



State of California—Health and Human Services Agency
California Department of Public Health



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OFFICE OF AIDS (OA)
AIDS Drug Assistance Program (ADAP)

Management Memorandum
Memorandum Number: 2018-12

Date: April 24, 2018

TO: ADAP ENROLLMENT WORKERS

SUBJECT: UPDATE TO ADAP'S DOCUMENT RETENTION POLICY AND
ACCEPTABLE SUPPORTING DOCUMENTATION

The purpose of this memorandum is to provide ADAP enrollment workers with updates on the following:

1. Update to Management Memo 2016-11, which references the document retention policy and the requirement for all enrollment workers to maintain hard-copy client files.
2. Acceptable ADAP, and Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program and Medicare Part D Premium Payment (MDPP) Program enrollment documentation

Document Retention Policy:

Effective January 26, 2018, enrollment sites were no longer required to maintain paper-based client files. All client information will be stored securely in the ADAP Enrollment System (AES).

Existing paper files must be retained for a period of four years (current year plus three prior years). Once these files have reached the retention timeframe, they may be destroyed. Continuing to maintain paper files is optional, but must follow the document retention timeframe.

ADAP files must be destroyed in a manner that makes them impossible to reconstruct. Paper-based records cannot be disposed in garbage containers. Documents must be shredded, preferably with a crosscut shredder, and properly disposed of in a

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confidential destruction waste bin. Enrollment sites can use their preferred offsite paper shredding vendor with CDPH approval.

Acceptable Enrollment Supporting Documentation:

To be eligible for ADAP, applicants must provide documentation to show proof of:

- Identity,
- Income,
- California residency, and
- HIV status.

To be eligible for OA-HIPP, applicants must be enrolled in ADAP and not eligible for or enrolled in Medicare. Applicants must submit the following:

- Current health plan billing statement

Applicants applying to OA-HIPP with a Covered California plan must be enrolled in ADAP and not eligible for or enrolled in Medicare. Applicants must submit the following:

- Current health plan billing statement
- Covered California welcome letter, enrollment summary page or eligibility results page showing the health plan, premium amount, and Advanced Premium Tax Credit (APTC).

Finally, clients applying for the Medicare Part D Premium Payment program must submit the [Client Attestation](#)

(<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8723.pdf>) form.

A handout of all required and acceptable forms of supporting documentation is attached to this memorandum for your reference.

If you have any questions regarding the contents of this management memorandum, please contact your ADAP advisor.

Thank you,

A handwritten signature in black ink, appearing to read "Chris Unzueta". The signature is fluid and cursive, with the first name "Chris" written in a larger, more prominent script than the last name "Unzueta".

Chris Unzueta, ADAP Operations and Eligibility Section Chief
California Department of Public Health



AIDS Drug Assistance Program (ADAP) Acceptable Supporting Documentation

One item from each section is required unless otherwise indicated. Additional documents may be needed to determine eligibility.

Proof of Identity

- ☐ Proof of identity and that client is 18 years old or older:
 - Driver's License
 - United States Passport, Permanent Residence Card, Employment Authorization Card, etc.
 - State identification card
 - A photo identification document issued by a foreign government (i.e. voter registration card, passport, client's country of origin consulate ID card, etc.)

*Note: Expired cards may be used if no other form of picture ID is available. If a client does not have any of the above proof of identity, a non-photo ID document (e.g. birth certificate, verification from a licensed health care provider, etc.) may be used. This option may only be used as an absolute last resort.

Proof of Residency

- ☐ These documents must be dated within 30 days, be in the client's name and include the client's residential address:
 - California rent or mortgage receipt
 - Utility bill (a cell phone bill is not acceptable)
 - Employment paycheck stub
- ☐ These documents must be dated within one year and must be in the client's name and include the client's residential address:
 - Rental/lease agreement or annual lease renewal documentation
 - Voter registration card
 - Vehicle registration
 - W-2 or 1099
 - Social Security/Disability Award Letter

*Note: If the client cannot provide the documents listed above to prove California residency, they must complete and submit an [ADAP Residency Verification Affidavit](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8727.pdf)(<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8727.pdf>). The affidavit must be completed and signed by the person who is providing housing support to the client, or the client's enrollment worker. A letter on the agency's letterhead from the client's enrollment worker containing

the same information on the Residency Verification Affidavit will also be considered acceptable documentation.

HIV Status

- ☐ During initial enrollment for new ADAP clients proof of positive HIV status is required:
 - HIV positive lab results (antibody test, qualitative HIV detection test, or detectable viral load)
 - Letter of diagnosis from physician or licensed health care provider on letterhead with the National Provider Identifier (NPI) number and the physician's or licensed health care provider's signature verifying the client's HIV status
 - ADAP Diagnosis Form completed by the applicant's physician or licensed health care provider

*Note: In addition, new applicants must provide copies of CD4 count and VL lab results dated within one year of ADAP application.

- ☐ During annual re-enrollment for existing ADAP clients must provide:
 - Viral load (dated within one year of ADAP application)
 - CD4 count (see note below)

*Note: During annual re-enrollment if viral load is undetectable and the available CD4 is greater than 500, then the CD4 date can be older than one year. If the viral load is greater than 200 or the CD4 is less than 500, then CD4 date must be within one year from date of re-enrollment.

Proof of Income

Income documents for all household members must be submitted. Household members include: (1) an applicant, (2) an applicant's spouse or registered domestic partner (RDP), (3) any tax dependents of the applicant, spouse or RDP.

- ☐ Proof of household size and household income:
 - Federal or State tax return with W-2, 1099 or Schedule C (Cannot use W-2, 1099 or Schedule C without tax return. Signed tax return or proof of electronic submission if no W-2 or 1099)
 - Pay stubs (3 current consecutive months or 1 pay stub showing year-to-date earnings with at least 3 months of income that lists the employment start date if employed less than 1 year)
 - Private disability award letter
 - Supplemental Security Income (SSI) award letter
 - Social Security Disability Income (SSDI) award letter
 - Bank statement identifying the SSI/SSDI deposit/income source
 - State Disability Insurance (SDI) award letter
 - Social Security Retirement Benefit award letter

- Retirement/Pension award letter
- Unemployment Insurance (UI) award letter or payment stub
- Spousal support via court documentation
- Worker's Compensation award letter
- Private disability
- Investment income
- Veteran's Administration Benefits (VA) award letter
- Foreign income (IRS Form 2555)
- Rental income (signed rental agreement within the last year or three most current bank statements showing rental income)
- [ADAP Self-Employment Affidavit](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8726.pdf)
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8726.pdf
- [ADAP Income Verification Affidavit](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8441.pdf)
(to be completed by the individual providing income support other than the applicant's spouse/RDP)
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8441.pdf

*Note: Preferred income documents for establishing Modified Adjusted Gross Income (MAGI) include federal tax returns (current and previous year only) and state tax returns (current and previous year only). In addition to state and federal tax returns, IRS Form 2555 (i.e. for foreign earned income and housing expenses for Americans living abroad), as applicable. If a federal or state tax return is not available to establish MAGI, then clients may submit current documentation from the above list to establish gross income for all household members.

Non-referral to MAGI Medi-Cal and Non-MAGI Medi-Cal

- ☐ MAGI Medi-Cal ineligibility:
 - Proof the applicant's income is at or above 138% FPL (satisfied through income documentation)
 - Proof the applicant is age 65 or older (satisfied through proof of identity)
 - Applicant is eligible for, or enrolled in, Medicare (no documentation required)
- ☐ Non-MAGI Medi-Cal ineligibility:
 - Letter of denial for non-MAGI Medi-Cal, SSI or SSDI dated within one year of ADAP enrollment or re-enrollment
 - Proof of personal property exemptions, such as –
 - Vehicle registration for two or more vehicles
 - Grant Deed or property tax statement for real estate property that is owned in addition to the applicant's principal residence and is not used in a business or trade

*Note: Personal property exemptions do not fluctuate based on household size.

- Proof of property in excess of Medi-Cal limits, such as-
 - Current statement from a financial institution showing balance exceeding property reserve limits outlined below:

Number of Persons Whose Property is Considered	Property Limit
1	\$2,000
2	\$3,000
3	\$3,150
4	\$3,300
5	\$3,450
6	\$3,600
7	\$3,750
8	\$3,900
9	\$4,050
10 or more	\$4,200

Additional Forms

- [Comprehensive Health Care Coverage Form](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdp/h8445.pdf) (for clients who do not have health insurance)
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdp/h8445.pdf
- [Consent Form](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdp/h8685.pdf)
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdp/h8685.pdf
- [Client Attestation](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdp/h8723.pdf) form
*Note: The Client Attestation form is required for initial enrollment, re-enrollment and re-certification.
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdp/h8723.pdf

OA-HIPP (if applicable)

- Current health plan billing statement
- Covered California clients only:
 - Covered California Welcome Letter or enrollment summary page showing the health plan, premium amount and maximum Advanced Premium Tax Credit (APTC)
 - Billing statement must have the net premium amount and APTC amount
- Dependent supporting documentation for family health insurance plans
 - Marriage certificate
 - Proof of registered domestic partnership
 - Birth certificate
 - Adoption documentation
 - Most recent tax return identifying dependents on family plan

- [Partial Payment Agreement](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8722.pdf) (if applicable)
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8722.pdf
- [Client Attestation](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8723.pdf) form
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8723.pdf
- [OA-HIPP Client Responsibilities](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8732.pdf) form
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8732.pdf

Spousal/Dependent Medical Out-of-Pocket Benefit (MOOP)

To qualify for the existing Spousal/Dependent MOOP Benefit Program, the spouse, registered domestic partner and/or dependents must be active ADAP clients and named as a family member on the health plan of a client enrolled in the HIPP program.

- [Acknowledgement of Policies and Responsibilities HIPP Program – Family Plan](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8738.pdf) form
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8738.pdf
- [Family Plan Consent Form](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8737.pdf)
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8737.pdf
- Proof of family health coverage
*Note: The proof of family health coverage documentation must indicate that the spouse, registered domestic partner and/or dependents are covered under the family plan.

Medicare Part D Premium Payment Program (if applicable)

- [Client Attestation](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8723.pdf) form
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8723.pdf
- [Fax coversheet \(if faxing\)](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8730.pdf)
https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8730.pdf

Optional

- Financial Screening Form