



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: 2019-07

DATE: March 12, 2019

TO: ADAP AND PrEP-AP ENROLLMENT WORKERS

SUBJECT: NOTIFICATION OF UPDATED CONSENT AND ATTESTATION FORMS

The purpose of this memo is to inform enrollment workers that the California Department of Public Health (CDPH), Center for Infectious Diseases (CID), Office of AIDS (OA) has updated the ADAP Client Attestation form to include the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) and has modified both the ADAP and PrEP-AP Consent forms to add language regarding federal requirements to be payer of last resort. **Beginning April 1, 2019, previous versions of the ADAP and PrEP-AP Consent forms will not be accepted.**

Revised Client Attestation

The ADAP Client Attestation has been renamed the ADAP and PrEP-AP Client Attestation (Attestation), and modified to include clients who want to apply for enrollment into the PrEP-AP. The Attestation must be completed by the client when submitting an application for enrollment in either the PrEP-AP or ADAP. After completion, the enrollment worker should upload the completed Attestation to the attachments tab in the ADAP Enrollment System.

Revised Consent Forms

As a condition for funding, the federal Health Resources Services Administration requires OA to ensure that all other potential payer sources are identified for individuals applying for and receiving program services, and that those payers are billed for services prior to OA. OA fulfills this mandate by coordinating eligibility screening with other health care payers (e.g. Medi-Cal, Medicare, public and private health plans, employer-sponsored insurance) and by recouping through backbilling any OA funds used to pay for a client service for which the other payer is liable.

Through the eligibility screening process (including annual and semi-annual recertifications), it may be determined by OA's Pharmacy Benefits Manager (PBM) that a client has active health insurance benefits, either as the primary policyholder or as a

dependent on someone else's policy. Enrollment workers should advise clients that in this event, OA's PBM will automatically backbill the insurer for paid claims.

NOTE: Payment of claims may generate a notice from the insurer to the policyholder over which OA has no control.

Both the English and Spanish ADAP and PrEP-AP Consent forms have been updated with language that advises clients of said backbilling authority:

I understand and agree that [ADAP/PrEP-AP] is the payer of last resort. If it is determined that services or items I obtained from [ADAP/PrEP-AP] should have been paid by other Federal, State, or private entities, I understand and agree that [ADAP/PrEP-AP] and its agents may disclose protected health information to these other entities for the purpose of obtaining reimbursement. This process may create an explanation of benefits that could be sent to a primary policyholder who may not be the [ADAP/PrEP-AP] client.

The updated consent and attestation forms are now available online at the following links:

PrEP-AP Forms:

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_resources_prepAP.aspx

ADAP Forms:

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_forms.aspx

Please contact your ADAP Advisor if you have any questions regarding the information provided in this memo.

Thank you,



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California Department of Public Health