



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



KAREN L. SMITH, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

OFFICE OF AIDS (OA)
AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Management Memorandum
Memorandum Number: 2016-17

DATE: OCTOBER 10, 2016

TO: ADAP ENROLLMENT WORKERS AND COORDINATORS

SUBJECT: POLICY UPDATES FOR ACCEPTABLE ENROLLMENT DOCUMENTATION
AND SCANNING PROCEDURES

The purpose of this Management Memo is to provide ADAP Enrollment Workers updates on the following:

1. Acceptable documentation for proof of residency and proof of positive HIV status
2. Scanning procedures when submitting ADAP enrollment applications online via the ADAP enrollment portal
3. ADAP Consent Form

Acceptable Proof of Residency

Applicants must provide documentation of California residency by providing one of the following documents:

These documents must be dated within 30 days of annual re-enrollment and must include the client's name and residential address:

- A rent or mortgage receipt
- A utility bill (a cell phone bill is not acceptable)
- Current employment paycheck stub

These documents must be dated within a year of annual re-enrollment and must include the client's name and residential address:

- A rental/lease agreement
- Voter registration card
- Vehicle registration
- W-2 or 1099
- Social Security/Disability Award Letter

If a client is homeless or does not have any of the items listed above, the Residency Verification Affidavit may be used to document residency. The Residency Verification Affidavit should be completed and signed by both the client and the client's case manager, medical or social service provider, or ADAP Enrollment Worker. A letter on the agency's letterhead from the client's case manager, or medical or social service provider containing the same information on the Residency Verification Affidavit form will also be considered acceptable documentation.

Clients submitting a Residency Verification Affidavit must go to an ADAP enrollment site to re-enroll into ADAP annually.

Acceptable Proof of HIV Status for ADAP Clients

New applicants must provide documentation of positive HIV diagnosis as part of the eligibility determination process. Positive HIV diagnosis verification is required only during the initial application process and can be established by one of the following:

- HIV positive lab results (antibody test, qualitative HIV detection test, or detectable viral load). Lab results with undetectable viral loads that do not indicate a positive HIV diagnosis will not be accepted during initial enrollment as proof of positive HIV diagnosis.
- Letter from the applicant's physician or licensed health care provider - Acceptable letter of diagnosis must be on the physician's or health care provider letterhead with the National Provider Identifier (NPI) number and the physician's or a licensed health care provider's signature, verifying the client's HIV status.
- Diagnosis form completed by the applicant's physician or licensed health care provider.

In addition, new applicants must provide copies of CD4 count and viral load lab results dated within one year of ADAP application. Existing clients must also provide lab results during annual re-enrollment. However, if supporting lab documentation is not submitted during initial enrollment or re-enrollment, the ADAP Enrollment Worker may submit a Temporary Access Period Request Form to ensure ADAP clients have access to their medications.

Please note that the Office of AIDS must submit CD4 and viral load lab results to the Health Resources and Services Administration. Acceptable proof of lab results for all clients must be a print out from a lab or medical record from a clinic/hospital or physician's office stating the client's name, test (CD4, VL), result, and test date.

Scanning Procedures

ADAP enrollment documents can be uploaded as follows:

- ADAP (Medication Assistance Program) documentation can be uploaded as one PDF to the 'Proof of Identification' field at the beginning of the application under the 'Contact' tab
- Insurance Assistance documentation for the Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program and the Medicare Part D Premium Payment Program must be uploaded to the 'Insurance Assistance' tab
- The Temporary Access Period (TAP) Request Form must be uploaded to the 'Temporary Access Period' field in the 'Consent and Submit' tab (if applicable)

ADAP created the following tools for enrollment workers when assisting clients with ADAP enrollment:

1. A **client handout** to identify all required and acceptable forms of ADAP supporting documentation and
2. A **scanning checklist** to outline the order in which supporting documentation should be scanned into the ADAP Enrollment Portal.

These tools are attached for your reference and will also be available in the ADAP Enrollment Portal under the Enrollment Sites and Forms page.

ADAP Consent Form

The ADAP Consent Form has been modified to include language pertaining to Insurance Assistance Clients. Clients co-enrolling in ADAP's Insurance Assistance Programs (OA-HIPP or Medicare Part D Premium Payment Program) will no longer need to submit the Insurance Assistance Consent Form; these clients will only need to complete the ADAP Consent Form. The ADAP Consent Form is attached for your reference and also available in the ADAP Enrollment Portal under the Enrollment Sites and Forms page.

Please contact your ADAP Advisor if you have any questions regarding the content of this memo. The most current "ADAP Advisor Assignments by LHJ" list is available on the OA website at: <http://www.cdph.ca.gov/programs/aids/Documents/ADAPStaffLHJAssignments.pdf>

Sincerely,



Chris Unzueta, Chief
ADAP Unit
Office of AIDS

Attachments



AIDS Drug Assistance Program Required Documents

Karen L. Smith, MD, MPH
Director and State Public Health Officer



EDMUND G. BROWN JR
Governor

The documents below will assist you in completing your ADAP application. Please review the acceptable supporting documents and provide one item from each section to your Enrollment Worker to determine your eligibility for ADAP. Additional documents may be required.

If applicable, please also provide documents for the Health Insurance and HIPP/Medicare Part D program section.

Proof of Identity

- Proof of Identity and that client is 18 years old or older:
 - Driver's License/State ID Card
 - Birth Certificate
 - Passport
 - Matricula Consular
 - Work Permit
 - Signed Clinician's Statement of Care

Proof of Residency

- Proof of Residency – ***Documents must be in the client's name***
 - Rent or mortgage receipt dated within 30 days
 - Current Utility bill dated within 30 days (no mobile phone bill)
 - Employment paycheck stub dated within 30 days
 - Vehicle registration dated within one year (not expired)
 - Voter registration dated within one year (current year)
 - W-2 or 1099 dated within one year
 - Disability Award Letter dated within one year (SSI, SSDI)
 - Lease/rental agreement dated within one year
 - Residency Verification Affidavit

Note: If you are homeless the Residency Verification Affidavit may be used to document residency. The form should be completed and signed by both the client and client's case manager, medical or social service provider, or ADAP Enrollment Worker.

HIV Status:

- During initial enrollment for new ADAP clients proof of positive HIV status is required
 - Letter of Diagnosis from Physician
 - Physician completion of the "Diagnosis Form"
 - Positive HIV lab results

In addition, new applicants must provide copies of lab results (dated within one year of ADAP application) for CD4 count and Viral Load (VL).

- 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 VL is undetectable and the available CD4 is greater than 500, than the CD4 date can be older than one year. If the VL 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:

- Proof of household size and household income
 - CA or Federal Tax Return with W-2 or 1099 (*Cannot use W-2 or 1099 w/o tax return. Signed tax return or proof of electronic submission if no W-2 or 1099*)
 - Disability Award Letter (*SSI, SSDI*)
 - Cash Assistance Program Receipt
 - Payroll Checks stubs for three consecutive months
 - Unemployment Insurance Benefit Award Letter or 3 current consecutive months of receipts
 - Bank Statement with Automatic Deposit (*SSI only*) for three consecutive months
 - Self-Employment Affidavit (must be dated)
 - Income Verification Affidavit

Health Coverage:

- Medi-Cal (*if applicable*)
 - Copy of Medi-Cal Benefits identification card (BIC)
 - Medi-Cal denial letter, Proof of application and/or any supporting documents
 - Pending Medi-Cal application
- Medicare (*if applicable*)
 - Low Income Subsidy (LIS) letter received (*optional*)
 - Copy of Medicare Part D health insurance card
- Private Insurance (*if applicable*)
 - Copy of health insurance card

Health Insurance Premium Payment (HIPP) program

- Copy of the most recent health insurance billing statement for medical, dental, and vision
- Proof of maximum eligible Advanced Premium Tax Credit (APTC) offered by Covered CA and amount taken (*if applicable*)
 - Copy of Covered CA welcome letter
 - Copy of current enrollment summary page
 - Copy of eligibility Results Page
- Dependent supporting documents for each member in the family health insurance plan (*if applicable*)
 - Marriage certificate
 - Proof of registered domestic partnership
 - Birth certificate/adoption documentation
 - Most recent tax return identifying dependents on family plan
- Partial Payment agreement form (*if applicable*)

Medicare Part D Premium Payment Program

- Copy of a Medicare Part D health plan card (if applicable)
- Copy of a Medicare Part D health insurance billing statement (*Optional*)



AIDS Drug Assistance Program Scanning Checklist



Karen L. Smith, MD, MPH
Director and State Public Health Officer

EDMUND G. BROWN JR.
Governor

Supporting documents may be scanned together under the Contact Info section except :

- **Temporary Access Period (TAP) Request Form and**
- **Insurance Assistance (OA-HIPP and Medicare Part D Premium Payment Program) supporting documents. All OA-HIPP/Medicare Part D Premium Payment Program docs must be scanned under the Insurance Assistance section and TAP request form must be scanned under the Submit section only.**

Contact:

- Proof of Identity and that client is 18 years old or older:
- Proof of Residency

Clinical:

- Proof of HIV Positive status – Upon Initial Enrollment only
- Proof of Viral Load
- Proof of CD4 Count

Income:

- Proof of household size and household income

Health Coverage:

- Medi-Cal (if applicable)
- Copy of Medicare Part D Card (if applicable)
- Copy of Private Insurance Card (if applicable)

Insurance Assistance:

Health Insurance Premium Payment (HIPP) program

All OA-HIPP supporting documents must be scanned in the Insurance Assistance section only.

- A copy of the most recent health insurance billing statement for medical, dental, and vision
- Proof of maximum eligible Advanced Premium Tax Credit (APTC) offered by Covered CA and amount taken (If applicable)
- Dependent supporting documents for each member in the family health insurance plan (If applicable)
- Partial Payment agreement form (if applicable)

Medicare Part D Premium Payment Program

All Medicare Part D Premium Payment supporting documents must be scanned in the Insurance Assistance section only.

- Copy of Medicare Part D health plan card
- Copy of Medicare Part D health insurance billing statement (Optional)

Submit:

- A completed and signed ADAP Consent Form
- A completed and signed TAP Request Form (if applicable). **Must be scanned separately under the Consent/Submit section only**
- Any additional documents for eligibility determination



AIDS Drug Assistance Program CONSENT FORM



Consent to Participate and Consent to Release Personal and Medical Information

The AIDS Drug Assistance Program (ADAP) is a subsidy program administered by the California Department of Public Health (CDPH) to provide prescription drug treatments and other health services to persons infected with human immunodeficiency virus (HIV). ADAP includes prescription drug assistance and insurance assistance programs. Individuals applying for ADAP services must meet eligibility standards. Services are only available to persons who reside in California, are uninsured or underinsured, are not fully covered by Medi-Cal and have a modified adjusted gross income up to 500 percent of federal poverty level, based on family size and household income. To verify eligibility for this program, CDPH or its agents may be required to obtain personal information from other agencies or health care providers. If you decide to enroll in ADAP, the enrolling agency will collect personal information including your name, date of birth, address, social security number, medical history (including viral load and CD4 count records), and financial eligibility for the program. The information will be considered confidential, but may be exchanged with health care providers, CDPH staff, ADAP enrollment workers, the Department of Health Care Services (DHCS), Franchise Tax Board (FTB), Covered California, CDPH contractors associated with the administration of the program, the Surveillance, Research & Evaluation Branch of CDPH, and other governmental or public agencies as necessary for the limited purposes of administering the program and determining program eligibility. Information that you provide for your ADAP application may also be made available to your local health department for statistical and research purposes. This information includes, but is not limited to, gender, ethnicity, zip code, diagnosis status, and date of birth. This information may also be used for research and professional writings under strict assurances that all identifying information including, name and social security number, is deleted. Any professional or research reports that may be published will not use your name nor any personal identifying information. Confidentiality agreements are in place which keep client information confidential except with specific client consent or as otherwise allowed by law.

For those specifically enrolled in, or applying for, the insurance assistance programs within ADAP, which provides health insurance premium payment and medical out-of-pocket cost payment assistance to eligible ADAP clients, CDPH or its agents may also be required to obtain and exchange personal and medical information, as described in the above paragraph, with health insurance plans, Consolidated Omnibus Budget Reconciliation Act (COBRA) administrators, employers and employer administered health insurance plans as necessary to determine your eligibility and for the purpose of administering the program.

I, _____, consent to release of personal and medical information to the applicable entities and for the purposes described above, as necessary for all of the ADAP program(s) for which I am enrolled in, or applying for services. I also consent for ADAP to obtain my viral load and CD4 count records from the Surveillance, Research & Evaluation Branch of CDPH to determine and maintain my eligibility and facilitate access to ADAP services.

This consent shall remain in effect for two (2) years from the date of my signature below. A photocopy of this consent shall be considered as valid as the original.

 Applicant's Name (print) Applicant's Signature Date