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CITY OF AMESBURY, MA

CITY OF AMESBURY
IN THE YEAR TWO THOUSAND TWENTY-TWO

SPONSORED BY: *Kassandra Gove* **BILL No. 2022-082**
Kassandra Gove, Mayor

An Ordinance to amend the Amesbury Health Care Trust Commission (AHCTC) program description and application.

Summary: The original Trust, Amesbury Hospital Charitable Trust, was created on June 28, 1963. In accordance with the original trust documents, the June 1, 1993 sale and closure of the Amesbury Hospital resulted in the reorganization of the Commission resulting in the creation of the Healthcare Trust Commission on or about January 13, 1998. The attached documents include program description and application revisions.

Be it Ordained by the City Council of the City of Amesbury assembled, and by the authority of the same as follows:

That the Amesbury Health Care Trust Commission (AHCTC) program description and application be amended as follows:

Revised by AHCTC

AMESBURY HEALTHCARE TRUST COMMISSION

PROGRAM DESCRIPTION BYLAWS

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MISSION:

The mission of the Amesbury Health Care Trust Commission (AHCTC) is to responsibly appropriate trust funds and improve the accessibility to health care services for Amesbury residents who do not have sufficient means or medical insurance. The Commission will encourage applications from qualified residents. Eligibility will be determined by the commission with compassion on a case by case basis.

PURPOSE:

The purpose of the commission is to provide financial assistance for health care to qualified Amesbury residents. ~~make health care available to qualified Amesbury residents after the sale of the Amesbury Hospital. In keeping with the original intent of those funds the commission has as its duty to assist the residents of Amesbury in need.~~

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Commented [AMC1]: AHCTC revised

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~~Applicants are required to complete an application, each fiscal year, and submit a final original itemized bill following submission to any other health care plan or agency requested to pay for services rendered.~~

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Target population includes children, elderly and others at risk.

TARGET POPULATION:

Low income qualified Amesbury residents including adults and children.

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DESCRIPTION:

The Amesbury Health Care Trust Commission is a municipal city body responsible for administering funds held in trust by the City of Amesbury for the benefit of the health care needs of Amesbury residents. It has a principal place of business at City Town Hall, 62 Friend Street, Amesbury, MA 01913-1520.

The original Trust, Amesbury Hospital Charitable Trust, was created on June 28, 1963. In accordance with the original trust documents, the June 1, 1993 sale and closure of the Amesbury Hospital resulted in the reorganization of the Commission resulting in the creation of the Healthcare Trust Commission on or about January 13, 1998.

ORGANIZATION AND MEMBERS:

Composition of the AHCTC consists of five members appointed for three-year terms so arranged that as nearly an equal number of terms as possible expire each year. The members so appointed shall be appointed based on qualifications of education, training and work experience.

~~Particular effort shall be made to appoint members with health care experience, vocation and knowledge of the healthcare needs and requirements of the residents of Amesbury. Those appointed shall be residents of the city of Amesbury and shall have no personal interest, direct or indirect in the fiscal affairs of any healthcare provider doing business with the town or its residents.~~

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~~Qualifications of Amesbury Health Care Trust Commission members shall include but not be limited to health care experience, vocation and knowledge of the healthcare needs and requirements of the residents of Amesbury. Those appointed shall be residents of the city of Amesbury and shall have no personal interest, direct or indirect in the fiscal affairs of any healthcare provider doing business with the city or its residents.~~

Commented [AMC3]: Reworded below by AHCTC

~~Deleted: The mayor shall appoint all AHCTC members. Unless otherwise provided by the city charter, appointments shall become effective 15 days after submission of a written notice of any appointment to the city clerk, provided however, that the city council may, during such period, by a two-thirds vote of the full city council, reject any such appointment. ¶
When a vacancy in an office appointed by the mayor occurs whether by reason of disability, death, resignation or removal from office for any reason the mayor may appoint another person to perform the duties of the commission for a period not to exceed 4 months. Whenever a vacancy continues beyond the four months, the mayor may make a second four-month appointment, but no temporary appointment shall be continued beyond eight months.¶~~

The mayor shall appoint all AHCTC members. Unless otherwise provided by the city charter, appointments shall become effective ~~twenty-one~~ days after submission of a written notice of any appointment to the city clerk, provided however, that the city council may, during such period, by a two-thirds vote of the full city council, reject any such appointment.

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When a vacancy in an office appointed by the mayor occurs whether by reason of disability, death, resignation or removal from office for any reason the mayor may appoint another person to perform the duties of the commission for a period not to exceed four (4) months. Whenever a vacancy continues beyond the four months, the mayor may make a second four-month appointment, but no temporary appointment shall be continued beyond eight months.

ORGANIZATIONAL STRUCTURE:

Chairperson: prepares agenda, prepares and triages cases prior to meetings, directs and coordinates monthly meetings.

Correspondence Secretary: prepares and distributes all correspondence to residents submitting requests for fiscal assistance.

Administrative Secretary: composes minutes following each meeting, books meetings, and prepares copies of documents as needed.

All members share in the responsibility ~~of advocating~~ for the AHCTC mission, interacting with Amesbury residents and organizations answering questions and promoting the mission. ~~and assisting each other's designated duties when applicable.~~

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MEETINGS AND QUORUM:

12.21.12 Mayor approved and B Kitchen edits
3/2022 – AHCTC revised

The AHCTC meets monthly. The presence at any meeting of (3) three members shall constitute a quorum and when a quorum is present, voting shall be by majority vote of the members present at the meeting.

Notice of the meetings shall be filed with the city clerk and the notice or copy of the notice shall be publicly posted in the office of the clerk and on the principal bulletin board of the city at least 48 hours (but not including Saturdays, Sundays or legal holidays) prior to the meetings.

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~~Minutes shall be kept for each meeting and available for review upon request. The AHCTC shall determine the rule of order of business and provide a journal of its proceedings. Minutes of each meeting shall be formally recorded and include all documented actions taken. A confidential case log will also be maintained.~~ Such copies shall be maintained by the city clerk and the public library.

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There shall be accurate records of its meeting, setting forth the date, time, place, members present or absent, and action taken at each meeting, including executive sessions. The records of each meeting shall become a public record and be available to the public; provided, however, that the records of any executive session may remain ~~confidential, secret as long as publication may defeat the lawful purposes of the executive session, but no longer.~~ All votes taken in executive sessions shall be recorded as roll call votes and shall become a part of the record of said executive session. If the AHCTC is in an open posted meeting and decides it needs to go into executive session, they may do so without prior public notice. However, if there is no meeting posted and the Commission decides there is a need for an executive session meeting that meeting must be posted and opened in a public meeting prior to going into executive session.

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APPOINTING STRUCTURE:

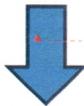
~~MAYOR~~



~~CITY COUNCIL~~



~~AMESBURY HEALTHCARE TRUST COMMISSION~~



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~~AMESBURY RESIDENTS~~

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~~MAYOR~~

~~CITY COUNCIL~~

~~AMESBURY HEALTH CARE TRUST COMMISSION~~

APPOINTMENT PROCESS:

~~Commission applicant completes application and submits it to the office of the mayor. Following an interview with the mayor, successful candidates are recommended for appointment to the **Municipal** Council. Applicant appears before the City Council presents a brief overview of qualifications and reasons for applying for the Commission. City Council considers all facts presented and votes on the mayor's recommended appointment. Affirmative candidates become effective members of the Commission 15 days after the vote.~~

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~~Potential Commission members apply to the office of the mayor. An interview with the mayor or designee follows. Successful candidates for appointment are presented to the City Council. City Council considers candidates and votes on the mayor's recommended appointment. Affirmative candidates become effective members of the Commission twenty-one days after the vote.~~

PROCESS OF ASSISTANCE:

~~Amesbury resident determines need for financial assistance related to healthcare issues~~

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~~Resident completes AHCTC application and submits it to the AHCTC~~



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~~Resident submits final original itemized healthcare bill after processing it through any other Health Plan or agency with means to pay all or a portion of the bill~~



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~~Members of the AHCTC review each submitted claim and make determination based on eligibility, amount requested, and criteria met for assistance~~



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~~The AHCTC forwards written correspondence to each applicant notifying them of the outcome~~



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~~All approved invoices are submitted to City Hall for processing and payment~~



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~~Minutes are kept up to date following each meeting and made available to City Hall and the public upon request.~~



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~~All related documents for AHCTC are kept on file pursuant to state regulations.~~

APPLICATION PROCESS FOR ASSISTANCE:

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~~All applicants are required to complete the AHCTC application and submit signed copy with all supporting documents to the AHCTC. Incomplete applications will not be considered. Applications on behalf of a minor child must be completed and signed by parent or legal guardian.~~

12.21.12 Mayor approved and B Kitchin edits
3/2022 – AHCTC revised

~~2. Members of the AHCTC review each application and submitted claims and make determination based on eligibility, amount requested, and criteria met for assistance.~~

~~3. The AHCTC will forward written correspondence to each applicant notifying them of the outcome.~~

~~4. All approved invoices are submitted to City Hall for processing and payment.~~

~~5. All related documents for AHCTC are kept on file pursuant to state regulations.~~

~~6. Records will be securely stored, and destroyed after three years.~~

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PROCESS AND ELIGIBILITY CRITERIA:

- ~~• Must be resident of Amesbury at time of services rendered
 - ~~○ Resident is defined as: residing in Amesbury for at least 1 calendar year and submit formal written proof of residential address(s).~~~~
- ~~• Must submit bills after first determining what other health plan or agency will pay for services rendered. No estimated bills/invoices will be considered or have decisions rendered. Requests must be made no later than one year from the date of service identified on the original invoice/bill.~~
- ~~• Must be health care related issues: the following includes but are not limited to examples meeting criteria:
 - ~~○ Diagnostic testing~~
 - ~~○ Eye exams~~
 - ~~○ Hospital bills~~
 - ~~○ Outpatient ancillary charges~~~~
- ~~• Items **NOT** meeting criteria:
 - ~~○ Corrective lenses~~
 - ~~○ Hearing aids~~
 - ~~○ Dental~~
 - ~~○ Pharmaceuticals~~
 - ~~○ Third Party Liability Insurer claims~~
 - ~~○ Any date of service greater than 12 months~~
 - ~~○ Bills/Invoices less than \$25.00~~~~
- ~~• Each Resident is allotted monies per fiscal year (July 1, to June 30th). At the discretion of the AHCTC, requests greater than the maximum allotment may be granted if failure to grant such requests will result in a negative impact to the resident and potentially be a causative factor for subsequent health care costs and unsafe daily conditions for said resident.~~

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- ~~At the discretion of AHCTC monetary allotments per fiscal year may be adjusted pursuant to residential requests/needs and/or budgetary limitations.~~
- ~~All actions of AHCTC are subject to confidentiality laws and regulations and correspondence between residents and AHCTC member decisions are also held confidential.~~
- ~~Residents meeting the annual maximum financial allotment may submit unpaid invoices in the next fiscal year as long as the invoice is within 12 months of the date of service.~~
- ~~AHCTC administrative expenses shall be approved for payment to ensure continuity of services and timely correspondence with applicants.~~
- ~~Pursuant to the mission, applicants grant AHCTC permission to verify final invoice totals and/or request potential discounts when applicable.~~
- ~~AHCTC cannot reimburse applicants directly, but will pay the providers.~~

· Applicant must be a resident of Amesbury at time services were rendered.

“Resident” is defined as: residing in Amesbury for at least 6 months and must submit formal written proof of residential address(es).

- No estimated bills or invoices will be considered.
- Requests must be made no later than one year from the date of service identified on the original invoice/bill.

· Minimum invoice to be paid is \$25.00

· Payments are only considered for health care services and prescribed treatments.

· The following are not covered:

- Third party liability
- Prescriptions other than an emergency one-time medication

· Each Resident is set allotted monies per fiscal year (July 1, to June 30th).

· All actions of AHCTC are subject to confidentiality laws and regulations

· APPROVED AHCTC administrative expenses will be paid out of the AHCTC fund.

· All invoices will be paid directly to the providers.

Records will be securely stored and will be destroyed after three years

Income Limits

The Amesbury Health Care Trust Commission is designed to assist lower-income individuals and families pay for medical expenses.

Proof of Total Household Income is required as designated on the application. Total household income includes:

- Wages
- Salaries and tips
- Savings / Checking Bank Statements
- Alimony
- Child Support
- Unemployment Insurance
- Social Security / Social Security Disability
- Public Assistance: Transitional Aid to Families with Dependent Children (TAFDC) or other benefits
- Aid to Families with Dependent Children (AFDC): Cash benefits only
- Veterans Benefits
- Workman's Compensation
- Retirement/ Pension (IRAs, 401Ks)
- Dividends/Interest
- Additional Cash Assets
- Real Estate Income
- Trusts

U.S. Housing and Urban Development ("HUD") income limits are used for the purpose of determining eligibility for assistance.

Once an applicant is deemed eligible for assistance the Amesbury Health Care Trust Commission shall take into consideration all factors, including but not limited to the Trust's resources and the amount requested, in determining the amount of financial assistance to grant.

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MINUTES

DATE:

TIME:

PLACE OF MEETING:

MEMBERS PRESENT:

CASE NUMBER	REQUEST	DISCUSSION	ACTION TAKEN

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12.21.12 Mayor approved and B Kitchin edits
3/2022 – AHCTC revised

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Respectfully submitted:

Reviewed/Revised by KP Law

AMESBURY HEALTH CARE TRUST COMMISSION

Revised 3/2022

BYLAWS

MISSION:

The mission of the Amesbury Health Care Trust Commission (AHCTC) is to responsibly appropriate trust funds and improve the accessibility to health care services for Amesbury residents who do not have sufficient means or medical insurance. The Commission will encourage applications from qualified residents. Eligibility will be determined by the commission with compassion on a case by case basis.

PURPOSE:

The purpose of the AHCTC is to provide financial assistance for health care services to qualified Amesbury residents.

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TARGET POPULATION:

Low income qualified Amesbury residents including adults and children.

DESCRIPTION:

The AHCTC is a City body responsible for administering funds held in trust by the City of Amesbury for the benefit of the health care needs of Amesbury residents. It has a principle place of business at Amesbury City Hall, 62 Friend Street, Amesbury, MA 01913-1520.

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ORGANIZATION AND MEMBERS:

Composition of the AHCTC consists of five members appointed for three-year terms so arranged that as nearly an equal number of terms as possible expire each year. The members shall be appointed based on qualifications of education, training and work experience. Qualifications of AHCTC members shall include but not be limited to health care experience, vocation, and knowledge of the healthcare needs and requirements of the residents of Amesbury. Those

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appointed shall be residents of the City of Amesbury and shall have no personal interest, direct or indirect, in the fiscal affairs of any healthcare provider doing business with the City or its residents.

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The Mayor shall appoint all AHCTC members. Unless otherwise provided by the City Charter, appointments shall become effective twenty-one (21) days after submission of a written notice of any appointment to the City Clerk, provided however, that the City Council may, during such period, by a two-thirds vote of the full City Council, reject any such appointment.

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Pursuant to the City Charter, when a vacancy in an office appointed by the Mayor occurs, whether by reason of disability, death, resignation, or removal from office for any reason, the Mayor may appoint another person to perform the duties of that office for a period not to exceed four (4) months. Whenever a vacancy continues beyond the four months, the Mayor may make a second four-month appointment, but no temporary appointment shall be continued beyond eight months.

ORGANIZATIONAL STRUCTURE:

Chairperson: prepares agenda, prepares, directs and coordinates monthly meetings.

Correspondence Secretary: prepares and distributes all correspondence to residents submitting requests for fiscal assistance.

Administrative Secretary: composes minutes following each meeting, books meetings, and prepares copies of documents as needed.

All members share in the responsibility for the AHCTC mission, interacting with Amesbury residents and organizations, answering questions and promoting the mission.

MEETINGS AND QUORUM:

The AHCTC meets monthly. All meetings of the AHCTC shall be conducted in accordance with the requirements of the Open Meeting Law, as may be amended. The presence at any meeting of (3) three members shall constitute a quorum and when a quorum is present, voting shall be by majority vote of the members present at the meeting.

Notice of the meetings shall be filed with the City Clerk and the notice or copy of the notice shall be publicly posted in the office of the Clerk and on the principal bulletin board of the City at least 48 hours (but not including Saturdays, Sundays or legal holidays) prior to the meetings.

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Minutes of each meeting shall be formally recorded and include all documented actions taken. A confidential case log will also be maintained. Such copies shall be maintained by the City Clerk and the public library. There shall be accurate records of meetings, setting forth the date, time, place, members present or absent, and action taken at each meeting, including executive sessions. The records of each meeting shall become a public record and be available to the public; provided, however, that the records of any executive session will remain confidential to the extent allowed by law. All votes taken in executive sessions shall be recorded as roll call votes and shall become a part of the record of said executive session.

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APPOINTING STRUCTURE:

**MAYOR
CITY COUNCIL
AMESBURY HEALTH CARE TRUST COMMISSION**

APPOINTMENT PROCESS:

Potential Commission members apply to the office of the Mayor. An interview with the Mayor or designee follows. Successful candidates for appointment are presented to the City Council. City Council may consider candidates and vote on the Mayor's recommended appointment. Affirmative candidates become effective members of the Commission twenty-one (21) days after presentation of the appointment to the City Council, unless otherwise rejected in accordance with the City Charter.

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APPLICATION PROCESS FOR ASSISTANCE:

1. All applicants are required to complete the AHCTC application and submit signed copy with all supporting documents to the AHCTC. Incomplete applications will not be considered. Applications on behalf of a minor child must be completed and signed by parent or legal guardian.

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2. Members of the AHCTC review each application and submitted claims and make determination based on eligibility, amount requested, and criteria met for assistance.

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3. The AHCTC will forward written correspondence to each applicant notifying them of the outcome.

4. All approved invoices are submitted to City Hall for processing and payment.

5. All related documents for AHCTC are kept on file pursuant to state regulations.

6. Records will be securely stored, and destroyed after three years, unless otherwise provided by law.

Commented [JMC1]: Also applicable to provision below regarding destruction after three years: certain records must be retained for 6 years from the date of final payment, pursuant to D01-11(a) and D01-12. The retention requirement depends on the record in question, but in any event the bylaw provides for compliance with state regulations on retention.

PROCESS AND ELIGIBILITY CRITERIA:

Applicant must be a resident of Amesbury at time services are rendered.

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“Resident” is defined as: residing in Amesbury for at least 6 months and must submit formal written proof of residential address(es).

· Minimum invoice to be paid is \$25.00

- o No estimated bills or invoices will be considered.

· Payments are only considered for health care services and prescribed treatments.

- o Requests must be made no later than one year from the date of service identified on the original invoice/bill.

· The following are not covered:

- Third party liability
- Drug/pharmaceutical prescriptions other than an emergency one-time medication

· Each Resident is set allotted monies per fiscal year (July 1, to June 30th).

· All actions of AHCTC are subject to confidentiality laws and regulations

· APPROVED AHCTC administrative expenses will be paid out of the AHCTC fund.

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Requests must be made no later than one year from the date of service identified on the original invoice/bill.¶

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Commented [JMC2]: Because “prescribed treatments” are considered included above, it may be important to clarify what type of “prescriptions” are excluded. If the intent is for “prescribed treatments” to refer to types of care, while “prescriptions” is intended to refer to substances, then this clarification should be sufficient.

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Income Limits

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- Veterans Benefits
- Workman’s Compensation
- Retirement/ Pension (IRAs, 401Ks)
- Dividends/Interest

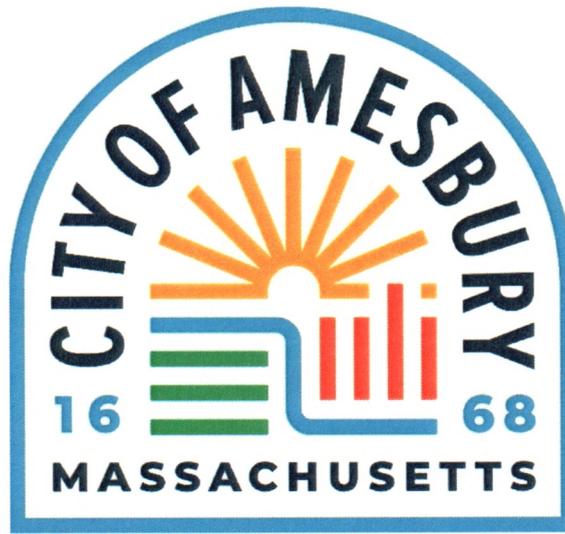
- Additional Cash Assets
- Real Estate Income
- Trusts

U.S. Housing and Urban Development (“HUD”) income limits are used for the purpose of determining eligibility for assistance. Applicants who fall into the “very low” and “extremely low” categories will be eligible for financial assistance.

Once an applicant is deemed eligible for assistance the AHCTC may take into consideration all factors, including but not limited to the Trust’s resources and the amount requested, in determining the amount of financial assistance to grant.

Commented [JMC3]: If different categories are to be used, that is a matter of policy for the City, but a standard should be specified for the sake of uniform enforcement, in my opinion.

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AMESBURY HEALTH CARE TRUST COMMISSION

BYLAWS

MISSION:

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PURPOSE:

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TARGET POPULATION:

Low-income qualified Amesbury residents including adults and children.

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MAYOR

CITY COUNCIL

AMESBURY HEALTH CARE TRUST COMMISSION

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4. All approved invoices are submitted to City Hall for processing and payment.
5. All related documents for AHCTC are kept on file pursuant to state regulations.
6. Records will be securely stored, and destroyed after three years, unless otherwise provided by law.

PROCESS AND ELIGIBILITY CRITERIA:

- **Applicant must** be a resident of Amesbury at time services are rendered.
 - “Resident” is defined as: residing in Amesbury for at least 6 months and must submit formal written proof of residential address(es).
- Minimum invoice to be paid is \$25.00
 - No estimated bills or invoices will be considered.
- Payments are only considered for health care services and prescribed treatments.
 - Requests must be made no later than one year from the date of service identified on the original invoice/bill.
- The following are not covered:
 - Third party liability
 - Drug/pharmaceutical prescriptions other than an emergency one-time medication
- Each Resident is set allotted monies per fiscal year (July 1, to June 30th).
- All actions of AHCTC are subject to confidentiality laws and regulations
- APPROVED AHCTC administrative expenses will be paid out of the AHCTC fund.
- All invoices will be paid directly to the providers.

Records will be securely stored and will be destroyed after three years, unless otherwise provided by law.

Income Limits

The AHCTC is designed to assist lower-income individuals and families pay for medical expenses.

Proof of Total Household Income is required as designated on the application. Total household income includes:

- Wages
- Salaries and tips
- Savings / Checking Bank Statements
- Alimony
- Child Support
- Unemployment Insurance
- Social Security / Social Security Disability
- Public Assistance: Transitional Aid to Families with Dependent Children (TAFDC)I or other benefits

- Aid to Families with Dependent Children (AFDC): Cash benefits only
- Veterans Benefits
- Workman's Compensation
- Retirement/ Pension (IRAs, 401Ks)
- Dividends/Interest
- Additional Cash Assets
- Real Estate Income
- Trusts

U.S. Housing and Urban Development ("HUD") income limits are used for the purpose of determining eligibility for assistance. Applicants who fall into the "very low" and "extremely low" categories will be eligible for financial assistance.

Once an applicant is deemed eligible for assistance the AHCTC may take into consideration all factors, including but not limited to the Trust's resources and the amount requested, in determining the amount of financial assistance to grant.

Original Application

Are you an Amesbury Resident? Yes _____ No _____ Length of time as resident _____ years

Date of Application _____ Date of Birth _____

First Name _____ Middle Initial _____ Last Name _____ Sr. Jr.

Street _____ Unit or Apt. Number _____

City _____ Phone _____ Cell _____

Email: _____

Do you have Health Insurance now? Yes _____ No _____

Name of Primary Insurance _____ Subscriber _____ Policy # _____

Additional Insurance _____ Subscriber _____ Policy # _____

Medicare Part D Rx Coverage? Yes _____ No _____ Subscriber _____ Policy # _____

Is this related to Workers Compensation? Yes _____ No _____

PLEASE PROVIDE DETAILS OF NEED: (use additional paper if needed) _____

Monthly Household: Wages _____ Social Security Check _____ Disability _____ Unemployment _____ Other _____

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

Monthly Expenses: Rent/mortgage _____ Heat _____ Electricity _____ Auto payment _____ Phone _____

Cell Phone _____ Internet _____ Food _____ Insurance _____ Medical Insurance _____

Medical _____ Medications _____ Credit Cards _____

TOTAL MONTHLY EXPENSES: \$ _____

TOTAL AMOUNT OF MONEY REQUESTED: \$ _____

The AHCTC cannot reimburse applicants directly, but *will pay the providers* for incurred services. Applications **MUST** be **completely filled out** and all requested bills/ invoices **MUST be the ORIGINALS** in order for the AHCTC to consider your request. Incomplete and or copies of applications/bills will be returned.

Proposed Revised Application

Amesbury Health Care Trust Commission 62 Friend Street, Amesbury MA 01913

In order to determine qualification status all applicants are encouraged to read the application in full prior to completing

***Note: All Applicants Must Be Residents of Amesbury, MA**

Proof of Residence: All applicants must show proof of residency minimum of six months or more. (Attach copy of lease, mortgage, or utility bill. All documents must be in the applicant's name or /parent's, guardian's name).

1. Applicant Information:

Name of Applicant: _____ Date of Application: _____

Name Parent or Guardian: _____
(If Applicant Is Under 18 Years of Age)

Applicant's Date of Birth: _____ Age: _____

Marital Status: Married: Single: Divorced Widow/Widower

Address:

Street Apt / Unit City / State

Telephone Number. Primary Number _____ (cell / home)

Secondary Number: _____

I give permission to leave a message on my phone. _____
Yes No Initials

2. Health Insurance:

Do you currently have health insurance? _____
Yes No Pending

Commented [JMC1]: Is any of this information necessary for the processing of the application or the eligibility of the applicant? In my opinion, the application does not need to request information if it does not have a bearing on an eligibility determination.

If the applicant's age has a legitimate bearing on whether or not they will be eligible for assistance from the trust, then the age and DOB requests could remain, but if there is no such bearing, then it may be in the City's interests to remove these items. For the sake of determining whether a parent or guardian needs to sign, the City could replace those two items with a yes or no question, including boxes for check marks indicating the response, asking "Are you 18 years of age or older"

Similarly, in my opinion, marital status should be removed, unless there is a basis related to applicant's eligibility why this information would be necessary. The total number within the household is already provided under a different heading here, which has a bearing on the HUD income limits.

Health Insurance Provider (If Applicable): _____

Prescription Provider (If Applicable) _____

Dental Insurance (If Applicable): _____

3. Total Number of Household members (including applicant):

____ / _____
Total 18 yrs + Minor Children

4. Monthly Household Income Table- Please complete

Wages (salaries/tips)	
Alimony	
Child Support	
Unemployment Insurance	
Social Security (SSI)	
Social Security Disability (SSDI)	
Public Assistance: EAEDC: TAFDC:	
Veterans Benefits	
Workers' Compensation	
Pension/Retirement	
Dividends and Interest	
Additional Income (from any source_ <u>including but not limited to trusts and/or real estate income</u>)	
TOTAL MONTHLY HOUSEHOLD INCOME:	\$

1. _____
Name of Individual / Agency or Organization
(Please Print)

Address Phone

2. _____
Name of Individual/Agency or Organization

Address Phone

My Signature Below provides my permission for Amesbury Health Care Trust Commission to contact the above-named individual(s) or organization(s) to provide additional information or assistance on my behalf pertaining to this application.

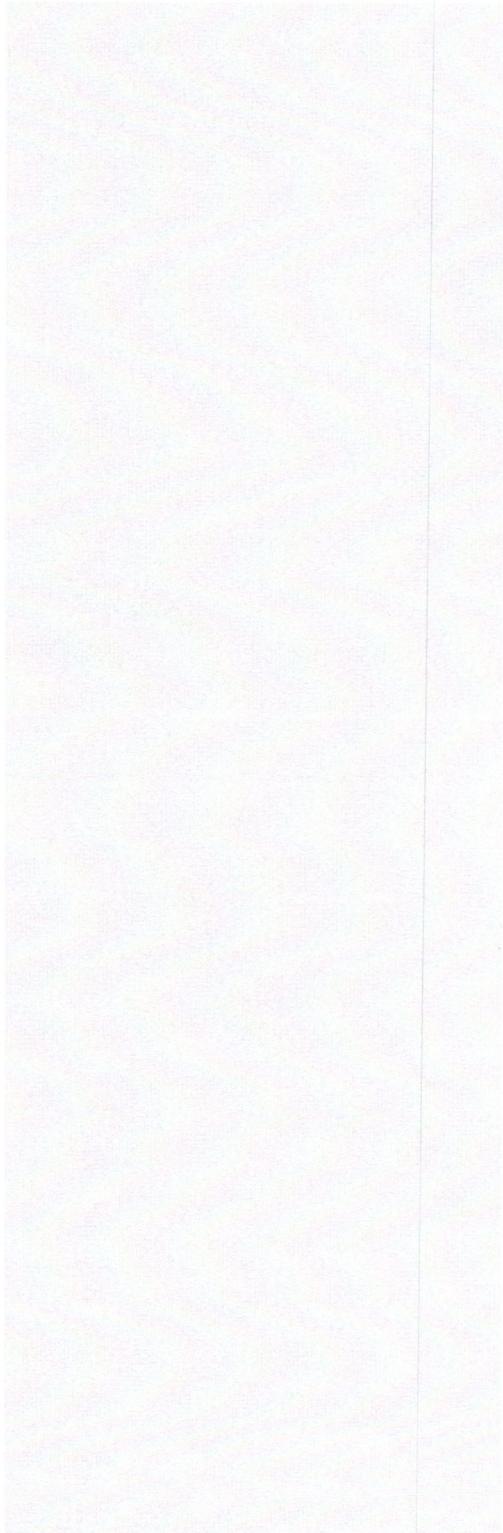
Your Name (Please Print) Signature Date

8. Application Requirement and Process

1. **All applicants must complete application in full** and provide all required documents (proof of residency, copy of front page of tax return(s), copies of bills pertaining to health assistance)
2. Incomplete applications will **NOT** be processed
3. All **healthcare bills** included in the application must be **within current year** and clearly designate **applicant's name** and treatment pertaining to assistance
4. **Sign and date completed application**
5. **Mail completed application to:**
Amesbury Health Care Trust Commission
% City of Amesbury
62 Friend Street,
Amesbury, MA. 0191

9. Items NOT covered:

- Third party liability



- Prescriptions (beyond one-time emergency dose)
- Invoices under \$25 will not be considered
- Insurance payments
- Missed appointment charges
- Services more than one year before application date

10. Application Outcome Information:

Amesbury Health Care Trust Commission **will inform all applicants of the status of their application by mail.**

Approved healthcare bills will be **paid directly to provider(s)**

11. Additional Information:

Further information can **be obtained at the scheduled monthly meeting of the Amesbury Health Care Trust Commission.** Dates, times, and locations are posted on the City of Amesbury Website.

