



OFFICE OF THE PROJECT DIRECTOR
ASSAM STATE AIDS CONTROL SOCIETY
KHANAPARA, GUWAHATI – 22

Phone: +91-361-2360524, E-mail: assamsacs@gmail.com, Website: www.assamsacs.org

ASACS/NACP-IV/IEC/gt/2013/128/147

Dated: 30/10/2016

Office Order

In pursuance of the earlier letter no *ASACS/NACP-IV/IEC/gt/2013/128/109 dated 11th March 2016*, regarding the guidelines for reimbursement TA to People Living with HIV AIDS, the “**Revised Guidelines**” for Reimbursement of Transportation, Investigation and Medicine Cost” to people living with HIV/AIDS registered with ARTC/ FIARTC and LAC is as follows and will be effective from 11th December 2015 onwards.

- 1) **Applicability:** This is applicable to People Living with HIV/AIDS in Assam irrespective of their economic status.
- 2) **What is to be reimbursed?** : The cost of any authorised transportation to and from ARTC, laboratory Investigation, Anti Retroviral Medicine, any Opportunistic Infection Medicine enlisted as per NACO Guidelines prescribed by the Medical Officer related to HIV AIDS care will be reimbursed by the respective ART centre to the client where he/she is registered. The visits for lab investigation, collection should be minimised and need not be unnecessarily taken up.
- 3) **Who will reimburse?** : It will be reimbursed by the FIART and ART centres only where the Client is registered in Civil Hospital and Medical College Hospitals of Assam respectively.
- 4) **How to reimburse?:** Only through e transfer directly to the beneficiaries savings bank account number, therefore bank details from all the clients must be obtained and a proper data base of bank details with client information to be maintained by the data manager.
- 5) **Minor Account:** for the children who are below 18 yrs old, Minor account is to be opened in the beneficiary name which may be operated by guardian/parents/ caretaker as per the bank norms.
- 6) **The Claim Form:** All claims must be furnished in the approved format only, and copy of each will be with the respective heads as mentioned in the form for better cross referral. The Link ART will update the visits of the clients to their centre collectively for every month in a soft copy format and send to the Home ART Centre via E-mail for payment and keep the claim format in their custody to present for any cross verification by ASACS from time to time.
- 7) **Maintenance of accounts:** The fund released by the society should be kept deposited in the ART account and all transaction to be maintained via electronic transfer only. If there’s any necessity of cash transaction, ASACS will intimate for the same and in case of demand of cash withdrawal by the centre under any circumstances if arises, then prior approval from

ASACS may be obtained. The data manager of the centre may be entrusted as the logistic support officer.

8) Quantum of Entitlements:

- I. For all the clients travelling to the centre will be paid as per the rate chart approved by ASACS for both ways. **Annexure I to I-V and Annexure II**
- II. In case of **Children less than 3 yrs** fare will be paid both ways to up to 02 numbers of Attendants.
- III. In case of **Children more than 3 yrs** fare will be paid both ways to up to 01 number of Attendants and full fare to the Child.
- IV. For **seriously ill patients with multiple complications** or non ambulatory patients, Auto/ Taxi fare will be considered as per the discretion of the SMO / MO of the respective ART centre to the referred centre and payment will be made by home ART centre.
- V. The transportation cost will be paid for each authorised visit and any visit on emergency to the ARTC. The same must be reflected in the ART green book as per the advice of the SMO/ MO of the ART centre.
- VI. The **necessity of attendant** for any client coming to the ART centre under any circumstances will be justified and approved by the SMO/ MO of the centre before processing payment.
- VII. In case the **Attendant visits the centre instead of the client** for medicine collection, then the signature of the attendant must be taken in the register and the claim form, however, the amount for the same visit will be transferred to the client's account only, which is as per the records.
- VIII. If the clients visit **the Link ART centre** to collect medicine and /or regular Medical check up in district Civil Hospital, then the Transportation cost will be reimbursed by the Home ARTC wherever the client is registered @ Rs. 150.00 within town, Rs. 200 within district head quarter and Rs.300 out of the district per visit. The visit/ visits report in the form of claim form must be prepared and signed by the Counsellor of LAC and certified by the In- charge LAC before submitting it to the ART centre for payment on the 6th visit for CD4 count.
- IX. In case **the CD4 machine** is not functional in the home ART centre and the client is advised to visit the nearest ART centre for the test then the visit must be certified by SMO/ MO/ IC of the centre for payment before submission to Home ARTC.
- X. In case the **client Travelling from registered location to RIMS Imphal or Kolkotta, West Bengal or any other Location in India** on referral by the ART centre, the number of attendant to be accompanied may be justified and authorised by the SMO/MO of the Home ARTC. however, it is subject to satisfactory submission of actual bills for Travel, Fooding and Lodging with a maximum limit of Rupees 5000.00 (five thousand only) **per Person, per trip** and the breakup is as: Accommodation @500/- **per Day**, Food Expenses @ 200/- **per Day** and Transportation @ actual bills to be submitted for II class sleeper for train or Bus whichever applicable.

- XI. In case Medicine (ARV, OI, or any other as specified by NACO) is **not in stock** in the ART centre then the ARTC will procure the medicine from the market and hand it over to the client. The ARTC may make payments to the vendor by cheque only and not in cash. However, the stock alert must be intimated to ASACS.
- XII. For patients who are **admitted in the ward** of the hospital the TA is applicable for the patient and up to 02 numbers of attendant during admission and exit from the hospital only but not during the treatment in the hospital.
- XIII. The new threefold format for reimbursement is **annexure III**, enclosed herewith.

//

For Project Director
Assam State AIDS Control Society
Khanapara Guwahati 781022

Memo No: ASACS/NACP-IV/IEC/gt/2013/128/147-A/715-718 Dated: 30/10/2016

Copy for information to:

1. Commissioner, to the Govt. of Assam, Health and Family Welfare Department.
2. Deputy Secretary, to the Govt. of Assam, Health and Family Welfare department.
3. To All Nodal Officers, In Charges of ARTC, FIART, Link ARTC in Assam.
4. President, Assam Network of Positive People, Guwahati,

M. Basanta
30/10/16

For Project Director
Assam State AIDS Control Society
Khanapara Guwahati 781022

Claim Format for reimbursement of TA

ARTC Copy

Pre/ART No:	
Name:	
SO/DO/WO/CO/HO....	
Age:	Gender:
Date of Visit:	
Address with pin code:	
Mode of Travel:	
whether attendant or client:	
Amount for visit as per the approve list:	
Amount for Medicine if any approved by centre:	
Total Amount:	
Declaration:	
I hereby request the authority to e-transfer the TA and other Claim made by me to the Account Number mentioned below:	
Bank Name:	
Branch Name:	
IFS Code:	
Account Number:	
Account Holder Name:	

Certified that the amount of Rs. (Rupees.....) only has been reimbursed to Sri/ Smt..... After being fully Satisfied and as per prescribed norms.

counsellor/ Data Manager
LAC / ARTC

Signature of Client/ Attendent

Signature of Nodal Officer
with seal and Sign

Signature of Nodal Officer
/ SMO/ MO ARTC

Claim Format for reimbursement of TA

Link ARTC Copy

Pre/ART No:	
Name:	
SO/DO/WO/CO/HO....	
Age:	Gender:
Date of Visit:	
Address with pin code:	
Mode of Travel:	
whether attendant or client:	
Amount for visit as per the approve list:	
Amount for Medicine if any approved by centre:	
Total Amount:	
Declaration:	
I hereby request the authority to e-transfer the TA and other Claim made by me to the Account Number mentioned below:	
Bank Name:	
Branch Name:	
IFS Code:	
Account Number:	
Account Holder Name:	

Certified that the amount of Rs. (Rupees.....) only has been reimbursed to Sri/ Smt..... After being fully Satisfied and as per prescribed norms.

counsellor/ Data Manager
LAC / ARTC

Signature of Client/ Attendent

Signature of Nodal Officer
with seal and Sign

Signature of Nodal Officer
/ SMO/ MO ARTC

Claim Format for reimbursement of TA

Client Copy

Pre/ART No:	
Name:	
SO/DO/WO/CO/HO....	
Age:	Gender:
Date of Visit:	
Address with pin code:	
Mode of Travel:	
whether attendant or client:	
Amount for visit as per the approve list:	
Amount for Medicine if any approved by centre:	
Total Amount:	
Declaration:	
I hereby request the authority to e-transfer the TA and other Claim made by me to the Account Number mentioned below:	
Bank Name:	
Branch Name:	
IFS Code:	
Account Number:	
Account Holder Name:	

Certified that the amount of Rs. (Rupees.....) only has been reimbursed to Sri/ Smt..... After being fully Satisfied and as per prescribed norms.

counsellor/ Data Manager
LAC / ARTC

Signature of Client/ Attendent

Signature of Nodal Officer
with seal and Sign

Signature of Nodal Officer
/ SMO/ MO ARTC

Signature III

Signature of Client/ Attendent