Household income
- Household size
- Changes in insurance





Supporting clients on CAREAssist

- Part B Care Coordinators are expected to work in partnership with the CAREAssist program to ensure client's maintenance of health insurance and CAREAssist. Part B Care Coordinators can view current client eligibility review data online, including type of insurance and FPL through the [Client Eligibility Verification Report](#) on the website.
- For more information on expectations of Part B Care Coordinator refer to the most recent [County and Regional Based Care Coordination Standards of Service](#).





Multiple choice

For which of the following situations should a client contact CAREAssist immediately?

- A. Their contact information changes
- B. Their income changes
- C. Their insurance premium amount changes
- D. They lose insurance because they lose their job
- E. All of the above



CAREAssist

Oregon's AIDS Drug Assistance Program

[Home](#) > [Public Health Division](#) > [Diseases and Conditions](#) > [HIV, STD and Viral Hepatitis](#) > [HIV Care and Treatment](#) > [CAREAssist](#)

CAREAssist

CAREAssist

[Forms and Applications](#)

[Recursos en Español](#)

[Providers and Prescribers](#)

[Case Managers](#)

[Uninsured Persons](#)

[Bridge Program](#)

[Dental Insurance](#)

[General Information](#)

[Frequently Asked Questions](#)

[Open Enrollment](#)

[Clients](#)

[Contact Us](#)

COVID-19 Updates

Announcement: To support social distancing, the CAREAssist office is **closed to the public effective Monday, March 23, 2020.**

Please call 971-673-0144 or email care.assist@dhsosha.state.or.us for help with your case.

For more information about COVID-19 and HIV: [Oregon Health Authority - HIV Care & Treatment](#)

For more information: [Oregon Health Authority - COVID 19 Updates](#)

CAREAssist is Oregon's AIDS Drug Assistance Program (ADAP)

The Oregon Health Authority, CAREAssist Program, is responsible for the administration of Oregon's AIDS Drug Assistance Program (ADAP). CAREAssist provides access to life-saving medications used to treat Human Immunodeficiency Virus (HIV) and improve the overall health of people living with HIV who have limited resources or no health insurance coverage.



**Undetectable=
Untransmittable**

In addition, CAREAssist supports community partners with End HIV Oregon and HIV prevention efforts across the State. Oregonians with HIV are living longer, healthier lives with the help of HIV medications. People who take daily HIV treatment, as prescribed, can maintain an undetectable viral load (meaning their HIV medications are working so well that there is an extremely low amount of virus in their blood). HIV positive people with an undetectable viral load have no risk of transmitting HIV to their sexual partners. To

find out more, visit: [Undetectable = Untransmittable](#) on the Oregon Health Authority, HIV Prevention website.

[CAREAssist](#)



CAREAssist Application

8406-application-5

oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Documents/CA_PDF.pdf

8406-application-5 1 / 9 100%

PHARMACY SERVICES
CAREAssist

Oregon Health Authority

CAREAssist Confidential Application

[Link to instructions](#)

Part 1: Applicant information

Full legal name (first, middle initial, last): _____

Name you prefer to be called: _____ Date of birth: ____/____/____ Age: ____

Social Security Number (SSN) – (if applicable): ____-____-____ (month/day/year)

If you are not **registered to vote** where you live now, would you like to apply to vote today? ☐ Yes ☐ No

Applying to register to vote, or declining to register, will not affect the amount of assistance you will be provided by this agency.

Ethnicity/Origin ☐ Hispanic/Latino or Latina ¹ ☐ Not Hispanic/Not Latino or Latina	Race: ☐ White ☐ Asian ² ☐ Native Hawaiian/Pacific Islander ³ ☐ Black or African American ☐ American Indian/Alaska Native ☐ Other:
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Sex at birth: ☐ Male ☐ Female **Gender:** ☐ Male ☐ Female ☐ Transgender F to M ☐ Transgender M to F

¹If Hispanic/Latino: ☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic origin

²If Asian: ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian origin

³If Native Hawaiian/Pacific Islander: ☐ Native Hawaiian ☐ Guamanian/Chomoro ☐ Samoan ☐ Other Pacific Islander

Let us know if you need:

☐ An interpreter Language I speak: ☐ English ☐ Spanish ☐ Other: _____

☐ A sign language interpreter

☐ Written materials translated (what language): ☐ English ☐ Spanish ☐ Other: _____

☐ Materials in: ☐ Braille ☐ Large print ☐ Audio tape
☐ Computer disk ☐ Oral presentation

Part 2: Contact information

All clients must provide a mailing address and proof of Oregon residency. See table in Part 3a for accepted documents.
Address changes must be reported to the CAREAssist Program immediately.



Please read full instructions before [applying to CAREAssist](#)

Microsoft Word - OHA 8406i.4

oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Documents/8406i-instructions.pdf

Microsoft Word - OHA 8406i.4.14v0.03.doc

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PHARMACY SERVICES
CAREAssist

Instructions for Completing a [CAREAssist Application](#)

General information:

The CAREAssist program assists HIV-positive Oregonians who need access to HIV related medical care and treatment. CAREAssist is not health insurance, but helps you pay for health insurance and related medical costs.

- 1. Insurance premiums**
CAREAssist pays for health insurance premiums including: COBRA continuation policies, silver level plans purchased in or outside of Cover Oregon, group insurance through employers, Oregon Health Plan (OHP) and Medicare Part D plans. CAREAssist is the coverage of "last resort" and services must be cost effective. This means CAREAssist might have requirements about what kind of health insurance you use.
- 2. Prescription drugs**
CAREAssist pays the deductible or co-payment for any prescription drug covered by your insurance.
- 3. Deductibles and co-payments on medical (*non-drug*) services**
If you have deductibles or co-payments for medical services, CAREAssist can help with many of those costs, up to \$6,350 per year. This includes non-HIV-related medical services.
- 4. Services for uninsured persons**
For persons who are unable to secure health insurance outside of an open enrollment period, CAREAssist can assist with payments for a limited number of medical services and medications necessary to maintain engagement in HIV treatment. Persons enrolled in this program must also be enrolled in community based Ryan White HIV case management, and stay closely connected to the CAREAssist program to ensure that ongoing health insurance is secured as soon as it becomes available, whether through changes in income, employment or any other event that triggers eligibility. Recertification and cost share policies apply.

Eligibility information:

CAREAssist must verify that you are **HIV positive**, **live in Oregon**, and **meet income eligibility using the Federal Poverty Level (FPL) guidelines**. Income eligibility is 400% FPL and below.





Module overview

- Introduction and history
- Eligibility information
- Services
- Supporting clients on CAREAssist
- Client responsibilities
- Additional resources





Conclusion

Thank you!

