

ADAP ELIGIBILITY REQUIREMENTS

UPDATES AND REMINDERS

60-day extension for documentation: new applications should be submitted in a timely manner. Recertifications must be submitted no later than the end of the clients certification period. New applications and recertifications may be submitted with an attestation of eligibility criteria. The new applicant or current client would attest to the care coordinator their eligibility information. That information would be documented in HIVE/on the application and the application/recertification would be submitted. Care coordinators are permitted an additional 60-days to submit the documentation verifying the information attested to on the application/recertification (if necessary). At the point of application, the care coordinator should have access to all justification documentation (either by phone or the physical document). The additional documentation time period is only to submit the documentation, not to collect it. This is extra time for the care coordinator to collect the physical document from the applicant/client (if necessary) or to e-mail/upload, not to collect new information.

The care coordinator has 60-days from the date the complete application/recertification is submitted to provide the justification documentation. If no documentation is submitted, clients will be terminated at the end of the 60-day period; no appeal periods will be provided.

Eligibility requirements: unless otherwise noted, program eligibility requirements have not changed. Please refer to the section below for a clear outline of current program eligibility requirements.

For proof of income only, the program is requesting the submission of an applicant/clients most recent income justification (as noted in the eligibility requirements table below), however documentation can be submitted for up to 6-months from the date of application/recertification if necessary at this time. The program will not accept documentation from more than 6-months prior to the date of application/recertification.

Initial application and recertification: applications for new enrollment in the program (first enrollment or re-enrollment following termination) require submission of all eligibility requirement documentation. Recertifications in the program only require submission of eligibility requirement documentation if there has been a change in eligibility in the 6-month recertification period; if there was no change, the care coordinator completes the self-attestation with the client and submits “no change” via HIVE.

Submission via HIVE: in the event a care site is unable to submit via HIVE, the program will accept applications via secure e-mail. If an e-mail is received via a non-secure e-mail, it will be deleted, the care site will be notified, and the application will not be reviewed. If you are unable to upload to HIVE, you may submit via secure e-mail. Send to **MSPenrollment@ISDH.in.gov** and **your program contacts** as noted below:

Samantha/Noel

Aliveness
Aspire
ARG
BU Wellness Network
Concord
Clark County
Damien Center
Eskenazi

Michael/Marlana

Aids Ministries
Community
LifeCare
Meridian Health Services
PRC
Positive Link
Scott County
Step-Up

ELIGIBILITY REQUIREMENTS

All applicants and clients seeking services to be provided by Indiana ADAP must be able to document the following:

1. Diagnosis of HIV and is under the care of a physician licensed in the United States of America;
2. Meets Indiana residency requirements;
3. Total income equal to or less than 300% of the Federal Poverty Level (FPL);
4. Current lack of comprehensive health care coverage (underinsured); and,
5. Enrollment in a RWHAP Part B HIV NMCM Program.

CRITERIA	JUSTIFICATION
<p>Diagnosis of HIV and is under the care of a physician licensed in the United States of America</p> <p><u>Note:</u> required only for initial application or following termination from services and seeking re-enrollment; documentation not required for recertification.</p>	<p>Documentation requirements include one of the following, in order of preference:</p> <ol style="list-style-type: none"> 1. Lab report that shows a detectable HIV viral load that documents client's full name and date of test; 2. Lab report that shows positive confirmatory HIV testing that documents client's full name and date of test; 3. Hospital Discharge Summary that documents a positive HIV diagnosis, client's full name, date of admission and discharge, medical provider name, and hospital/facility address; and/or 4. HIV Status Confirmatory Certification Form signed by a medical provider, if none of the above is available.
<p>Meets Indiana residency requirements</p>	<p>To be eligible for the Indiana ADAP, applicants must be living within the geographic boundaries of the state of Indiana, with an intent to continue to physically reside within those boundaries at the time of application. This residency must be documented. The residential address for all Indiana ADAP participants must be within the state of Indiana.</p> <p>Documentation requirements include one of the following, in order of preference:</p> <ol style="list-style-type: none"> 1. Indiana Driver's License or State ID (must have a future expiration date); 2. Utility Bill (electricity, water, or gas bill dates within 3 months of application); 3. Copy of applicant's Indiana Full-Year Resident Income Tax Return for most recent tax year; 4. Mortgage or lease/rental agreement; 5. Letter from homeless shelter or letter from NMCM certifying client is experiencing homelessness. Letter must state that NMCM is working with client to resolve homeless situation, and include

	<p>barriers and steps being taken to address homelessness; and/or</p> <p>6. Immigrant Exception Statement attesting to the applicant's current Indiana residency and the applicant's intent to remain an Indiana resident for at least 90 consecutive days following the date of the statement. Attests that the applicant's legal residency status is an insurmountable obstacle to providing any of the other forms of residency documentation and signed by both the applicant and the NMCM.</p>
<p>Total income equal to or less than 300% FPL</p>	<p>Proof of income must include both the amount of money received and how often payments are received, for the applicant. The program will review current wages, benefits, and assistance documents to assist with eligibility determination.</p> <p>Required documentation should include any of the following that apply to verify gross income.</p> <ol style="list-style-type: none"> 1. Copy of W-2 form(s) or federal tax return for the most recent prior tax year. In addition to the W-2 forms or tax return we also require paystub documentation of your most recent 30 days of work activity. 2. Copy of most recent 60 day pay stub showing year-to-date earnings and the employer's name and address; 3. Copy of Unemployment Insurance benefits notification letter; 4. Copy of current Social Security benefits notification letter or check; 5. Copy of current Workforce Development earnings statement showing at least four recent prior quarters. 6. Letter on agency letterhead from NMCM that attests that the client is not employed, including the client's termination date and when the client's employer-sponsored insurance (if applicable) ended.
<p>Lack of comprehensive care coverage</p>	<p>Proof of no insurance (public or private)</p> <p>If insured, explanation of benefits demonstrating high out-of-pocket costs</p>
<p>Enrollment in RWHAP Part B HIV NMCM Program</p>	

Exception to payor of last resort: Indiana ADAP will not deny services to an individual receiving benefits through Veterans Affairs (VA) or to Native Americans who can access services through Indian Health Service, tribal, or urban Indian health programs, even if they can obtain medications through these agencies, if they are otherwise eligible for RWHAP services.