

## Frequently Asked Questions Case Managers

- ***What type of assistance can Access to Care offer?***

*Access to Care* helps to cover the cost of emotional support services, including; outpatient individual, family, couples and group counseling; auricular acupuncture; and psychotropic medication. The assistance available to the eligible individual covers up to a maximum amount and is secondary to their insurance. Assistance is available retroactively for services received since August 30, 2005, as well as for future mental health costs. The program provides up to \$1000 to cover outpatient mental health counseling or auricular acupuncture; psychotropic medication; and for children through age 21, psychological evaluations and testing.

The program is designed to be one part of a larger effort to bring emotional recovery for survivors of the hurricanes.

- ***Who is eligible for this benefit?***

There are two categories of eligibility:

- Those who lost an immediate family member because of one of the hurricanes.
- Anyone who resided in a pre-disaster ZIP code prior to landfall in one of the counties designated by FEMA for individual assistance following Katrina, Rita or Wilma and suffered significant impact.

Please direct individuals to call us at 1-866-794-HOPE or visit [www.a2care.org](http://www.a2care.org) in order to enroll or obtain more information. For many people, determining eligibility will be as easy as providing the Coordinated Assistance Network (CAN) or Client Assistance System (CAS) number that was used to access other hurricane-related services. Whenever possible, we want to avoid having individuals provide duplicate paperwork.

When the individual calls, they will be assigned a benefit coordinator who will work with them and their family to explain how this benefit works and how to enroll. The benefit staff is here to help individuals obtain the necessary services.

- ***From whom can individuals receive treatment?***

Services must be provided by a licensed practitioner or by an employee of a licensed mental health or substance abuse facility. Clients should verify with their provider that his/her license is recognized in the state where they are *receiving* services. The client's benefit coordinator can assist in verifying a provider or facility's license.

- ***How does reimbursement work?***

Once a person is enrolled in the program, they will receive detailed information on how to submit bills or receipts for reimbursement. Payments can be made either directly to the individual or to the mental health or substance abuse provider.

- ***Is there a deadline for enrolling in the program?***

Enrollment must occur before 5 p.m. on October 1, 2007.

Please note, because this program is funded by charitable donations, it is possible that the available funds will be exhausted before the anticipated enrollment end date. In that event, individuals who have completed enrollment in the program will continue to have full use of their benefit coverage until stated deadlines.

- ***How long does the coverage last?***

The last date of service covered is April 1, 2008, but once \$1,000 in claims have been submitted on the individual's behalf they will have exhausted their coverage and eligibility for services ended. Also, please remember the benefit is retroactive. Claims can be submitted for mental health treatment that was received between August 30, 2005 and April 1, 2008.

- ***When is the last day claims can be submitted for covered services?***  
Claims must be postmarked on or before July 1, 2008. See exception in above deadline enrollment question.
- ***What if someone enrolls and decides not to participate?***  
No problem. We encourage individuals to call and enroll soon, so that they can take full advantage of the assistance available to them prior to the deadline. There is no penalty if someone enrolls and chooses not to participate.
- ***What about insurance?***  
*Access to Care* is secondary to an individual's existing insurance. If the person has insurance, they must apply that insurance to the cost of treatment, and then *Access to Care* will provide assistance for the out-of-pocket expenses, such as co-payments or deductibles. Insured clients with no out of network benefits must choose an "in-network" provider except in special circumstances where *Access to Care* authorizes an exception to this requirement.
- ***How can I order outreach materials?***  
Case managers can log onto [www.a2care.org](http://www.a2care.org) and order additional outreach materials by visiting the "For Case Managers" page of this site and clicking on the "Order Materials" link..
- ***How do I decide what individuals or organizations to tell about this program?***  
Please feel free to provide information about this program to anyone who is working with people affected by the hurricanes. We ask and encourage you to inform partner agencies, community and faith-based organizations, and individuals about this program.