



**AccessHealth MA's HIV Drug Assistance Program Rapid Eligibility Determination (RED) Form Instructions**

The HDAP RED form should be used in situations where rapid access to medication for HIV is important, but additional time may be needed to provide the required backup documentation for enrollment in HDAP:

- Instances where an individual has been newly diagnosed, especially “acute” HIV infection (diagnosis within 2 to 4 weeks after infection with HIV)
- Individuals experiencing homelessness
- Individuals with substance use disorder, especially those using needles to inject drugs
- Individuals at high risk of loss to care

Eligible clients will be granted temporary HDAP coverage for **one month** pending receipt of a full long form application, including documentation. Case Managers can individually reach out to HDAP if there are any significant barriers to submitting the long form application within this timeframe.

**This form must be completed by the client's health care provider and/or case manager.** Please complete all sections clearly and as completely as possible. It is very important that both the client and health care provider signatures are completed in order for HDAP to process this form. Please contact HDAP at 617-502-1700 with any questions and to alert HDAP staff to any urgent client cases.

**To submit your completed and signed RED HDAP application:**

- **Fax** to 617.502.1703
- **Email** to the HDAP team through our [secure portal](#)
- **Mail** to:

AccessHealth MA  
ATTN: HIV Drug Assistance Program  
The Schrafft's City Center  
529 Main Street, Suite 301  
Boston, MA 02129