

TB Incentive/Enablers Request Form

E-Mail this form and all documentation to: aself@utah.gov or Fax to 801-536-9913.

Client Information		
Last Name:	First Name:	MI:
Birthdate (mm/dd/yyyy):		Phone Number:

Application Information	
Date of Application (mm/dd/yyyy):	Total Amount of Assistance Requested:

Type of Request and Amount	
If requesting assistance with <u>utilities</u> , please attach: <input type="checkbox"/> Food Vouchers \$_____ <input type="checkbox"/> Gift Card Incentives \$_____ <input type="checkbox"/> Phone Bill \$_____ <input type="checkbox"/> Utilities \$_____ <input type="checkbox"/> Car Payment/Insurance \$_____	<input type="checkbox"/> Rent/Security Deposit \$_____ <input type="checkbox"/> Medical \$_____ <input type="checkbox"/> Track Phone \$_____ <input type="checkbox"/> Borrow iPad \$_____ <input type="checkbox"/> Other \$_____ Explain_____
Number of months of needed assistance:	Number of employed adults that live in the household:

Payment Information
Payment Payable to: Name: Address: *Check cannot be made out to the patient; State will only pay a vendor.

Required Documentation Checklist	
If requesting assistance with <u>utilities, phone bill or car payment</u> , please attach: <input type="checkbox"/> Bill that itemizes the services and dates of service (statement showing only the total will not be accepted) If requesting <u>medical assistance</u> , please coordinate directly with Larry Niler. Will need to provide justification from ordering physician. For uninured clients, must provide verification of Medicaid denial.	If requesting assistance with <u>rent, mortgage, or deposit</u> , please attach: <input type="checkbox"/> Written documentation from landlord listing: <input type="checkbox"/> Amount of rent and/or deposit due <input type="checkbox"/> Payee (vendor) name, as it should appear on the check <input type="checkbox"/> Payment remittance address <input type="checkbox"/> Unit and/or address of housing <input type="checkbox"/> Date for when payment is due <input type="checkbox"/> Landlord Tax ID or SS number

Notes/Justification for Assistance
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Program Approval (For Office Use Only)	
Assistance was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount of Assistance Approved:
Authorization Signature:	

Approval Notes (For Office Use Only)
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INCENTIVES AND ENABLERS

Policy and Procedure

Assistance is determined on a case by case basis; priority is given to ATBD cases requiring isolation or infectious suspects. Types of assistance may include: 1) rent; 2) car insurance; 3) utilities; 4) food coupons; and 5) toys for pediatric cases and/or contacts. The “TB Incentive/Enabler Request Form” should be used when requesting assistance.

The State may also provide assistance with medical costs for underinsured or uninsured ATBD patients; these costs **must be related to TB**. Assistance is determined on a case by case basis and is not guaranteed.

- Request for assistance should be submitted via email to Larry Niler and include rationale for service/procedure along with facility’s contact information.
 - Uninsured patients must provide verification of Medicaid denial.
- UDOH will either deny the request or provide provisional approval.
- If provisional approval is given, UDOH will negotiate rates and amount of assistance directly with the provider.
- Once negotiations are finalized, UDOH will provide the LHD with written confirmation of approval which will include the approved assistance amount.

The State is the payer for last resort. Every effort should be made to identify and secure other payment sources. **Emergency room and urgent care visits will not be covered.**