



Calhoun County Senior Services

Minimum Service Standard

SERVICE NAME: PHARMACEUTICAL DRUG ASSISTANCE PROGRAM

DEFINITION: The Pharmaceutical Drug Assistance Program, also known as Patient-in-Need (PIN), provides access to free and low-cost medications for individuals at low levels of income through the handling of the administrative process and assisting recipients to complete pharmaceutical applications.

UNIT OF SERVICE: One unit of service equals one completed pharmaceutical application.

INCOME REQUIREMENT: Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Beneficiaries of the Pharmaceutical Drug Assistance Program will be better able to maintain their independence as they better manage their chronic diseases through reliable access to needed medications. As diseases are better managed, health and quality of life improve, supporting seniors' efforts to remain independent.

MINIMUM SERVICE STANDARDS:

A. Recipient Eligibility Criteria – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each service provider shall have written eligibility criteria which will include at a minimum:

1. Assistance may be provided to otherwise ineligible seniors under one of the following circumstances:
 - a. If the recipient's income is above the maximum income level of 200% of the Federal Poverty Level, he/she will be offered the opportunity to access the needed medication through the Patient-in-Need (PIN) program, which offers medications in a 90-day supply for a low co-payment.
 - b. If the recipient has Medicare Part D or private insurance that does not cover (excludes) the needed medication completely, the recipient will be offered the opportunity to apply for the medication through the pharmaceutical company.

B. Recipient Intake and Records

1. Each recipient seeking assistance shall complete the intake process, which includes collecting the following basic information:
 - a. Name, address, and phone number
 - b. Gender (optional)
 - c. Age and date of birth
 - d. Allergies and Medications
 - e. Diagnosis
 - f. Number in household
 - g. Marital status (optional)



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- h. Income and asset information
 - i. Insurance information
 - j. Primary care physician
 - k.
2. The program will maintain a complete record for each recipient, including:
- a. The intake form
 - b. Proof of income, assets, and tax filings
 - c. Proof of identity by Photo ID and Social Security Card
 - d. Patient Consent and release form
 - e. Medication list from physician
 - f. Certification of no tax filing, if applicable
 - g. Applicable notes