

AIDS Drug Assistance Program (ADAP)/AIDS Care Unit (ACU) Financial Eligibility Documentation Form Instructions

Why is Financial Eligibility Documentation Being Required?

HRSA (Health Resources and Services Administration) provides funding for the Ryan White Program, which includes the AIDS Drug Assistance Program (ADAP). Policy Notice 10-02, reissued April 8, 2010 explicitly states: “**Ryan White HIV/AIDS Program Grantees are expected to establish and monitor procedures to ensure that all funded sub-grantees and providers verify and document client eligibility.**”

HRSA has made it clear that persons enrolling clients into all Ryan White programs including ADAP need to ensure that applicants meet eligibility criteria and supporting documentation should be maintained in the client’s case file, subject to periodic review by ADAP and/or ACU staff. Documentation should be kept for a minimum of five years after the case becomes inactive and then the agency may request permission from the ACU to destroy it. Agencies may have their own policies and procedures as well, in which case, documentation should be kept for the longest period of time specified.

Ryan White (RW) and thus ADAP, have always been the payers of last resort; with tight funding, increased demand for services, guidelines to start medications earlier, CDC’s changes in guidelines for HIV testing, and many states having waiting lists and implementing cost-containment measures for ADAP, it is imperative that persons served are actually eligible.

Most case managers already collect the appropriate documentation; this checklist will simply standardize the process and provide guidance to all agencies, case managers, clinics, etc. RW Part B Programs including ADAP do not consider assets for determination of financial eligibility. Also, even if a client is a resident of NC, even temporarily, such as a migrant worker or college student, provided the person meets all the other eligibility criteria, the person can still be eligible for RW Part B, including ADAP. There isn’t a set length of time that a person must live in NC in order to qualify for services. The goal at the Communicable Disease Branch is to provide care and medication coverage to all eligible HIV infected persons living in NC and we will continue to serve as many people as possible based on the current funding realities.

- **Client Name** - Enter the client’s first name, middle initial, and last name. If the client has previously received services under another name, please enter the client’s current name on the line at the top of the form and indicate the client’s former name on the “Notes” line at the bottom of the form. (**Please remember to cross-reference your electronic data files between the two names**).

- **Client DOB** – Enter the client’s date of birth in month/day/year format (00/00/0000). Example: 04/05/1963.

- **Date Form Completed** – Enter the date the form was completed in month/day/year format as above.
- **Form Completed By** – Enter the first and last names of the individual completing the form for the client.
- **Title** – Enter the job title of the individual completing the form for the client.
- **Agency** – List the agency the individual completing the form for the client.
- **Program** – Check the appropriate box(es) depending on whether the Financial Eligibility Documentation form is being completed in order to meet requirements for ADAP and/or Ryan White Part B.
- **For the following categories, check ONE item from each category and keep a copy of the supporting documentation in the client’s chart.**

Residency of North Carolina
Proof of Income
Proof of insurance or Medicare
Medicaid