

**FINANCIAL ADVOCACY** is an individual level intervention which aims to assist a person living with HIV to meet his or her financial obligations while remaining engaged in regular HIV medical care and services. The key characteristics of Financial Advocacy are: the dedication of a full-time staff person to assist the clients with navigating the health care financing system; the commitment of the clinical staff to make certain the HIV+ person is not overburdened by medical bills and drops out of care; and the commitment of the client to collaborate with the staff to coordinate his or her care and coverage of medical expenses.

## CURRENT ACTIVITY SETTING

University Medical Center, Virology  
Social Work Services Program

Directly links the client to medical care

✓ Gets the client in a conversation about starting medical care

Brings the agency closer to where HIV+ people are so that the conversation can begin

## I. Description

### OBJECTIVES

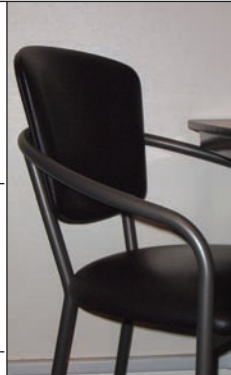
- ▶ To keep patients connected to care by addressing and alleviating the anxiety that clients may have about whether or not they can afford HIV medical care and treatment

### TARGET AUDIENCE

- ▶ Men and women living with HIV or diagnosed with AIDS who are white, black, Hispanic/Latino, Asian and Pacific Islanders, Alaskan Natives, Native Americans, and Native Africans and who do not have insurance or medical benefits

### ACTIVITY DESCRIPTION

The financial advocate is a full-time member of the social services team with the sole responsibility of coordinating and facilitating payment for medical services provided by the virology clinical team.



QUICK NOTES:

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*“Federal funds have gotten so specific, it is too hard to meet the true needs of the people we work with.”*

— CASE MANAGER, SEATTLE, WASHINGTON

- ▶▶ When a new client enters the virology clinic for a medical appointment, they are referred by any member of the clinical team to the financial advocate who conducts an initial financial assessment. This assessment includes a comprehensive review of their income and source(s) of income and insurance (including what is covered and what is the client’s responsibility), willingness to follow through with appointments, and willingness to complete and manage financial assistance applications.
- ▶▶ After the initial financial assessment, if it is necessary, the financial advocate informs the new client about the insurance support programs and eligibility requirements.
- ▶▶ The financial advocate helps disabled clients apply for financial support and benefits through one of the following sources: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Veterans Benefits (VA), General Assistance for Unemployable (GA-U), Temporary Assistance for Needy Families (TANF), drug and alcohol treatment through Alcoholism and Drug Addiction Treatment and Support Act (ADATSA), or private disability insurance programs through employment.
- ▶▶ Clients can be informed about the medical and dental benefits through Medicaid and Medicare programs that are associated with disability, veterans’ medical coverage, privately financed basic health plans, and high risk insurance pools.
- ▶▶ Additional help is provided to clients by explaining the above programs and eligibility requirements, referring clients to the appropriate agencies, supplying applications and helping clients to complete and submit forms, gathering documentation, contacting relevant agencies to determine the status of a client’s application, meeting with the client to review and interpret correspondence from relevant agencies, assisting clients to appeal when applications are denied, referring clients to legal assistance for appeals, advocating with agencies by sending additional information, and working with medical providers to write supportive documentation.
- ▶▶ The financial advocate encourages clients to bring in their medical bills and insurance forms to ensure proper billing and payment from the hospital prior to seeking additional resources or charity payments. Clients at the virology clinic often get medical bills that are incorrect, are not covered by insurance, are partially covered, or that the client cannot afford to pay.
- ▶▶ The financial advocate assists clients by explaining benefits of an insurance plan, explaining how insurance spend down programs work and what they cover, by exploring options for payment arrangements or for charity write-offs, and assisting clients to work with hospitals or providers to ensure that third party payers are billed correctly.
- ▶▶ The financial advocate also assists clients in identifying and applying for emergency financial assistance through programs such as local emergency grants from AIDS service organizations, churches, and social service agencies. These emergency grants can be used to pay rent, utilities, etc.
- ▶▶ The financial advocate can also assist clients with utility bill payments by educating them about the utility assistance programs and how to apply for them.
- ▶▶ The financial advocate assists immigrant clients by providing information on how immigration status affects program eligibility.
- ▶▶ The financial advocate can also familiarize the U.S. Department of Health and Human Services and the Social Security Administration staff about program eligibility issues related to immigration if these staff members are unfamiliar with these issues.
- ▶▶ The financial advocate re-assesses and assists clients on an ongoing basis as long as clients are active patients of the clinic.

## **PROMOTION OF ACTIVITY**

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There is no promotion of this activity. The financial advocacy service is offered as part of the case management program which is offered to all clients on an “as needed” basis.

## II. Logistics

### STAFF REQUIRED

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- ▶▶ Three full time social workers
- ▶▶ Social Work supervisor

### TRAINING & SKILLS

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- ▶▶ Knowledge of local entitlement programs and HIV specific programs, and case management process
- ▶▶ Dedicated professionals who believe in advocacy

### PLACE OF ACTIVITY

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- ▶▶ Client services office
- ▶▶ Financial advocate visit clients in the hospital, at residential care facilities, or in clients' private homes.

### FREQUENCY OF ACTIVITY

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The service is available to all clients for whatever length of time their particular situation warrants.

### OUTSIDE CONSULTANTS

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None

### SUPPORT SERVICES

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Translation services for non-English speakers

### CONDITIONS NECESSARY FOR IMPLEMENTATION

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The client has to be willing to do their part of completing the paperwork and applications.

## III. Strengths and Difficulties

### STRENGTHS

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- ▶▶ The activity helps to reduce anxiety around the ability to afford medical care.
- ▶▶ The knowledge, dedication, and commitment of the financial advocate

### WEAKNESSES

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The paperwork and red tape that some individuals have to go through to get HIV related healthcare; the bureaucracy takes time and causes stress for the client.

### DIFFICULTIES FOR CLIENTS

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- ▶▶ Many clients have fears about being removed from a particular program for economic reasons or shrinking budgets that produce restrictions on eligibility.
- ▶▶ For some clients managing financial obligations and their treatment regimens at the same time it is very difficult and may result in missed appointments and missed opportunities for financial assistance.

*“If a patient knows that he/she has medical coverage, then they don’t have to choose between medical needs or food and housing.”*

— SOCIAL WORKER, SEATTLE, WASHINGTON

## DIFFICULTIES FOR STAFF

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- ▶▶ Many clients are not always willing to take part in the management of their financial paperwork.
- ▶▶ The follow-up with patients can be extremely time consuming. Staff sometimes experiences exasperation and frustration.

## OBSTACLES FOR IMPLEMENTATION

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- ▶▶ People often fall out of the application process because of the complexity of the Medicaid and AIDS insurance systems.
- ▶▶ The financial advocate must make sure the accounting department does the right thing.
- ▶▶ The financial advocacy activity is not advertised other than being offered to clients as part of case management. If more people were aware of this type of available help, more individuals would be more likely to come into care.

## NON-APPROPRIATE CLIENTS

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None

# IV. Outcomes

## EVIDENCE OF SUCCESS

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- ▶▶ The annual outcome evaluations find that the financial advocacy component is successful in facilitating access to care for more individuals.
- ▶▶ Approximately 75% of the total client population uses the financial advocacy service.
- ▶▶ Some clients with chemical dependencies or mental illnesses have acute difficulty with paperwork management. The financial advocacy staff works diligently with these patients to ensure follow through. The outcome is usually positive: the patients receive the medical care and prescriptions needed and the anxiety related to their ability to pay is greatly alleviated.

## UNANTICIPATED BENEFITS

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The work for the different staff members in the case management team is more streamlined; they are all able to dedicate more time to focus on a particular patient.

## “CONNECTING TO CARE” ELEMENTS OF ACTIVITY

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- ▶▶ The patient begins to understand that he or she is truly eligible for medical coverage. This translates into knowing that they are truly going to get proper medical care and the costly medications necessary for that care.
- ▶▶ The process of receiving medical coverage frees the patient from having to prioritize survival needs such as having to choose between food, housing, or medical care. This allows the patient to participate more fully and consistently in health outcome goals.

## EVALUATION

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Annual outcome evaluation focused on risk reduction and adherence to medical plans by patients.

## KEEP IN MIND...

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- ▶▶ Non-medical organizations can do financial advocacy for clients, and it helps to have familiarity with health insurance, medical, and financial assistance programs.
- ▶▶ Incorporating deadlines for reapplication and recertification of financial eligibility into individual client files helps the clients prepare their paperwork in advance.



