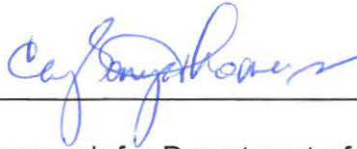


**San Bernardino County  
Department of Behavioral Health**

**Patient Assistance Program Procedure**

**Effective Date** 06/09/2014  
**Revised Date** 04/22/2015

 CaSonya Thomas, Director

**Purpose** To provide a framework for Department of Behavioral Health (DBH) staff to assist qualified DBH clients in applying for Patient Assistance Program (PAP) medications provided by pharmaceutical companies.

**Staff Responsibility** Staff at each DBH clinic has a role in identifying eligible clients for the PAP program, assisting clients with the application process and monitoring PAP medication as outlined below:

DBH Staff Roles	Responsibility
Psychiatrist/Physician	<ul style="list-style-type: none"> <li>• Determines need for PAP medications if medication is not covered by client's insurance or is not on DBH formulary.</li> <li>• Documents referral for PAP in client's medical chart.</li> <li>• Refers client to case manager, registered nurse (RN), licensed psychiatric technician (PT), licensed vocational nurse (LVN) or clerical staff for application process.</li> <li>• Writes prescription, fills out applicable portion and signs the pharmaceutical company application if DBH client qualifies for PAP program.</li> <li>• Signs out medication on the <a href="#">PAP Log</a> when dispensing medication to client.</li> </ul>
Registered Nurse (RN)/Licensed Psychiatric Technician (PT)/Licensed Vocational Nurse (LVN)/Case Manager or Clerical Staff	<p>Each clinic shall have designated staff assigned to PAP.</p> <ul style="list-style-type: none"> <li>• Obtains client authorization.</li> <li>• Reviews <a href="http://www.rxassist.org">www.rxassist.org</a> for applicable PAP.</li> <li>• Assists client with application process.</li> <li>• If client is denied eligibility for PAP, determines if reason can be appealed and submits appropriate supporting documentation.</li> <li>• If reason cannot be appealed, follows clinic practice in notifying client.</li> <li>• Logs in medications on <a href="#">PAP Log</a> (physician, RN, LVN or PT only). Logs shall be retained for a period of three years.</li> <li>• Requests refills as needed (physician, RN, LVN or PT only).</li> </ul>

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# San Bernardino County Department of Behavioral Health

## Patient Assistance Program Procedure, (Continued)

**Staff  
Responsibility**  
(continued)

DBH Staff Roles	Responsibility
Registered Nurse/Licensed Psychiatric Technician/Licensed Vocational Nurse/Case Manager or Clerical Staff (cont.)	<ul style="list-style-type: none"> <li>• Notifies PAP Company if there is a change in client's insurance coverage or provider.</li> <li>• If client moves or if medication can no longer be utilized by client for any reason, medication should be disposed of in accordance with the DBH <a href="#">Medication Disposal Procedure</a>.</li> </ul> <p><b>Important Note:</b> If client is no longer client or can utilize medication and PAP company is sending medication on automated schedule, DBH staff must contact the company to stop remaining deliveries.</p>
Clerical	<p>Copies and mails the PAP packet as follows:</p> <ul style="list-style-type: none"> <li>• Makes three (3) copies of all documents</li> <li>• Mails to:               <ul style="list-style-type: none"> <li>○ Client or provide in person (remove form with physician information).</li> <li>○ Pharmaceutical company (some prefer it be faxed and some require hard copy)</li> </ul> </li> <li>• Places third copy in client's medical chart, prepares a new medical log sheet for each application and gives to the RN, LVN or PT to place in Medication Room binder.</li> </ul>

**Application  
Process**

Designated DBH staff shall assist clients with the application process when applicable. If the client has a conservator, the conservator shall sign the application on behalf of the client. The following step/action table outlines the application process:

Step	Action
1	<p>Review PAP at <a href="http://www.rxassist.org">www.rxassist.org</a>. Type in name of the medication and select appropriate PAP. The application will populate PAP requirements and guidelines.</p> <p><b>Note:</b> Some PAP companies require staff/conservator assisting clients in the application process register as a client advocate once client permission is obtained.</p>
2	<p>Clients for whom an address cannot be obtained shall use the DBH clinic address to which they receive services on the PAP application.</p> <p><b>Note:</b> If the client is married, obtain and/or verify spouse's income or obtain 4506T for spouse also.</p>
3	<p>Obtain proof of income from client. Companies participating in PAP may require thirty (30) days of paycheck stubs, statements from the previous years' tax returns or a letter from clinic stating to the best of the clinic's knowledge, client does not have an income.</p>

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# San Bernardino County Department of Behavioral Health

## Patient Assistance Program Procedure, (Continued)

**Application Process**  
(continued)

Step	Action
3	<ul style="list-style-type: none"> <li>If it is determined client has no income, staff shall assist client in completing 4506T Request for Transcript of Tax Return at <a href="http://www.irs.gov/pub/irs-pdf/4506t.pdf">http://www.irs.gov/pub/irs-pdf/4506t.pdf</a>.</li> </ul> <p><b>Note:</b> Confirm a current, valid <a href="#">Authorization to Release Protected Health Information</a> is on file before releasing client information.</p>
4	Once client/conservator signs PAP application, provide client/conservator a copy.
5	Inform the client PAP company may call the client to verify accuracy of information on the application.
6	Provide PAP application to physician to sign.
7	Physician fills out the prescription requesting current medication for ninety (90) days and three (3) refills, if applicable.
8	Document application activities in client's chart.

**Assemble Packet**

The packet typically contains the following original documents:

- Application;
- IRS 4506T Request for Transcript of Tax Return, if client does not have income;
- Proof of income for client and spouse, if applicable;
- Denial letter (i.e. Veterans Benefits, SSI, Medical Insurance);
- Prescription;
- Letter from clinic stating to the best of clinic's knowledge client does not have income.

**Storage of PAP Medication**

All PAP medications are limited to DBH psychiatrists and/or physicians, RN, LVN and PT staff. Medications and medical supplies shall be locked in the Medication Room at all times when not in use. Medications shall not be stored in physician's desk or office. PAP medications shall be stored on a separate shelf from sample medications.

**Reference**

California Code of Regulation, Title 9, Section 1810.435(b)(3)  
Mental Health Plan Contract, Exhibit A, Attachment 1, Section 4.L.10

**Related Policies**

DBH Standard Practice Manual:

- [MDS2008: Control, Access and Accountability of Medications and Medical Supplies Policy](#)
- [MDS2008: Control, Access and Accountability of Medications and Medical Supplies Procedure](#)
- [MDS2022: Patient Assistance Program Policy](#)
- [MDS2023: Medication Disposal Procedure](#)