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State of Louisiana
Department of Health and Hospitals
Office of Public Health

Louisiana AIDS Drug Assistance Program (LA ADAP) Guidelines

Louisiana AIDS Drug Assistance Program (LA ADAP) uses grant resources made available through Part B of the Ryan White Extension Act of 2009 from the Health Resources and Services Administration (HRSA) to provide access to medications and medical care to eligible individuals living with HIV disease.

ELIGIBILITY REQUIREMENTS FOR LA ADAP:

1. Documented HIV infection;
2. Documented Louisiana residency, US CITIZENSHIP NOT REQUIRED (see Attachment A);
3. Annual household income at or below **300%** of the Federal Poverty Level. In 2013, that is $34,470 annually for a household of one (see Attachment A);
4. No third party provider for medications listed on the current LA ADAP Formulary (see Attachment B); Third party providers include, but are not limited to: individual and/or group insurance, COBRA, LA Health
   Plan, Federal Pre-existing Condition Insurance Plan (PCIP), Medicaid and Medicare (see page 3 for more information regarding Medicare Part D Prescription Drug Plans);
5. Current prescription written by a clinician licensed in Louisiana, for LA ADAP formulary medications;
6. Financial assets not exceeding $4,000, excluding one (1) house and one (1) car.

LA ADAP Eligibility Verification

Per HRSA requirements, eligibility for services through LA ADAP must be verified a minimum of every 6 months (see Attachment A for residency and income documentation requirements and examples). Due to federal regulations, individuals cannot be charged a fee related to the completion of an LA ADAP Application by any entity including their clinician's office, medical center and community based organizations (CBOs).

Clients approved for LA ADAP must re-apply every 6 months to continue to receive services.

Individuals who have not accessed LA ADAP services for 6 consecutive months or more will be automatically disenrolled from the program. If, after being disenrolled from LA ADAP, an individual needs medication assistance, a current LA ADAP application must be completed and required documentation must be provided.

Each LA ADAP application is reviewed by program staff. Only signed and completed forms with required documentation will be processed. Enrollment can only be approved after verification of income, residence, and all information provided on the application. In addition, a cross-match with Medicaid is completed to ensure that applicants are not currently eligible for these benefits. Once a complete application is received by LA ADAP, a determination will be provided within 10 business days. Per HRSA regulations, LA ADAP cannot provide pre-determination assistance to an applicant.

If you have any questions pertaining to the LA ADAP Application, universal enrollment, eligibility screening criteria, or recertification please contact Jennifer Carlos Gomez at 504-568-5448 / jennifer.carlos@la.gov or Heather Weaver at 504-568-5489 / heather.weaver@la.gov.

Health Insurance Coverage (or "third party providers")

Individuals with a third party provider (including individual and/or group insurance, COBRA, LA Health Plan, Federal Pre-existing Condition Insurance Plan (PCIP), Medicaid and Medicare) that provides coverage for LA ADAP formulary medications are considered ineligible for LA ADAP. These individuals may be eligible for insurance assistance programs through the Ryan White Part B Health Insurance Program (HIP) or other local Ryan White resources.

MEDICAID

Individuals with a LA Medicaid Waiver Program (such as Greater New Orleans Community Health Connection (GNOCHC), Family Planning, Take Charge, etc.) **may** be eligible for LA ADAP. These programs provide coverage for specific Medicaid eligible services, but do not provide prescription drug coverage.

Individuals with full Louisiana Medicaid or Bayou Health, including prescription drug coverage, are not eligible for LA ADAP. Federal regulations also prevent LA ADAP and HIP from assisting with Medicaid prescription drug costs.

FEDERAL PRE-EXISTING CONDITION INSURANCE PLAN (PCIP)

As a provision of the Patient Protection and Affordable Care Act (PPACA), the Federal Pre-Existing Insurance Plan (PCIP) was established in July 2010 to provide comprehensive insurance benefits for individuals with pre-existing conditions. PCIP is a temporary "high risk pool" insurance program available until 2014 when the Health Insurance Exchanges will be available. The PCIP application is available at www.pcip.gov

Federal PCIP Eligibility Requirements:

- Must reside within the service area of the PCIP;
- Must be a citizen of/reside in the United States legally;
- Must have been without credible health insurance coverage for a minimum of six (6) months before applying;
- Must have a pre-existing condition (HIV or other) or have been denied coverage on the basis of a pre-existing health condition.

MEDICARE

Individuals with Medicare Part A and/or B are eligible for Medicare Part D prescription drug coverage. Therefore, individuals with Medicare are required to enroll in a Medicare Part D Prescription Drug Plan and apply for Low Income Subsidy (LIS), also called "Extra Help," before they can receive medication and/or insurance assistance through LA ADAP or HIP.

Individuals with a Medicare Savings Program (MSP) are not eligible for LA ADAP, but may be eligible to receive medication and/or insurance assistance through HIP. MSPs for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI) and Qualified Disabled and Working Individuals (QDWI), may also pay Medicare Part A and B deductibles, coinsurance, and copayments for low income individuals.

To find out more about Medicaid and Medicare programs, individuals should contact LA ADAP, local community based organizations (CBOs) or social service staff at medical centers throughout the state (see Attachments C and D for contact information).

MEDICARE PART D PRESCRIPTION DRUG PLAN (PDP)

Medicare Part D PDP is a federal program to support the costs of prescription drugs for Medicare beneficiaries. Enacted as part of the Medicare Modernization Act of 2003 (MMA), Medicare Part D went into effect on January 1, 2006. All individuals who have Medicare Part A and/or B are eligible for Medicare Part D prescription drug coverage. Therefore, individuals with Medicare are also required to enroll in a Medicare Part D Prescription Drug Plan (PDP) and apply for Low Income Subsidy (LIS), also called "Extra Help," before they can receive medication and/or insurance assistance through Ryan White (RW) Part B.

MEDICARE PART D-PRESCRIPTION DRUG COVERAGE

- Medicare Part D plans will take effect on January 1, of each year. This three week period after the close of the AEP/OEP will allow the Part D Plans and Medicare to process new enrollments and get welcome kits and membership cards out to members prior to the January 1st plan effective date.
- There are NO enhanced Medicare Part D plans offering brand name drug coverage through the Medicare Part D gap or "donut hole."
- Individuals approved for LIS will have full drug coverage through the gap for all medications regularly covered by their plan formulary.
- In plan year 2013, Medicare beneficiaries who are not eligible for LIS will reach the Coverage Gap (Donut Hole) but receive a 21% discount on generic drugs purchased and continue to receive a 52.5% (50% paid by the drug manufacturer and 2.5% paid by the Medicare Part D plan) discount on brand name drugs.
- An LIS application can be completed at www.ssa.gov. Go to the "MEDICARE" tab then navigate down the page to "Apply for Extra Help with Medicare Prescription Plan Costs" and follow the prompts.
- More information on each specific Medicare plan can be found by choosing "Explore Medicare Health Plans" at www.medicare.gov or by contacting the plan directly.

RYAN WHITE PART B SERVICES FOR MEDICARE CLIENTS

- **Individuals with Medicare are required to enroll in a Medicare Part D Plan and apply for Low Income Subsidy (LIS) before receiving medication and/or insurance assistance through Ryan White Part B.**
- Individuals with Medicare are REQUIRED TO APPLY for LIS even if they do not yet have a Medicare Part D plan. If approved for LIS after the annual Open Enrollment Period, individuals will receive a Special Enrollment Period (SEP), in which they may enroll in a Medicare Part D plan with no penalties.
- If an individual receives the SEP, their Medicare Part D coverage will begin on the first day of the following month.
- **ADAP dollars routed through the Ryan White (RW) Part B Health Insurance Program (HIP)** count towards Medicare Part D True Out-Of-Pocket (TrOOP) costs during the coverage gap or "donut hole" for individuals with Medicare Part D. In Louisiana, **ADAP funding contracted through HIP** is the mechanism used to cover cost shares including annual deductibles, copayments and gap coverage (TrOOP) for all **HIP eligible clients**.
- Individuals can be referred to the RW Part B Health Insurance Program (HIP) for assistance with Medicare Part D cost shares including premiums, annual deductibles, copayments and gap coverage.

Individuals are STRONGLY encouraged to contact either the medical center social service department or the Ryan White case management agency in their region for more information on how to enroll in health insurance coverage such as PCIP and Medicare Part D, as well as how to obtain assistance with medication cost shares including monthly premiums, annual deductibles as well as medical appointment and medication copayments. CBO and medical center contact information is provided on attachments C & D.

2013 Medicare Part D Annual Election Period (AEP) and Open Enrollment Period (OEP) are October 15, 2012 through December 7, 2012

- Medicare Part D plans will take effect on January 1, 2013. This three week period after the close of the AEP/OEP will allow the Part D Plans and Medicare to process new enrollments and get welcome kits and membership cards out to members prior to the January 1st plan effective date.
- There are NO enhanced Medicare Part D plans offering brand name drug coverage through the Medicare Part D gap or "donut hole."
- Individuals approved for LIS will have full drug coverage through the gap for all medications regularly covered by their plan formulary.
- In plan year 2013, Medicare beneficiaries who are not eligible for LIS will reach the Coverage Gap (Donut Hole) but receive a 21% discount on generic drugs purchased and continue to receive a 52.5% (50% paid by the drug manufacturer and 2.5% paid by the Medicare Part D plan) discount on brand name drugs.
- An LIS application can be completed at www.ssa.gov. Go to the "MEDICARE" tab then navigate down the page to "Apply for Extra Help with Medicare Prescription Plan Costs" and follow the prompts.
- More information on each specific Medicare plan can be found by choosing "Explore Medicare Health Plans" at www.medicare.gov or by contacting the plan directly.

Medicare Part D 2013 Standard Benefit Model Plan Details

- **Initial Deductible:** will be increased by $5 to $325 in 2013
- **Initial Coverage Limit:** will increase from $2,930 in 2012 to $2,970 in 2013
- **Out-of-Pocket Threshold:** will increase from $4,700 to $4,750 in 2013
- **Coverage Gap (donut hole):** begins once you reach your Medicare Part D plan's initial coverage limit ($2,970 in 2013) and ends when you spend a total of $4,750 in 2013.

In 2013, Part D enrollees will continue to receive a 52.5% discount on the total cost of their **brand-name** drugs while in the donut hole. The full retail cost of the drugs will still apply to getting out of the donut hole even though 52.5% was paid for by others. Enrollees will pay a maximum of 79% co-pay on **generic** drugs while in the coverage gap.

Minimum Cost-sharing in the Catastrophic Coverage Portion of the Benefit:** will increase to greater of 5% or $2.65 for generic or preferred drug that is a multi-source drug and the greater of 5% or $6.60 for all other drugs in 2012

Maximum Co-payments below the Out-of-Pocket Threshold for certain Low Income Full Subsidy Eligible Enrollees: will increase to $2.65 for generic or preferred drug that is a multi-source drug and $6.50 for all other drugs in 2013

Structure of Low-Income Subsidies in 2013

	"FULL" LIS		"Partial" or % LIS	
Income Level	Dual-Eligibles	Income ≤ 135% FPL **AND** resources below $6,600	Income ≤ 135% FPL **AND** resources below $11,010	Income ≤ 155% FPL **AND** resources below $11,010
Standard Premium Average	$0	$0	$0	Sliding scale based on income
Standard Deductible = $325	$0	$0	$66	$66
Copay up to out-of-pocket threshold*	$1.15/$3.50 if ≤ 100% FPL $2.65/$6.60 of > 100% FPL	$2.65/$6.60 co-pay	15% coinsurance	15% coinsurance
Copay up to out-of-pocket threshold*	$0	$0	$2.65/$6.60 co-pay	$2.65/$6.60 co-pay

*Out-of-Pocket Threshold is $4,750 for 2013
** The Catastrophic Coverage is the greater of 5% or the values shown in the chart above. In 2013, beneficiaries would be charged $2.65 for those generic or preferred multisource drugs with a retail price under $53 and 5% for those with a retail price greater than $53. As to Brand drugs, beneficiaries would pay $6.60 for those drugs with a retail price under $132 and 5% for those with a retail price over $132.

www.q1medicare.com

Ryan White Part B Health Insurance Program (HIP)

The Health Insurance Program (HIP) assists HIV-infected individuals who have existing health insurance coverage through individual and/or group insurance, COBRA, LA Health Plan, Federal Pre-existing Condition Insurance Plan (PCIP), and Medicare (federal regulations prevent HIP from assisting with Medicaid costs). Like LA ADAP, HIP is funded by Ryan White Part B funds through the STD/HIV Program and is designed to assist qualified individuals with eligible cost shares associated with health insurance coverage. Cost shares may include monthly premiums, outpatient clinician visits, laboratory/diagnostic costs, eye care services and medications covered by the participant's health insurance plan. Funds available through the program may not currently be used for inpatient hospital cost shares or medication cost shares for erectile dysfunction drugs, over-the-counter medications, vitamins, or nutritional supplements.

ELIGIBILITY REQUIREMENTS FOR HIP:

1. Documented HIV infection;
2. Documented Louisiana residency, US CITIZENSHIP NOT REQUIRED (Attachment A);
3. Annual household income at or below **300%** of the Federal Poverty Level which is $33,510 annually for a household of one (Attachment A);
4. An application for **or** a currently active primary health insurance plan.

ALL Medicare clients must also provide a current Low Income Subsidy (LIS) or "Extra Help" determination letter. If a current LIS determination letter is not available of the time of application or recertification, a copy of the applicant's LIS application print out from the Social Security Administration website can be provided as temporary documentation. LIS applications can be completed online at www.ssa.gov.

HIP is currently administered by the HIV/AIDS Alliance for Region Two (HAART). Enrollment forms are available by contacting community based organizations (CBOs) and medical centers throughout the state or by going online to www.haartinc.org, clicking "Services" then "HIP" on the left hand side of the page.

To find out more about HIP, including how to enroll for assistance, please contact:

Tanya Brown, HIP Supervisor
tbrown@haartinc.org
4550 North Boulevard, Suite 250
Baton Rouge, LA 70806
Phone (225) 927-1269
Toll free (888) 647-1269

OR

Heather Weaver, Treatment Access and Benefits Coordinator
heather.weaver@la.gov
1450 Poydras Street, Suite 2136
New Orleans, LA 70112
Phone (504) 568-5489
Fax (504) 568-3157

Acceptable Forms of Louisiana Residency Documentation **Attachment A**

- A copy of a valid, in-date (non-expired) LA driver's license or LA identification card;
- A copy of a current check stub listing applicant's name and current address;
- A copy of a current lease or mortgage in applicant's name;
- A copy of any current utility bill in the applicant's name;
- A copy of a legal affidavit stating applicant's current address;
- A copy of a legal document listing applicant's name and current address;
  i.e. Federal/State program award letter (SSI, SSDI, Food Stamps, etc.), medical bill, a bank statement, etc.

NOTE: In the case of a minor, parent or guardian's residential information should be submitted.
Residency documentation, other than a valid, in-date Louisiana driver's license or state ID, is considered invalid if dated greater than 6 months old.

Acceptable Forms of Income Documentation

- A copy of a current tax year document (i.e. Federal/State Tax Return, W2, 1099, etc.);
- A copy of the most recent pay stub indicating the time period covered by the check (i.e. weekly, bi-weekly, monthly);
- A statement from the unemployment office verifying no record of employment;
- A copy of current award letter for SSI, SSDI, SNAP, VA, Workers Compensation, unemployment, pension or other benefit;
- A copy of current monthly benefit check from SSI, SSDI, VA, Workers Compensation, unemployment, pension, or other benefit;
- A bank statement showing a gross monthly direct deposit of current SSI, SSDI, SNAP, VA, Workers Compensation, pension, unemployment, or other benefit;
- A legal document showing the current amount of child support or alimony received in a routine basis;
- A current legal affidavit declaring the amount of monthly cash income or a client's lack of income;
- A current Certification of No Income (see Attachment F)

NOTE: Current income and residency documentation is required every six (6) months.

Household is defined as anyone related by blood, legal marriage, or legal adoption who live together in the same dwelling.
If an individual lives with an adult family member and/or a legal spouse, income documentation for each adult living in the household must be provided in order to complete eligibility screening for Ryan White services, including LA ADAP.

Examples:

- An adult son living with his parents counts as a three-person household. Income documentation is required from all three individuals in the household.
- An adult female living with two friends, none of who are family members or her legal spouse, is counted as a one-person household. Income documentation is only required from the applicant.

2013 Federal Poverty Guidelines
The Federal Poverty Level for Ryan White Part B eligibility screening, including LA ADAP, is updated and effective April 1st of each calendar year or on 1st of the month following the release of the guidelines per the Federal Registry.

		Part B CBO programs & NOLA EMA RW Food Bank	ADAP, HIP & Baton Rouge TGA Programs	New Orleans EMA Programs
Household Size	**100%**	**200%**	**300%**	**400%**
1	$11,490	$22,980	$34,470	$45,960
2	$15,510	$31,020	$46,530	$62,040
3	$19,530	$39,060	$58,590	$78,120
4	$23,550	$47,100	$70,650	$94,200
5	$27,570	$55,140	$82,710	$110,280
6	$31,590	$63,180	$94,770	$126,360
7	$35,610	$71,220	$106,830	$142,440
8	$39,630	$79,260	$118,890	$158,520

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Attachment B

LA ADAP Formulary

formulary updated 10/8/2012

Generic required when available, unless otherwise specified by clinician.

Generic Name	Brand Name		Generic Name	Brand Name
Combination Classes			**Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)**	
Efavirenz/Emtricitabine/Tenofovir	Atripla (Sustiva/Truvada)		Rilpivirine	Edurant
Rilpivirine/Tenofovir/Emtricitabine	Complera (Edurant/Viread/Emtriva)		Etravirine	Intelence
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir	Stribild		Delavirdine	Rescriptor
			Efavirenz	Sustiva
CCR5 Inhibitors	Selzentry		Nevirapine	Viramune/Viramune XR
Maraviroc				
			Opportunistic Infection (OI) Medications	
Integrase Inhibitors	Isentress		Acyclovir	Zovirax
Raltegravir			Amphotericin B	Fungizone
			Atovaquone	Mepron
Nucleoside/tide Reverse Transcriptase Inhibitors (NRTIs)			Azithromycin	Zithromax**
Zidovudine/Lamivudine	Combivir**			
Emtricitabine	Emtriva		Cidofovir	Vistide
Lamivudine (3TC)	Epivir		Clarithromycin	Biaxin
Lamivudine/Abacavir	Epzicom		Clindamycin	Cleocin
Zalcitabine/Dideoxycytidine (ddC)	Hivid		Dapsone	
Zidovudine (AZT)	Retrovir		Ethambutol	Myambutol
Abacavir/Zidovudine/Lamivudine	Trizivir		Famciclovir	Famvir
Emtricitabine/Tenofovir	Truvada		Fluconazole	Diflucan**
Didanosine (ddI)	Videx / Videx EC		Flucytosine	Ancobon**
Tenofovir	Viread		Fomivirsen	Vitravene
Stavudine (d4T)	Zerit		Foscarnet	Foscavir
Abacavir Sulfate	Ziagen		Ganciclovir	Cytovene
			Isoniazid (INH)	Lanizid, Nydrazid
Protease Inhibitors (PIs)			Itraconazole	Sporonox
Tipranavir	Aptivus		Leucovorin calcium	Wellcovorin
Amprenavir	Agenerase		Pentamidine	Nebupent
Indinavir	Crixivan		Prednisone	Sterapred
Saquinavir	Fortovase		Probenecid	
Saquinavir Mesylate	Invirase		Pyrazinamide (PZA)	
Lopinavir/Ritonavir	Kaletra		Pyridoxine	Vitamin B6
Fosamprinavir	Lexiva		Pyrimethamine	Daraprim
Ritonavir	Norvir		Ribavirin	Virazole, Rebetol, Copegus
Darunavir	Prezista		Rifabutin	Mycobutin
Atazanvir	Reyataz		Rifampin (RIF)	Rifadin, Rimactane
Nelfinavir	Viracept		Sulfadiazine (oral generic)	Microsulfon
			Trimethoprim/Sulfamethoxazole	Bactrim, Septra
Fusion Inhibitor			Valacyclovir	Valtrex
Enfuvirtude	Fuzeon		Valganciclovir	Valcyte
				**Brand name preferred

Attachment C

Public Medical Centers and Ryan White Infectious Disease Clinics

New Orleans
HIV Outpatient Program (HOP) Clinic
2235 Poydras Street, New Orleans, LA 70112
Clinic Phone (504) 903-6959

Ruth Fertel Tulane T-Cell Clinic
711 N. Broad, New Orleans, LA 70119
Clinic Phone (504) 988-3000

Priority Health Care
4700 Wichers Dr, Marrero, LA 70072
Clinic Phone (504) 309-6057

NO/AIDS Task Force Primary Care
2601 Tulane Ave, Suite 500
New Orleans, LA 70119
Clinic Phone (504) 821-2601

Baton Rouge
LSU Health Baton Rouge,
(Formerly Earl K. Long)
Mid-City Clinic (or Early Intervention Clinic)
1401 N. Foster Drive, Baton Rouge, LA 70806
Clinic Phone (225) 987-9166

Caring Clinic
4560 North Blvd, Suite 101
Baton Rouge, LA 70806
Clinic Phone (225) 341-5901

Capitol City Family Health Center
3140 Florida Blvd, Baton Rouge LA 70806
Clinic Phone (225) 650-2000

Houma
Leonard J. Chabert Medical Center
(Soon to be Ochsner Health System)
1978 Industrial Boulevard, Houma, LA 70363
Clinic Phone (985) 873-1880

Lafayette
University Medical Center
(Soon to be Lafayette General Medical Center)
2390 W. Congress Street, Lafayette, LA 70506
Clinic Phone (337) 261-6415

Lake Charles
W.O. Moss Medical Center
(Soon to be Lake Charles Memorial)
1000 Walters Street, Lake Charles, LA 70607
Clinic Phone (337) 475-8062

Alexandria
Huey P. Long Medical Center CD4 Clinic
352 Hospital Blvd, Pineville, LA 71360
Clinic Phone (318) 483-7272

Shreveport
LSU Shreveport Medical Center
Viral Disease Clinic (VDC)
6670 St. Vincent Ave, Shreveport, LA 71106
Clinic Phone (318) 862-9977

Monroe
E.A. Conway Medical Center Med 3 Clinic
4864 Jackson Street, Monroe, LA 71202
Clinic Phone (318) 330-7820

Independence
Lallie Kemp Medical Center
52579 Hwy 51 South
Independence, LA 70443
Clinic Phone (985) 878-1681

Bogalusa – Bogalusa Medical Center
(Formerly Washington St. Tammany)
400 Memphis Street, Bogalusa, LA 70427
Clinic Phone (985) 730-7204

Attachment D

Louisiana Ryan White Community Based Organizations (CBOs)

There are different community-based organizations in each region of the state that are funded to provide medical case management and other support services. Case managers can help clients access medical care and other services such as medications, dental care, housing, and transportation. Below is a list of agencies funded in Louisiana.

Region I – New Orleans

FACES with Children's Hospital
Tel: 504-821-4611
Fax: 504-822-2084
4640 S. Carrollton Ave, Suite 130
New Orleans, LA 70119

HIV Outpatient (HOP) Clinic
Tel: 504-826-2170
Fax: 504-826-2172
2235 Poydras Street
New Orleans, LA 70112

NO/AIDS Task Force
Tel: 504-821-2601
Fax: 504-821-9992
2601 Tulane Ave, Suite 500
New Orleans, LA 70119

Priority Health Care Inc.
Tel: 504-309-6057
Fax: 504-309-6084
4700 Wichers Drive
Marrero, LA 70072

Region II – Baton Rouge

HAART - HIV Alliance for Region II
Tel: 225-927-1269
Fax: 225-927-7367
4550 North Blvd, Suite 250
Baton Rouge, LA 70806

FSGBR - Family Service of GBR
Tel: 225-927-9810
Fax: 225-927-9807
4727 Revere Avenue
Baton Rouge, LA 70808

Region II – Baton Rouge cont.

Volunteers of America II
Tel: 225-922-3900
Fax: 225-922-3999
1755 Wooddale Blvd
Baton Rouge, LA 70806

Capitol City Family Health Center
Tel: 225-650-2000 x 241
Fax: 225-650-2085
3140 Florida Blvd
Baton Rouge, LA 70806

Region III – Houma

Exchange Support Services
Tel: 985-223-4017
Fax: 985-223-0442
104 Exchange Alley
Houma, LA 70360

Region IV – Lafayette

Acadiana CARES (Concern for AIDS Relief Education and Support)
Tel: 337-233-2437
Fax: 337-235-4178
811 Martin Luther King Jr. Dr.
Lafayette, LA 70501

Region V – Lake Charles

SLAC - SW Louisiana AIDS Council
Tel: 337-439-5861
Fax: 337-436-8713
1715 Common Street
Lake Charles, LA 70601

Region VI – Alexandria

CLASS - Central Louisiana AIDS Support Services
Tel: 318-442-1010
Fax: 318-443-5216
1785 Jackson Street
Alexandria, LA 71301

Region VII – Shreveport

The Philadelphia Center
Tel: 318-222-6633
Fax: 318-222-6678
2020 Centenary Blvd
Shreveport, LA 71104

Region VIII – Monroe

GO CARE - Greater Ouachita Coalition Providing AIDS Resources and Education
Tel: 318-325-1092
Fax: 318-325-7793
1801 North 7th Street
West Monroe, LA 71201

Region IX – Bogalusa/Mandeville

Volunteers of America IX
Tel: 985-674-0488
Fax: 985-674-0336
823 Carroll St. Suite B
Mandeville, LA 70448

S.E. Louisiana AHEC
Tel: 985-945-1119
Fax: 985-419-9486
1302 J.W. Davis Drive
Hammond, LA 70119

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Attachment E

LA ADAP Transition to OPH Pharmacy

Due to both the privatization of the medical centers and contract terminations, LA ADAP services are being transitioned from the LSU Medical Center Outpatient Pharmacies to the Office of Public Health (OPH) Pharmacy. The process for providing LA ADAP formulary medication to eligible clients will transition to a **Central Fill Pharmacy model.** By June 30th, all LA ADAP clients will be required to use the OPH Pharmacy for LA ADAP medication access.

TERMS– Prescription: the order from the prescription for a medication.
Medication: the drug provided when a prescription is filled.
Pharmacy System: where prescription and fill information is retained.
ADAP System: where ADAP eligibility and enrollment information is retained.

How do prescriptions get to the OPH Pharmacy?

- The prescriber's office must submit new prescriptions to OPH Pharmacy by FAX or e-prescribe only.
  fax number: 504-568-8306 **e-prescribe ID: D.H.H. OPH Pharmacy**
- Only the prescriber's office can send new prescriptions to the OPH Pharmacy (cannot be a forwarded fax).
- New prescriptions cannot be called in.
- Prescriptions cannot be transferred from another pharmacy.
- Prescription refills can be called in by the prescriber's office.
- Requests to fill/refill medications can be called in by clients, and client representatives including but not limited to friends, family, social service providers, clinic staff, and case managers.
- OPH Pharmacy hours are Monday through Friday 8am to 4:30pm

How does OPH Pharmacy know if someone is approved for LA ADAP?

- On a nightly basis, the OPH Pharmacy receives a spreadsheet generated from the ADAP system.
- All active LA ADAP clients are included on that spreadsheet to confirm for the OPH pharmacy that they may fill LA ADAP formulary medications.
- In order for the OPH Pharmacy to fill a medication, the client must be listed as eligible in the ADAP system and have a valid prescription on record in the pharmacy system.

How often are medications delivered?

- Medications will be shipped to the designated delivery entity (see page 2) twice a week, on Mondays & Wednesday, for next-day **delivery before 3:30pm on Tuesdays and Thursdays** respectively.
- Clients should be directed to **call the ADAP Designee at the delivery entity** (see page 2) to make sure their medications have been delivered **before going to pick up.**
- If a client needs to start a medication immediately, the prescriber's office must notate such on the prescription when it is sent to OPH Pharmacy. Only with the prescriber's notation, can a medication be marked for next-day delivery.
- **Next-day delivery is only available if the prescriber notates that the medication must be started immediately and only if the prescription is received by OPH Pharmacy Monday through Thursday.**
- To prevent medications from sitting on a delivery truck for several days, shipments will not be sent on Fridays. If a prescription is received on Friday, the earliest it can be shipped is the following Monday for delivery on Tuesday.

How do clients get their medications?

- Medication will be dispensed by the OPH Pharmacy in accordance with the Board of Pharmacy Louisiana Administrative Code*.
- The OPH Pharmacy will fill prescriptions for active ADAP clients and prepare entity specific boxes for shipment. Medication in need of refrigeration will be package in cooler boxes with cold pack.
- LA ADAP will process shipment of the boxes via FedEx.
- The ADAP Designee at each entity will receive an email from FedEx when their entity's box leaves ADAP **and** when it is delivered to their address.
- Each client's medication will be individually bottled, labeled, and bagged like a regular retail medication.
- Upon pick up, the client and ADAP Designee will sign and date the Receipt of LA ADAP Medication form as proof of receipt.

Attachment E (continued)

- The signed and dated form **MUST** be faxed to LA ADAP at 504-568-3157 by the ADAP Designee on a weekly basis.
- It is suggested that the Receipt of LA ADAP Medication form also be maintained by the entity for their records.
- Dispensed medications will be shipped to the following entities:

Area	Delivery Entity	ADAP Designee	ADAP Designee Phone
New Orleans EMA	Avita Drugs	Lloyd Adams	504-822-8013
	Priority Health	Cassandra Marsalis	504-309-6057
Baton Rouge TGA	Prescribing clinician's office	OLOL - Dawn Beasley	225-987-9168
		Caring Clinic - Charlotte Watts	225-341-5901
		Capitol City FHC - Keith Jupiter	225-650-2600
Houma	Medical Center Outpatient Pharmacy	Melanie Story	985-873-1380
Lafayette	Medical Center Outpatient Pharmacy	Debbie Benoit	337 266-4869
Lake Charles	Medical Center Outpatient Pharmacy	Ashleigh Terry/Rachel Labove	337-475-8275
Alexandria	Prescribing clinician's office	Dacia Chabral	318-483-7219
Shreveport	Medical Center Outpatient Pharmacy	Lawrence Justice/Marilyn Williams	318-813-1803
Monroe	Medical Center Outpatient Pharmacy	Tomi Tharp	318-330-7819
Independence	Medical Center Outpatient Pharmacy	Mary Vuljoin/Dennis Blanchard	985-878-1317
Bogalusa	Medical Center Outpatient Pharmacy	Summer Godwin	985-730-7218

Who do I call if I have questions?

If you have questions about medications or medication shipments:

- OPH Pharmacy staff can be reached at 504-568-5022 or 855-262-7946. The pharmacy staff are trained and licensed to provide medication counseling.
- **OPH Pharmacy ADAP Designated Staff are** Leah Michael, Kendra Burrell, and Maureen Ancar.

If you have ADAP enrollment questions:

- You can call 504-568-7474 to speak to an ADAP staff person or contact a staff person directly. ADAP staff numbers are: Jennifer Gomez – 504-568-5448 Markham Bradburn – 504-568-3623
  Rosaline Morgan – 504-568-8746 Tiffany Medlock – 504-680-9403

If you have questions regarding HIP clients:

- Please contact the Health Insurance Program (HIP) directly at 225-927-1269. Please ask to speak to Tanya Brown, HIP Supervisor or a HIP staff person. If you are unable to reach a HIP staff person directly you may call Heather Weaver at 504-568-5489.

Medication Storage – Medication must be:

- **Unopened by entity staff; only the client may open his/her medication bag**
- Kept in a locked, secure location to be accessed only by approved staff
- Organized alphabetically
- Maintained at air-conditioned room temperature unless refrigeration is required
- If refrigeration is required, refrigerator must be for medications only
- LA ADAP will provide pre-paid, pre-addressed FedEx labels, for the return of medications not picked up.
- OPH Pharmacy will destroy returned medications according to board rules and regulations.

* Board of Pharmacy Louisiana Administrative Code; Prescription Dispensing -– Prescription dispensing means the issuance, by a licensed pharmacist, of one or more doses of medication in a suitable container, properly labeled for subsequent administration, and shall consist of The following procedures or practices: receiving and interpretation of the prescription order; assembling the drug products and an appropriate container; preparing the prescription by compounding, mixing, counting, or pouring; affixing the proper label to the final container; patient counseling as required; and transfer of possession.

Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health

Attachment F

Louisiana AIDS Drug Assistance Program (LA ADAP) Application
INSTRUCTIONS

Submission of an incomplete form will result in your application being delayed and could result in your application being denied.

APPLICATION TYPE: Check the appropriate box to indicate application type.

New Enrollment: any individual applying to LA ADAP for the first time. Since LA ADAP is currently closed to new enrollment, this option is only available to individuals approved to be referred to LA ADAP from the Unmet Need List.

- Documentation Requirements: LA ADAP Application; current documentation of income and Louisiana residency MUST be provided and be within the last 6 months. See Attachment A for acceptable forms of income and residency documentation.

Recertification: full eligibility screening for actively enrolled clients; completed every six months.

- Documentation Requirements: LA ADAP Application; current documentation of income and Louisiana residency MUST be provided and be within the last 6 months. See Attachment A for acceptable forms of income and residency documentation.

CLIENT INFORMATION

Name: Print legal last name, legal first name, and maiden name if applicable.

Date of Birth: Enter date of birth in the space provided.

SSN: Enter complete Social Security Number (SSN). *Enter N/A on first line if not available.*

Phone: Enter telephone number in the spaces provided. Check the appropriate box if we may contact you by phone.

Street Address: Enter complete address including street number and name, apartment or suite number, city, state and ZIP code in the space provided. Check the appropriate box if you can receive mail at this address.

Gender: Check the appropriate box of the gender you identify with. Females, check the appropriate box if you are currently pregnant and enter due date, if applicable. *Enter approximate month/year if exact date is unknown.*

Race: Check the appropriate box of the race you most identify with. Check all that apply and **do not leave blank**.

Hispanic: Check the appropriate box if you are of Hispanic/Latino(a) descent.

Marital Status: Check the appropriate box that describes your marital status. If separated but not legally divorced, enter the date of separation in the space provided. *Enter approximate month/year if exact date is unknown.*

Household Size: Enter the number of individuals, including you, related by blood or legal marriage that live in the same dwelling. If your household is greater than one, list the name and ages of all persons and describe his/her relationship to you in the space provided. (Examples: mother, father, sister, brother, aunt, uncle, etc.)

Assets: Check the appropriate box if you have assets greater than $4000, not including one home and one car. (Examples: checking and savings accounts, Certificates of Deposit (CDs), interests and securities, etc.)

Veteran: Check the appropriate box if you a veteran of the United States Armed Forces. If you are NOT a veteran, skip the following questions. If you ARE a veteran, answer the following questions. Check the appropriate box if you receive care at any VA facility (Examples: Veterans Health Care System or VetCenter). You are not required to receive care at a VA facility to be eligible for LA ADAP. Check the appropriate box if you receive any CHAMPVA program benefits or TRICARE/CHAMPUS program benefits. CHAMPVA and TRICARE provide comprehensive health insurance coverage so you will likely be ineligible for LA ADAP.

Employment Status: Check the appropriate box that describes your current employment status.

Attachment F (continued)

Income Source: Check the appropriate box(es) that describe(s) the source(s) of your current household income. If the source is not listed, check the 'Other' box and enter the source in the space provided. Income documentation must be provided for all members of your household age 18 or older listed in the household size section. See Attachment A for more information and for acceptable forms of income documentation.

Total Income: Enter the dollar amount of your current total household income in the space provided and check the appropriate box that describes the income amount.

Medicaid: Check the appropriate box if you have applied to Louisiana Medicaid/Bayou Health. If you have NOT applied, you should seek assistance from your case manager (if you have one) with completing a LA Medicaid/Bayou Health application, but can skip the following questions at this time. If you HAVE applied, enter the date of application and the application status or outcome. *Enter approximate month/year if exact date is unknown.*

Medicare: Check the appropriate box if you have Medicare Part A and/or Medicare Part B. If you HAVE Medicare A and/or B, you are eligible to receive Medicare Part D drug coverage and are likely eligible to receive assistance through the Health Insurance Program (HIP).

PCIP: Check the appropriate box if you have applied to the Federal Pre-Existing Condition Insurance Plan (PCIP). If you HAVE PCIP, you are likely eligible to receive assistance through the Health Insurance Program (HIP). If you have NOT applied, you can skip the following question. If you HAVE applied, enter the date of application in the space provided.

Current Health Insurance Coverage: Check the appropriate box if you have health insurance coverage. If you do NOT currently have coverage, you can skip the following questions. If you DO have coverage, enter the name of your insurance carrier in the space provided. Check the appropriate box if your insurance covers prescriptions and if your insurance has a prescription cap. If your insurance has a prescription coverage cap, the dollar amount of the drug benefit cap limit and the time period it occurs (Examples: $200/month, $5000/year, etc.) and/or if a brand name specific cap (Example: $500 max for brand name drugs/month) is required to determine LA ADAP eligibility. Documentation of the prescription cap, such as the Summary of Benefits, must be provided. If you HAVE active health insurance coverage you are likely eligible to receive assistance through the Health Insurance Program (HIP).

Previous Health Insurance Coverage: Check the appropriate box if you have had health insurance coverage in the past 6 months. If you have NOT had coverage, you can skip the following question. If you HAVE had coverage, enter the name of the insurance carrier in the space provided.

CERTIFICATION

Client Certification and Release: Please read this statement carefully. If you have no questions, sign and date page 1 of the application.

Entity Certification: Please read this statement carefully. If the client has no questions, sign and date page 1 of the application. If the application is being completed by the client alone, this section may be left blank.

PAGE 2 OF THE APPLICATION IS TO BE COMPLETED BY YOUR CLINICIAN.

Due to federal regulations, you **cannot** be charged a fee related to the completion of an LA ADAP Application by any entity, including your clinician's office, medical center, and community based organizations (CBOs). Please refer the entity to the LA ADAP Guidelines if you are asked to pay a fee or charged an office visit co-payment to complete this application.

If you need assistance getting this form to your clinician, contact you case manager at your local CBO, social service staff at your medical center or LA ADAP directly at (504) 568-5448.

Both pages of the application must be completed before an application can be approved, so it is important that you contact LA ADAP immediately if you have any questions or encounter any problems.

Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of Public Health

Attachment G

Certification of No Income

INSTRUCTIONS

PURPOSE: If no other documentation of income is available, this form can be used to certify "no income" or "zero income" when applying to or recertifying for the Louisiana AIDS Drug Assistance Program (LA ADAP) and the Health Insurance Program (HIP). This document must accompany the original LA ADAP or HIP application.

PERSONAL INFORMATION (to be completed by applicant)

Name: Print legal last name, first name, and maiden name if applicable.

Date of Birth: Enter date of birth in the spaces provided.

SSN: Enter complete Social Security Number (SSN). *Enter N/A on first line if not available.*

Phone: Enter telephone number in the spaces provided. Check the appropriate box (yes or no) if we may contact you by phone.

NO INCOME VERIFICATION (to be completed by applicant)

A. Check the box indicating you have 'no income' or 'zero income'

1. Enter date since you have had no income in the spaces provided. *Enter approximate month/year if exact date is unknown.*
2. Enter date you expect to receive income in the spaces provided. *Enter approximate month/year if exact date is unknown.*

B. Enter a brief summary describing how you sustain yourself for food, shelter, etc. *Examples can include: living with family/friends that provide food and housing, living in a homeless shelter, living in a detox/rehab center, etc.*

C. Enter the name(s), contact information, relationship to applicant of person(s) providing support.
Enter date the person(s) listed above started providing support in the spaces provided. *Enter approximate month/year if exact date is unknown.*
Check the appropriate box (yes or no) if LA ADAP/HIP is allowed to contact the person(s) listed above to verify this information.

CERTIFICATION (to be completed by applicant and entity representative or witness)

Please read each statement carefully. Initial to the left of each statement in the space provided.
Applicant must print full name. Signature and date is required.
Entity representative or witness must print full name. Signature and date is required.

IMPORTANT

1. Submission of an incomplete form will result in the client's application being delayed and could result in the client's application being denied.
2. If readily available, you must submit the most recent tax return (or document of non-filing).
3. If readily available, you must submit documents from the local unemployment office or Social Security Administration stating that you did not make any income as per their records.

*Received Complete*_____ *Approved/Denied* *Approval/Denial Date*_____

Louisiana AIDS Drug Assistance Program (LA ADAP) Application

PLEASE INDICATE APPLICATION TYPE

☐ **New Enrollment*** ☐ **Recertification***

Entity _____ Contact Person _____ Phone (_____)_____ Clinician _____

ADAP card will be delivered TO REFERRING ENTITY by FedEx

Please print clearly and answer ALL questions completely. Missing information will delay the review process.
***Current documentation of income and Louisiana residency MUST be provided.**
US CITIZENSHIP NOT REQUIRED

CLIENT INFORMATION

Legal First Name _____ **Legal Last Name** _____ **Date of Birth** _____

Maiden Name (if applicable) _____ **SSN** _____-_____-_____ **Phone (**_____**)**_____

Street Address (include entire address)_____

May we contact you by phone? ☐ Yes ☐ No
Can you receive mail at this address? ☐ Yes ☐ No

City _____ **State**_____ **Zip** _____

Gender: ☐ Male ☐ Female ☐ Transgender: Male to Female ☐ Transgender: Female to Male ☐ Transgender: Unknown

~If female, are you currently pregnant? ☐ Yes ☐ No
Due date: _____

Race: (check all that apply)
☐ White/Caucasian ☐ Black/African American
☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ Amer. Indian/Alaska Native ☐ Unknown/Other _____

Hispanic: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated, Date: _____

Including you, what is your household*** size? _____

*****Household is considered any individual related by blood or legal marriage living in the same dwelling.**

~If household (as defined above) is greater than one (1), please list all persons, his/her age, and describe his/her relationship to you.

Name	Age	Relationship

Income documentation required for all household members age 18 or older

Assets: Do you have assets greater than $4,000, not including one (1) house and one (1) automobile? ☐ Yes ☐ No

Veteran: Are you a veteran? ☐ Yes ☐ No-skip questions below
~Do you receive care at any V.A. facility? ☐ Yes ☐ No
~Do you receive any CHAMPVA program benefits? ☐ Yes ☐ No
~Do you receive any TRICARE/CHAMPUS program benefits? ☐ Yes ☐ No

Employment Status: ☐ Full Time ☐ Part Time ☐ Unemployed

Household Income Source: (Documentation required for ALL household members age 18 or older. SSDI start date required if receiving SSDI)
☐ Salary/Wages ☐ Food Stamps/SNAP
☐ Social Security (SSI) ☐ Unemployment
☐ Social Security (SSDI) **SSDI Start Date** _____
☐ Certification of No Income ☐ Affidavit
☐ Other (specify source) _____

Total Household Income $_____ ☐ Yearly ☐ Monthly

Medicaid: Have you applied for Louisiana Medicaid/Bayou Health?
☐ Yes ☐ No-skip questions below
~What date did you apply? _____
~What is the Medicaid application status?
☐ Pending ☐ Denied
☐ Approved: Bayou Health Plan _____
☐ Approved: Other (please specify) _____

Medicare: Do you have Medicare Part A and/or B? ☐ Yes ☐ No

PCIP: Have you applied for the Pre-existing Condition Insurance Plan?
☐ Yes ☐ No-skip question below
~What date did you apply? _____

Do you currently have health insurance coverage, including Medicaid, Medicare, PCIP, LA Health Plan, COBRA or private/group insurance?
☐ Yes ☐ No-skip questions below
~What is insurance name? _____
~Does insurance cover prescriptions? ☐ Yes ☐ No-skip questions below
~Does insurance have prescription cap? ☐ Yes ☐ No-skip questions below
Cap Limit $_____ ☐ Yearly ☐ Monthly ☐ Brand

In the past 6 months, have you had health insurance coverage, including Medicaid, Medicare, PCIP, LA Health Plan, COBRA or private/group insurance? ☐ Yes ☐ No-skip question below
~What was insurance name? _____

COMMENTS: _____

Client Certification & Release: To the best of my knowledge the above information is accurate and complete as of today's date. I understand that falsification of information may lead to suspension or termination of services through LA ADAP. I authorize that LA ADAP may contact me, my physician, case manager, social worker, hospital, pharmacy, CMS, SSA, insurance company or applicable drug company programs to obtain information concerning my care, treatment, and services for the purposes of eligibility for LA ADAP. LA ADAP may also provide my basic demographic information to LSU administration in order that I may be assigned a medical record number and be exempt from the standard administration procedure. I understand that my information may be stored in an electronic database accessible by other Louisiana agencies from which I receive HIV services.

_____ _____
Client Signature Date

Entity Certification: By my signature below, I certify that the purpose of this application and the above Client Certification & Release has been explained to the client and that to the best of my knowledge the above information is accurate and complete as of today's date.

_____ _____
Entity Representative Signature Date

Once completed, this form contains confidential information that is legally privileged and must be protected in compliance with HIPAA regulations.

*Received Complete*_____ *Approved/Denied* *Approval/Denial Date*_____

Louisiana AIDS Drug Assistance Program (LA ADAP) Application

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PRESCRIBING CLINICIAN

Please print clearly and answer ALL questions completely. Missing information will delay the review process.
US CITIZENSHIP NOT REQUIRED

Legal First Name _____ **Legal Last Name** _____ **Date of Birth** _____

Maiden Name (if applicable) _____ **SSN** _____-_____-_____ **Phone** (_____)_____

A. MEDICAL INFORMATION

1. **Has the patient received medical treatment at your clinic/medical center within the last 6 months?**

   ☐ Yes (continue to question 2) ☐ No (skip to section C)

2. **What is the patient's current HIV disease status?**

   ☐ HIV+, not-AIDS HIV Diagnosis Date_____

   ☐ HIV+, AIDS status unknown HIV Diagnosis Date_____

   ☐ CDC-defined AIDS* HIV Diagnosis Date_____ AIDS Diagnosis Date_____

   *both HIV diagnosis date and AIDS diagnosis date are required (even if the same date) if status is classified as CDC-defined AIDS

3. **Provide most recent lab values AND regimen at time of labs in space provided. (Do not attach lab results).**

   LABS MUST BE WITHIN THE LAST 6 MONTHS. (Please note if most recent lab results are pending.)

Date Drawn	Results Pending?	CD4	CD4%	Viral load	SGOT/SGPT	Creatinine	ARV regimen at time of labs

4. **List all medications patient is currently taking, including dosage. (If more space is needed it is ok to attach medication list)**

HIV Antiretrovirals	Opportunistic Infection Medications	Other medications including OTC

B. HEALTH INSURANCE INFORMATION

Does the patient have any of the following health insurance coverage? (check all that apply)

☐ Medicaid ☐ Medicare ☐ LA Health Plan ☐ No health insurance coverage
☐ COBRA ☐ PCIP ☐ Private/Group Insurance: _____

C. TREATMENT DISCONTINUATION INFORMATION (complete only if you answered 'no' to question 1 in section A)

Clinician no longer prescribing ARV and/or OI medication to this patient because he/she:

☐ has been out of medical care 6 months or more ☐ has relocated out of state ☐ is not on ARV or OI medication
☐ is deceased as of _____ ☐ is incarcerated as of_____ ☐ Other _____

_____(_____)_____(_____)_____
Clinic/Medical Center Name Contact Person (Please Print) Phone Fax

Clinician certification: to the best of my knowledge the above information is accurate as of today's date.

_____
Clinician Name (Please Print) Clinician Signature Date

Once completed, this form contains confidential information that is legally privileged and must be protected in compliance with HIPAA regulations.

Certification of No Income

If no other documentation of income is available, this form can be used to certify "no income" or "zero income" when applying to or recertifying for the Louisiana AIDS Drug Assistance Program (LA ADAP) and the Health Insurance Program (HIP). This document must accompany the original LA ADAP or HIP application.

Please print clearly and answer ALL questions completely. Missing information will delay the review process.
US CITIZENSHIP NOT REQUIRED

PERSONAL INFORMATION (to be completed by applicant)

Legal First Name _____ **Legal Last Name** _____ **Date of Birth** _____/_____/_____

Maiden Name (if applicable) _____ **SSN** _____-_____- _____ **Phone (**_____**)**_____

NO INCOME VERIFICATION (to be completed by applicant)

A. I certify that I currently do not have any income: ☐ (please check box)

1. I have had no income since: _____/_____/_____
2. I do not expect to receive any income until: _____/_____/_____

B. Please provide a brief summary describing the current living conditions/arrangements that apply: (examples: I support myself but living with family/friends that only provide housing and/or food, living in a homeless shelter, living in a detox/rehab center, etc.)

_____

_____

_____

C. Please give the details of person(s) providing support:

_____ Name(s)

_____ Relationship to Applicant

_____ Address of Person(s) Providing Support

_____ Phone Number of Person(s) Providing Support

I have received support from the person(s) listed above since _____/____/_____

Can LA ADAP/HIP contact the person(s) name above in Section (C) to verify information? ☐ **Yes** ☐ **No**

CERTIFICATION (to be completed by applicant and entity representative or witness)

By initialing to the left of each statement and signing below, I agree that:

_____I understand that verification of income is required to determine eligibility for all Ryan White programs, including the Louisiana AIDS Drug Assistance Program (LA ADAP) and Health Insurance Program (HIP).

_____I understand that the program I am applying for may verify the information on this form and I may be required to submit additional documents, if requested. Failure to do so within the specified deadline will result in my file being closed to the program.

_____I understand that if I deliberately misrepresent information on this form, I may be required to repay benefits to the program and I may be prosecuted under applicable state and federal statutes.

_____I understand that 'no income' or 'zero income' means that I do not receive any **money** through employment, or from other sources (like unemployment, interests, retirement, Social Security disability income (SSDI), supplemental security income (SSI), etc.).

_____I certify that I do not have any income and I will notify the program I am applying to immediately if I receive, or start receiving any income.

_____**Client Certification & Release:** To the best of my knowledge the above information is accurate and complete as of today's date. I authorize that LA ADAP/HIP may contact me, my physician, case manager, social worker, hospital, pharmacy, CMS, SSA, insurance company or applicable drug company programs to obtain information concerning my care, treatment, and services for the purposes of eligibility for LA ADAP/HIP. LA ADAP/HIP may also provide my basic demographic information to LSU administration in order that I may be assigned a medical record number and be exempt from the standard administration procedure. I understand that my information may be stored in an electronic database accessible by other Louisiana agencies from which I receive HIV services.

_____

Applicant (Print Name) Applicant Signature Date

Entity Representative: By signing below, I certify that the purpose of this form and the above Client Certification & Release has been explained to the client, and that to the best of my knowledge the above information is accurate and complete as of today's date.

_____

Entity Representative or Witness (Print Name) Entity Representative or Witness Signature Date

Once completed, this form contains confidential information that is legally privileged and must be protected in compliance with HIPAA regulations.