



Calhoun County Senior Services

Minimum Service Standard

SERVICE NAME: PRESCRIPTION ASSISTANCE

DEFINITION: Provides free prescriptions to seniors via a voucher method. The use of generics will be substituted, as allowed by law, when available. This program is meant as a “stop-gap” program while a more long-term solution to the recipient’s prescription needs is sought.

UNIT OF SERVICE: One unit equals one redeemed prescription voucher.

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

DESIRED OUTCOME: Seniors immediate prescription needs are met and they gain knowledge of available services to assist them with identifying a longer-term prescription drug coverage solution.

MINIMUM SERVICE STANDARD:

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

1. Must have a valid prescription or valid refill (bottle required indicating refill)
2. Assistance may be provided to otherwise eligible persons under one of the following circumstances:
 - a. Recipient has no other prescription insurance and does not qualify for Medicare Part D prescription insurance (i.e. under age 65).
 - b. Recipient qualifies to enroll in a Medicare Part D prescription insurance plan and appears to qualify for assistance from Social Security in paying premiums and co-pays. In this circumstance, recipient **MUST** agree to apply within the next open enrollment period to Social Security for such assistance to receive assistance from this voucher program.
 - c. If eligible, the recipient must apply for the Medicare Low-Income Subsidy, or other available prescription subsidy programs.
 - d. Recipient has a Medicare prescription insurance plan and their prescription costs have exceeded the initial coverage limit of their plan but are less than the catastrophic level and they are responsible for paying a reduced percentage of the cost for their prescriptions (known as the “gap” or “donut hole” period). Recipients must provide proof that their Medicare prescription “gap” period has been reached and they are responsible for paying for prescriptions (if applicable). **NOTE:** *Vouchers and insurance discount cards will not count toward reaching the catastrophic coverage level.*
 - e. Under circumstances of need, a 30-day supply of medication may be funded by paying a recipient’s insurance co-pay or deductible, if the co-pay or deductible exceeds \$40.
3. The amount allowable per individual is \$1,250 per calendar year.



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B. Intake and Records - A uniform intake form and procedure will be followed and must contain the following minimum information:

1. Recipient's full name, address, and telephone number
2. Recipient's date of birth
3. Verification of recipient's sources of income and other financial resources

C. Referrals and Other Assistance

1. To assist the recipient in securing a longer-term prescription drug coverage solution, all service providers must provide appropriate referral information to service recipients including but not limited to the following:
 - a. Information on the process for applying to Social Security for help with paying for Medicare Part D Prescription Drug plan costs:
 - i) At a minimum, recipients should be given the place and time that applications are accepted by Social Security and what information the recipient will need to have available.
 - ii) Recipients should be provided paper application forms or assistance with on-line applications.
 - b. Information on how to proceed after receiving determination from Social Security, including:
 - i) Referral to the Pharmaceutical Drug Assistance Program , or Patient In Need (PIN) programs
 - ii) Appropriate referrals to other drug assistance programs for which the recipient may be eligible

D. Service Delivery

1. Cost of program service will include the prescription voucher and no more than a 20% program administrative fee.