

HepCAP:

THE HEPATITIS C ASSISTANCE PROGRAM

**The 2014 Hep Health Care Access Training
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Hepatitis C Program

About HepCAP

- **What is HepCAP?**

- A short-term medical coverage program funded by the New York State Department of Health, AIDS Institute.

- **What is its' Purpose?**

- Increase access to Hepatitis C evaluation and treatment for the uninsured.

- **Who is it For?**

- Mono-infected with Hepatitis C
- New York State (NYS) residents
- Do not qualify for Medicaid, Medicare or employment-based insurance.
- Undocumented and homeless individuals can also apply.

Services Covered by HepCAP

- **A one-time Hepatitis C Evaluation:**
 - A comprehensive medical history
 - A physical exam
 - Mental health, substance use and social needs assessment
 - Hepatitis A and B vaccine series (if needed)
 - Bloodwork
 - Liver Ultrasound
 - Liver Biopsy (if needed)

Services Covered by HepCAP

- **Up to 30 Hepatitis C Treatment Monitoring Visits:**
 - Limited physical exam
 - Medication administration
 - Side-effects monitoring
 - Continuation of hepatitis vaccination series (if needed)
 - Bloodwork
 - Ocular exams (if needed)
 - Mental health Assessment
- ***IMPORTANT*:** Treatment medications **are not** paid for by HepCAP, but these have been obtained at no or low cost from Patient Assistance Programs.

Who Qualifies?

- **Income Requirements:**

- Household of 1: max annual Income of \$44,000
- Household of 2: max annual income of \$59,200
- Household of 3+: max annual income of \$74,400

- **Again, other requirements include:**

- Live in NYS
- Have chronic Hepatitis C
- Not co-infected with HIV
- Do not qualify for public or employment based insurance

Applying to HepCAP

- **For each application, documentation will be needed to prove:**
 - NYS address
 - Income and Assets
 - Chronic Hepatitis C infection

Documenting NYS Address

- **The following with applicant's name on it can be used:**
 - Rent receipt
 - Copy of lease/mortgage
 - Fuel/utility bill (dated in past 90 days)
 - Driver's license
 - Voter registration card

Documenting NYS Address

- **If living with someone else:**
 - Brief letter from the person whose name is on rent receipt, utility bill etc. explaining relationship with applicant and that they provide applicant with housing.
- **If living in NYS shelter:**
 - Letter from shelter staff on agency letterhead stating:
 - Shelter's address
 - Whether applicant is provided both room and meals
 - If only room is provided, they should state where applicant gets meals.
 - To what address and to whose attention should any correspondence from the HepCAP program be mailed.

Documenting Income

- **Important:** In addition to applicant, the following documentation is also needed for all household members with whom applicant has a legally responsible relationship – this would be a spouse or a child receiving public assistance, SSD etc.
- **For Wage Earners:**
 - Copies of pay stubs for the past 30 days showing:
 - Year-to-date salary
 - Hours worked
 - Pay period covered by stub
- **If Pay Stub is Not Available:**
 - Letter from employer stating applicant's gross pay for last 30 days and a copy of the applicant's tax return for the previous year (if taxes are filed by applicant).

Documenting Income

- **If Receiving SSI, SSD, unemployment, retirement pension, public assistance:**
 - Copy of award letter and/or copies of checks for past 30 days.
- **If Self-Employed:**
 - Copies of business records for 3 months prior to application indicating type of business and gross and net incomes.
 - Copy of income tax return for previous year and letter estimating current annual income.

Documenting Income

- **If No Source of Income or Assets:**
 - A letter must be provided by individuals/agencies providing support to applicant.
- For Example:
 - **If supported by friend/relative:** must obtain letter from friend/relative stating their relationship to applicant and the type of support(s) provided (e.g. food, shelter, etc. Income documentation for person(s) supporting applicant also needed.
 - **If supported by shelter/community feeding program:** Staff at each location should write a letter on agency letterhead stating:
 - Applicant has no income or assets
 - Kind of support(s) provided to applicant
 - Where and to Whom Correspondence re: the applicant should be sent.

Documenting Income

- **For Assets:**

- Household cannot have more than \$25,000 in liquid assets. This includes cash, savings, bonds, stocks etc. It does not include your house or car.
- **To document assets**, copies of the most recent statements indicating:
 - Cash value of asset
 - Amount of interest/dividends received

Medical Documentation

- **HCV viral load results have to be submitted with the application.**
 - If past records are available, they can be used for the application.
 - If applicant does not have previous records, we will work with the applicant to get the test done.

To Apply, Contact:

- **Jocelyn Camacho, MPH**
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