

1.20 AIDS DRUG ASSISTANCE PROGRAM (ADAP)

The ADAP, also referred to as the AIDS Special Pharmacy Program or the ADAP WV Special Pharmacy Program, is a Bureau of Public Health Program contracted with BMS to administer the medical services provided. The eligibility decision is made by BMS, rather than the Worker.

A. APPLICATION FORMS

1. **OFS-2 - An OFS-2 is completed to determine Medicaid eligibility.**
2. **ADAP Application - Once determined ineligible for all full-coverage Medicaid groups except AFDC- and SSI-Related Medicaid with an unmet spenddown, an ADAP application for WV Special Pharmacy must be completed. This application is available on the DHHR Intranet Forms page.**

B. COMPLETE APPLICATION

The **Medicaid** application is complete when the client or his representative signs an OFS-5 or OFS-2 which contains, at a minimum, his name and address.

The ADAP application is complete when page 1 is signed by the applicant and page 2, the Physician's Report, is signed by the physician.

C. DATE OF APPLICATION

The date the client or his representative signs the OFS-2 or OFS-5, or, when the client previously applied for Medicaid and is pending spenddown, the date the client inquires about the AIDS Special Pharmacy program coverage.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the OFS-2, Form OFS-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed OFS-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when the OFS-5 has been signed.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The client or his representative must be interviewed.

F. WHO MUST SIGN

The client or his representative must sign the OFS-2.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the following must be discussed in the interview:

- The applicant must be informed that **a copy of his OFS-2 Medicaid and ADAP applications are** forwarded to BMS for an eligibility determination.
- All notifications and services are provided by BMS.
- **The individual may be contacted by ADAP staff.**

H. DUE DATE OF ADDITIONAL INFORMATION

The Worker and the client or his representative decide on a reasonable time for the information to be returned.

I. AGENCY TIME LIMITS

The ADAP eligibility determination must be based on current client circumstances.

From the date of application, defined in Section 1.20,C, the applicant must return the completed ADAP application to the Worker within 30 days.

Upon receipt, the Worker must forward the most recent OFS-2 Medicaid and ADAP applications to BMS, Eligibility Supervisor, Office of Administration and Claims Processing, 350 Capitol Street, Room 251, Charleston, WV 25301.

NOTE: The applications must be forwarded in a confidential envelope and not faxed.

J. AGENCY DELAYS

When the Department fails to request necessary verification or information, the Worker must immediately send form ES-6 or RAPIDS verification checklist to request it. He must inform the client that the application is being held pending.

Applications for the **ADAP** are processed by BMS. When a Worker **determines** he has not forwarded the eligibility information to BMS, he must forward it immediately.

K. PAYEE

The **ADAP individual** is the payee for services. BMS handles payment for all services.

L. REPAYMENT AND PENALTIES

This does not apply to the **ADAP**.

M. BEGINNING DATE OF ELIGIBILITY

BMS determines the date eligibility begins.

N. REDETERMINATION SCHEDULE

No redetermination is scheduled.

O. EXPEDITED PROCESSING

There is no expedited processing requirement. **Due to the ADAP applicant's special pharmacy needs, the most recent OFS-2 Medicaid and completed ADAP applications must be submitted to BMS upon receipt.**

P. CLIENT NOTIFICATION

BMS notifies the client about all benefits and services.

Q. DATA SYSTEM ACTION

The Medicaid denial or pending spenddown is entered in RAPIDS. No data system action is required by the Worker to initiate the ADAP benefit. BMS manages the provision of services.

R. REDETERMINATION VARIATIONS

No redetermination is completed.

S. THE BENEFIT

No medical card is issued.

If the client becomes eligible under any other coverage group or meets his spenddown, the Worker must notify BMS immediately and specify the beginning date of Medicaid eligibility.

Otherwise, BMS determines when eligibility ends.

1.21 AFDC-RELATED MEDICAID

A. APPLICATION FORMS

An OFS-2 is completed.

A reapplication is treated as any other application, except in some situations when a new form is not required. See Section 1.3,F.

B. COMPLETE APPLICATION

The application is complete when the client or his representative signs an OFS-2 or OFS-5 which contains, at a minimum, the client's name and address.

C. DATE OF APPLICATION

The date of application is the date that the client or his representative signs the OFS-2 or OFS-5, which contains, at a minimum, his name and address.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the OFS-2, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed OFS-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when an OFS-5 has been signed.

For clients who reapply within 60 days of the previous application which was denied due solely to failure to meet a spenddown, the date of application is the date the client requests reconsideration. No OFS-2 is required when the requirements in Section 1.3 are met.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The individual who is interviewed is the specified relative with whom the child lives.

If the child is living with both parents, both must be interviewed unless:

- One parent is hospitalized; or
- One parent is incarcerated; or