

The Massachusetts HIV Drug Assistance Program (HDAP)

House of Correction (HOC) New Application Training

Maya Eeson, JD

HDAP House of Correction Program Manager

Community Research Initiative (CRI)

Why Are We Here?

- Affirm our commitment to process improvement and quality of services delivered to enrollees, program staff, and other relevant stakeholders
- Support primary goal of ensuring access to medications for HIV and HIV-related conditions for HIV+ inmates in the Massachusetts County Houses of Corrections
- Share policy and program changes resulting from process improvements:
 - Improvements in enrollment processes for HIV+ inmates;
 - Policy improvements to support HIV+ inmates post-release; and
 - Enhanced coordination between CRI, jail staff, and community organizations to ensure seamless HDAP coverage

Continuity of Coverage

Goal: Clients will access lifesaving medications with minimal interruption

Incarcerated clients will be approved for **180 days** of prescription drug coverage.



The HDAP House of Correction Program Manager will conduct **monthly outreach** to all covered Houses of Correction.



Upon notification of release, most clients can be **re-activated in HDAP without submitting an application.**



Massachusetts HIV Drug Assistance Program House of Correction Application

If you have any questions about this application, please contact the House of Correction Manager at jails@crine.org or 617-502-1723

1	Applicant Information:	First Name: _____	Last Name: _____	Date of Birth (MM/DD/YYYY): ____/____/____
		Social Security #: _____	<input type="checkbox"/> 999-99-9999 <small>(for clients without Social Security Number)</small>	Date of Incarceration: _____
2	Gender Identity:	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Male/Trans Man/FTM	
		<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Female/Trans Woman/MTF	
		<input type="checkbox"/> Non-binary (neither exclusively female or male)/gender non-conforming (GNC)	<input type="checkbox"/> Not Reported	
3	Race: <i>(Select all that apply)</i>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Non-Hispanic/Latinx	
		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latinx	
		<input type="checkbox"/> Black/African American		
		<input type="checkbox"/> Native Hawaiian Or Pacific Islander		
		<input type="checkbox"/> White		
4	Medical Information:	<input type="checkbox"/> Client is HIV positive		
		Clinician Signature: _____ (MD, DO, PA, NP, RN)		
		License #: _____ Date: _____		
<i>If lab results from within the last twelve months are accessible, please list them below. If labs are unavailable, leave this section blank and submit the application to enroll the client for a standard six-month term. Please provide lab results obtained while the client is incarcerated to the House of Correction Manager at CRI.</i>				
		Results	Date (MM/DD/YYYY)	
		VL:	____/____/____	
		CD4:	____/____/____	
5	I attest that:	<input type="checkbox"/>	Client resides at (Name of Jail) _____	
		<input type="checkbox"/>	Client has \$0 income	
		<input type="checkbox"/>	Client has no health insurance	
6	Name of Coordinator/HSA: _____			
	Coordinator/HSA Phone Number/Email: _____			
		Coordinator/HSA Signature: _____ Date: ____/____/____		
Client Consent and Certification (to be signed by the individual enrolling in HDAP)				
<i>I certify that I am a Massachusetts resident and that the information on this application is correct and complete. I certify that I am giving my permission for HDAP to contact all of the following: pharmacist, case manager/HIV Coordinator, healthcare provider, and any other person that I have specifically given HDAP permission to contact. If needed, HDAP may contact these people to keep my participation in the program or about my participation in the program when I am no longer enrolled.</i>				
		Applicant Signature: _____ Date: ____/____/____		



House of Correction Application

Section 1

1	Applicant Information:	First Name:	Last Name:	Date of Birth (MM/DD/YYYY): ____/____/____	
		Social Security #: ____-____-____	<input type="checkbox"/> 999-99-9999 <small>(for clients without Social Security Number)</small>	Date of Incarceration: ____/____/____	HDAP ID (if known):

Important information to note:

- For clients without a Social Security Number please check 999-99-9999
- Additional information now included: Date of Incarceration

House of Correction Application

Section 2

2	Gender Identity:	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Male/Trans Man/FTM
		<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Female/Trans Woman/MTF
		<input type="checkbox"/> Non-binary (neither exclusively female or male)/gender non-conforming (GNC)	<input type="checkbox"/> Not Reported

Important information to note:

- Some clients may need an explanation of gender identity choices
- For example: Non-binary, Female-to-Male (FTM), Male-to-Female (MTF)

House of Correction Application

Section 3

3	Race: <i>(Select all that apply)</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian Or Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Non-Hispanic/Latinx <input type="checkbox"/> Hispanic/Latinx
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Important information to note:

- Some clients may need an explanation of race and ethnicity choices
 - For example - Latinx

House of Correction Application Section 4

4

Medical Information:

Client is HIV positive

Clinician Signature: _____ (MD, DO, PA, NP, RN)

License #: _____ Date: _____

If lab results from within the last twelve months are accessible, please list them below. If labs are unavailable, leave this section blank and submit the application to enroll the client for a standard six-month term. Please provide lab results obtained while the client is incarcerated to the House of Correction Manager at CRI.

Results	Date (MM/DD/YYYY)
VL:	___/___/___
CD4:	___/___/___

Important information to note:

- The box for *Client is HIV positive* MUST be checked
- Change in policy to include lab information

House of Correction Application Section 5

5	I attest that:	<input type="checkbox"/>	Client resides at (Name of Jail) _____
		<input type="checkbox"/>	Client has \$0 income
		<input type="checkbox"/>	Client has no health insurance

Important information to note:

- All boxes **MUST** be checked
- Name of Jail **MUST** be provided

House of Correction Application

Section 6

6	Name of Coordinator/HSA: _____
	Coordinator/HSA Phone Number/Email: _____
	Coordinator/HSA Signature: _____ Date: ____/____/____
	Client Consent and Certification (to be signed by the individual enrolling in HDAP) <i>I certify that I am a Massachusetts resident and that the information on this application is correct and complete. I certify that I am giving my permission for HDAP to contact all of the following: pharmacist, case manager/HIV Coordinator, healthcare provider, and any other person that I have specifically given HDAP permission to contact. If needed, HDAP may contact these people to keep my participation in the program or about my participation in the program when I am no longer enrolled.</i>
	Applicant Signature: _____ Date: ____/____/____

Important information to note:

- Any HOC staff completing the applications can sign
- Contact information provided should be the primary HDAP contact at the Jail



Policy Updates: When a client transfers to another jail

Previous policy:

Required to submit a new jail application



New policy:

Notify the House of Correction Program Manager of the change via phone or e-mail

Policy Updates: When a client is released from jail

Previous policy:

Required to submit a Notice of Jail Release Letter



New policy:

Notify the House of Correction Program Manager of the change via phone or e-mail

Policy Updates: When a released client returns to jail

Previous policy:

Required to submit a new jail application



New policy:

Notify the House of Correction Program Manager of the change via phone or e-mail

HDAP recommends the following topics are covered during the process of filling out the HOC HDAP application with the client:

- If the client gets released HDAP continues to cover prescriptions
- Advise the client to please reach out to case manager/clinical site and ask them call HDAP to update your status with the program

Client gets released and the HSA/HOC is aware

HOC contact calls/emails HDAP HOC Manager

Client gets released and the HSA/HOC is unaware

HDAP HOC Manager will review cases during monthly outreach



Questions?

Contact Information

Maya Eeson

HDAP House of Correction Program Manager

Community Research Initiative

meeson@crine.org

or

617-502-1723

or

jails@crine.org

Website: www.crine.org