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.   **DFA-2** - A **DFA-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 the **DFA-5** or **DFA-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.

NOTE: The resource development policies in Chapter 5 do not apply to ADAP. Potential eligibility for, or receipt of Medicare, Part D, does not affect the application or referral process for the ADAP eligibility determination.

C.   DATE OF APPLICATION

The date of application is the date the client or his representative signs the **DFA-2** or **DFA-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 **DFA-2**, Form **DFA-5** must be signed by the applicant, attached and filed in the case record with the subsequently printed **DFA-2**. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the **DFA-2** when the **DFA-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 **DFA-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 **DFA-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 **DFA-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 **DFA-6** or RAPIDS verification checklist to request it. He must inform the client that the application is being held pending.

O.   EXPEDITED PROCESSING

There is no expedited processing requirement. Due to the ADAP applicant's special pharmacy needs, the most recent **DFA-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 **Medicaid** 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.