

Multnomah County
Aging, Disability & Veterans Services Division
Safety Net Program
Emergency Prescription Assistance Program Policy Guidelines

Purpose: The Emergency Prescription Assistance Program (EPAP) helps low income seniors and persons with disabilities who cannot afford the cost of prescription medications. Three types of assistance are provided:

- Short term financial assistance to cover the cost of medications
- Information and help to develop a long term prescription plan
- Referral to other assistance sources

Access to this program is contingent upon availability of limited funds. If demand exceeds capacity/budget, ADVSD reserves the right to limit or terminate program services.

EPAP serves two primary groups of recipients:

- Medicare Part D beneficiaries with significant out-of-pocket costs
- Seniors and persons with disabilities without insurance who are clients of the Aging, Disability and Veterans Services network. This includes all programs within ADVSD (e.g. Long Term Care, Adult Protective Services, Oregon Project Independence). Individuals 60 years or older, or having a long term disability determination through Social Security or Veterans Administration (70% or greater rating) are presumed to be clients of the Network.

EPAP is not intended to replace other assistance programs and is not a form of insurance. It is designed to be a bridge to longer term strategies for obtaining prescription medications that will enable recipients to reliably and independently address their medication needs.

General Eligibility:

1. Must be a resident of Multnomah County (to meet the residency requirement, the applicant must have continuously lived in Multnomah County for at least sixty days prior to the request and have the intent to remain a resident of Multnomah County indefinitely).
2. Must be:
 - A) Sixty or over without prescription drug coverage; or
 - B) In the 24 month waiting period for Medicare ; or
 - C) Medicare Part D eligible and financially unable to afford deductible or co-insurance costs

Requests from persons who are eligible for Part D, but have elected not to enroll, will be evaluated on a case by case basis.

3. Must have limited income and resources:

- For a single person – income less than 300% of SSI limit and assets less than \$2000 excluding the value of one vehicle, the home when used as a principal residence and a prepaid funeral plan
- For married couples – a spouse’s income and resources will be considered in making an initial eligibility determination as compared to the Medicaid waived services eligibility rules.

Program Benefits:

Assistance with the cost of eligible prescription medications is provided **for up to three months in each program year (July to June)**. This can include Part D co-payments, deductibles, and co-insurance amounts.

Assistance for up to three months with the cost of health insurance premiums that include comprehensive prescription coverage.

Assistance with locating other resources to cover prescription needs.

Assistance with developing a long-term prescription plan.

NOTE: Assistance of less than \$10 a month will be paid on a one time basis only.

Program Exclusions and Limitations:

Medications excluded by Medicare (e.g. Benzodiazepines) are not covered by EPAP.

Assistance for medications not included on an applicant’s Part D plan formulary is limited to one month in each program year (July to June).

Assistance is contingent on an applicant’s cooperation in developing a long-term prescription plan.

Financial assistance is limited to third party payments on an applicant’s behalf and cannot be used to reimburse a recipient directly or indirectly.

EPAP payments can be made to any pharmacy willing to participate in the program.

Participation is defined as the willingness to accept county payment, provide receipts or other documentation of the payment and the medications purchased, and adhere to payment processing procedures which reasonably protect the County from unauthorized charges or disbursement of funds (see the next section for more information).

Application Procedures:

1. Verify financial need by asking the applicant what their income, resources, and expenses are. In most cases, it will be evident that the applicant needs help because of their low income and lack of assets. However, if the amount of assistance being requested is relatively small (a \$10 co-payment, for example), or if you have any concerns about the veracity of the applicant’s assertions, you may need to verify financial information with written documentation. This may also be necessary if the spouse has significant income or resources. Please remember, however, that medical need should always be considered when processing a request. If an applicant has run out of insulin, for example, and meets the other non-financial eligibility criteria, you can submit a request for a limited amount of assistance while waiting for the needed verifications.

2. As of 7/1/09, Costco, Walgreens, and some Target pharmacies are not participating in the ADVSD prescription assistance program. If the applicant's prescriptions are at either of these places, they will need to be moved to another pharmacy upon EPAP approval in order to receive assistance.

3. Develop a prescription assistance plan (see resource section below). For applicants not eligible for Part D, this will likely involve referring them to an organization that can assist them with applying for other prescription assistance programs. ADVSD Prescription assistance can be requested for up to three months while these resources are being accessed. **Please remember that dually eligible applicants can request assistance from the MMA choice counselors to develop a prescription assistance plan.**

4. Complete the Prescription Assistance Intake Form and e-mail to adsemergencyhousing@multco.us. To avoid delays in processing, please make sure all questions are answered and the application is complete before submitting.

Prescription Plan Resources

MMA choice counselors: Each Medicaid office should have a MMA choice counselor to help with prescription planning for s dually eligible for Medicare and Medicaid.

For applicants with Part D coverage: you or the applicant can use www.medicare.gov to find out the formulary status of each of the applicant's drugs. An applicant can also call their plan. If a drug is non-formulary, EPAP will cover one month only. The applicant will need to review their plan's process for requesting an appeal, an exception or a prior authorization, whichever may be applicable. If the plan will not accommodate, then the applicant will need to look at other options (OPDP, PAPs) including discussing generic or less expensive medications within the same drug classification that may be covered under the plan's formulary.

Senior Health Insurance Benefit Assistance (SHIBA): SHIBA volunteers can help applicants choose a part D plan, compare plans, enroll in Patient Assistance Programs (PAPs) through the pharmaceutical companies, and explore Part D formularies. Call the Helpline **(503-988-3646)** for a list of SHIBA appointment times and locations.

www.needymeds.com is a website where you can quickly access information about Pharmaceutical Assistance Programs available. There is an alphabetical listing of generic and brand name medication you can click on to find out which drugs have programs.

Oregon Prescription Drug Program (OPDP) (800) 913-4146 or www.opdp.org. Any Oregonian can enroll in this plan, which offers discounts of up to 60% on some drugs (average savings is 30% for generic and 15% for brand name drugs). **ALL APPLICANTS FOR EPAP ASSISTANCE SHOULD SIGN UP FOR OPDP.** Enrollment online takes less than a minute. Part D eligible s may still need help from a SHIBA volunteer to determine if OPDP is the best option for getting through the coverage gap in the Part D benefit.

Providence Medication Assistance Program 503-513-2108 or 503-513-2107. This program serves most people without Rx coverage. They will assist in the process of applying for Pharmaceutical Assistance Programs and other available Rx discount plans.

If the applicant is a member of a healthcare plan or clinic system, there may be a medication assistance program that can help. Your client can contact the membership customer service line of their health care organization to find out what is available. OHSU, Kaiser and the Multnomah County Health Clinics all currently have programs.