ADAP Program Pre-SCREENING

For all questions, please check YES or NO	YES	NO
1. HIV Positive?	☐	☐
2. Living in Florida?	☐	☐
3. Low Household Income (<400 % FPL)?	☐	☐
4. Needs access to anti retroviral medications (ARV)?	☐	☐
5. Needs assistance paying for insurance? *(premiums, copays, deductibles)*	☐	☐

IF YOU ANSWER **YES TO ALL FIVE QUESTIONS**, YOU MAY BE ELIGIBLE FOR ASSISTANCE
NEXT: Please meet with a Ryan White Part A Case Manager to complete the CHECKLIST below

Two-Step APPLICATION CHECKLIST

STEP 1.   CHECKLIST of Required Documents

Do you have the following documents?	YES	NO
1. Proof of Positive HIV status	☐	☐
2. Proof of Florida Residency	☐	☐
3. Proof of Recent Household Income (2-3 months)	☐	☐
4. Prescription(s) for Antiretroviral (ARV) medication(s)	☐	☐
5. CD4 (<12 months) and VL (< 6months) results	☐	☐
HAVE INSURANCE but need assistance paying for premiums, copays, deductibles?		
6. Insurance card, Summary of Benefits, Invoice	☐	☐
FIRST TIME or RETURNING AFTER ONE YEAR?		
7. FDOH Patient Care Core Eligibility Application FORM	☐	☐

WHEN YOU HAVE **ALL DOCUMENTS READY**, PLEASE PROCEED WITH STEP 2

INCOMPLETE DOCUMENTS?: STOP. ALL DOCUMENTS ARE REQUIRED TO APPLY

STEP 2.   FACE TO FACE MEETING AT AN ADAP PROGRAM OFFICE

FLAGLER OFFICE: 2515 W Flagler Street. Miami FL 33135. 305-643-7400 / M-F / 8-4 (For Enrollments ONLY)

WEST PERRINE: 18255 Homestead Avenue, Miami FL 33157. 305-278-3021 / M-F / 8-4 (For Enrollments ONLY)

ADAP Program Requirements - GUIDANCE

SOURCE: Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual
Explanation for items in pre-screening section and checklist

1. Positive HIV test result

Copy of an <u>FDA approved</u> test for diagnosis of HIV infection.

• A positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test (NAT)/Nucleic Acid Amplification Western Blot or Immunofluorescence Assay (IFA). Test (NAAT),

• A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test.

• A detectable (quantitative) HIV viral load (undetectable viral load tests are NOT proof of HIV).

• An HIV nucleotide sequence (genotype).

2. Proof of Living in Florida

Documentation to show current proof of living in Florida:
• Current state or local Florida photo identification (includes driver's license).
• Utility bill with name and street address.
• Housing, rental or mortgage agreement in client's name
• Recent school records.
• Bank statement with name and street address.
• Letter from person with whom the client resides.
• Property tax receipt or W-2 form for previous year.
• Unemployment document with street address.
• Current voter registration card.
• Official correspondence (postmarked in last three months).
• Prison records (if recently released).
• Florida Department of Corrections offender search website photo print out.
• Declaration of Domicile (Section 222.17, Florida Statutes).

3. Household Income documents (last 2-3 months)

• Pay stubs showing income before taxes and deductions
• Total income form all counted household members: spouse and dependents
• Clients with "no income" must self-report the amount and source of their household support

4. Prescription(s) for Anti retroviral medication(s) / FLADAP formulary

• http://www.floridahealth.gov/diseases-and-conditions/aids/adap/_documents/feb_2019_formulary_updated_02-11-19revised.pdf

5. CD4 (<12 months); VL (< 6months)

• Lab age at the time of enrollment

6. Insurance card, Summary of Benefits, Invoice

• FLADAP approved ACA-MP plans (29) - Premiums, Medication copays
• Medicare Part D, COBRA, Employer sponsored - Premium and/or Medication copays

7. FDOH Patient Care Core Eligibility Application *(first enrollment OR returning after 12+ months)*

http://miamidade.floridahealth.gov/programs-and-services/infectious-disease-services/hiv-aids-services/_documents/DH150-884%20-eligibility-application.pdf

7. FDOH Patient Care Core Eligibility Application FORM

• MUST re-enroll every six months, pick up medications every 25 days,
• Treatment Adherence & Compliance Program; Pharmacist Consultation available
• Transportation & Nutritional (non-RX) assistance may be provided, if funding is available
• AVAILABLE: Online re-enrollments, electronic reminders, 90-day PUSH, other services
• English, Spanish, Creole speaking staff
• For additional guidance, please contact a Ryan White Part A Case Manager
• Additional information is available in the ADAP Miami website:
http://miamidade.floridahealth.gov/programs-and-services/infectious-disease-services/hiv-aids-services/aids-drugs-assistance-program.html