

## 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, or Single-Streamlined Application (SLA) - The DFA-2 is completed to determine Medicaid eligibility.
2. ADAP Application - Once determined ineligible for all full-coverage Medicaid groups except 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-2, DFA-5 or SLA 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 applicant submits a DFA-2 or SLA in person, by fax or other electronic transmission or by mail, which contains, at a minimum, his name and address and signature. When the application is submitted by mail or fax, the date of application is the date that the form with the name, address and signature is received in the local office.

**NOTE:** When a faxed copy or other electronic transmission of an application is received that contains a minimum of the applicant's name, address and signature, it is considered an original application and no additional signature is required.

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**

No face-to-face interview is required.

**E. WHO MUST BE INTERVIEWED**

No interview is required but when an interview is conducted, the applicant or his representative must be interviewed.

**F. WHO MUST SIGN**

The client or his representative must sign the DFA-2, or DFA-5 or SLA.

**G. CONTENT OF THE INTERVIEW**

Although no interview is required, when an interview is conducted, the interview requirements found in Section 1.2 are applicable. In addition, the following must be discussed with applicant even if an interview is not conducted:

- The applicant must be informed that a copy of his DFA-2 or SLA 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, 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, SLA or ADAP applications to: WV Ryan White Part B Program, Attention Jay Adams, Post Office Box 6360, Wheeling, West Virginia 26003.

**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. 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 DFA-2, or SLA 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.