ALABAMA DEPARTMENT OF PUBLIC HEALTH
AIDS DRUG ASSISTANCE PROGRAM (ADAP)
POLICY AND PROCEDURES MANUAL

Last Updated[1]: March 2025

[1] All e-mail addresses, web links, telephone numbers, and addresses noted in this manual were correct as of the revision date (see footer); however, each is subject to change without prior notice.

TABLE OF CONTENTS

SECTION ONE: Glossary 3

Alabama ADAP programs and sub-programs 4

SECTION TWO: Program Overview 5

Statement of Use 5

What is ADAP? 5

SECTION THREE: Eligibility and Application 12

Payor of Last Resort 12

Eligibility Criteria 12

Individuals who are Underinsured 16

Individuals who are Incarcerated 17

Adult Child on Parent Insurance 17

Application Process 18

Enrollment and Effective Dates 21

Program Transitions 22

Recertification Receipt and Processing 23

Open Enrollment and Special Enrollment 23

Factors That Delay or Prevent Eligibility Determination 24

Denials and Termination 25

Policy Exceptions 25

Client Rights and Responsibilities 26

Confidentiality 26

SECTION FOUR: Emergency Preparedness 27

Emergency Assistance to Neighboring States 27

SECTION FIVE: Additional Documentation 30

Ryan White Part B and ADAP Provider Locations 30

ServicePoint User Manual 30

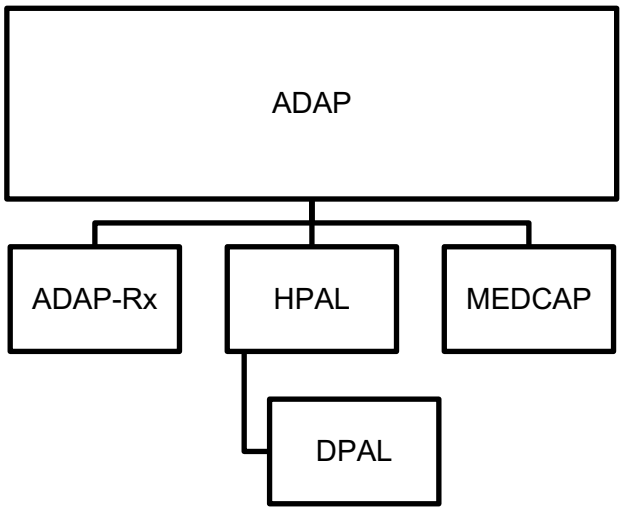
CAREWare User Manual 30

SECTION ONE: GLOSSARY

TERM	ACRONYM	DEFINITION/DESCRIPTION
AIDS Drug Assistance Program	ADAP	A part of the Ryan White HIV/AIDS Program (RWHAP) that provides funding to states to purchase HIV drugs and other medications for people with HIV. ADAP may also help people with HIV pay insurance premiums and copayments. The AIDS Drug Assistance Program (ADAP) provides three forms of assistance through three programs – AIDS Drug Assistance Prescription Program (ADAP-Rx), HealthPlus Alabama (HPAL), and the Medicare Part D Cost Assistance Program (MEDCAP, Blue Rx Enhanced Plus).
AIDS Drug Assistance Prescription Program	ADAP-Rx	The AIDS Drug Assistance Prescription Program (ADAP-Rx) is a program that reimburses enrolled pharmacies the ADAP-Rx allowable cost of ADAP formulary medications for eligible low-income people with HIV.
Co-payment		Co-payments are set dollar amounts charged to clients for medical or prescription drug services. For example, a client may have a co-payment of $25 per prescription regardless of the actual cost of the prescription. ADAP will pay co-payments for ADAP formulary medications on behalf of eligible clients.
Deductibles		Deductibles are set dollar amounts charged to clients for covered health care services before an insurance plan starts to pay. After deductibles are paid, co-payment or co-insurance may be charged for covered services, and the insurance company pays the rest. ADAP will pay deductibles, co-payments, and coinsurance for eligible clients with certain types of public and/or private health insurance.
Dental Plus Alabama	DPAL	Dental Plus Alabama is a sub-program of HPAL and pays the full cost of the dental insurance premium, deductibles, and $2,000 annual allotment.
HealthPlus Alabama	AIAP, HPAL	HealthPlus Alabama pays the cost of premiums, deductibles, and co-payments for specific health insurance policies for eligible people living with HIV.
Medicaid		Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with diverse abilities. Medicaid is administered by states, according to federal requirements, and is funded jointly by states and the federal government.
Medicare		Part A: Hospital Stays—ADAP does not provide any coverage. Part B: Physician Services—ADAP does not provide any coverage. Part C: Medicare Advantage Plans—ADAP does not provide coverage. Part D: Prescription Drug Plans— ADAP does not provide coverage.

Medicare Part D Cost Assistance Program	MEDCAP	The MEDCAP program pays the cost of premiums, deductibles, and co-payments for the Blue Rx Enhanced Plus (Medicare Part D) plan for eligible people living with HIV.
Pharmacy Benefits Manager	PBM	An organization that provides administrative services in processing and adjudicating prescription claims for pharmacy benefit programs. In Alabama, Ramsell Corporation serves as the PBM.
Premium		A monthly payment made to the insurer to obtain insurance coverage. Premiums can be paid by employers, unions, employees, or individuals or shared among different payers (e.g., ADAP).
Qualifying life event		A major change in your life that impacts your health coverage needs or your options for getting coverage. If you have a qualifying life event, you can enroll in coverage or switch plans during a special enrollment period. If you do not qualify for a special enrollment period, you must wait until the open enrollment period that occurs once per year. Getting married and having a baby or moving to another part of the country are examples of qualifying life events. In addition, loss of other health coverage that results from other life changes, such as divorce or death of a family member or losing a job, is also a qualifying event.
Recertification		Recertification requires that clients and/or case managers complete a program application each year to remain eligible for ADAP services.
Special enrollment period	SEP	An additional enrollment period available if you have special circumstances in your life, such as divorce, a spouse's death or unemployment or the birth of a child that affect your eligibility for health insurance. If eligible for a special enrollment period, you may enroll or switch plans without waiting until the next open enrollment period.

ALABAMA ADAP PROGRAMS AND SUB-PROGRAMS



SECTION TWO: PROGRAM OVERVIEW

STATEMENT OF USE

It is the expectation of ADPH that all policies and procedures outlined in this Manual are to be followed by staff. If any policy or procedures outlined in this Manual is not demonstrative of efficient program operations, the Acting ADAP Branch Manager should be notified in writing immediately. The Manual will be reviewed annually.

The purpose of this document is to outline core standards for the administration of the Alabama ADAP. Throughout the document, "ADAP" refers to assistance through three programs—the AIDS Drug Assistance Prescription Program (ADAP-Rx), HealthPlus of Alabama (HPAL, AIAP), and the Medicare Part D Cost Assistance Program (MEDCAP, Blue Rx Enhanced Plus).

WHAT IS ADAP?

The Alabama AIDS Drug Assistance Program (ADAP) provides working class individuals living with HIV in Alabama access to medical services and medications. ADAP comprises three programs:

1. The AIDS Drug Assistance Prescription Program (ADAP-Rx) covers the cost of antiretroviral and other HIV-related medications.
2. HealthPlus Alabama (AIAP or HPAL) covers the full cost of health insurance premiums and medication and medical co-payments and/deductibles for eligible clients. This program also includes dental insurance (DPAL), which covers the full cost of dental insurance premiums and medication and medical co-payments and/or deductibles for eligible clients.
3. The Medicare Part D Program (MEDCAP, Blue Rx Enhanced Plus) covers the full cost of health insurance premiums and medication and medical co-payments and/or deductibles for eligible clients.

ADAP is funded through:

- Federal RWHAP Part B funds administered by the Health Resources and Services Administration (HRSA), including ADAP earmark, supplemental, and emergency relief funds.
- 340B rebates from drug manufacturers.
- Supplemental rebates negotiated on behalf of the Alabama ADAP by the ADAP Crisis Task Force.

Staff within the Alabama Office of HIV Prevention and Care, in coordination with the Alabama Department of Public Health (ADPH), are responsible for administration of the ADAP. This includes the development of policies and procedures that are in accordance with relevant state statutes, federal RWHAP legislation, and other federal requirements.

The **AIDS Drug Assistance Prescription Program (ADAP-Rx)** is designed to maintain the health and independence of low-income individuals living with HIV in Alabama by paying for antiretroviral and other HIV-related prescriptions. The following information pertains to clients who are currently enrolled in ADAP-Rx, or those applying for the program. This information is also important for individuals assisting clients with enrollment in ADAP-Rx, such as case managers and linkage to care specialists.

> ***Covered Medications:*** ADAP-Rx has a medication formulary that outlines the specific drugs that are covered. In accordance with RWHAP legislation, the formulary includes at least one drug from each class of HIV antiretroviral medications, only medications approved by the FDA and the devices needed to administer them, is consistent with the most recent Adolescent and Adult HIV/AIDS Treatment

Guidelines published by the Department of Health and Human Services, and equally and consistently available to all eligible enrolled individuals throughout the state/territory. The ADAP-Rx Formulary is located on the Alabama ADAP website. Only medications listed in the ADAP-Rx formulary will be covered. Clients can request a 90-day supply of medication if traveling.

Coverage for Individuals without Health Insurance: ADAP-Rx will cover the entire ADAP-Rx allowable cost of formulary medications for individuals who do not have health insurance and meet all ADAP-Rx eligibility requirements**. If an individual who was previously uninsured acquires health insurance at any time during the year, they are required to contact ADAP-Rx staff and inform them of the change in insurance status.**

Designated Pharmacies: Clients enrolled in ADAP-Rx are required to use a pharmacy that is enrolled as an ADAP-RX in-network pharmacy. **Clients are responsible for updating ADPH ADAP eligibility staff and their pharmacy with any changes in insurance coverage or status**. Clients and case managers can locate ADAP-Rx enrolled pharmacy providers using the Alabama Ramsell website: Alabama AIDS Drug Assistance Program | Ramsell (ramsellcorp.com). ADAP-Rx is not responsible for paying claims to pharmacies that are not enrolled as ADAP-Rx providers.

HealthPlus Alabama (AIAP or HPAL) is designed to maintain the health and independence of people living with HIV in Alabama by covering the full cost of their monthly health insurance premium, deductibles, and co-payments. HPAL will not pay the cost of a family health insurance policy. The following policies apply specifically to HPAL and are in accordance with federal legislation and federal funding requirements.

Blue Cross Blue Shield open enrollment period: November 1-December 15

Anyone who is eligible for HPAL must apply, be determined eligible, and enroll during the ADPH ADAP open enrollment period which runs from November 1 to October 31 annually.

Types of Health Insurance Premiums Covered: In accordance with federal regulations, HPAL uses RWHAP funds to cover the cost of premiums for insurance plans that:

1. At minimum, include at least one drug in each class of the core antiretroviral therapeutics from the U.S. Department of Health and Human Services (HHS) Clinical Guidelines and Treatment of HIV/AIDS as well as appropriate primary care services;
2. And are cost-effective per HRSA's definition (HIV/AIDS Bureau (HAB) Policy Notice 07-05).

The following is a list of the specific types of insurance plans for which HPAL will cover the full cost of premiums for eligible clients.

TYPE OF INSURANCE	GENERAL INFORMATION	WHAT WILL ADAP COVER?
Private, individual insurance (purchased through the marketplace)	Individuals who are in the United States and do not have access to affordable employer-sponsored insurance or health coverage through public programs (Medicare, Medicaid) are able to purchase individual health insurance through the federal Health Insurance Marketplace.	HPAL clients are enrolled in the Blue Cross Blue Shield of Alabama Blue Value Gold plan. HPAL will cover monthly health insurance premiums, prescription deductibles, and/or co-payments, and certain medical co-payments and deductibles.
Employer-sponsored health insurance		ADAP will not provide coverage for individuals who qualify for employer-sponsored health insurance.
COBRA	COBRA provides the option to continue group health benefits provided by their previous employers' group health plan for up to 18 months, or 29 months if determined disabled by the SSA, after initial enrollment. **Who is eligible?** Employees, and their families, who lose their health insurance, due to voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and/or other life events.	ADAP will not provide coverage for individuals who qualify for COBRA.
Dental Insurance	Oral health care is an important part of overall health for all people, and insurance can help cover costs of dental care, including preventative care. People living with HIV experience a high rate of common oral health problems, as well as oral health problems that are directly related to HIV infection.	HPAL clients are eligible to enroll in the Blue Cross Blue Shield of Alabama Dental Blue Select plan.

HPAL does not cover the cost of premiums for other types of insurance that are not listed above.

Coverage for Individuals with Health Insurance: HPAL will cover the cost of deductibles and/or co-payments for formulary medications for individuals who meet all ADAP eligibility requirements. Case managers and/or clients are required to provide ADAP staff with information on their health insurance policy, as well as changes to their insurance coverage/status, to ensure that RWHAP funds are utilized as the payer of last resort (PHS Act Section 2617(b)(7)(F); HAB Policy Notice 07-03).

Covered Medications: clients enrolled in HPAL may have access to broader formularies, as included in their insurance plan. ADAP will pay for any medications included on the HPAL formulary for those clients. Clients can request a 90-day supply of medication if traveling.

Payment of Insurance Premiums: for HPAL to make premium payments on behalf of eligible clients, the case manager must complete the HPAL application for the client. Upon eligibility determination and enrollment, United Way of Central Alabama (UWCA) will enroll the client in HPAL and make the premium payment on behalf of ADPH ADAP.

Dental Plus Alabama (DPAL): DPAL is designed to maintain the health and independence of people living with HIV in Alabama by covering the full cost of their monthly dental insurance premium, deductibles, and $2,000 annual allotment. DPAL is only available for individuals enrolled in HPAL and clients must see only in-network dental providers.

Benefits Cards: United Way of Central Alabama (UWCA) acts as the insurance benefits manager for HPAL and DPAL clients managing insurance enrollment and payment of all associated premiums and medical co-payments, and/or deductibles. Ramsell acts as the insurance benefits manager for HPAL and DPAL clients managing payment of medication co-payments and/or deductibles.

Clients successfully enrolled in HPAL will receive:

1. A health insurance card from Blue Cross Blue Shield of Alabama that covers certain medical and mental health copayments and deductibles.
2. A benefits card from Ramsell to cover prescription co-payments and/or deductibles.

Clients successfully enrolled in DPAL will receive:

1. A dental insurance card from Blue Cross Blue Shield of Alabama
2. A DPAL benefits card from UWCA to cover dental deductibles and co-payments.

Clients must present both cards to any participating in-network pharmacy, health, and/or dental provider to ensure full payment. The HPAL/DPAL benefits card will ensure ADAP is billed for the client portion of the co-payments and/or deductibles.

The **Medicare Part D Cost Assistance Program (MEDCAP or Blue Rx Enhanced Plus)** is designed to maintain the health and independence of people living with HIV in Alabama who are eligible for Medicare Part D by covering the full cost of their monthly Medicare Part D insurance premium and co-payments. The following policies apply specifically to Blue Rx Enhanced Plus and are in accordance with federal legislation and federal funding requirements.

Open enrollment period: October 15-December 7

Anyone who is eligible for Medicare Part D must apply, be determined eligible, and enroll during the open enrollment period to have their premiums paid for by ADPH ADAP beginning January 1. Until which time an individual is fully enrolled in Medicare Part D, ADPH ADAP will not support the payment of premiums and is unable to back-pay unpaid premiums for the plan.

Types of Health Insurance Premiums Covered: In accordance with federal regulations, MEDCAP uses RWHAP funds to cover the cost of premiums for insurance plans that:

1. At minimum, include at least one drug in each class of the core antiretroviral therapeutics from the U.S. Department of Health and Human Services (HHS) Clinical Guidelines and Treatment of HIV/AIDS as well as appropriate primary care services;
2. And are cost-effective per HRSA's definition (HIV/AIDS Bureau (HAB) Policy Notice 07-05).

The following is a list of the specific types of insurance plans for which MEDCAP will cover the full cost of premiums for eligible clients.

TYPE OF INSURANCE	GENERAL INFORMATION	WHAT WILL ADAP COVER?
Medicaid		ADAP will not provide coverage for individuals who qualify for Medicaid.
Medicare and Medicare dual-eligible individuals		ADAP will not provide coverage for individuals who qualify for Medicaid.
Medicare Part A and B	Many Medicare recipients obtain additional coverage through private Medicare Supplement Policies to help lower their out-of-pocket expenses. **Who is eligible?** Individuals who are determined to be disabled by the Social Security Administration become eligible for Medicare after 24 months of disability, and individuals age 65 and older are also eligible for Medicare.	ADAP will not support the cost of Medicare Part A or B plans.
Medicare Part C (with drug coverage)	Medicare Advantage offers people enrolled in Medicare Part A and Part B another option for obtaining health insurance through the Medicare program. All Medicare Advantage plans must provide at least the same benefits as Original Medicare. Medicare Advantage plans are offered by private companies approved by Medicare.	ADAP will not support the cost of Medicare Part C plans.
Medicare Part D	Medicare Part D provides coverage for prescription drugs.	MEDCAP clients are enrolled in the Blue Cross Blue Shield of Alabama Blue Rx Enhanced Plus (Medicare Part D) plan.

	Who is eligible? Individuals who are determined to be disabled by the Social Security Administration become eligible for Medicare after 24 months of disability, and individuals age 65 and older are also eligible for Medicare.	MEDCAP will cover monthly Medicare Part D prescription insurance premiums and all associated customer payments for prescription medications. MEDCAP clients must apply for Low Income Subsidy (Extra Help) during initial program application and during each annual certification. MEDCAP clients must also submit a letter of denial for Low Income Subsidy Assistance from the SSA. Individuals who are eligible for MEDCAP and chose not to enroll will be terminated from ADAP.

MEDCAP does not cover the cost of premiums for other types of insurance that are not listed above.

Application for Low Income Subsidy: individuals eligible for MEDCAP **must** apply for Low Income Subsidy Assistance (Extra Help) during initial program application and each annual recertification. Individuals who are eligible for Low Income Subsidy (Extra Help) are not eligible for ADAP services. Those individuals may be eligible for other Part B services. Upon application, submit the letter of denial for Low Income Subsidy Assistance (Extra Help) from the SSA for the new enrollment year and annually thereafter during the annual recertification.

To apply for the Low-Income Subsidy Assistance (Extra Help), contact the Social Security Administration (SSA) at 1-800-72-1213 or by visiting the Social Security website at www.ssa.gov.

Coverage for Individuals with Health Insurance: MEDCAP will cover the cost of co-payments for formulary medications for individuals who meet all ADAP eligibility requirements. **Clients are required to provide ADAP staff with information on their health insurance policy, as well as changes to their insurance coverage/status, to ensure that RWHAP funds are utilized as the payer of last resort (PHS Act Section 2617(b)(7)(F); HAB Policy Notice 07-03**).

Covered Medications: clients enrolled in MEDCAP may have access to broader formularies, as included in their insurance plan. ADAP will pay for any medications included on the Blue Rx Enhanced Plus formulary for those clients. Clients can request a 90-day supply of medication if traveling.

Payment of Insurance Premiums: for MEDCAP to make premium payments on behalf of eligible clients, the case manager must complete the Blue Rx Enhanced Plus application for the client. Upon eligibility determination and enrollment, UWCA will enroll the client in Blue Rx Enhanced Plus and make the premium payment on behalf of ADPH ADAP.

Benefits Cards: UWCA acts as the insurance benefits manager for MEDCAP clients managing insurance enrollment and payment of all associated premiums. Ramsell acts as the insurance benefits manager for MEDCAP clients managing payment of medication co-payments.

Clients successfully enrolled in MEDCAP will receive:

1. A prescription insurance card from Blue Cross Blue Shield of Alabama.
2. A MEDCAP benefits card from Ramsell Corporation to cover all client prescription costs.

Clients must present both cards to any participating in-network pharmacy provider to ensure full payment. The MEDCAP benefits card will ensure ADAP is billed for the client portion of the co-payments.

SECTION THREE: ELIGIBILITY AND APPLICATION

PAYOR OF LAST RESORT

In accord with federal regulations, all RWHAP funds used to support the Alabama ADAP are used as payer of last resort. RWHAP funds are not used "for any item or service to the extent that payment has been made or can reasonably be expected to be made…" by another payment source. To ensure compliance with the payer of last resort requirement, ADAP staff and agencies funded by ADPH must:

1. Vigorously pursue client enrollment into health care coverage for which clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored insurance, and/or private health insurance).
2. Ensure that clients are enrolled in health care coverage whenever possible or applicable and are informed about the consequences of not enrolling.

ELIGIBILITY CRITERIA

All applicants and clients seeking services to be provided by Alabama ADAP must meet the following criteria:

1. Diagnosis of HIV
2. Reside in Alabama
3. Have an individual gross income not exceeding 400% of the Federal Poverty Level (FPL)
4. Be ineligible for third-party payors, including but not limited to employer-sponsored insurance, and Alabama Medicaid.

To complete eligibility determination, all applications must complete the ADPH Release of Information. The following provides further detail regarding ADAP eligibility criteria.

CRITERIA	JUSTIFICATION	VERIFICATION
Diagnosis of HIV and is under the care of a physician licensed in the United States of America **Note:** only required for new application	To be eligible for the Alabama ADAP, applicants must be living with HIV. This must be documented. Documentation requirements include one of the following: • A positive HIV antibody test confirmed using a method such as Western Blot or indirect immunofluorescence assay (IFA) • A positive HIV ½ type differentiating immunoassay (e.g. Geenius, Multispot) • A direct HIV viral test (e.g. P24 antigen, viral culture or nucleic acid amplification tests (NAT)). NAT includes HIV RNA PCR, HIV DNA PCR and detectable viral load results. • Clinician statement documenting diagnosis	ES reviews document submitted to determine if the documentation submitted is for the individual seeking services and denotes that the individual is living with HIV. If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.

Resides in Alabama	To be eligible for the Alabama ADAP, applicants must be living within the geographic boundaries of the state of Alabama, with an intent to continue to physically reside within those boundaries at the time of application. This residency must be documented. Documentation requirements include one of the following: • Any valid Alabama driver's license. This includes learner's permit, hardship license, and a license within the state's 60 days after expiration grace period. • Valid Alabama non-driver ID. This includes an ID within the state's 60 days after expiration grace period. • Bill showing address (i.e. electricity, water, gas, phone, cable, internet or medical) dated within 90 days of submission date of application. • Voter registration card issued within one year of submission date of application. • Vehicle registration issued within one year of submission date of application. • Bank statement dated within 90 days of submission date of application. • Credit card statement dated within 90 days of submission date of application. • Current mortgage or lease/rental agreement issued within one year of submission date of application.	ES reviews document submitted to determine if the documentation submitted is for the individual seeking services, that the documentation submitted is valid as of the date of review and denotes that the individual is living in Alabama. If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.

	• Letter from landlord or roommate dated within 90 days of submission date of application. • Copy of Social Security benefits notification letter dated within one year of application submission. • Postmarked envelope to the client mailed by the provider to the client or official/government issued mail dated within 90 days of submission date of application. • Statement of Temporary Housing form/emergency form in ServicePoint • Confirmation by case manager of incarceration. • A Post Office Box may be used as address for contact information purposes. However, additional information must be submitted to demonstrate residency, as listed above.	
Individual gross income[2] not exceeding 400% FPL	Documentation requirements include any of the following: • Copy of signed or electronically submitted federal tax return for the most recent prior tax year (i.e., 1040 or 1040 EZ, including the Schedule C) (if self-employed). • Copy of signed or electronically submitted individual income state tax return (Form 40) for the most recent prior tax year (if self-employed).	ES reviews document submitted to determine if the individual has a gross income at or below 400% FPL. If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.

[2] Gross income is defined as the sum of all wages before any deductions or taxes (i.e., income tax, Social Security tax, etc.)

	• Copy of 2 most recent pay stub showing employer's name and address; earnings must be dated within 90 days. Adequate documentation to support calculation of an annual income must be collected. • Copy of current Social Security benefits notification letter issued within one year of submission date of application. • Letter from employer on company letterhead detailing pay frequency, average hours worked, and hourly wage within 90 days of submission date of application. • Form W-2, Wage and Tax Statement for the most recent prior tax year (if self-employed). • Income Verification Form (March 2025) to document income for individuals starting a new job, who have not received a paycheck yet. • No Income Statement (see ServicePoint)	
Single document for income and residency	It is acceptable to use the same document for proof of residence and income if it documents both. – Social Security Benefits Letter – 2 paystubs within the last 90 days – Self-employed copy of federal of state tax return document completed and signed or submitted.	

Ineligible[3] for third-party payors, including but not limited to employer-sponsored insurance, COBRA, and Alabama Medicaid.	Documentation requirements include any of the following (as applicable): • Copy of letter detailing ineligible for/unavailable employer sponsored insurance • Copy of letter detailing waiting period for employer sponsored insurance • Copy of denial letter for COBRA access. • Copy of denial letter from Alabama Medicaid	ES reviews documents submitted to determine if the individual in ineligible for third-party insurance. If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.

Alabama ADAP will not deny services to an individual receiving benefits through **Veterans Affairs (VA) or the Indian Health Service, tribal, or urban Indian health programs**, even if they can obtain medications through these agencies. Eligibility determination will be made regardless of immigration status.

INDIVIDUALS WHO ARE UNDERINSURED

Uninsured is defined as the individual not being eligible for nor receiving services from any private or public insurance (employer-sponsored, COBRA, Medicare, Medicaid) at the time of eligibility determination.

Underinsured is defined as the individual having an existing private insurance policy (private (not purchased by ADPH), employer-sponsored, COBRA) that covers less than 50% of their prescription costs. To document that an individual is underinsured, the case manager must provide ADPH with:

1. A copy of the individuals insurance card *and 2. OR 3. below*
2. A copy of the individuals insurance booklet containing their full prescription coverage and benefit OR a screenshot of the prescription benefit plan page showing the website and the out-of-pocket coverage OR
3. A printed page from a local pharmacy showing the client's name, the pharmacy name and address and the out-of-pocket cost for the client's ARV medication.

All documents must be uploaded to ServicePoint.

ADPH will review the prescription coverage to determine if the person is underinsured (their policy covers less than 50% of their prescription costs). If the policy covers more than 50% of their prescription costs, the individual is not considered underinsured and will not be eligible for ADAP Rx. If the policy covers less than 50% of their prescription costs, the person would be considered underinsured and eligible for ADAP Rx if they meet all other eligibility criteria.

[3] Ineligible is defined as the individual being denied access to or ineligible for third-party insurance (i.e., employer-sponsored insurance). An individual cannot "opt-out" of third-party insurance for which they are eligible and be determined eligible for ADAP.

INDIVIDUALS WHO ARE INCARCERATED[4]

At which time an ADAP enrollee is in a **city or county jail** that does not contract with a healthcare provider to provide medication services, the individual will **continue to be eligible** to receive ADAP medication services.

- To ensure the Ryan White HIV/AIDS Program remains payer of last resort for medication services, the city or county jail must provide written documentation to the ADPH ADAP Central Office that the city or county jail does not contract with a health care provider to pay for medication services for individuals with HIV. Documentation must be submitted for each client.
- ADAP medications will continue to be shipped by the Pharmacy Benefits Manager to the incarcerated ADAP enrollee's clinic for the clinic to provide to the enrollee while in the city or county jail.
- This policy applies to persons who are in county or city "work release" programs as they are still under the care and custody of a city or county jail.

Case managers for any applicant or current client who is incarcerated in a city/county jail **must** complete the ADPH ADAP Form: Individuals who are Incarcerated in City/County Jails. Completion of this form will ensure that applicants/clients are able to continue to receive services.

If the ADAP Enrollee is transferred to a state or federal prison, the clinic must notify the ADAP central office **immediately** and follow the guidelines outlined below.

At which time an ADAP enrollee is incarcerated in a **state or federal prison**, the individual is **no longer eligible** for ADAP medication services.

- The clinic must notify the ADPH ADAP Central Office immediately when an ADAP enrollee is incarcerated by noting the enrollment revision "due to incarceration" on the Assessment tab under Disenrollment application in ServicePoint.
- The incarcerated enrollee will be placed on "Terminated ADAP enrollment" status, and the Pharmacy Benefits Manager will be notified to stop all further medication shipments.

The incarcerated client may reapply as a new applicant once released.

Persons who are on **probation, parole, or house arrest,** may apply for ADAP enrollment because they are living in the community and are not in the care or custody of a jail or prison system, although they may be reporting to a parole or probation officer.

ADULT CHILD ON PARENT INSURANCE

In the case of security and confidentially concerns, adult children enrolled in a parent's insurance plan who do not wish to disclose their HIV status can be enrolled in the ADAP-Rx program. Fear of involuntary disclosure of HIV status (i.e., though an explanation of benefits letter issued to the parental insurance plan owner) is a valid security and confidentiality concern creating a barrier to care. Any related HIV services can be funded through Part B (e.g., office visits, labs, and other Ryan White core and support services). When requesting ADAP-Rx services for these clients, other payment sources must be vigorously pursued and rigorously

[4] HRSA Policy Notice 18-02: *https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-18-02-people-who-are-incarcerated.pdf*; Opinion 2004-17 dated October 28, 2003 to Chambers County Attorney Claud E. McCoy, Jr. Section 14-6-22 Code. Costs and Expenses – Prisons and Prisoners – Medial Expenses and Municipalities – County Jails.

documented. Vigorously pursued means that other forms of payment (i.e., insurance) must be sought out and the applicant must be counseled on the benefits of sharing his or her HIV status with the parent, as self-disclosure would remove the security and confidentiality concern. Rigorously documented means that the security and confidentiality concern, as well as all other actions taken to ensure the RWHAP remains the payer of last resort, must be documented to record why enrollment in ADAP-Rx must be pursued.

APPLICATION PROCESS

All individuals who wish to have their eligibility determined for ADAP must submit the required application. RWHAP Part B and ADAP utilize a shared eligibility system for all new, returning, and recertifying applications: ServicePoint. An application is available in ServicePoint, and all questions must be answered to be complete, a hard copy of the application is not available. Information provided on the application must be complete and accurate.

Individuals who are uninsured are expected to apply for Medicaid before applying for ADAP. Individuals may be enrolled in ADAP (assuming all other eligibility requirements are met) while awaiting a decision on pending applications for Medicaid.

After initial application and enrollment, ADAP clients must complete recertification every year during their birth month to verify continued eligibility for the program.

It is the expectation of ADPH that case managers work with clients to compile required documentation, detailed as "Eligibility Criteria." Case managers should screen all individuals for all third-party payors prior to completing the client ADAP application.

- If an individual is eligible for **Medicaid**, the individual should be enrolled in Medicaid and is not eligible for ADAP; the individual should be referred to Alabama RWHAP Part B services.

- If an individual is eligible for **employer-sponsored or other third-party insurance**, the individual should be enrolled in **employer-sponsored or other third-party insurance** and is not eligible for ADAP; the individual should be referred to Alabama RWHAP Part B services.

The case manager initiates an application for **all other individuals** considering support from ADAP, regardless of perceived eligibility. ADPH will make the determination if an individual is eligible for ADAP and, if so, for which program the individual is eligible. The case manager completes the ServicePoint application in coordination with the individual seeking services.

ADPH ADAP eligibility staff will review the fully complete application prior to making an eligibility determination, and within 3 business days. An complete application has all questions answered, supporting documentation uploaded, and all information is legible. Only confirming that an upload file exists is not satisfactory review for completion.

a. If application is <u>complete</u>, ADPH ADAP eligibility staff will make an eligibility determination.

b. If application is <u>incomplete</u>, ADPH ADAP eligibility staff will notify the case manager via ServicePoint that the application must be completed within 5 business days, or it will be removed. If removed from the queue, the case manager will be required to resubmit a new application for each individual seeking services.

Complete applications are reviewed for eligibility standards and verification by the ADPH ADAP eligibility staff as follows.

CRITERIA	VERIFICATION
Diagnosis of HIV and is under the care of a physician licensed in the United States of America **Note:** only required for new application	If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.
Resides in Alabama	If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.
Individual income not exceeding 400% FPL	If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.
Ineligible for third-party payors, including but not limited to employer-sponsored insurance, COBRA, and Alabama Medicaid.	If **yes**, individual could be eligible for the program if he/she meets other eligibility criteria. If **no**, individual is not eligible for the program.

Individuals can be determined eligible for and enrolled in ADAP-Rx while waiting to be enrolled in private insurance.

HPAL application requirements: to be enrolled in HPAL, an individual who is determined eligible for ADAP must provide:

1. A copy of the Blue Cross Blue Shield Authorization for Disclosure form
2. A copy of the Blue Cross Blue Shield Eligibility Coordination of Benefits form
3. If applying for DPAL, a copy of the Blue Cross Blue Shield Dental Binding Arbitration form

All documents must be uploaded to ServicePoint.

MEDCAP application requirements: to be enrolled in MEDCAP, an individual who is determined eligible for ADAP must provide:

1. A copy of the front and back of the Medicare Part A and/or B card
2. A copy of the complete and submitted enrollment in the Blue Rx Enhanced Plus (Medicare Part D) drug plan.
3. A copy of the front and back of the Blue Rx Enhanced Plus insurance card (Medicare Part D)
4. A copy of the Blue Rx Enhanced Plus billing statement which contains the monthly premium amount
5. A copy of the approval/denial letter from Low Income Subsidy (Extra Help) application

All documents must be uploaded to ServicePoint.

Following eligibility verification, ADPH ADAP eligibility staff makes one of the following determinations based on the submitted application:

c. Meets eligibility requirements (i.e., **eligible**): ADPH ADAP eligibility staff reviews application and supporting documents and determines that the individual meets the eligibility requirements. ADPH ADAP eligibility staff will complete approval in ServicePoint and proceed with enrolling the individual in the appropriate program.

d. Requires follow-up on submitted documentation (i.e., **additional information necessary**): ADPH ADAP eligibility staff reviews application and supporting documents and has a follow-up question for the case manager on the information that was submitted (i.e., income is significantly inconsistent, etc.). Application will be placed within the "Pending" queue in ServicePoint and ADPH ADAP eligibility staff add notes concerning needed information. Case manager must respond to the questions within five (5) business days, or the application will be removed from the queue. If the application is removed from the queue, case manager will be required to resubmit a new application for each individual seeking services.

e. Does not meet eligibility requirements (i.e., **denied/not eligible**): ADPH ADAP eligibility staff reviews application and supporting documents and determines that the individual does not meet the eligibility requirements. Application will be placed in Denied status in ServicePoint.

Programs are prohibited from providing medications to a client through "presumptive eligibility" or during a "grace period" before or after eligibility has been determined. To prevent delays in receiving medications, ADAP expects these processes to take place within 14 calendar days of receiving a new, complete application and that clients have time to recertify within their eligibility period. An application will not receive final approval until all required components have been submitted and reviewed. If an application is approved, the effective date of ADAP coverage will be the date the application was approved by ADPH ADAP eligibility staff.

ENROLLMENT AND EFFECTIVE DATES

Individuals who submit an ADAP application and meet all the eligibility requirements are eligible to be enrolled in ADAP starting on the date that all application requirements confirmed by ADPH ADAP eligibility staff. ADAP staff will determine the plan(s) that each applicant will receive, based on the application information. The plan enrollment and effective date is determined as follows:

PLAN	GENERAL CRITERIA	EFFECTIVE DATE
ADAP-Rx	Individuals who do not qualify for health insurance. Individuals who are eligible for HPAL, Medicaid, or Medicare and have not yet been transitioned Individuals who are eligible for third-party insurance and are in a waiting period prior to enrollment	The ADAP-Rx effective date will be equal to the date the application was processed at ADPH.
HPAL	Eligible individuals with an income at or above 138% FPL No additional private or public insurance coverage No disability that would qualify the individual for Medicare or Medicaid Not over the age of 65 Not in a waiting period for third-party insurance	The HPAL effective date will be equal to January 1 (if enrolled during open enrollment) or the date defined by a special enrollment period (if eligible).
MEDCAP	Individuals that are currently enrolled in Medicare Part D Individuals over the age of 65 Individuals with a qualifying disability	The MEDCAP effective date will be equal to January 1 (if enrolled during open enrollment) or the date defined by a special enrollment period (if eligible).
Medicaid	Eligible individual that has an income at or below 76% FPL	While awaiting Medicaid determination, client can be enrolled in ADAP-Rx. Once Medicaid determination is made, if enrolled in Medicaid (full, SOBRA, and QMB-Medicaid only), they would be terminated from ADAP program.
DPAL	Individuals who are on HPAL only	The DPAL effective date will be equal to January 1 (if enrolled during open enrollment) or the date defined by a special enrollment period (if eligible).
Part B	Individuals who are on ADAP-Rx, HPAL, or MEDCAP Individuals who do not qualify for ADAP	The Part B effective date will be equal to the date the application is processed in ServicePoint.

Note: This is a federally funded program and serves Alabama residents out of resource allocations made for this purpose. The funds are judiciously managed and deployed in a balanced manner.

PROGRAM TRANSITIONS

It is possible for a client to be enrolled in the ADAP while awaiting eligibility determination for HPAL, Medicaid, or Blue Rx Enhanced Plus. It is also possible that a client is enrolled in HPAL or Blue Rx Enhanced Plus and may need to be transitioned from one program to another. The process to transition clients is as follows:

TRANSITION FROM	TRANSITION TO	POLICY/PROCEDURE
ADAP-Rx	HPAL	While awaiting open enrollment or the beginning of a special enrollment period, enrolled in ADAP. Beginning on January 1 or the start of their special enrollment period, transitioned to HPAL.
ADAP-Rx	Medicaid	While awaiting Medicaid determination, enrolled in ADAP. Once Medicaid determination is made, if enrolled in Medicaid (full, SOBRA, and QMB-Medicaid only), they would be terminated from the ADAP program.
ADAP-Rx	MEDCAP	While awaiting open enrollment or the beginning of a special enrollment period, enrolled in ADAP. Beginning on January 1 or the start of their special enrollment period, transitioned to Blue Rx Enhanced Plus.
HPAL	ADAP-Rx	When client has access to alternate third-party private insurance, prescription coverage is assessed by ADPH ADAP eligibility staff. If the policy covers more than 50% of their prescription costs, the individual is not considered underinsured and will be terminated from the ADAP program. If the policy covers less than 50% of their prescription costs, the person would be considered underinsured and eligible for ADAP-Rx if they continue to meet all other eligibility criteria.
HPAL	MEDCAP	Upon turning 65 years old or developing a qualified disability, transitioned to Blue Rx Enhanced Plus at the start of their special enrollment period.
HPAL	Medicaid	Once Medicaid determination is made, if enrolled in Medicaid (full, SOBRA, and QMB-only), they would be terminated from the ADAP program.
MEDCAP	ADAP-Rx	When no longer having a qualified disability, transitioned to ADAP-Rx until next open enrollment period.
MEDCAP	Medicaid	Once Medicaid determination is made, if enrolled in Medicaid (full, SOBRA, and QMB-only), they would be terminated from the ADAP program.

RECERTIFICATION RECEIPT AND PROCESSING

Both RWHAP legislation and the Alabama ADAP require that program clients are continued to be determined eligible on a schedule established by the state. Case managers are responsible for ensuring recertifications are submitted to ensure no lapse in ADAP eligibility and loss of benefits. ADAP recertifications are based on client birthday month. Below is the schedule for recertification, based on the client's birthday month. **Case managers must complete client recertification by close of business on the client's recertification deadline.**

BIRTH MONTH	ANNUAL RECERTIFICATION DEADLINE (BIRTHDAY)
January	January 31
February	February 28-29
March	March 31
April	April 30
May	May 31
June	June 30
July	July 31
August	August 31
September	September 30
October	October 31
November	November 30
December	December 31

To comply with federal guidelines, Alabama ADAP screens each enrollee for Medicaid eligibility and enrollment on at least a monthly basis. Each enrollee must complete annual recertification to remain eligible for ADAP and case managers can generate a report in ServicePoint any upcoming re-certifications in their clinics.

OPEN ENROLLMENT AND SPECIAL ENROLLMENT

Open enrollment: Blue Cross Blue Shield open enrollment begins on November 1 and concludes on December 15 each year. During open enrollment, new applications and recertifications are processed as outlined above with the following additional requirements.

New applicant: a new applicant will be assessed for eligibility following the process outlined above. If determined eligible, the individual will be enrolled in the most appropriate program. The individual will be enrolled in ADAP-Rx pending their enrollment in HPAL on January 1.

Recertifying client not currently on HPAL: a recertifying client will be assessed for eligibility following the process outlined above. If determined eligible, the individual will be enrolled in or maintained on the most appropriate program. If eligible for HPAL, the individual will be enrolled in ADAP-Rx pending their enrollment in HPAL on January 1.

Recertifying client currently on HPAL: a recertifying client will be assessed for eligibility following the process outlined above. If determined eligible, the individual will be enrolled in or maintained on the most appropriate program. The individual will remain on HPAL.

Client who is not in recertification period: a client who is not currently in their recertification period and is currently enrolled on HPAL will be automatically maintained in HPAL, unless otherwise specified by his/her case manager.

Special enrollment: if a client or new applicant did not enroll in health insurance during open enrollment, but appears to be eligible for private health insurance, the client should be considered for a special enrollment period. Case managers should contact ADPH ADAP eligibility staff if they believe individuals would be eligible for a special enrollment period.

FACTORS THAT DELAY OR PREVENT ELIGIBILITY DETERMINATION

Submission of an incomplete application will result in a delay, and possible denial, of services. Applicants must then reapply for the program, which will further delay eligibility determination. The following applications will be considered incomplete due to missing information:

No permission from the applicant to process the application and complete third-party verification: application does not have the client signature and not dated within 14 days.

Missing identifying information of who is applying for the program: application does not include first and last name or date of birth of applicant.

Missing proof of diagnosis of HIV disease: the application is for a new participant and does not include documentation of diagnosis of HIV disease.

Incomplete proof of income eligibility: income documentation is missing or incomplete for applicant.

Inadequate proof of residency: residency documentation is missing or incomplete for applicant.

Applications that require special review: the application appears fraudulent, with paystubs or other documents that look counterfeit (will go to secondary review, and the applicant may be asked to provide a higher level of proof of eligibility such as a second proof of residency, an IRS Tax Return Transcript, IRS Proof of Non-Filing or a divorce decree); the application indicates the applicant may have literacy or other unique challenges and may not have received appropriate support from assisting agency.

DENIALS AND TERMINATION

A person may be denied enrollment, denied recertification, and/or have enrollment in the program terminated for any of the following reasons:

1. The client is ineligible for ADAP due to not/no longer meeting eligibility criteria (i.e., HIV status, income, residency, or insurance status).
2. The client did not recertify.
3. The client voluntarily withdrawals from the program.
4. The client is deceased.
5. Program funds are exhausted, and a waiting list will be established.
6. Other.

ADPH ADAP eligibility staff must process a denial/termination in ServicePoint, noting the denial date (date denial was determined) or termination date (last date of the month the termination was determined) and the reason for denial/termination. *Program termination is effective as of midnight on the last day of the month the client was terminated.*

POLICY EXCEPTIONS

ADAP may make exceptions to policy in the following circumstances:

Relocation: Clients planning to move out of Alabama will be approved for a 30-day supply of medications to aid the transition between states. Clients are responsible for enrolling for drug assistance from the new state and should be aware of any additional program eligibility requirements or waiting lists in the new state that may result in gaps in access to medications. After clients reside in another state, Alabama ADAP-Rx is not able to provide medications to clients beyond the 30-day supply provided at the time of initial relocation.

Medications not on formulary: if an individual needs a medication not on the program's formulary, the individual may request access to the medication from the ADAP Manager. The ADAP Manager should weigh the purpose, cost, and efficacy of the medication when making their decision, consulting with the Division Nurse for clinical information, as necessary. If approved, the ADAP Manager would notify Ramsell to process the claims associated with that individual's medication.

Termination due to ADPH fault: in the event ADPH takes an action that errantly terminates a client from the program, the individual may be reinstated to the program.

Providing services to evacuees or displaced persons: if an evacuee or displaced individual presents for services, ADAP will make every effort to provide services. Per HRSA PCN 13-02, the individual must self-attest, at which time ADAP will grant "temporary residency." ADAP should obtain consent from the individual to contact his/her physician as a way of validating HIV status and current medication regimen. In the event the individual's physician is not able to be contacted, ADAP may use the individual's medication bottles or copies of recent prescriptions to assist the new prescribing physician in his/her next steps.

CLIENT RIGHTS AND RESPONSIBILITIES

All individuals applying for and receiving benefits through ADAP are protected against discrimination based on sex, race, ethnicity, gender, religion, language, age, ability, sexual orientation, and/or national origin.

Providers must comply with all federal laws regarding the protection of health information. An ADAP client has a right to have personal information safeguarded. The provider is obligated to protect that right. Therefore, use or disclosure of any information concerning applicants to, and clients of, ADAP for any purpose not connected with the administration of ADAP is prohibited unless authorized by the client.

Clients are responsible for:

1. Informing their pharmacy that they are receiving benefits under ADAP as well as any current insurance coverage. Clients cannot use ADAP to avoid using insurance coverage.
2. Giving ADAP and service providers full and accurate information necessary for accurate claims submission to ADAP.
3. Giving full and accurate information to providers regarding coverage by health insurance carriers, Medicaid, and any other prescription assistance programs.
4. Informing ADAP within 30 days of any changes in income, household size, address, eligibility, health insurance coverage, Medicaid or Medicare coverage.
5. Contacting the ADAP and returning any insurance related payments whenever ADAP is providing premium assistance.

CONFIDENTIALITY

The ADPH policy regarding confidentiality can be found at the following website:
http://adph.org/PROFESSIONAL_SERVICES/assets/component3noquestions.pdf

SECTION FOUR: EMERGENCY PREPAREDNESS

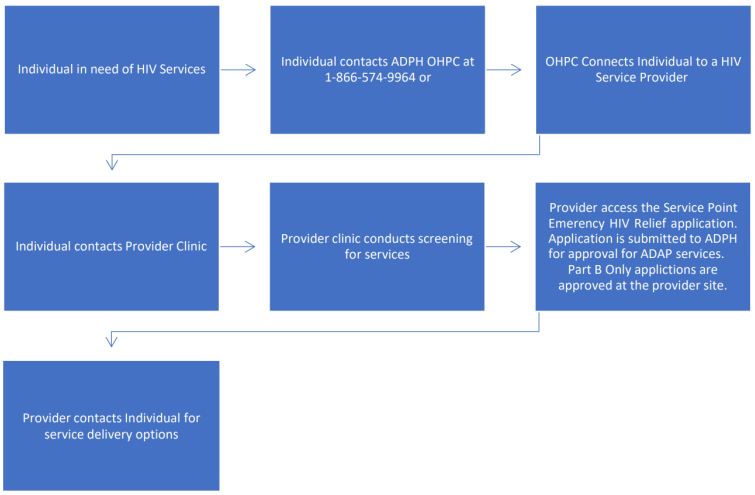
EMERGENCY ASSISTANCE TO NEIGHBORING STATES

ADPH has established this emergency assistance plan to support continuity of Care for HIV clients that have evacuated from a neighboring or adjacent state in need of HIV related services. RWHAP core and support services, including ADAP, are available to meet the needs of our HIV population from neighboring states during disasters.

ADPH provider locations throughout Alabama have the capacity to offer ADAP and other Part B Core and Support services for those who are displaced. Provider locations and contact information is available at the following location: https://www.alabamapublichealth.gov/hiv/provider-locations.html

Each service location can provide needed services such as ADAP/Part B services, housing, food bank, etc. If a location is affected during a disaster, the provider location network referral system map is utilized to connect the client with other locations if needed. Persons needing emergency HIV services can connect with an ASO/CBO to access RWHAPB services.

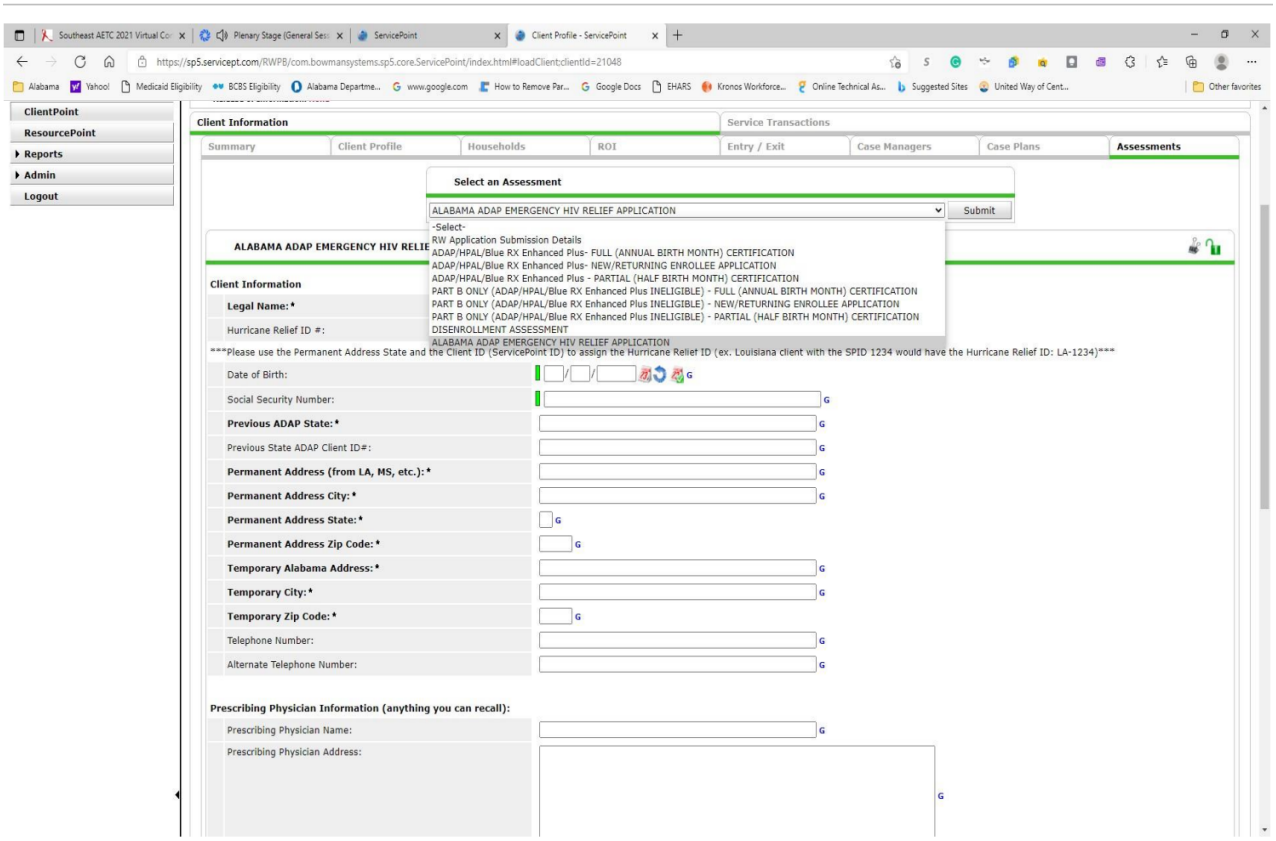
ADPH RWHAP has implemented a process to assess emergency ADAP/Part B services throughout the state and has included a dropdown within the ServicePoint electronic application portal to expedite the application flow process.



The ServicePoint electronic application portal is used to expedite emergency services and track displaced eligible clients. Individuals will need to provide demographic information to the provider, including full legal name, date of birth, Social Security Number, previous ADAP state and Client ID number (if known), permanent address including state, temporary Alabama address, contact phone number, alternative phone number, and prescribing physician information from permanent state (if known).

The process using the emergency ServicePoint electronic application flow is as follows: Ramsell and ServicePoint share the same unique identifier generated in ServicePoint. When the ServicePoint electronic emergency, application is saved it will automatically generate a unique identifier using the “disaster relieve effort-permanent state-ServicepointID” (i.e., SERVICEpointID (ex: HURIDA-LA-15435)).

The ServicePoint electronic application's unique identifier will be utilized to access medication through the Ramsell PBM portal to access medication services.



The ServicePoint application allows disaster evacuees previously receiving their HIV medications, through ADAP in their home state, continuity of access to HIV medications in Alabama for up to eight (8) weeks.

- Client must meet the eligibility criteria for their permanent state ADAP/Part B (i.e., Louisiana).
- Client is responsible to notify Alabama Health Care Provider (https://www.alabamapublichealth.gov/hiv/provider-locations.html) or contact ADPH ADAP directly at 1-800-344-1153.
- To receive emergency HIV medication assistance, clients must authorize the release of medical information to ADPH ADAP and authorize ADPH ADAP permission to share confidential information with home state ADAP, primary medical professionals, and any referring agency personnel in Alabama.
- Emergency HIV medication assistance has a time limit of eight (8) weeks from the date of approval. At the end of the eight (8) week temporary emergency period, a new ADAP patient application must be completed using the eligibility requirements of Alabama's ADAP, for continued HIV medication assistance if needed.
- In some instances, state disaster plans include expanding their state's existing ADAP pharmacy network to include neighboring states for evacuees to access pharmacy benefits, especially if they are already using a national chain to provide these benefits. Clients from these ADAPs would continue receiving their medications from a network pharmacy under their permanent state ADAP.

Please note, if a client chooses to become an Alabama resident beyond eight (8) weeks, the client will complete an ADAP application for on-going services. Emergency and all program applications are available in ServicePoint. All emergency assistance prescriptions will be filled and dispensed using ADAPH current ADAP formulary.

For providers:

- Adhere to the emergency plan at each location.
- Make sure the sub-recipients are in contact with clients in the service area.
- If needed, access the Alabama provider location and contact list for networking.
- Be ready to connect with displaced clients to provide services needed (i.e., ADAP, housing, food bank, etc).
- Accept eligibility verification from the impacted state to satisfy enrollment in Alabama.
- If the clients do not have eligibility verification from outside of Alabama, a rapid eligibility determination should be implemented.
- Be available to offer and provide services to displaced individuals living with HIV presenting from surrounding areas.
- Keep documents provided by the client of ADAP/Part B services provided.
- Keep fiscal records to potentially re-coup service costs.
- Alabama sub-recipients will network with other agencies when needed if an Alabama location is impacted by disaster.

SECTION FIVE: ADDITIONAL DOCUMENTATION

RYAN WHITE PART B AND ADAP PROVIDER LOCATIONS

Please refer to the following link for information on current Ryan White Part B and ADAP provider locations: Ryan White Part B and ADAP Provider Locations | Alabama Department of Public Health (ADPH) (alabamapublichealth.gov)

SERVICEPOINT USER MANUAL

Please refer to the manual developed and available from UWCA.

CAREWARE USER MANUAL

Please refer to the manual developed and available from HRSA/HAB.