

2025

Georgia Ryan White Part B, AIDS Drug Assistance Program (ADAP), and Health Insurance Continuation Program (HICP)

Policies & Procedures

CONTENTS

INTRODUCTION	3
SECTION 1: SUBRECIPIENT ROLES & RESPONSIBILITIES	6
SECTION 2: PROGRAM MONITORING & OVERSIGHT	15
SECTION 3: ELIGIBILITY POLICIES & PROCEDURES	20
Eligibility Determination	20
Part B/ADAP/HICP Application	36
Eligibility Recertification	38
ADAP Medications/ADAP Contract Pharmacy (ACP) Network	40
ADAP Waiting List	42
Discontinuation of Services	42
Security and Confidentiality	44
Fair Hearings and Grievance Policy	44
REFERENCES	47
APPENDICES	48
A. Part B Primary Care Clinics	49
B. ADAP/HICP Enrollment Sites	54
C. Justification for Order of Stop Gap Medications Worksheet	64
D. Medication Dispensing Log	65
E. ADAP Contract Pharmacy (ACP) Network	66
F. 2025 Federal Poverty Level (FPL) Guidelines	69
G. Ryan White Part B/ADAP Electronic Application and 12-Month Recertification	70
H. Statement of Support	83
I. MAGI/FPL Determination Worksheet	84
J. Other Coverage Screening Form	85
K. Georgia's ADAP & Medicare Part D FAQs	86
L. Notification of Client Responsibility for Participation in HICP	89
M. Repayment Agreement Form	90
N. ADAP Emergency Program (AEP) Statement of Support	91
O. AEP Self-Attestation Form	92
P. Medication Override Request Form	93
Q. ADAP/HICP Discontinuation Form	94

INTRODUCTION

About this Document

The Georgia Ryan White Part B/ADAP/HICP Policies and Procedures Manual provides guidance on the Ryan White Part B, the AIDS Drug Assistance Program (ADAP), and the Health Insurance Continuation Program (HICP), and defines the administrative functions and processes in Georgia. This manual provides an overview of the Ryan White CARE Act and its various revisions with a detailed description of the most recent law implemented. A discussion follows of Georgia's Ryan White Part B Program with specific focus on its components. Included in this manual are also lists of Georgia Ryan White Part B Clinics and ADAP/HICP Enrollment sites. The manual is a living document to be updated as needed. All information, policies, procedures, and documents found herein are effective as of April 1, 2025.

Ryan White Overview

The Ryan White Comprehensive AIDS Resources Emergency Act is a federal legislation that addresses the unmet health needs of persons living with HIV/AIDS (PLWHA) by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996, 2000, 2006 and 2009; it was funded at \$2.57 billion in 2024.

The Ryan White HIV/AIDS Treatment Modernization Extension Act of 2009

Federal funds are awarded to agencies located around the country, which in turn deliver care to eligible individuals under funding categories called Parts.

- **Part A** provides emergency assistance to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic.
- **Part B** provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five (5) U.S. Pacific Territories or Associated Jurisdictions.
- **Part C** provides comprehensive primary health care in an outpatient setting for people living with HIV disease.
- **Part D** provides family-centered care involving outpatient or ambulatory care for women, infants, children, and youth with HIV/AIDS.
- **Part F** provides funds for a variety of programs:

- **The Special Projects of National Significance Program** grants fund innovative models of care and supports the development of effective delivery systems for HIV care.
- **The AIDS Education and Training Centers Program** supports a network of eight regional centers and several National centers that conduct targeted, multidisciplinary education and training programs for health care providers treating people living with HIV/AIDS.
- **Dental Programs** provide additional funding for oral health care for people with HIV.

Ryan White Program 2030

In April 2024, the Health Resources and Services Administration (HRSA) announced the Ryan White Program 2030, which builds off the foundation of the Ryan White HIV/AIDS Program and the innovative strategies from the first four years of the federal Ending the HIV Epidemic in the U.S. initiative. Ryan White Program 2030 calls on the HIV community to continue to care for those in the Ryan White HIV/AIDS Program while also prioritizing efforts to reach people with HIV who are out of care and not virally suppressed.

Georgia Ryan White Part B Components

Below is a description of the Georgia Ryan White Part B Program and its components.

Ryan White Part B Program

In Georgia, the Ryan White Part B Program is administered by the Georgia Department of Public Health (DPH), Division of Medical and Clinical Program Services, Office of HIV/AIDS. The Office of HIV/AIDS funds agencies in 16 public health districts to deliver HIV/AIDS services throughout the state. The agencies are responsible for planning and prioritizing the delivery of HIV services in their respective geographic areas. All funded agencies provide primary care services. Support services are funded based on the availability of resources. Part B also funds the Georgia ADAP and HICP, which provide medications and health insurance coverage. Please see **Appendix A** for a list of the Part B Primary Care Clinics.

Seventy-five percent of Part B funds must be used to fund “core medical services” which include outpatient and ambulatory health services; ADAP; AIDS pharmaceutical assistance; oral health care; early intervention services; health insurance premium and cost-sharing assistance; home health care; medical nutrition therapy; hospice care; community-based health services; substance abuse outpatient care; and medical case management, including treatment adherence services. The remaining 25 percent of funds must go to support services that are needed for PLWHA to achieve their medical outcomes, such as respite care, outreach services, medical transportation,

linguistic services, and referrals for health care and support services. Please refer to [HRSA PCN #16-02](#) for definitions for each of the above HIV services.

ADAP

ADAPs are state administered programs that provide HIV/AIDS medications to low-income individuals living with HIV disease, who have little or no coverage from private or third-party insurance. Georgia ADAP services are available to all eligible residents throughout all 18 health districts in the state. There are 30 enrollment sites (**Appendix B**) in Georgia, inclusive of ten (10) approved sites located in metro Atlanta.

HICP

The Georgia HICP is a state administered program which assists eligible persons who are unable to pay their health insurance premiums for private/individual or Consolidated Omnibus Budget Reconciliation Act (COBRA) plans. This special program pays a maximum monthly health insurance premium of \$1,788.00, which may include a spouse and children on a family health insurance plan, as well as dental and vision. The HICP also covers medication co-pays, in addition to premiums, for eligible individuals. The program will only accept new clients who have insurance plans that include both outpatient primary care coverage and prescription coverage without a yearly cap. The HICP allows clients the opportunity and flexibility to continue to access their doctors, maintain a continuum of primary health care and sustain an improved quality of life. In addition, the program offers prescription co-pay assistance to eligible Medicare Part D participants. The Medicare Part D co-pay assistance component of the program will assist individuals with out-of-pocket costs for ADAP approved formulary medications.

Georgia HICP services are available to all eligible residents of Georgia at all ADAP-HICP enrollment sites (**Appendix B**).

Hepatitis C Program

The Georgia Hepatitis C Program is a state administered program that assists eligible ADAP/HICP participants living with Hepatitis C obtain medications covered on the Georgia ADAP formulary. The program provides medications for the entire course of treatment at one (1) ADAP Contract Pharmacy of the participant's choice.

Minority AIDS Initiative (MAI)

The Georgia Ryan White Part B Program utilizes MAI funds for the implementation and continuation of the evidence-based Antiretroviral Treatment and Access to Services (ARTAS) Linkage Case Management intervention to conduct outreach, educate and link minority clients into care, ADAP, partner services, and other social services. Ryan White MAI funded health

agencies use ARTAS as a method to identify and re-engage clients who have been “lost to care” and re-link them.

Emerging Communities (EC)

Georgia has one eligible emerging community, the Augusta-Richmond County, GA-SC metropolitan statistical area (MSA), part of the Augusta Health District. The Augusta-Richmond County, GA-SC MSA includes the Richmond, Burke, Columbia, Lincoln, and McDuffie counties in Georgia and Aiken and Edgefield counties in South Carolina. ECs are determined based on cumulative AIDS cases reported to and confirmed by the CDC during the most recent period of five calendar years. EC funds are used to provide increased access to unfunded or underfunded services.

SECTION 1: SUB-RECIPIENT ROLES & RESPONSIBILITIES

The primary role of sub-recipients, also referred to as funded agencies, is to provide medical and support services to all eligible PLWHA who reside in Georgia. Sub-recipients are responsible for maintaining appropriate relationships with entities in the area they serve that constitute key points of access to the health care system for individuals with HIV/AIDS (emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, STD clinics, and others) for the purpose of facilitating early intervention for individuals newly diagnosed with HIV/AIDS and individuals knowledgeable of their HIV status but not in care.

Services provided must meet all service standards set forth by the state, and must align with [HRSA's Ryan White Universal and Part B Programmatic and Fiscal National Monitoring Standards](#).

HIV Care Continuum

The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV Care Continuum or the HIV Treatment Cascade. The HIV Care Continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of antiretroviral therapy (ART), and ultimately HIV viral load suppression.

Sub-recipients are encouraged to assess the outcomes of their programs along the HIV Care Continuum. Collaboration with community and public health partners to improve outcomes across the Continuum is key, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. Performance measures developed for the Ryan White Part B Program should be used to assess the efficacy of the programs and to analyze and improve the gaps along the Continuum.

Status Neutral Approach

Status neutral service provision is an example of a syndemic approach to public health, weaving together resources from across infectious disease areas to deliver whole-person care, regardless of a person's HIV status. Employing a status neutral approach and providing comprehensive care for all people, regardless of HIV status, can help reduce HIV stigma. Since HRSA's Ryan White HIV/AIDS Program (RWHAP) legislation provides grant funds to be used for the care and treatment of people diagnosed with HIV, thus prohibiting the use of RWHAP funds for medical services for HIV-negative clients who are at substantial risk for HIV, the HRSA HIV/AIDS Bureau (HAB) encourages recipients to leverage the existing RWHAP infrastructure, such as risk reduction counseling and targeted HIV testing and referral, to support a status neutral approach within the parameters of the RWHAP legislation.

Care Consortium

Sub-recipients must collaborate with their local Ryan White Part B HIV Care Consortia to conduct appropriate assessments of need, prioritizing and planning for the delivery of allowable Ryan White Part B medical and support services. Delivery of HIV medical and support services shall be provided either directly by the sub-recipient or indirectly through sub-contractual agreements with outpatient, home health care and support service providers. Each Ryan White Part B HIV Care Consortia should have written bylaws and procedures for membership in place. Consortia meetings should be conducted no less than quarterly. Minutes from each meeting shall be sent to the assigned District Liaison.

Sub-recipients are responsible for completing a yearly needs assessment through their Ryan White Part B Care Consortia to gain community input that can assist in prioritizing and ranking service needs. Each sub-recipient must submit documentation of the current needs-assessment to the assigned District Liaison. Information about the needs-assessment is also required for the Ryan White Part B HIV Care Application.

Programmatic Expectations

Each sub-recipient and sub-contractor is contractually required to be compliant with the audit requirements in [45 CFR 75 Subpart F](#). Sub-recipients must also comply with the requirements listed in the Georgia DPH Annexes through which they receive funding for Ryan White, or applicable contract, as well as those expectations delineated in this manual.

Sub-recipients are required to submit programmatic/quality reports, expenditure reports, and implementation plans, as well as utilize CAREWare to collect and report data and/or fiscal reports as necessary for all Part B Program funds. These reports are utilized for both programmatic and fiscal monitoring purposes to report on the progress of goals and objectives as well as identify

challenges, barriers, and technical assistance needs. Report templates can be found with the yearly annexes and by contacting your assigned District Liaison. Sub-recipients are also responsible for submitting a Ryan White Part B HIV Care annual report and application when required.

Sub-recipients are responsible for submitting a Quarterly Expenditure Report, Quarterly Implementation Plan, and Quarterly Clinical Quality Management (CQM) Report. The reports are due no later than the 20th day of the month following the end of the quarter (**Figure 1**) and must be submitted in the format provided by the state.

Figure 1. Reporting Dates

Quarter	Due Date
April-June	July 20
July-September	October 20
October-December	January 20
January-March	April 20

Before engaging in a sub-contractual process, sub-recipients must submit a justification as to why they have a need to sub-contract services, as well as a copy of the drafted contract for approval by the Office of HIV/AIDS Ryan White Part B Program **before execution of the sub-contract**. The justification is to verify that any sub-contracts paid for with Ryan White Part B funding are compliant with Ryan White regulations and guidelines. All contracts must be fully executed and signed prior to the provision of services. Reimbursements must be based on services provided and invoices must include an appropriate description of services. Flat rate reimbursement schedules are **not** permitted. Sub-recipients are responsible for verifying and documenting that any sub-contractors providing services to clients have appropriate credentials, licensure and liability coverage. **Sub-recipients are required to conduct at least one on-site monitoring visit to all sub-contractors annually to assess the sub-contractors' compliance with state and federal regulations, including HRSA Ryan White Universal and Part B Programmatic and Fiscal National Monitoring Standards.** On-site monitoring reports and corrective action plans are submitted when indicated. **A list of all sub-contractors and copies of all sub-contracts must be submitted to the state office on a yearly basis. These documents will also be reviewed by Georgia DPH auditors.**

Sub-recipients must submit a line-item budget using the form provided by the Office of HIV/AIDS Ryan White Part B Program. Unless otherwise directed, budgets are to be completed for the upcoming year using the same level of funding awarded the previous year. A narrative budget

Policies and Procedures

justification must accompany the budget form. The total amount of Administrative Costs and Indirect Costs paid with Ryan White Part B funds shall not exceed 10% of the total allocation. Personnel costs for direct service contractors, such as clinicians, case managers, etc., are not considered administrative and must be indicated under direct care costs. Please refer to [HRSA PCN #15-01](#) for additional details regarding the treatment of costs under the 10% administrative cap.

The budget total cannot be exceeded. However, a plus or minus deviation of 10% within budget line items is authorized. **If expenditures for a line item are expected to exceed these limits, a budget revision must be submitted and approved by the Office of HIV/AIDS in advance.** A maximum of two (2) budget revisions are allowed in a single fiscal year. Requests for an exemption due to extenuating circumstances (e.g., unprecedented changes in staffing) must be submitted to the Office of HIV/AIDS for review and approval.

If 75% of funds are not expensed by the end of December, the sub-recipient is required to submit a written report illustrating how the remaining funds will or will not be spent. If this occurs, the Office of HIV/AIDS Ryan White Part B Program reserves the right to unallocate funds anticipated to lapse and reallocate those funds to another sub-recipient. Such reallocations will be a one-time allotment and will not be reoccurring funds for the succeeding fiscal year.

NOTE 1: *Indirect costs taken out of Ryan White Part B funding are considered administrative and must fall within the 10% administrative cap. **No indirect costs are to be charged to MAI or Emerging Community (EC) funds.***

At a minimum of once a year, sub-recipients shall participate in a performance review (administrative site visit) of the Part B Program to be conducted by the Office of HIV/AIDS District Liaison and other staff as needed. Minimum requirements for site visits will be contingent on staffing and travel restrictions. Upon completion of the performance review, a summary of findings will be sent to the HIV Coordinator and Health Director. If the Office of HIV/AIDS Ryan White Part B Program recommends corrective action, the sub-recipient is expected to complete and submit an action plan that includes key actions and time frames to improve program performance for those areas identified. Upon receipt of the final administrative report, the sub-recipient will have **45 days** to submit their corrective action plan to the Office of HIV/AIDS. If corrective action measures are not implemented within the specified timeframe, funding may be restricted.

Imposition of Charges

Sub-recipients shall implement an imposition of charges policy. If reimbursement for primary care and support services from any third-party payer (such as private insurance or Medicaid) is accepted, clients provided services under this agreement must be assessed for fees for services provided, according to a sliding fee schedule and in accordance with federal requirements outlined in the Ryan White CARE Act of 1990, as amended. Only clients whose incomes exceed 100% of the current FPL are to be assessed fees for Ryan White Part B services.

Program Income

Program income is gross income earned that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance (the Part B period of performance is from April to March). Examples of program income include:

- Charges imposed on clients for services;
- Funds received by billing public or private health insurance for services provided to eligible clients;
- Fees, payments, or reimbursement for the provision of a specific service, such as patient care reimbursements received under Medicare, Medicaid, or Children's Health Insurance Program;
- The difference between the third-party reimbursement and the 340B drug purchase price.

Program income must be used for activities related to Ryan White Part B care services; including core medical and support services, clinical quality management, and/or administrative expenses (including planning and evaluation). Sub-recipients should retain program income for use within their own Ryan White Part B programs but must report program income earned through Part B and how they plan to use the funds to the state. While program income must be used for allowable services under Part B, income can be used to expand the services provided outside of what is approved in the sub-recipient Part B budget.

NOTE 1: *Program income is not subject to the 10% administrative cap to support a comprehensive system of care.*

NOTE 2: *For additional information on program income refer to [HRSA PCN #15-03](#).*

Recertification

Ryan White Part B service providers should review client eligibility at every visit. **All Ryan White Part B, ADAP and HICP clients are required to recertify annually.** Clients must submit all appropriate documentation during their annual recertification period. Clients need to be screened for other payer sources and income to ensure program eligibility and compliance with "payer of

last resort” regulations. In order to verify that Ryan White is the “payer of last resort” Ryan White clinics must collect and maintain client documentation regarding client eligibility for other health plans or lack thereof. Please see the **Eligibility Recertification** section in this document for additional details. The local ADAP Coordinator or case manager should initiate the recertification process annually.

Stop Gap Medications

The Stop Gap Medication program is available depending on Ryan White Part B funding.

Stop Gap Medication funding provides sub-recipients with the resources to purchase medications on the ADAP formulary (antiretroviral and non-antiretroviral (OI) medications) for use while clients are waiting on ADAP approval/recertification.

As Ryan White is considered the “payer of last resort,” stop gap medications are not to be used until all other resources have been exhausted. Before utilizing stop gap medications, sub-recipients should verify that ADAP applications/recertifications are submitted completely and in a timely manner to allow for processing and approval without resulting in a gap in services. In addition, sub-recipients should reach out to patient assistance programs (PAPs) whenever possible before utilizing stop gap medications. Steps taken before medications are prescribed must be documented to show that stop gap funding is being utilized appropriately.

If available resources are limited, provision of stop gap medications should be prioritized for Ryan White Part B eligible clients with the following conditions:

- Pregnancy
- CD₄ count below 200 cells/mm³
- History of an AIDS defining illness
- Co-morbid conditions (e.g. HIV-associated dementia, HIV-associated nephropathy, Hepatitis B virus co-infection)
- Acute HIV infection

Stop Gap Medications **cannot** be utilized for individuals who do not qualify for Ryan White Part B services, as a long-term solution to treating clients, or to purchase medications in bulk. Any credits from expired medications from past purchases with state funding must be reported to the Georgia Ryan White Part B Program through the assigned District Liaison.

If a sub-recipient has a need to purchase stop gap medications, a staff member will need to complete the Justification for Order of Stop Gap Medications worksheet (**Appendix C**) and submit to the state office through the assigned District Liaison for approval before any medications are ordered from Cardinal or any invoices are submitted to the state. If approval is granted based on

the justification, the sub-recipient may then place an order for the medications and the invoice can be submitted to the state office for payment. Sub-recipients approved for the purchase of medications must continue to submit a monthly copy of the Medication Dispensing Log (**Appendix D**), utilizing the CAREWare URN as the client identifier and matching the information reported in the justification. This log must be submitted to the Office of HIV/AIDS on the 3rd of each month.

MAI Funding

Sub-recipients receiving MAI funding for the implementation and continuation of ARTAS Linkage Case Management must utilize funds to coordinate linkage efforts to maximize education and outreach strategies that link minorities to ADAP and reduce duplication of services and efforts. The focus of the initiative is to target those minorities who know their HIV status and have not accessed care within 6-12 months, and effectively link these clients to medical care (specifically, medication services including ADAP) within 30 days. Funding can only be used for two service categories, outreach and health education.

In addition to the quarterly expenditure reports and implementation plans, sub-recipients receiving MAI funding are required to utilize CAREWare for data collection and reporting and submit **monthly data reports** which are **due by the 15th of each month**. As part of the collaborative efforts with the HIV Prevention Program, sub-recipients are also expected to participate in combined linkage efforts and ARTAS technical assistance calls.

Table 1. Reports and other Programmatic Documents Required

Report	Supporting Documentation	Due Date
Fiscal Year (FY) Budget	N/A	Due April 25 th of the new FY. Will need to be resubmitted as changes are made to the budget during the FY.
FY Budget Narrative	N/A	Due April 25 th of the new FY. Will need to be resubmitted as changes are made to the budget during the FY.
Funding Document	N/A	Due April 25 th of the new FY.
FY Implementation Plan	N/A	Due April 25 th of the new FY. Will need to be resubmitted as changes are made to the budget during the FY.
Budget Revision	Updated budget, budget narrative, and FY implementation plan.	No specified date, up to two per grant year.

Report	Supporting Documentation	Due Date
Subcontractor List	Copies of contracts and deliverables.	June 30
Consortium Agreements and Assurances	N/A	June 30
Expenditure Report	N/A	Due quarterly (<i>refer to Figure 1 for dates</i>)
Quarterly Implementation Plan (<i>includes numbers and expenses for quarter of submission</i>)	N/A	Due quarterly (<i>refer to Figure 1 for dates</i>)
Programmatic/Quality Report	QM meeting minutes, updated QM Plan	Due quarterly (<i>refer to Figure 1 for dates</i>)
MAI Data Reports (<i>only applies to those districts funded for MAI</i>)	N/A	Due the 15 th of each month
Ryan White Part B HIV Care Consortia application	Refer to grant application package.	Determined by the Office of HIV/AIDS, contingent upon receipt of the HRSA Part B Grant Application Guidance to State

Clinical Quality Management (CQM) Expectations

RW Part B sub-recipients are responsible for ensuring clinical quality management components of Grant-in-Aid (GIA) and contractual agreements are met. Sub-recipients are expected to refer to the Georgia Ryan White Part B CQM Plan which contains goals, objectives, and strategies to ensure implementation and monitoring of CQM activities, as well as compliance with HRSA's CQM expectations at both state and local levels. Ryan White Part B CQM Program activities are delineated in the plan, including capacity building, and providing quality-related technical assistance to subrecipients. The Ryan White Part B CQM Core Team provides oversight and facilitation of the plan and is composed of multidisciplinary professionals within the Office of HIV/AIDS. In addition, the statewide Ryan White Part B CQM Core Team Committee includes representation from all sub-recipients, additional Office of HIV/AIDS staff, Ryan White Parts A, C, D, F, and consumers.

Quality and Programmatic Compliance

Sub-recipients are expected to comply with the following requirements:

- Ensure that medical management of HIV infection is in accordance with the United States Department of Health and Human Services (DHHS) HIV-related guidelines. Compliance with DHHS HIV-related guidelines is a requirement of the Health Resources and Service Administration (HRSA) for sites receiving Ryan White HIV/AIDS Treatment Extension Act

funding. The DHHS guidelines are considered 'living' documents and are available online at [CLINICAL INFO HIV.gov](https://www.clinicalinfohiv.gov).

- Ensure compliance with the Georgia Department of Public Health (DPH), Office of HIV/AIDS, Ryan White Part B Clinic Personnel Guidelines (current edition).
- Ensure that registered professional nurses (RNs), advanced practice registered nurses (APRNs), and physician assistants (PAs) practice under current HIV/AIDS-related nurse and PA protocols. The recommended protocols and/or resources include the following as applicable:
 - Georgia Department of Public Health, Office of Nursing, Standard Nurse Protocols for Registered Professional Nurses in Public Health, Adult with HIV (current edition).
 - Georgia Department of Public Health Policy #PT-18001, Georgia AIDS Drug Assistance Program Advanced Practice Registered Nurse Provider Status Policy and Procedure (current edition).
 - Georgia Department of Public Health Policy #PT-18002, Georgia AIDS Drug Assistance Program Physician Assistant Provider Status Policy and Procedure (current edition).
- Ensure that all physicians, pharmacists, and all other licensed medical professionals possess current licensure and/or certification.
- Ensure that all physicians are practicing under current HIV/AIDS-related protocols and are practicing under the current laws of the State of Georgia. If there is any lapse in licensure and/or the occurrence of suspension that deems a medical professional unable to practice medicine under current laws, the Office of HIV/AIDS's District Liaison is to be notified immediately.
- Develop and implement a CQM Program according to HRSA's HIV/AIDS Bureau (HAB) expectations for Ryan White recipients, to include the following:
 - A leader and team to oversee the CQM Program
 - CQM goals, objectives, and strategies
 - A written CQM Plan, updated annually and Work Plan, updated quarterly
 - Continuous Quality Improvement (CQI) projects that incorporate Quality Improvement (QI) methodologies to address performance measures below state goals, updated quarterly
 - Performance measures and mechanisms to collect data
 - Communication of results to all levels of the organization, including consumers as appropriate
- Participate in the statewide Ryan White Part B CQM Program, including but not limited to a designated representative and attendance in CQM Core Team Committee meetings.
- Ensure timely and accurate data entry in CAREWare as indicated for Part B CQM activities.

- Monitor performance measures as determined by the Georgia Ryan White Part B CQM Program.
- Participate in HIV clinical and case management chart reviews conducted by state office CQM staff.
- Conduct annual client satisfaction surveys for services provided at the clinic level.
- Provide CQM Plans, reports (including CQI activities), client satisfaction survey summary results, improvement plans, and other information related to the sub-recipient CQM Program as requested by the Office of HIV/AIDS Ryan White Part B District Liaison and/or CQM staff. Allow the District Liaison and/or CQM staff access to all CQM information and documentation.
- Ensure compliance with the Georgia Ryan White Case Management Standard Operating Procedures (current edition).

SECTION 2: PROGRAM MONITORING & OVERSIGHT

The Georgia Office of HIV/AIDS Director, Ryan White Part B Program Manager, Assistant Manager, District Liaisons (including the District Financial Liaison), ADAP Program Manager and Fiscal Analyst are responsible for all programmatic and fiscal monitoring of the Part B program. The following is a description of the overall program and fiscal monitoring policy and activities.

Budget Review and Reporting

At the beginning of each contract period, and annually thereafter, sub-recipients develop budgets based on local prioritization of needs and in accordance with Ryan White guidelines. Budgets are submitted to the Office of HIV/AIDS for review, revision and approval. Sub-recipients are contractually obligated to submit fiscal reports on a quarterly, bi-annual and annual basis. Sub-recipients receive fiscal reports from subcontractors on a monthly basis as relevant. Programmatic reports are submitted by all sub-recipients at mid-year of the grant period, year end of the grant period, calendar year and as required by HRSA. Sub-recipients are required to report client-level data annually directly to the HIV/AIDS Bureau (HAB) through the Ryan White HIV/AIDS Program Services Report (RSR). It is a requirement that all sub-recipients use CAREWare for managing and monitoring HIV clinical and supportive care and producing the RSR.

Eligible Service Categories

All Ryan White eligible services as defined by HRSA are eligible for reimbursement through the Georgia Ryan White Part B program. Based on a review of the current service delivery system and the variances in the care systems in each locality, Georgia allows sub-recipients to provide the full array of eligible services as determined on a local level. Services are budgeted and approved at

Policies and Procedures

the beginning of each grant year. For a list of allowable services and definitions refer to [HRSA PCN #16-02](#).

NOTE: Pertaining to laboratory costs under Outpatient/Ambulatory Care - Sub-recipients are expected to utilize the state lab for services paid for by the State Office (e.g. HIV viral loads). Ordering the labs mentioned through the state lab is a cost saving measure to the sub-recipients as state lab costs do not come from assigned budgets but are covered by the Office of HIV/AIDS Ryan White Part B Program. Tests not covered under the state lab contract can be paid for by grant funds as long as they are related to the standards of care for Ryan White clients. Every effort should be made to obtain Ryan White pricing from contracted labs in order to minimize lab costs and allow for more expanded client services through cost savings.

[Invoice Review](#)

All sub-recipients are required to submit invoices in a standardized format (by service category as opposed to operating category). Once invoices are submitted to the Department of Public Health (DPH) they are subject to two levels of review. The District Liaison Contract Manager is the first level of review. The invoices and reports are reviewed to ensure compliance with contract deliverables. If questions should arise on services provided, the sub-recipient is contacted for additional information. Once reviewed, the invoices are submitted for final review to Accounts Payable for payment to be rendered to the sub-recipient.

[Programmatic and Fiscal Monitoring](#)

All 16 Part B sub-recipients receive administrative, fiscal, and programmatic monitoring via monthly desk audits and annual on-site monitoring.

Administrative site visits are conducted annually to monitor compliance with state and federal regulations, including [HRSA Ryan White Universal and Part B Programmatic and Fiscal National Monitoring Standards](#). Examples of documentation reviewed include the following:

- Client eligibility and recertification documentation
- Imposition of charges (clients with incomes exceeding 100% of the current Federal Poverty Level)
- Programmatic report documentation
- Expenditure report documentation
- Documentation of providers' Medicaid certification
- Mechanisms to bill third party payers
- Client rights and responsibilities available in English and Spanish, and updated/signed annually
- Security and confidentiality

- Linkages to external providers
- Grievance policies available in English and Spanish, and updated/signed annually

MAI site visits are conducted concurrently with Part B and Emerging Community visits and include: a review of the MAI budget and expenditures to date, review of demographics for clients served, outreach and education processes, monitoring and chart review assessments. Upon completion of local programmatic site visits, District Liaisons complete site visit reports that include summary narratives; monitoring and chart review assessments; and, if necessary, request corrective action plans. If a local program is placed on a corrective action plan, District Liaisons follow-up within **45 days** to discuss the plan of action and timeline for corrective measures to ensure compliance with the Ryan White HIV/AIDS Treatment Extension Act of 2009. All findings and reports are shared with the local Part B Coordinator and District Health Director and documented in the sub-recipient's file.

Pharmacy Monitoring Process

Initial pharmacy site visits are conducted to provide technical assistance for compliance with contractual guidelines. Pharmacy site audits are conducted to review and determine compliance with the ADAP Contract Pharmacy (ACP) Network contract deliverables and 340B federal requirements. Additionally, the audits serve as a venue to provide guidance and identify training opportunities and areas for quality improvement. Presently, the ACP Network replenishment process is monitored daily via automated reports from the pharmaceutical wholesaler. The current Pharmacy Benefit Manager (PBM) is utilized to audit contract pharmacies 340B inventory, via dispensing, order history, and order balance reports. In addition, 340B and 340B prime vendor prices are reviewed quarterly.

ADAP

Monthly desk audits are performed to monitor ADAP client utilization including attrition patterns, clients served and adherence data from CAREWare and the PBM. ACP monitoring reports are reviewed and obtained from the PBM portal. The PBM submits monthly invoices indicating utilization, number of clients served, dispensing fees, administrative fees, and the number of prescriptions adjudicated. Additional reports contain data outlining comprehensive activities of all pharmacies, including date and time of medications dispensed. Custom reports outlining trends in claims adjudication and dispensing may also be requested from the PBM. Data obtained from routine and custom reports have proven to be a viable forecasting tool for fiscal and programmatic projections. Monthly QM monitoring includes a review of data to determine the percentage of clients recertified, the percentage of correctly submitted applications and the percentage of newly applying ADAP clients approved or denied for services within 15 to 30 days of ADAP receiving a complete application. Technical assistance provided to enrollment sites offers

opportunities for ADAP/HICP case managers and coordinators to gain additional knowledge and clarification of updates on ADAP and HICP policies and procedures. Enrollment sites may receive an annual audit to monitor the efficiency and appropriateness of ADAP and HICP files and charts. Information obtained from CAREWare data is communicated to the case managers and local ADAP coordinators to maximize the effectiveness of the program and discontinue clients who were **30 days** overdue for recertification.

HICP

The monitoring process for the HICP includes internal desk audits of client files whereby applications are checked for completeness and eligibility requirements. HICP has implemented an internal process to review recertification due dates of clients, which provides an improved method of desk monitoring to determine non-compliance and continued eligibility. Additional fields in the HICP CAREWare database enable case managers to monitor premium payment cycles for their HICP clients. Information obtained from CAREWare data is communicated to the case managers and local HICP coordinators to maximize the effectiveness of the program and discontinue clients who were **30 days** overdue for recertification.

State Program Oversight and Monitoring

The following is a brief description of the positions that have associated program oversight and monitoring duties.

HIV Care Manager: Directs all organizational and operational planning and administration of the Ryan White Part B Program, including: preparation of annual grant applications; federally required monthly, quarterly and annual reports; developing grant budgets based on required input from advisory councils, public hearings, and appropriate DPH staff; supervising program staff and providing monitoring/consultation/technical guidance to directors and staff of 16 health districts and organizations under contract.

Assistant HIV Care Manager: Assists with grant oversight and management; supervises District Liaison Team; responsible for ensuring the development and implementation of appropriate programmatic monitoring policies, tools and activities.

District Liaison: Conducts routine programmatic monitoring of Ryan White service providers to assess the quality and level of services delivered by each funded public health district. Coordinates and conducts client chart reviews to assess programmatic contractual compliance including payer of last resort status. Develops follow-up technical assistance/improvement plans as appropriate with individual service providers, as well as procedures for the collection, verification, maintenance

and analysis of service and client data. Coordinates, prepares and conducts technical assistance, trainings, and workshops.

CQM Team Lead Nurse Consultant: Coordinates Clinical QM Program operations and supervises CQM staff members. Ensures the development, implementation, evaluation and revision of the CQM plan and work plan. Monitors district CQM plans and quarterly reports and provides technical assistance to Part B funded public health districts in the development of local CQM plans and nursing/clinical services. Develops and revises HIV-related medical guidelines and other guidelines/policies as indicated. Conducts site visits to review CQM plans and activities.

Nurse Consultant: Closely monitors district CQM plans and quarterly reports and provides technical assistance to Part B funded public health districts in the development of local CQM plans and activities. Coordinates the revisions of nurse protocols, and develops or revises medical guidelines, policies, and/or procedures. Conducts site visits to review CQM plans and activities.

Clinical Quality Case Manager: Ensures the development, implementation, and evaluation of statewide Case Management standards and tools. Closely monitors district CQM plans and quarterly reports and provides technical assistance to Part B funded health districts in the development of local CQM plans and activities. Conducts site visits to review CQM plans and activities, and/or to review case management services.

ADAP/HICP Manager: Responsible for managing the daily operation of the ADAP/HICP. Provides technical assistance and recommends policies and procedures for the development and implementation of the ADAP, HICP and other HIV related programs. Monitors ADAP and HICP enrollment agencies for compliance with state and/or federal guidelines through data collection, documentation, and site visits.

ADAP Pharmacy Director: Provides specialized pharmaceutical services related to Georgia's ADAP. Responsibilities include strategic and daily operational planning for ADAP Contract ACP Network, audits of ADAP contracted pharmacies, performance measurement for HIV treatment and adherence, and participation in the CQM Program. Provides technical assistance regarding: operations of the management of 340B purchased pharmaceuticals in the areas of drug storage, handling, distribution and documentation as required by law; monitoring drug utilization of ADAP, patient care and pharmacotherapy for HIV clients, and the results of public health initiatives directed at outcomes of therapy and ADAP.

Medical Advisor: Provides medical expertise and technical assistance to the Office of HIV/AIDS, Ryan White Part B/ADAP/HICP program and funded agencies, and others. Responsibilities include participation on the CQM Core Team, chairing the Georgia ADAP Formulary and Clinical

Therapeutics Committee, conducting site visits to review clinical performance measures including: management and utilization of antiretroviral therapy; revising and approving the HIV/AIDS-related nurse protocols; providing training to HIV providers and others as indicated; mentoring physicians inexperienced in HIV care; assisting with CQM-related reports and assignments; and assisting with development and/or revisions of medical guidelines, policies and/or procedures.

SECTION 3: ELIGIBILITY POLICIES & PROCEDURES

The following section discusses eligibility policies and procedures for Ryan White Part B, ADAP and HICP services. **For clients who receive only Ryan White Part B services**, meaning they are not enrolled in ADAP or HICP, **sub-recipients are required to keep the same level of documentation in the client file as if the client were on ADAP, unless otherwise noted.**

Eligibility Determination

I. Introduction

To enroll into Ryan White Part B services, including ADAP and HICP, individuals must fulfill all eligibility criteria. The client is responsible for providing proof of eligibility for Ryan White Part B/ADAP/HICP to case managers and/or local ADAP/HICP coordinators. All information provided for determining program eligibility will be kept completely confidential. Part B services will not be provided, medications will not be dispensed, and health insurance premiums/ medication co-pays will not be paid until medical, financial, and residency eligibility criteria are confirmed.

Individuals are eligible for Ryan White Part B services if they meet the following criteria:

1. Must have an HIV/AIDS positive medical diagnosis,
2. Must have an income at or below 400% of the Federal Poverty Level (FPL),
3. Must be a Georgia resident, and
4. Must have no other payer source for the services provided

In addition to the criteria listed above, individuals applying for the ADAP or HICP must also meet the following criteria, when applicable:

1. AIDS defining illness, Hepatitis B, HIV nephropathy, HIV related pulmonary hypertension, HIV cardiomyopathy, HIV related encephalopathy, and those who have been on therapy, i.e. ART experienced
2. Pregnant with no other payer source
3. Have a valid prescription from a Georgia licensed physician
4. Must have recent lab reports no more than six (6) months old from signature date of the application; reports must be attached to the application
5. Have cash assets equal to or less than \$10,000.00

6. Must be 18 years of age or older (refer to section VI for exceptions)
7. Must not be covered by or eligible for Medicaid or another third-party payer

Please see **Table 2** for a summary table of when eligibility documentation should be collected for each client.

Table 2. Required Documentation Table	
	Initial Eligibility Determinations and Once a Year/12-Month Recertification Determination
HIV Status	Documentation required for Initial Eligibility Determination. Documentation is not required for the once a year/12-month period recertification
Income	Documentation required
Residency	Documentation required
Insurance Status	Documentation required
CD4/Viral Load	Documentation required

II. Medical Eligibility Criteria

To be eligible for Ryan White HIV/AIDS Program funded medical care, clients must have a "diagnosis of HIV disease;" however, there are no federal or state legislative requirements for a "confirmed" HIV diagnosis **prior** to linkage.

DHHS guidelines indicate that persons with HIV or AIDS may be offered therapy as soon as they are diagnosed. Completion of the "Clinical Information" section of the Part B/ADAP/HICP application along with current labs attached (i.e., no older than six [6] months) is required for verification and eligibility.

Acceptable documentation for HIV status shall include, but not be limited to:

- A positive HIV antibody test result (Reactive IA/EIA/ELISA screening test) confirmed by Immunofluorescence Assay (IFA), Nucleic Acid Testing (Aptima), Multispot® HIV-1/HIV-2 Rapid Test by blood or oral fluid.
- A positive HIV direct viral test such as PCR or P24 antigen.
- A detectable HIV viral load (undetectable viral load tests are NOT proof of positive HIV status).

- A viral resistance test result.
- 4th Generation testing.
- A statement or letter signed by a medical professional (acceptable signatories are listed below), on office letterhead indicating that the individual is HIV positive and must accompany a lab test to confirm current HIV status within 60 days. It is the responsibility of the provider to follow up and receive the accompanying lab test from the medical provider's office within the 60-day period. Acceptable signatories include:
 - A licensed physician
 - A licensed physician assistant
 - A licensed nurse practitioner
- Presumptive diagnosis based upon documented lab results, and/or medical therapies prescribed by a previous medical provider.

Medical Exceptions for ADAP enrollment during a Waitlist:

- ADAP enrollment will be approved for pregnant women who may not be eligible for Medicaid during the event of a Waiting List upon the receipt of an eligible ADAP application. The provider must include information in the clinical section regarding the pregnancy. Other pregnant women may access Medicaid.
- Postpartum women (birth within 180 days) needing to continue ARV medication may apply for or resume ADAP services during the event of a Waiting List upon the receipt of an eligible application. The provider must include information in the clinical section.

III. Prescription Eligibility Criteria

Individuals must have valid prescriptions for medications listed on the ADAP formulary from a Georgia licensed physician. Prescriptions for active and eligible clients may be taken directly to a participating pharmacy in the ACP Network (**Appendix E**).

NOTE: *Prescriptions for clients who have recently moved to Georgia from physicians licensed in the surrounding states may be filled by a pharmacy in the ACP Network.*

IV. Income Eligibility Criteria

Individuals with household incomes equal to or below 400% of the current Federal Poverty Level (FPL) are eligible for Ryan White Part B, ADAP, and HICP. Clients with incomes that exceed 400% FPL are **not** eligible. Please see **Appendix F** for the most current FPL guidelines.

Policies and Procedures

At the initial enrollment and every subsequent 12-month recertification date, the client must provide documentation of income for all household members.

NOTE: For eligibility purposes, household is defined as the client, and the client's spouse, dependent children or adult dependents. An adult dependent is a person 18 or older who is counted as part of the household composition and is cared for or supported by the applicant.

- The "Financial/Income Information Section" of the Part B/ADAP/HICP Application must be completed for new, re-enrollees and for 12-month Recertifications for active ADAP and HICP clients (**see Appendix G**).
- If the client is married, documentation of the spouse's income or verification of no income must be provided.
- If a client is married but separated; documentation of a legal separation must be provided.
- For applicants 18 years and older, only the income and assets of the applicant and the applicant's legal spouse with whom the applicant resides will be considered.
- There may be situations when a client is being supported by his/her parent(s) or living with a friend or with other relatives who are providing food and shelter. Under these circumstances, a client with no dependents, would be counted as a household of one and must complete a Statement of Support Form from the person with whom he/she is living (**Appendix H**).
- If a client states that he/she has income at or below 99% of the FPL, a Statement of Support Form must be provided.
- Clients who are self-employed and who do not receive pay checks, may submit a signed statement identifying average monthly wages. The statement will be accepted by Part B/ADAP/HICP as proof of income along with the most recent or previous year's federal tax transcript.
- All sources of income, both taxable and nontaxable, must be considered. Income that must be counted in determining eligibility includes:
 - Wages, salaries, tips, etc.
 - Taxable interest
 - Tax exempt interest
 - Ordinary dividends
 - Taxable refunds of state/local income taxes
 - Alimony or other spousal support received
 - Business income/loss
 - Capital gain/loss
 - Other gains/losses

- IRA distributions – taxable amount
- Pensions and annuities (veteran and employer-based pensions, retirement and/or disability)
- Rental real estate, partnerships, S corporations, trusts, etc.
- Farm income or loss
- Unemployment income
- Retirement income from Social Security
- Disability income from Social Security
- Other income (jury duty pay, gambling)
- Documentation of income must be included with the Application and subsequent 12-month Recertification Forms. Documentation of income can include the items listed below.
 - Previous year's Federal Tax Transcript
 - Current W-2 (up to 3 months after the most recent year) or current 1099 (accepted up to 3 months after the most recent year)
 - Full or part time employees must provide pay stubs for a full thirty days of consecutive income for pay periods, indicating a year-to-date total, deductions, and the pay period, e.g., weekly, bi-monthly, monthly, etc.
 - Employer statements with employment dates, medical insurance benefit options, and salary on company letterhead signed by employer
 - Current award Letter for Social Security Retirement, VA, SSDI, Short/Long term disability, Unemployment, Pension income indicating the pay period
 - Bank statement, acceptable for Social Security Retirement, VA, SSDI, Unemployment, Pension and/or Annuity, documenting gross income before deductions
 - Documentation of alimony
 - Signed statement by client identifying average monthly wages
 - Department of Labor wage inquiry for clients with no income
 - Self-employed individuals may also submit a signed statement identifying gross monthly wages, along with the most recent or previous year's federal tax transcript
 - Form 4797 (sale or exchange of business property)

NOTE 1: Total assets cannot exceed \$10,000.

NOTE 2: If the person providing support to the client refuses to complete the Statement of Support form, the client must make a notation on the form. **Only use the updated version of this document. Previous versions will not be accepted with the applications. The Statement of Support cannot be changed or altered after it is signed.**

NOTE 3: *If a spouse's income is reported as zero, a Statement of Support Form should be submitted with the application as verification.*

NOTE 4: *Marketplace insured clients receiving premium assistance through HICP may have to submit federal tax filings during recertification. (Please refer to [HRSA PCN #14-01](#))*

NOTE 5: *Employer statements must include employee's dates of employment, salary, company address and phone number. Employer statement with employment dates, medical insurance benefits options, and salary on company letterhead signed by employer.*

MAGI Requirements

MAGI is the methodology used to determine income, household composition, and family size. It is based on federal tax rules for determining adjusted gross income, with some modifications.

Sub-recipients are able to utilize the MAGI/FPL Determination Worksheet (**Appendix I**) to determine FPL. The worksheet walks the sub-recipient through income sources and deductions to show the total household income, and corresponding FPL. Please see **Appendix F** for the 2025 FPL Guidelines.

NOTE 1: Failure to attach income documentation to ADAP applications will result in an incomplete application.

V. Residency Eligibility Criteria

Ryan White Part B/ADAP/HICP applicants must be living in the state of Georgia at the time of application and residency must be documented. Clients must submit all appropriate documentation during their 12-month recertification period.

- For ADAP, the "Georgia Residency" section of the application must be completed.
- Documentation of residency must be included in all client charts and must include at least one of the following:
 - Copy of lease
 - Rent receipt
 - Utility bill, home telephone, or cable bill
 - Current voter registration card within the last 12 months
 - Vehicle registration
 - Property tax statement

Policies and Procedures

- Current W-2 (up to 3 months after the most recent year) or current 1099 (accepted up to 3 months after the most recent year)
- SSI, SSDI, TANF, or other assistance award letter issued in their name with local address
- Paycheck stub issued in their name from employer
- Current medical bills or statements within thirty days
- Insurance premium statements
- Persons, living with or supported by family/partner, who do not have the above documentation may prove residency by providing the Statement of Support Form from the family member or friend.
- Persons who are homeless will need a letter on agency letterhead, from their case manager or social service provider, providing the location and dates of residency or the Statement of Support Form completed by the case manager or social service provider. Case managers will have the authority to notarize a statement on behalf of the client, if there is no affiliation with any other agency or shelter.

NOTE 1: A Georgia ID or driver's license, is ***not*** adequate proof of residency. One of the approved documents listed above must be submitted for confirmation of residency. A P.O. Box can be used as a mailing address; however, clients must verify address via another means. **Documentation with a P.O. Box is not acceptable as proof of residency.**

VI. Age Eligibility Criteria

Applicants should be 18 years of age or older.

NOTE 1: Children (persons under 18) are generally ***not*** eligible for Part B/ADAP/HICP services. Minors must be referred to Medicaid, the Division of Family and Children's Services or other third-party payer for appropriate eligibility determination. If a minor is determined to be ineligible under all these options, and documentation to that effect is provided, exceptions may be considered on a case-by-case basis. In such a case, the local Part B and/or ADAP Coordinator or case manager should contact the ADAP/HICP Manager at GAADAP@dph.ga.gov. State ADAP approval must be obtained before any minor may be enrolled in ADAP.

NOTE 2: For applicants less than 18 years of age, the income and assets of the applicant and the legal parent or parents with whom the applicant resides will be considered. Income and assets of step-parents and legal guardians shall not be considered.

VII. Third-Party Payer Coverage

By statute, Ryan White is considered a "payer of last resort," meaning funds may not be

used for any item or service for which payment has been made or can reasonably be expected to be made by another payment source. According to [HRSA PCN #13-04](#), recipients and sub-recipients (in this case Georgia and the funded agencies respectively) are required to vigorously pursue enrollment into health care insurance coverage for which their clients may be eligible, including those that are part of the Health Insurance Marketplace.

To verify that Ryan White is the “payer of last resort” Ryan White clinics must collect and maintain client documentation regarding client eligibility for other health plans or lack thereof. Documentation needs to include the Other Coverage Screening Form (**Appendix J**), referrals to enrollment assistance, and notes about educational efforts in the client files. Verification that Ryan White is the “payer of last resort” is **mandatory** during both the enrollment and 12-month recertification periods. Copies of informational letters/brochures utilized to educate clients should be kept on record for monitoring purposes.

At the initial enrollment, **the client must provide proof that they are not covered under another household member’s insurance plan**. Clients must submit all appropriate documentation during every subsequent recertification period.

NOTE 1: *For eligibility purposes, household is defined as the client, and the client’s spouse, dependent children or adult dependents.*

NOTE 2: *The Other Coverage Screening Form should be updated throughout the year as changes occur. This form must be on file for all clients receiving Part B and/or ADAP or HICP services and will be reviewed during annual programmatic site visits. State staff reserves the right to request a copy of the form as needed.*

Medicaid

A client who is receiving Medicaid is **not** eligible for ADAP or HICP services. One exception is if the client receives Medicaid category Qualified Medicare Beneficiary (QMB) assistance (“spend-down”), which requires the client to pay a portion of their medical expenses each month before Medicaid can provide a medical card to meet the remaining expenses. Another exception is Family Planning Medicaid (Planning for Healthy Babies [P4HB]), as this category of Medicaid does not provide treatment or services related to HIV/AIDS. If a client loses Medicaid benefits or is no longer eligible, he/she may qualify for enrollment/re-enrollment in ADAP.

A client who is receiving Medicaid may receive Ryan White Part B medical and/or support services utilizing Part B funds if the services rendered are not covered by the client's Medicaid plan. **Funded agencies are required to be Medicaid certified and must bill for services as appropriate.**

Veteran's Administration (VA) Benefits

Ryan White Program sub-recipients may **not** deny services, including prescription drugs, to a veteran who is otherwise eligible for Ryan White Program services. Sub-recipients may not cite the "payer of last resort" language to force an eligible veteran to obtain services from the VA care system or refuse to provide services. Ryan White Program services to veterans can be refused on the same basis as decisions of refusal for non-veterans. To ensure that veterans have full access to all possible services and to ensure that veterans are obtaining their preferred services, sub-recipients should inform veterans living with HIV of the benefits, services and physical location of the VA health care system in their area. Sub-recipients may refer eligible veterans to the VA for services when appropriate but may not require that eligible veterans access VA care against their will. ADAP clients who are also eligible for VA Benefits may receive ADAP medications. Please refer to [HRSA Policy #16-02](#) for additional information.

Indian Health Service, Tribal, or Urban Indian Health Programs

As per [PCN 07-01](#), Native Americans and Alaska Natives can also access Ryan White services, including prescription drugs, even if those services are available through Indian Health Service, tribal, or urban Indian health programs. Individuals who are eligible for Indian Health programs still need to seek health care coverage in accordance with Ryan White regulations.

Medicare Part D

Many Medicare beneficiaries with HIV/AIDS qualify for some type of low-income subsidy (LIS). Dual eligible Medicare beneficiaries on Supplemental Security Income (SSI) and currently in a Medicare Savings Program are automatically eligible for full or partial LIS. ADAP Coordinators and other providers of approved enrollment sites should assist with completing applications, providing information, referrals to websites, and plan interpretations to all ADAP clients receiving services.

ADAP clients who are Medicare eligible must apply for a Medicare Part D Plan and maintain current enrollment status throughout the year. Failure to do so will jeopardize Medicare Part D premium costs. Medicare eligible persons without full LIS or "extra help" must also apply for a Medicare Part D plan. Assistance with medication co-payments is available

through the ADAP. The Medicare Part D co-pay assistance component of the program will assist individuals with out-of-pocket costs for ADAP approved formulary medications. If ADAP cannot assist with Medicare Part D medication co-payments, assistance is available through the Patient Advocate Foundation (PAF). Persons may apply online at copays.org or call 866-512-3861, Option 1. Persons who have been approved for full LIS must be disenrolled from ADAP because of “payer of last resort” guidelines. ADAP clients who are Medicare eligible and remain on the program will be required to recertify annually according to program requirements.

- Full Low-Income Subsidy (LIS) or “extra help”
 - ADAP clients who are eligible for Medicare should enroll in a Medicare Part D plan and **must** complete an application for LIS for submission to Social Security if not already auto enrolled. Clients may apply at a Social Security office or online at www.ssa.gov.
 - The approval or denial letter from Centers for Medicare and Medicaid Services (CMS) must be sent to the state ADAP office by ADAP Coordinators or providers to be placed in the client’s file.
 - ADAP clients with income less than 135% FPL, who have enrolled in a Medicare Part D plan and have been “auto” approved for full LIS, will **not** be eligible to continue to receive ADAP services.
- Partial Low-Income Subsidy (LIS) or “extra help”
 - ADAP clients with income between 135% and 150% FPL that are not eligible for full LIS but are eligible for partial LIS or “extra help” will receive assistance from ADAP with co-payments. ADAP will assist with Medicare Part D co-payments through the Pharmacy Benefit Manager (PBM) after the state ADAP office has finalized the process with CMS. The state ADAP office must receive premium and plan information to assist with payments.
 - Documentation confirming that the client is only eligible for partial LIS should be sent to the State ADAP office and filed in the client’s chart upon receipt.

NOTE 1: *The ADAP will consider exceptions on a case-by-case basis for clients who apply for LIS and are denied. For example, these clients may have assets beyond the federal limits to qualify for the federal subsidy.*

NOTE 2: *Persons who cannot access their regimen through their Medicare Part D plan must submit proof that the medications are not available to remain on the program.*

- ADAP clients with income over 150% FPL but not exceeding 400% FPL who are eligible for Medicare and not eligible for additional assistance from Social Security must apply for a Medicare Part D plan. ADAP will assist with Medicare Part D medication co-payments on the MCARE medication copay assistance program through the PBM.
- ADAP Coordinators, Case Managers, or Providers' Responsibilities:
 - Assist ADAP enrollees/clients who are eligible for Medicare with enrollment into a Medicare Part D plan and application for LIS.
 - Submit documentation confirming Medicare Part D plans and LIS to the state ADAP office immediately upon receipt. If client is not eligible for Full LIS, the ADAP office must receive premium and plan information to assist with payments.
 - Notify the state ADAP office to discontinue ADAP services in order to comply with the "payer of last resort" requirement, when the Medicare Part D plan and HIV medication coverage are confirmed. Information regarding the client's ADAP status will be indicated by the *end date* in the PBM network.
 - Inform clients of this entire process to alleviate anxiety.

NOTE: *If additional assistance is needed, ADAP Coordinators may contact the State Health Insurance Assistance Program, [Georgia SHIP](#), at 866-552-4464, Option 4. Trained counselors are available to provide free, unbiased information in relation to the Medicare Prescription Drug Program and can assist clients in the enrollment process.*

It is the responsibility of the Medicare eligible ADAP client to adhere to the following:

- Bring all documentation received from Social Security and Medicare Part D plans to ADAP Coordinators or providers for assistance and clarification.
- If the annual income is below 150% of FPL, apply for LIS if not already auto enrolled. Individuals with incomes between 135% and 150% FPL may also be eligible for partial LIS. Apply at any Social Security office or online at www.ssa.gov.
- Review the list of Georgia plans and enroll online at www.medicare.gov. Pay special attention to plan costs, pharmacies, and drugs covered by each plan, including:
 - The monthly premium amounts
 - Annual deductible, if any
 - Plans' co-payments and co-insurance amounts to obtain covered medications
 - Coordinating pharmacies

Policies and Procedures

- All antiretroviral medications must be covered, but other needed medications may not be on plan formularies
- Provide the ADAP state office proof of enrollment in a Medicare Part D plan upon receipt of information about the plan or during the next recertification appointment
- Submit premium and plan information for DPH to assist with premium payments if requesting assistance with premiums
- Contact his/her ADAP provider or case manager to schedule an appointment, if he/she needs individual counseling about Medicare Part D
- Ensure monthly Medicare Part D premiums are paid
- If not eligible for LIS, submit documentation to confirm the denial
- ADAP clients who are Medicare eligible and remain on the program, must recertify annually according to program requirements
- Comply with all ADAP rules and regulations

NOTE: *The State ADAP office may assist with premium payments. In cases where the ADAP cannot assist with premium payments, clients will need to pay premiums out-of-pocket if they do not qualify for full LIS. In these cases, individuals should carefully consider plans with low premiums. Failure to pay premiums will jeopardize eligibility for ADAP and can make Medicare Part D costlier in the future. ADAP will require proof of enrollment as part of its recertification process. A 1% increase in premiums will be added for each month a beneficiary was not enrolled in Medicare Part D. Exceptions exist for retirees with healthcare benefits of equal or greater value.*

For a list of Georgia's ADAP and Medicare Part D FAQs, please see **Appendix K**.

Private Health Insurance

Sub-recipients are required to make every effort to enroll Ryan White Part B/ADAP eligible individuals into insurance coverage options for which they qualify, including private coverage options through the Health Insurance Marketplace. Clients must be informed that the Georgia Ryan White Part B/ADAP will provide health insurance assistance through the HICP for clients enrolled in insurance plans available in their area, based on the guidance provided in [HRSA Policy #13-05](#). In addition, clients must know that in order to receive health insurance premium assistance they are required to apply for premium tax credits and cost sharing subsidies, if applicable. **If clients qualify for premium tax credits and subsidies, 100% of those credits must be applied toward the insurance plan premiums before the client seeks support from the Ryan White Program.**

As clients enroll or re-enroll in insurance plans, they may be responsible for a portion of their monthly insurance premium or other out-of-pocket costs such as co-payments and deductibles. Some clients may require assistance with these out-of-pocket costs. Ryan White funds may be used for premiums and medication co-pay assistance.

In order to verify that Ryan White is the “payer of last resort” Ryan White clinics must collect and maintain client documentation regarding client eligibility for other health plans or lack thereof. Documentation in charts must include the Other Coverage Screening Form (**Appendix J**), referrals to enrollment assistance, and notes about educational efforts in the client files. Educational efforts include educating clients about other coverage options which may be available to them, providing them with information as to where they can get assistance with enrollment (e.g., contact information for Navigators), and informing clients about any consequences for not enrolling in a plan if they are eligible. Copies of informational letters/brochures utilized to educate clients should be kept on record for monitoring purposes. Verification that Ryan White is the “payer of last resort” is mandatory during both the enrollment and every subsequent recertification period.

If a client misses the enrollment period, Ryan White Part B/ADAP can continue to pay for services, but enrollment sites must make every attempt to have the client enroll during the next open enrollment period. Ryan White Part B/ADAP can continue to pay for items or services for a client up to the start date of coverage if they are not covered by another funding source.

A client with health insurance that covers ADAP formulary medications prescribed to him/her is **not** eligible to receive those medications from ADAP. If a client provides documentation that his/her health insurance has no prescription benefits he/she may be enrolled in HICP medication-only assistance. If a health insurance plan does not cover the full brand regime as prescribed by a provider and no other generic medications can be considered, a client may remain on the HICP and apply for medication-only assistance providing documentation/ justification from the physician. In addition, a client who has a financial cap on pharmaceutical benefits may also be enrolled. Any available benefit must be exhausted for a client to be eligible for HICP medication-only assistance. When clients have exhausted their private insurance prescription benefit, they are eligible for HICP medication-only assistance if they continue to meet all HICP eligibility requirements and are actively enrolled. If a client has a limited annual prescription benefit (e.g., \$1,000 cap) this benefit cannot be reserved for non-ADAP covered drugs. The client would be eligible for HICP medication-only assistance until their private insurance prescription benefit is renewed (i.e., for a monthly cap, when a new month begins, or for an annual cap, when a

new calendar year begins). Clients must utilize prescription benefits if available. **Clients who voluntarily drop active health insurance coverage with prescription benefits will be required to submit a justification before an ADAP application is reviewed and considered approved based on eligibility.** Clients should be notified that if there are future ADAP funding constraints, they may not be able to stay on full-pay ADAP if they are eligible for public or private insurance.

The ADAP/HICP and Part B sub-recipients must vigorously pursue and recoup all cost-sharing premium and tax credit refunds issued to a client, but due to the program. During the application process, the client must sign the Notification of Client Responsibility for Participation Form (**Appendix L**) for participation in the HICP. The client certifies receipt of participation responsibility, which includes the acknowledgement that he/she may be responsible for the first month's payment, and responsibility to return refunds received from the insurer back to the ADAP/HICP program. Upon approval, HICP participants will receive notification of eligibility and the conditions of program participation. In the approval letter, participants are reminded to submit refunded premiums to the Georgia DPH ADAP/HICP program.

Participants who receive a premium overpayment refund from the insurer, must forward all funds to the Georgia ADAP/HICP program within 30 days of receipt. Refund checks should be endorsed and made payable to the Georgia Department of Public Health. Failure to remit payment to the Georgia ADAP/HICP program may affect current or future ADAP/HICP eligibility. If a client receives a refund from the health plan issuer, ADAP/HICP case managers should electronically document when the participant received the refund, amount of the refund, and document when the endorsed refund check issued by the insurer was returned to DPH.

If a participant receives a refund for premium payments paid for by DPH after ADAP/HICP disenrollment, the participant must forward all funds to the Georgia ADAP/HICP program within 30 days of receipt. If the client receives a tax credit refund due to premium overpayment, the participant must forward the tax credit refund to the Georgia ADAP/HICP program within 30 days of receipt. The client is responsible for setting up a payment agreement with DPH before becoming eligible for re-application to the ADAP/HICP program if the payment is not received within the allotted 30 days. The ADAP/HICP program will accept a repayment agreement. The client must submit the Repayment Agreement Form (**Appendix M**) through the case manager at the ADAP/HICP enrollment site. The Repayment Agreement will be approved or denied by the Georgia ADAP/HICP program administrators. If the repayment agreement is approved, the first

payment should be mailed to Georgia DPH-ADAP/HICP in the form of a money order each month. Failure to remit payment to the Georgia ADAP/HICP program as agreed for 60 consecutive days will affect current or future ADAP/HICP eligibility.

VIII. Inpatient Care

Covered services cannot be provided in an emergency room, hospital, or any other type of inpatient treatment setting. Examples of inpatient treatment settings include nursing homes, and other long-term care facilities. A client who is receiving services in this type of setting is **ineligible** for Ryan White Part B/ADAP services. **ADAP covers only outpatient prescriptions.** Ryan White Part B/ADAP cannot pay for services that would otherwise be paid from another source. If the client is in an inpatient care setting and has no source of payment the client is most likely eligible for Medicaid. Medicaid should pay for the cost of all care including medications. Once discharged, the client may apply/reapply for Ryan White Part B/ADAP.

IX. Federal/State Prisons, Jails and Correctional Facilities

Ryan White Part B funded agencies cannot use grant funds to pay for core medical and support services provided to PLWH in Federal or State prison systems, because such services are generally provided by these systems.

Funded agencies cannot use grant funds to pay for core medical and support services provided to PLWH in other correctional systems or subject to community supervision programs if these services are provided by those systems/programs. Funds cannot pay for services for incarcerated persons who retain private, state, or federal health benefits during the period of their incarceration.

In cases where a local correctional system, such as a county jail, cannot provide care because there is no funding available, assistance may be provided on a case-by-case basis with prior approval from the state office. Documentation, such as a signed letter from the sheriff's department, must be submitted stating that the correctional facility does not have funding to provide care, and to show that the program is meeting payer of last resort regulations.

The funded agency will need to coordinate with the correctional facility and inform the state how it plans to do so. The agency will need to complete general intake for the client and determine eligibility prior to rendering any services. Medication assistance will need to be provided through the Stop Gap Medication process. **If approved, assistance can be provided for a maximum of 90 days**, at which point the case will need to be revisited.

Please refer to [HRSA PCN #18-02](#).

X. Emergency Response and the ADAP Emergency Program

The response to any emergency or disaster must be a coordinated community effort. The Georgia Ryan White Part B/ADAP/HICP program and its partner agencies must be in continuous collaboration to prepare for, implement, and continually update dynamic plans that minimize the effect on the care provided to clients in the event of a disaster. Plans should include the primary points of contact with their current contact information and an inventory of resources that will be available at the local level.

In the event of a Ryan White clinic closure or change of operating hours, the clinic will need to notify the Office of HIV/AIDS and clients at least 48 hours in advance of such changes taking effect. Office of HIV/AIDS staff will call each funded agency impacted, inclusive of GA health districts and community business organizations, to ascertain the status of closings and re-openings. If a Ryan White clinic will be closed for a significant amount of time, it is expected that clients should be contacted with a status update to when the clinic will re-open and pertinent information should be shared with the client. This includes address and phone number of the nearest operating Ryan White Clinic, or name of temporary medical or support services provider to contact to schedule an appointment. If transportation can be arranged for a Ryan White client to see a temporary provider at the new location that would be optimal.

Ryan White clinics are encouraged to coordinate response and preparedness efforts across boundary lines when responding to a local incident/emergency. Clinics can coordinate cross-regional/district requests for assistance without needing state support to respond to a local incident/emergency.

Please note that in the event of a disaster the most critical area of the Ryan White Part B program and its components is the AIDS Drug Assistance Program. This program must be continued in the event of an emergency.

The Georgia Ryan White Part B/ADAP/HICP program understands that due to some natural disasters, other states may be affected and PLWHA may seek assistance in Georgia. To address this, **the program created the ADAP Emergency Program (AEP), intended to assist victims of a Natural Disaster coming into Georgia from an affected neighboring state.** An eligibility assessment should be conducted at a local Ryan White Part B ADAP enrollment site. Approved applications will give participants access to HIV

medications for a **maximum of 90 days**. All applicants must provide the following documentation:

- State ID or Driver's License
- AEP Statement of Support Form (**Appendix N**)
- AEP Self-Attestation Form (**Appendix O**)

Please note that some coordination of information from the applicant's previous state will be required. When ready to submit a complete AEP application, please upload all documents by scanning them into CAREWare under the "Application Tab", in the "ADAP Emergency Program (AEP) Application" link. Please remember to check the "AEP Ready for Review" box. Approved AEP applicants must access their medications through the ADAP Contract Pharmacy (ACP) Network. All medications must be on the approved Georgia ADAP formulary.

Part B/ADAP/HICP Application

A client must apply to receive Ryan White Part B/ADAP/HICP services in person at a local Part B primary care clinic or ADAP/HICP enrollment site (e.g., designated Public Health Departments or other approved agencies). The client, local Part B and/or ADAP/HICP coordinator, case manager, and the physician must sign the initial application and 12-month comprehensive recertification application. Proof of program eligibility is required as described in this document.

I. Electronic Eligibility and Enrollment Process

Electronic eligibility and enrollment process for Ryan White Part B/ADAP/HICP provides a more efficient enrollment and recertification process. Electronic enrollment allows Case Managers and ADAP Coordinators to electronically enroll and review the eligibility of clients during the interview process utilizing an enhanced application created in CAREWare. The utilization of CAREWare for enrollment allows staff to review and approve applicants and send Approval Packets electronically.

A Georgia Ryan White Part B/ADAP/HICP application must be completed at designated enrollment sites. The Ryan White Part B/ADAP/HICP application must be completed per instructions for consideration of enrollment into the program. All applications must include the required eligibility documentation as outlined in this document. **ADAP coordinators or case managers must ensure that all parts of the application are complete prior to submission, that all documentation is uploaded, and that the "Ready for Review" box is checked and "Ready for Review" date is entered when submitting an application.** The local ADAP/HICP Coordinator or case manager must

review the application to ensure that it is complete and contains all supporting documentation (see checklist on the application).

If a client is applying for the HICP, the corresponding section of the application must be completed (**Section VII of the application**). The HICP is available only for residents of Georgia who are enrolled through Ryan White Part B/ADAP/HICP approved enrollment sites. In addition, HICP applications **must** include the following:

- Notification of Client Responsibility for Participation Form (**Appendix L**),
- Summary of benefits,
- Premium statement,
- Insurance card, and
- Authorization to release information

Upon receipt of an HICP application, ADAP/HICP staff verifies the amount of the premium, the type of coverage along with extent of medication coverage available under the plan. Plans without comprehensive coverage will not be covered and the persons applying are therefore ineligible. The HICP will pay COBRA or individual policy premiums. Health insurance premiums will not be paid until medical, financial, residency and active insurance coverage are confirmed, and no other payers are identified. The HICP also covers medication co-pays and deductibles, in addition to premiums, for eligible individuals.

NOTE 1: Failure to submit the Notification of Client Responsibility for Participation Form and any of the other above referenced documents will result in an incomplete HICP application status and a delay in payment processing. These documents are required for all new applications and recertifications.

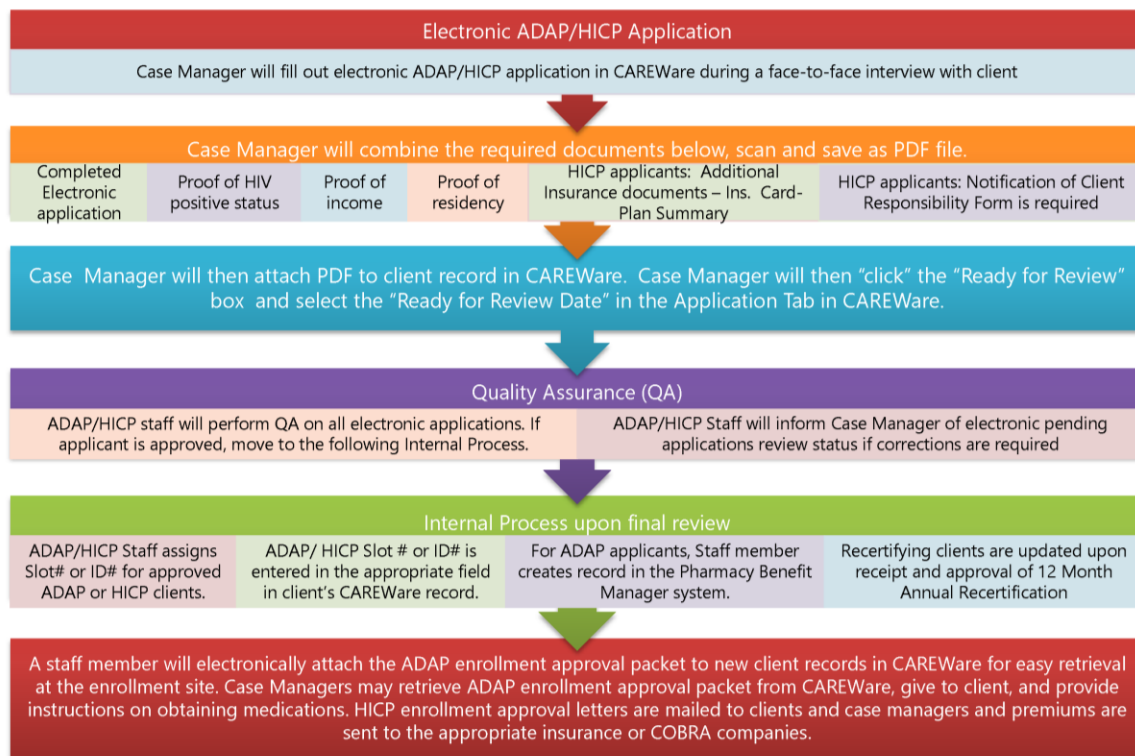
NOTE 2: A caretaker or spouse may not be allowed to sign unless the client is completely physically incapacitated and cannot sign his/her name. There must be written justification for caretaker or spouse signatures with the completed application packet.

II. Incomplete Applications

Incomplete Applications **cannot** be processed.

NOTE 1: It is the responsibility of the local ADAP Coordinator or case manager to ensure applications are complete prior to submission. An incomplete application or recertification extends and delays the time for approval and jeopardizes access to medications or payments for health insurance premiums under the HICP.

Figure 2. Application Process
Electronic Part B ADAP/HICP Application Process Flowchart



Eligibility Recertification

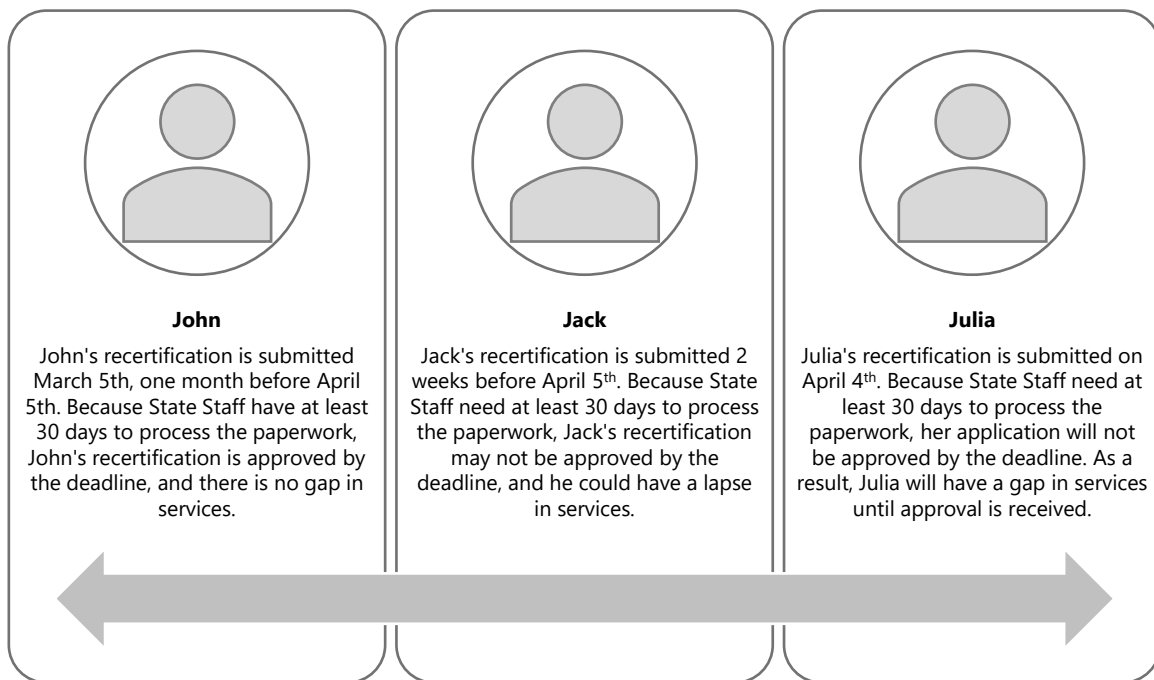
All Ryan White Part B and ADAP clients are required to recertify **annually**. Clients must submit all appropriate documentation during their 12-month recertification. The local ADAP Coordinator or case manager should initiate the recertification process. Please see **Table 2 (page 21)** for a summary table of when eligibility documentation should be collected for each client.

I. Recertification

- Local ADAP Coordinators and/or case managers must establish a procedure to track client recertification dates at the local level.
- The 12 Month Annual Comprehensive Recertification must be completed and submitted to the Office of HIV/AIDS on or before the last day of the eleventh month after the initial enrollment or last recertification.** For example, if a client was enrolled on January 15th, the recertification must be complete and submitted to the ADAP office by December 30th. **It is advisable to request that clients recertify early and not wait until the month that the recertification should be completed.** See **Figure 3** for example scenarios.

- Eligibility for the Ryan White Part B/ADAP must be reviewed and verified to ensure that the Program remains the “payer of last resort.” During recertification, the local ADAP Coordinator or case manager must verify if there were any changes in income, insurance, pregnancy, or residential status. If there are changes, the corresponding documentation must be attached to the 12-month Annual Comprehensive Recertification.
- The local ADAP Coordinator or case manager must review the Recertification Form to ensure that it is complete before submitting to the State ADAP office. Incomplete Recertification Forms **cannot** be processed and **will not** be approved until all supporting documentation is submitted.

Figure 3. Recertification Scenarios



II. Failure to Recertify

- Failure to complete and submit the 12-month Annual Comprehensive Recertification and supporting documents **by the due date** will result in the client's inability to pick up medications and/or discontinuation from the program. The “End Date” in the PBM system indicates the last day that a client may pick up medications.
- Clients may apply for **re-enrollment** (if there is not a waiting list) at a later date if they are able to supply appropriate documentation.
- If there is a waiting list, re-enrolling clients will be prioritized along with new clients according to the established criteria.

ADAP Medications/ADAP Contract Pharmacy (ACP) Network

The main objective of the ACP Network is to provide comprehensive and convenient pharmacy services while maintaining cost savings to the Georgia AIDS Drug Assistance Program (ADAP). The mechanism used for providing ADAP medications to eligible clients entails contracting with multiple retail pharmacies to access professional, timely, and confidential “point of sale” pharmacy services processed through a PBM. The PBM and pharmacies operate in accordance with [section 340B of the Public Health Service Act](#).

The ACP Network is a closed pharmacy network for ADAP uninsured clients. It establishes a statewide point of service pharmacy network, that partners with the ADAP program to ensure formulary adherence, pays only for prescriptions obtained by an eligible ADAP client, provides medication counseling and monitors compliance and adherence in coordination with the contracted PBM, medical providers and ADAP case managers. The ACP Network allows eligible ADAP clients to utilize any participating ACP of their choice for ADAP prescription services.

For HICP insured clients there is an open pharmacy network provided by the PBM. Participating ACP Network pharmacies are included in this network along with the entire statewide PBM retail pharmacy network. HICP clients also reserve the right to utilize the participating pharmacy of their choice for prescription services.

I. ADAP Formulary

The [Georgia ADAP formulary](#) includes all required core classes of Food and Drug Administration (FDA) approved antiretroviral agents and a limited number of drugs to treat/prevent opportunistic infections. Drugs are added to the formulary based on the recommendations of the Georgia ADAP Advisory Committee and the designated HIV clinical, leadership, and pharmacy staff. Eligible clients can access all formulary medications; however, some drugs, ex. salvage HIV drug regimens, may require clinical consultation from the state office before being accessed.

II. Medications Requiring Clinical Consultation

Some medications, ex. salvage HIV drug regimens, on the ADAP formulary may require clinical consultation. For questions related to the clinical consultation process, and which medications require consultation, please contact the HIV Medical Advisor at Harold.Katner@dph.ga.gov.

III. Medication Changes

- Prescriptions for medication changes may be written, called in, faxed or e-scribed to a participating pharmacy in the ACP Network.
- Medication changes occurring at the time of recertification do not eliminate the requirement for annual recertification.

IV. Medication Counseling and Pick-up

- All participating pharmacies in the ACP Network offer pharmacist to patient medication counseling and allow the client an opportunity to ask questions and review information.
- All clients must pick-up their medications in person or receive medications delivered to the client, client's caregiver, or designated agent's home address from an ACP Network participating pharmacy. Delivery is prohibited to enrollment sites, clinics, doctor's offices, etc.
- For more information, please see the current [Department of Health and Human Services \(DHHS\) HIV-related Guidelines](#).

V. Medication Prior Approval Request for Travel

- The Medication Override Request Form (**Appendix P**) must be submitted to the ADAP/HICP Office, along with supporting documentation for review.
- The request form must be submitted 30 days prior to the participant's travel date, and the request must not exceed a 60-day supply. **Allow up to 10 business days for approval.**
- The request for travel must meet the following eligibility criteria before consideration and approval:
 - Current ADAP/HICP program participation
 - 60 consecutive days of medication utilization
 - Complete Medication Override Request Form
 - Supporting Documentation (i.e. Travel itinerary; documenting the client's first and last name, date of departure and date of return.)

VI. Requests for Medication Replacement

- The Medication Override Request Form (**Appendix P**) must be submitted to the ADAP/HICP Office, along with supporting documentation for review.
- The Ryan White Part B ADAP/HICP program monitors utilization and limits ADAP/HICP formulary medications to a 30-day supply per client.

- Requests for replacement medication/injections are subject to review by the ADAP/HICP program to ensure that the program remains the “payer of last resort.” All other medication assistance programs must be explored before a request is submitted.
- The local ADAP/HICP case manager must facilitate the request and ensure that all required documents are complete for review. **Allow up to 5 business days for approval.**
- Replacement medication requests are **limited to one approval per year, and** must meet the following eligibility criteria before consideration and approval:
 - Current ADAP/HICP program participation
 - 60 consecutive days of medication utilization
 - Complete Medication Override Request Form
 - Supporting Documentation (i.e. Case report for stolen vehicle, burglary, fire or theft, failure to adhere to medication delivery guidelines such as the time medication can be left out before administering, etc.)

ADAP Waiting List

The ADAP is sometimes unable to meet the demand for new enrollments due to insufficient funding. Should ADAP experience the inability to serve all eligible applicants, the Ryan White Part B ADAP/HICP Program will implement a waiting list. During the implementation of a waiting list, the state office will provide letters which can be forwarded to Pharmaceutical Patient Assistance Programs (PAPs) to ensure that applicants have access to medications.

Discontinuation of Services

ADAP Coordinators or case managers must inform the state Ryan White Part B ADAP/HICP Program when a patient discontinues or terminates ADAP or HICP services. The ADAP/HICP Discontinuation Form (**Appendix Q**) must be completed and sent to the state.

I. Reasons for Discontinuation

Discontinuation or termination of services from **ADAP** may occur for several reasons including, but not limited to:

- The client has been determined eligible for Medicaid benefits
- The client has obtained or currently has private insurance, or other third-party payer benefits, with prescription drug coverage for HIV medications
- The client’s household income rises to more than 400% of the current FPL
- The client has been approved for LIS benefits under Medicare Part D
- The client moves out of Georgia, or cannot be located
- The client does not reside in the state of Georgia

- The client fails to pick up medications, for more than 60 days, and is refusing to adhere to the medication regimen despite counseling, support or other assistance offered
- The client fails to recertify
- It is discovered that the client failed to report substantial income, or insurance benefits that made him/her ineligible at the time of application, or subsequent to application
- The client fails to provide necessary proof of eligibility
- The client is placed in an institution such as a nursing home, hospital, hospice, state or federal prison, or jail for more than 30 days
- The client has died

NOTE: *If the ADAP office has not received a Recertification Form within 30 days of the expiration of the due date and has not received any notification from the case manager or ADAP coordinator, the state office ADAP staff will notify the case manager or ADAP Coordinator that the client will be automatically moved to inactive status and discontinued from the program. Clients may later apply for **re-enrollment** (if there is not a waiting list) if they are able to supply appropriate documentation.*

Discontinuation or termination of services from **HICP** may occur for several reasons including, but not limited to:

- Failure to recertify
- Termination of COBRA coverage
- Moved or relocated
- Income exceeds eligibility requirements
- Employed with affordable coverage
- Client has received a refund of insurance premiums paid by DPH and has not returned the refund to the state office within 30 days
- Another payer is identified
- The client fails to provide necessary proof of eligibility
- Incarcerated for more than 30 days
- Admitted to hospice
- The client has died

II. Failure to Pick Up Medications and Discontinuation

- If a client fails to show at all for 60 or more days to pick up their medications and is refusing to adhere to the medication regimen despite counseling, support or other assistance offered, he/she must be discontinued from ADAP.
- The case manager or ADAP Coordinator should make a minimum of two attempts to contact the client after he/she fails to pick-up their medications after the first month.

Policies and Procedures

Communication with the client and/or attempts to contact the client must be documented in the client's record.

NOTE: *This does not necessarily preclude later re-enrollment into the Program. An ADAP Application must be submitted for re-enrollment (**Appendix G**).*

III. Procedures for Discontinuation

Enrollment sites are instructed to do the following:

- 1) Complete the ADAP/HICP Discontinuation Form in CAREWare (**Appendix Q**).
- 2) Document the reason for disenrollment on the form, noting that the client was notified of the action or that attempts were made to notify the client of the action.
- 3) Document the date of discontinuation.
- 4) Upload the discontinuation form in CAREWare and mark it "Ready for D/C."

Security and Confidentiality

Ryan White Part B funded agencies, local ADAP/HICP enrollment sites and the ADAP/HICP State Office must take the following steps to ensure all clients' security and confidentiality.

- All personnel must ensure that client charts are secure, and that client confidentiality is maintained.
- All personnel must sign confidentiality agreements and agreements must be kept on file.
- All sites must ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- Client charts must be kept in a locked area when not in use.
- If information is maintained in an electronic format, computers must be password protected and secure while in use (e.g., placed with screen out of view, always attended, and turned off when unattended).
- Access to areas containing client charts, computers, and medications must be restricted to authorized personnel only or clients/visitors with escorts.

Fair Hearings and Grievance Policy

All Ryan White Part B, ADAP and HICP applicants have a right to make a grievance (complaint) and request a fair hearing if they feel they have been erroneously denied assistance due to medical reasons or criteria, or the State ADAP/HICP office has delayed the processing of an application. In addition, local Ryan White clinics and ADAP/HICP enrollment sites must have local grievance policies and processes in place.

I. Fair Hearing Regarding Application or Recertification Process

- Requests for Fair Hearings regarding the Application or Recertification process must be made in writing and submitted within 10 business days of the denial or discontinuation of services.
- The request must include the following:
 - A written request for a Fair Hearing stating the reason the applicant feels that he/she should have been approved for the program.
 - A copy of the original application.
 - Any documentation that supports the applicant's position.
 - A copy of the denial letter from the Office of HIV/AIDS.
- Please submit requests to:
 - Local District or Approved Agency HIV Coordinator or Manager, **and**
 - State ADAP/HICP Manager
Georgia Department of Public Health
200 Piedmont Avenue, SE
West Tower
Suite 1502, HIV/AIDS Program
Atlanta, GA 30334
- The State ADAP/HICP Manager will respond to the client's request within 10 business days.
- If the client does not agree with the answer, the client may request a face-to-face meeting with the local ADAP Coordinator or case manager, the State ADAP/HICP Manager, and a representative of the client's choice.
- The State ADAP/HICP Manager will issue a written decision within 10 business days.
- If the client does not agree with the decision, he/she may appeal to the HIV Care Manager or Office of HIV/AIDS Director in writing.

II. Fair Hearing Regarding Medical Eligibility

- Requests for Fair Hearings regarding denials due to medical criteria must be made in writing and submitted within 10 days of the denial or discontinuation of services.
- The request must include the following:
 - A written request for a Fair Hearing stating the reason the applicant feels that he/she should have been approved for the program.
 - A copy of the original application.
 - Any documentation that the applicant has to support their position.
 - A copy of the denial letter from the Office of HIV/AIDS.
- Please submit requests to:
 - Local District or Approved Agency HIV Coordinator or Manager, **and**

- State ADAP/HICP Manager
Georgia Department of Public Health
200 Piedmont Avenue, SE
West Tower
Suite 1502, HIV/AIDS Program
Atlanta, GA 30334
- The State ADAP/HICP Manager will respond to the client's request within 10 business days.
- If the client does not agree with the answer, the client may request an appeal to the ADAP Advisory Committee.
- The Chairman of the ADAP Advisory Committee will consult the committee and respond in writing to the client within 10 business days.

III. Grievance Policy

- All sites must have a documented grievance policy and process available in English and Spanish.
- The Grievance Policy must be displayed in a highly visible area, and convenient to clients.
- Clients must be made aware of their Rights and Responsibilities including the grievance process.
- Local grievance policies must contain language that provides the client with contact information at the state office should the client feel their grievance was not addressed at the local level.
 - **State Contact:**
HIV Care Manager
Georgia Department of Public Health
200 Piedmont Avenue, SE
West Tower
Suite 1502, HIV/AIDS Program
Atlanta, GA 30334

References

- Georgia Ryan White Program [Part B Clinical Quality Management](#) Plan April 2025 – March 2026
- HRSA [Clinical Care Guidelines and Resources](#)
- HRSA/HAB Performance Measures: [Performance Measure Portfolio](#)
- HRSA/HAB [Policy Notices](#)
- HRSA/HAB [Program Letters](#)
- HRSA Ryan White Part B Manual, [\(Last Revised 2023\)](#)
- HRSA ADAP Manual, [\(Last Revised 2023\)](#)
- HRSA Ryan White [Part B National Monitoring Standards](#)
- Ryan White HIV/AIDS Program [Legislation](#)
- National HIV/AIDS Strategy [\(NHAS\)](#)

APPENDICES

Appendix A: Part B Primary Care Clinics

Georgia Ryan White Part B Clinics

District 1-1 (Rome)

Northwest GA Specialty Care Clinic
16 East 12th Street, Suite 202
Rome, GA 30161

Janet Eberhart	706-295-6701
Monday	8:00 am - 5:00 pm
Tuesday	8:00 am - 6:00 pm
Wednesday	8:00 am - 5:00 pm
Thursday	8:00 am - 5:00 pm
Friday	8:00 am - 2:00 pm

Satellite Clinic

Catoosa County Health Department
145 Catoosa Circle
Ringgold, GA 30736

Janet Eberhart	706-295-6701
2 nd Tuesday	8:00 am-2:00 pm

Counties include: Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, and Walker

District 1-2 (Dalton)

The Living Bridge Center
1200 West Waugh Street, Suite A
Dalton, GA 30720

Jeff Vollman	706-281-2360
Monday – Thursday	7:30 am - 5:30 pm

Cherokee Co.- Canton Health Dept.
130 Riverstone Terrace, Suite 102
Canton, GA 30114

Cheryl Stephens	470-863-5700
Monday – Thursday	7:30 am - 5:30 pm

Satellite Clinic

Gilmer County Health Department

28 Southside Church Street
Ellijay, GA. 30540

706-281-2360
Once a month, call for schedule
9:00 am - 4:00 pm

Counties include: Cherokee, Fannin, Gilmer, Murray, Pickens, and Whitfield

District 2 (Gainesville)

administered by District 1-2

The Living Bridge Center–East
1498 Jesse Jewell Parkway,
Gainesville, GA. 30501
770-744-4806

Joseph Washburn	770-744-4806
Monday	8:00 am - 5:00 pm
Tuesday	8:00 am - 7:00 pm
Wednesday	8:00 am - 5:00 pm
Thursday	8:00 am - 5:00 pm
Friday	8:00 am - 12:00 pm

Counties include: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White

Policies and Procedures

District 3-1 (Cobb-Douglas)

Positive Impact Health Centers- Marietta
1650 County Services Parkway SW
Marietta, GA 30008-4010

Dominique Brown-Nelson 770-738-8555
Monday – Friday 8:30 am - 5:00 pm
Tuesdays Extended hours until 8:00 pm
Saturdays 9:00 am – 1:00 pm

Counties include: Cobb and Douglas

District 3-3 (Clayton)

Clayton County Health District
1117 Battlecreek Rd.
Jonesboro, GA 30296

Patricia Parsons 678-479-2209
Front Desk: 678-610-7640
Monday – Friday 8:00 am - 5:00 pm

Primary Care office hours:
Monday-Friday 8:30 am - 4:30 pm

Counties include: Clayton

District 3-4 (Gwinnett)

Positive Impact Health Centers-Duluth
(Formerly known as Aid Gwinnett)
3350 Breckenridge Blvd., Suite 200
Duluth, GA 30096-7612

Karen Cross 678-990-6415
Mayra Oquendo 404-997-5150 ext. 399
Monday - Friday 8:30 am - 5:00 pm
Tues & Wed extended hours until 8 pm
Saturdays 9:00 am – 1:00 pm

Counties include: Gwinnett, Rockdale, and Newton

District 4 (LaGrange)

AID Atlanta Newnan
770 Greison Trail, Suite H
Newnan, GA 30263

Jamila Booker (Practice Manager)
Opalantus Williams (Quality Manager)
Office phone: 770-252-5418
Mon, Wed, Thurs, Fri 8:00 am-5:00 pm
Tuesday 9:00 am – 6:00 pm

Counties include: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, and Upson

District 5-1 (Dublin)

South Central Health District
103 Mercer Drive, Suite B
Dublin, GA 31021

Malela Rozier 478-274-3012
Monday 8:00 am - 4:30 pm
Tuesday 8:00 am - 4:30 pm
Wednesday 8:00 am - 4:30 pm
Thursday 8:00 am - 7:00 pm
Friday 8:00 am - 1:30 pm

Counties include: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, and Wilcox

Policies and Procedures

District 5-2 (Macon)

The HOPE Center
3920 Arkwright Road
Suite 415
Macon, GA 31210

Erin Wust 478-464-0612
Monday - Friday 8:00 a.m. – 4:30 p.m.

Counties include: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson

District 6 (Augusta)

Medical Associates Plus
2050 Walton Way
Augusta, GA 30901

Ketta Bell 706-434-1590
Monday – Friday 8:00 a.m. - 5:00 p.m.

Christ Community Health Services Augusta, Inc.
127 Telfair Street
Augusta, GA 30901

Ryan Quiller 706-396-1480
Monday – Friday 8:00 a.m. - 5:00 p.m.

Counties include: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, and Wilkes

District 7 (Columbus)

Columbus Health Department
5601 Veterans Parkway
Columbus, GA 31904

Dr. Audrey Brown or Chervonne Smith
706-321-6411
Monday – Friday 8:00 a.m. - 5:00 pm

Sumter County Health Department
1607 N Martin Luther King Jr. Blvd.
Ste B
Americus, GA 31719

Dr. Audrey Brown or Shaceda Mansfield
229-931-2514
8:00 am - 5:00 pm
1st Tuesday and Thursday of the month
2nd and 3rd Tue & Wed of the month
4th Tuesday of the month

Crisp County Health Department
111 24th Street East
Cordele, GA 31015

Dr. Audrey Brown or Shaceda Mansfield
833-337-1749 or 229-931-2514
9:00 am - 4:00 pm
1st Wednesday and Friday of the month
2nd Friday of the month
3rd Friday of the month
4th Wednesday and Friday of the month
Friday hours of operation 9:00 am - 3:00 pm

Randolph County Health Department
410 N. Webster St
Cuthbert, GA 39840

Dr. Audrey Brown or Shaceda Mansfield
833-337-1749 or 229-931-2514
9:30 am - 3:00 pm
2nd Thursday of the month

Policies and Procedures

Taylor County Health Department
178 Charing Road
Butler, GA 31006

Dr. Audrey Brown or Shaceda Mansfield
833-337-1749 or 229-931-2514
9:00 am - 3:00 pm
Quarterly on 3rd Tuesday of the month

Counties include: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Muscogee, Marion, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, and Webster

District 8-1 (Valdosta)

Adult Health Promotion Clinic –South
(Valdosta – Primary Clinic)
2704 North Oak Street
Valdosta, GA 31601

Teresa Hritz 229-245-8711, ext. 36239
Althea Daniels 229-245-8711, ext. 36288
Clinic Receptionist 229-247-8025
Monday – Thursday 8:00 am - 5:00 pm
Friday 8:00 am - 2:30 pm

Adult Health Promotion Clinic-North
(Tifton – Satellite Clinic)
305 E 12th Street
Tifton, GA 31794

Teresa Hritz 229-245-8711, ext. 36239
Althea Daniels 229-245-8711, ext. 36288
Clinic Receptionist 229-391-9281
Monday – Thursday 8:00 am - 5:00 pm
Friday 8:00 am - 2:30 pm

Counties include: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, and Turner

District 8-2 (Albany)

Thomasville Office
14540 US. 19 South; Suite 1,
Thomasville, GA 31758

Kirstern James 229-225-3996
or Zeenat Turner 229-225-4392
1st and 3rd Friday Clinical Services
9:00 am - 1:00 pm
*Clinical 1st and 3rd Friday and Case
Management Services Tuesday - Friday.
(Closed every Monday)

Albany Office*
1710 S. Slappey Blvd.
Albany, GA 31706

Chasity Taylor 229-638-6424
Monday – Friday 7:30 am - 6:00 pm
*Clients are seen for case management and ADAP
services only. Clinical services are not provided in the
Albany office

Rural Clinic
2202 E. Oglethorpe Blvd.
Albany, GA 31705
(Part B Subcontractors for Thomasville Clinic)

Kendall Guthrie 229-431-1423
Monday – Friday 8:30am - 5:00
pm

Counties include: Baker, Calhoun, Colquitt, Dougherty, Decatur, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, and Worth

Policies and Procedures

District 9-1 (Savannah-Brunswick)

Chatham CARE Center
107 B Fahm Street
Savannah, GA 31401

Front Desk 912-651-2253
Monday –Friday 7:30 am - 6:00 pm

Glynn CARE Center
2747 4th St.
Brunswick, GA 31520

Kerry Vining 912-264-3236
Monday – Wed 8:00 am - 5:00 pm
Thursday 8:00 am - 7:00 pm
Friday 8:00 - 12:00 pm

Liberty CARE Center
1113 E. Oglethorpe Hwy.
Hinesville, GA 31313

Ashley Johnson 912-876-5085
Clinic: 912-876-5085 or
1-877-221-6959
Monday – Wed by appointment only

Counties include: Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, and McIntosh

District 9-2 (Waycross)

Bulloch Wellness Center
3 West Altman Street
Statesboro, GA 30458

Shelby Freeman 912-764-2402 or
1- 800-796-6313
Monday-Friday 8:00 am - 5:00 pm

Coffee Wellness Center
310 Bryan Street West
Douglas, GA 31533-2123

Shelby Freeman 912-389-4586 or
1-866-808-7828
Fax: 912-389-4595
Monday – Friday 8:00 am - 5:00 pm

Toombs Wellness Center
714 North West Broad St.
Lyons, GA 30436

Shelby Freeman 912-764-2402 or
(only on clinic days) 912-526-6488
2nd & 4th Thursday 9:00 am - 4:00 pm

Ware Wellness Center
1102 Plant Ave.
Waycross, GA 31501

Mia Reddick 912-550-0020
Fax: 912-490-7644
Thursday 8:00 am - 5:00 pm

Counties include: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, and Wayne

District 10 (Athens)

Specialty Care Clinic
Clarke County Health Dept.
700 Sunset Drive Suite 501
Athens, GA 30606

Front desk 706-425-2935
Regenia Spears-Welch 706 410-5069
Fax 706 425-2936
Monday 8:00 am - 5:00 pm
Tuesday 8:00 am - 7:00 pm
Wednesday 8:00 am - 5:00 pm
Thursday 8:00 am - 5:00 pm
Friday 8:00 am - 2:00 pm

Counties include: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, and Walton

Appendix B: ADAP/HICP Enrollment Sites

District/ Agency	ADAP/HICP Contact	District/Agency Director
0-5 AID Atlanta AID Atlanta Health Center 1438 West Peachtree Street NW Atlanta, GA 30309	Alkevius Smith , Support Services Manager (404) 870-7710 Alkevius.Smith@aidatlanta.org Sydni Edwards (404) 870-7729 Sydni.Edwards@aidatlanta.org Damion Stinson (404) 870-7752 Damion.Stinson@aidatlanta.org Front Desk line: (404) 870-7700, (800) 551-2728	Jenetter Richburg , Director (404) 870-7794 jenetter.richburg@aidatlanta.org Kenneth Clement , Deputy Director (404) 870-7744 Kenneth.clement@aidatlanta.org Nicole Roebuck , Executive Director 770-870-7724 nicole.roebuck@aidatlanta.org
0-7 Grady Ponce Center Grady Health Systems 341 Ponce de Leon Avenue Atlanta, GA 30308	Tonya Rankin (404) 616-9715 trankins@gmh.edu Dwishunda Odom (404) 616-9859 dodom@gmh.edu LaConteau Bonner (404) 616-0432 lbonner@gmh.edu Angelia Dickey (404) 616-5063 adickey@gmh.edu Meron Asrat (404) 616-9558 masrat@gmh.edu Antoine Williams (404) 616-9861 awilliams7@gmh.edu Valeria Cervantes Maldonado (404) 616-9859 vcervantesma@GMH.EDU Dave Thomas (404) 616-3621 dthomas20@gmh.edu	Melissa Beaupierre , Director (404) 616-9740 ext. 6230 mbeaupierre@gmh.edu Nick Michaud , Director of Retail and Specialty Pharmacy (404) 616-3971 namichaud@gmh.edu Pharmacy Fax: (404) 616-9777

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
	<p>Anna Thurman (404) 616-3077 aabdussalaam@GMH.EDU</p> <p>Financial Benefit Center Main phone line: (404)-616-8602 Fax: (404) 489-6648</p> <p>Grady Ponce Center Main phone line: (404) 616-2440 Fax: (404) 616-9700</p>	
<p>1-0 Athens Specialty Care Clinic 700 Sunset Drive Suite 501 Athens, GA 30606</p>	<p>Jessica Hulsey (706) 425-2940 Jessica.Hulsey@dph.ga.gov</p> <p>Amy Johnson (706) 354-7470 Amy.Johnson3@dph.ga.gov</p> <p>Main phone line: (706) 425-2935 Fax: (706) 425-2936</p>	<p>Jennifer Burkholder (706) 424-9750 jennifer.burkholder1@dph.ga.gov</p>
<p>1-1 Rome Northwest Georgia Specialty Care 16 East 12th Street, Suite 202 Rome, GA 30161</p>	<p>Amanda Loveless (706) 295-6701 amanda.loveless@dph.ga.gov</p> <p>Veronica Jimenez (706) 295-6701 Veronica.jimenez@dph.ga.gov</p> <p>Sally Williams (706) 295-6701 Sally.Williams@dph.ga.gov</p> <p>Caroline Spivey (706) 295-6701 Caroline.Spivey@dph.ga.gov</p> <p>Fax: (706) 295-6697</p>	<p>Janet Eberhart (706) 295-6701 janet.eberhart@dph.ga.gov</p>
<p>1-2 Dalton The Living Bridge Center 1200 West Waugh Street, Suite A Dalton, GA 30720</p> <p>The Living Bridge Center-South 130 Riverstone Terrace Suite 102 Canton, GA 30114</p>	<p>Paige Wilson (706) 281-2360 ext. 9504 paige.wilson@dph.ga.gov</p> <p>Main phone line: (706) 281-2360, Fax: (706) 281-2390</p> <p>Jennifer Manning (470) 863-5700 ext. 9556 jennifer.manning@dph.ga.gov</p>	<p>Jeff Vollman, Director (706) 281-2360 jeffery.vollman@dph.ga.gov</p> <p>K. Mills McNeill MD, PhD, District Health Director (706) 529-5757 Mills.mcneill@dph.ga.gov</p>

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
	Fax: (470) 863-5701	
2-0 Gainesville The Living Bridge Center East 1498 Jesse Jewell Pkwy SE SteC Gainesville, GA 30501	Jennifer Washburn, Benefits Coordinator (770) 744-4806 ext. 9806 Jennifer.washburn@dph.ga.gov Marie Brown, Notifiable Disease Coordinator Cell: (770) 519-7661 Marie.brown@dph.ga.gov Clinic Fax: (844) 333-0624	Zachary Taylor, MD, District Health Director (770)-535-5743 Zachary.taylor@dph.ga.gov Joesph Washburn, Nurse Supervisor (770) 744-4806 joseph.washburn@dph.ga.gov Jeff Vollman, District HIV Director 706-281-2360 Jeffery.vollman@dph.ga.gov
2-2 Saint Joseph's Mercy Care 424 Decatur Street, SE Atlanta, GA 30312	Christina Williamson (678) 843-8886 cwilliamson@mercyatlanta.org Fax: (678) 843-8578	Lisa Cowan, ID Program Manager (678) 843-8502 lisa.cowan001@mercyatlanta.org
2-3 Georgia Harm Reduction Coalition, INC 1231 Joseph E. Boone Blvd. NW Atlanta, Georgia 30314	Wanda Champion wandac@ghrc-ga.org Corey Stallworth coreys@ghrc-ga.org Amber Carlson amberc@ghrc-ga.org Main Phone Line: 404-817-9994, Fax: (404) 817-9993	Zare Mojgan, MD, Chief Executive Officer (404) 817-9994 ext. 100 mojganz@ghrc-ga.org Christian Paige, Assistant Director christianp@ghrc-ga.org
2-4 To Our Shores, Inc. 250 Langley Dr., Ste. 1101 Lawrenceville, GA 30046 For all ADAP/HICP inquiries, applications, corrections, etc... email: ADAP@ToOurShores.org	Hawa Kone, PhD Deputy Director of Programs, Data and Prevention (770) 954-5997 (770) 912-2399 HKone@toourshores.org Main Phone Line: (770) 954-5997, Fax: (888) 867-8865	Miyesha Cheeks, DNP, FNP-BC Executive Director & Nurse Practitioner (770) 954-5997 macheeks@toourshores.org

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
3-1 Cobb & Douglas/ Positive IMPACT Cobb & Douglas Public Health 1650 County Services Parkway Marietta, GA 30008-4009	Melanie Jones , Enrollment Lead (770) 514-2398 melanie.jones@pihcga.org Noelis Taveras (404) 500-5423 Noelis.Taveras@pihcga.org Amy Cadenas , ADAP/HICP Administrative Assistant (770) 310-9434 Amy.Cadenas@pihcga.org Main phone line: (770) 514-2464 Fax: (770) 514-2806	Karen Cross , Director of Client Services (678) 990-6415 karen.cross@pihcga.org
3-2 Fulton Fulton County Board of Health 10 Park Place South, SE, Suite 554 Atlanta, GA 30303 186 Sunset Ave NW Atlanta, GA 30314	Tamara Trice (770) 520-7579 Tamara.trice1@dph.ga.gov Fax: (770) 264-7511	Reginald Goddard , Health Coordinator (770) 520-7561 Reginald.goddard2@dph.ga.gov Stacey Coachman , Program Administrator (770) 520-7573 Stacey.coachman1@dph.ga.gov
3-3 Clayton Clayton County Board of Health 1117 Battlecreek Rd Jonesboro, GA 30236	Muriel Grant (678) 610-7199 ext. 6520 Muriel.Grant1@dph.ga.gov Main phone line: (678) 610-7640 Fax: (770) 681-0707	Patricia Parsons , Ryan White Program Coordinator (678) 479-2209 Patricia.Parsons@dph.ga.gov Vacant , District Nursing & Clinical Director
3-4 Positive Impact Health Centers 3350 Breckinridge Blvd Ste. 200 Duluth Ga. 30096 Serving: Gwinnett, DeKalb, Cobb and Douglas Centers Located in Decatur , Duluth , and Marietta <u>Direct Line: 770-738-8523</u> Duluth Center Main 770-962-8396 Decatur Center Main 404-589-9040 Marietta Center Main	Karla Henriquez (Duluth) (678) 990-6424 Karla.henriquez@pihcga.org Yellet Kassi , ADAP/HICP Enrollment Specialist Lead (Duluth) (404) 977-5140 Yellet.Kassi@pihcga.org Peyton McVey (Duluth) (404) 977-5247 Peyton.McVey@pihcga.org Margaret Ruiz (Duluth) (404) 600-2419 ext. 512 Margaret.Quinones@pihcga.org Landy Thornton (Duluth)	Karen Cross, LCSW (678) 990-6415 karen.cross@pihcga.org

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
<p>770-514-2464</p> <p>Positive Impact Decatur Center 523 Church Street Decatur, GA 30030</p>	<p>(470) 845-2415 Landy.thornton@pihcga.org</p> <p>Sydney Luna-Celis, ADAP/HICP Administrative Assistant (Duluth) (404) 500-5422 ext. 427</p> <p>Marilyn Sharkey, ADAP/HICP Enrollment Specialist Lead (Decatur) (404) 977-5134 Marilyn.Sharkey@pihcga.org</p> <p>Deven Mann (Decatur) (404) 977-5143 Deven.Mann@pihcga.org</p> <p>Jamal Jones (Decatur) (404) 977-5170 Jamal.Jones@pihcga.org</p> <p>Taji Williams (Decatur) (770) 341-0364 Taji.williams@pihcga.org</p> <p>Kevin Villatoro, ADAP/HICP Administrative Assistant (Decatur) (470) 428-3571 Kevin.villatoro@pihcga.org</p> <p>Fax: (678) 990-6429</p>	
<p>3-5 DeKalb DeKalb County Board of Health 445 Winn Way Suite 119 Decatur, GA 30030</p>	<p>Tiffany Cameron (404) 508-7984 tiffany.cameron@dph.ga.gov</p> <p>LaToyna Withers (404) 297-7148 Latoyna.withers1@dph.ga.gov</p> <p>Dr. Emma Brown-Sims (404) 508-7881 emma.brown-sims@dph.ga.gov</p> <p>Fax: (404) 294-3272</p>	<p>Malika Stokes Program Coordinator (404) 508-7898 malika.stokes@dph.ga.gov</p>

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
3-6 AIDS Healthcare Foundation AHF 5700 Hillandale Drive, Suite 100 Lithonia, GA 30058 AHF-Atlanta 1438 W Peachtree Street Atlanta, GA 30309 AHF-Midtown 735 Piedmont Ave NE Atlanta, GA 30308	Irene Handley, Practice Manager (Lithonia) (770) 593-6684 Irene.Handley@ahf.org Candace Smart (Lithonia) (770) 593-6684 Candace.Smart@ahf.org Nykia Cheeks, Practice Manager (Atlanta) (470) 283-7349 Nykia.cheeks@ahf.org Rosalia Hernandez (Atlanta) (470) 283-7349 Rosalia.Hernandez@ahf.org Roxie Robinson (Atlanta) (470) 283-7349 Roxie.Robinson@ahf.org Jennifer Griffin, Practice Manager (404) 588-4680 ext. 51146 jennifer.griffin@ahf.org Precious Knight-Harryton, Benefits Counselor (404) 588-4680 ext. 51155 precious.knightharryton@ahf.org Alexis Mosley, Benefits Counselor (404) 588-4680 ext. 51149 alexis.mosley@ahf.org Maya Burgess, HICP Coordinator (404) 588-4680 ext. 51157 maya.burgess@ahf.org Fax: (770) 593-8166	Rovonda Doty-Practice Manager (Atlanta) (470) 283-7349 Ext. 51715 Rovonda.doty@ahf.org
3-8 Southside Medical Center SMC 1046 Ridge Ave SW Atlanta, GA 30315	Tamecia Smith (404) 564-1350 ext. 17060 tsmith2@smcmed.com Main phone line: (404) 688-1350 Fax: (404) 564-6982	Keira Stakely, Program Manager (404) 564-6932 kstakely@smcmed.com

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
4-0 LaGrange/Griffin AID Atlanta Newnan Healthcare Center 770 Greison Trail STE H Newnan, GA 30263	Raakia Cherry , Benefits Counselor Raakia.cherry@ahf.org Naia Williams , Benefits Counselor Naia.williams@ahf.org Phone: (770) 252-5418 Fax: (770) 252-54177	Jamila Booker , Practice Manager (770) 252-5418 jamila.booker@aidatlanta.org Nicole Roebuck , Executive Director 770-870-7724 nicole.roebuck@aidatlanta.org
5-1 Dublin South Central Health District 103 Mercer Drive, Suite B Dublin, GA 31021	Annie Brown , ADAP Coordinator (478) 274-7677 annie.brown@dph.ga.gov Fax: (478) 274-7948 Fax: (478) 274-7719	Malela Rozier , Ryan White Program Manager (478) 274-3012 malela.rozier@dph.ga.gov
5-2 Macon HOPE Center 3920 Arkwright Rd. Ste. 415 Macon, GA 31210	Mara Beck (478) 973-9384 Mara.beck1@dph.ga.gov Erin Wust, RN, BSN (478) 309-1049 Erin.Wust@dph.ga.gov Jessyka Simmons (478) 309-1017 Jessyka.simmons1@dph.ga.gov Nadia Brown (478) 309-1027 Nadia.brown@dph.ga.gov Phone: (478) 464-0612 Fax: (478) 464-0002	Tachara Ferguson-Reid , Director Hope Center (478) 365-1390 tachara.ferguson-reid@dph.ga.gov
6-0 Augusta (Project Impact) 950 Laney Walker Blvd Augusta, Georgia 30909	Bridget Scott (706) 729-2510 Bridget.scott1@dph.ga.gov Michelle Ramsey (706) 667-4829 Michelle.ramsey@dph.ga.gov Johnette Wicker (706) 667-4340 Johnette.wicker@dph.ga.gov Fax: (706) 667-4728	Omaira Colon , Program Manager (706) 721-5830 Omaira.colon@dph.ga.gov Barbara Flowers , Patient Care Coordinator Supervisor (706) 667-4734 Barbara.flowers@dph.ga.gov
6-1 Augusta University 1120 15 th Street, FK Augusta, GA 30912	Lashandra Harden (706) 721-7864 lharden@augusta.edu	Kerstin Carswell , Ryan White Program Clinical Support Manager (706) 721-2236 kcarswell@augusta.edu

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
	<p>Phyllis Walker (706) 721-9534 phwalker@augusta.edu</p> <p>Brittany Dawson (706) 721-9406 bdawson@augusta.edu</p> <p>Annette Bradford (706) 721-3353 abradford@augusta.edu</p> <p>Frankie Hubbard (706) 721-0638 fhubbard@augusta.edu</p> <p>Montrell Patterson (706) 721-9521 mopatterson@augusta.edu</p> <p>Cornelia Hill (706) 721-3763 cohill@augusta.edu</p> <p>Fax: (706) 721-2000</p>	
<p>6-2 Christ Community Health Services 127 Telfair Street Augusta, GA 30901</p>	<p>Ryan Quiller, CMA (706) 396-1480 rquiller@cchaugusta.org</p> <p>Fax: (706) 922-0603</p>	
<p>7-0 Columbus District Clinical Services 5601 Veterans Pkwy Columbus, Georgia 31904</p> <p>District Clinical Services P.O. Box 865</p>	<p>Rika Vines, Lead Case Manager (706) 225-6380 rika.vines@dph.ga.gov</p> <p>Reginald Pearson, Case Manager (706) 530-4338 reginald.pearson1@dph.ga.gov</p> <p>JoeAnn Smith, Case Manager (706) 321-6407 Joeann.smith6@dph.ga.gov</p> <p>Amber Settles, Eligibility Specialist (706) 321-6424 Amber.settles@dph.ga.gov</p> <p>Fax: (706) 321-6428 (229) 931-2517</p>	<p>Beverley Townsend, MD Distract Health Director (706) 321-6108 Beverley.townsend@dph.ga.gov</p> <p>Audrey Brown, MD Ryan White Medical Director (706) 321-6411 (229) 931-2514 Audrey.w.brown@dph.ga.gov</p> <p>Katina Anthony, RN Infectious Disease Coordinator (706) 321-6420 Katina.Anthony@dph.ga.gov</p>

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
1607 N. MLK Jr. Blvd Suite B Americus, Georgia 31709	Fax: (229) 931-7017	
8-1 Valdosta Adult Health Promotion Clinic-South 2704 North Oak Street Building D Valdosta, GA 31602 Adult Health Promotion Clinic- North 1205 N. Tift Ave. P.O. Box 715 Tifton, GA 31794	Linda Beauford (Valdosta) (229) 245-8711 ext. 36231 linda.beauford@dph.ga.gov Sharonda Harrison (Valdosta) (229) 245-8711 ext. 36206 Sharonda.harrison@dph.ga.gov Main phone line 1: (229) 247-8025 Main phone line 2: (229) 245-8711 Fax: (229) 245-8432 LaShawne Graham (Tifton) (229) 391-9281, ext. 152 lashawn.graham@dph.ga.gov Main phone line: (229) 391-9281 Fax: (229) 391-9857	Althea Mims-Daniels , Healthcare Program Consultant Supervisor (229) 245-8711 ext. 36288 Althea.mims@dph.ga.gov Teresa Hritz, RN Infections Disease Coordinator (229) 245-8711, ext. 36239 teresa.hritz@dph.ga.gov Dr. Mark Eanes , South Health District Medical Director (229) 333-5290 Mark.eanes@dph.ga.gov
8-2 Albany The Rural Clinic 2202 E. Oglethorpe Albany, GA 31705 New Beginnings Program P.O. Box 4935 Albany, Georgia 31706	LaToya Robinson (229) 638-6424 ext. 7760 latoya.robinson@dph.ga.gov Tonya High (229) 638-6424 ext. 7761 Tonya.high@dph.ga.gov Main phone line: (229) 638-6428 Fax: (912) 214-2107	Chasity Taylor , ACID Coordinator (229) 638-6424 ext.6632 chasity.taylor@dph.ga.gov
9-1 Savannah/Brunswick Chatham CARE Center 107 B Fahm Street Savannah, GA 31401 Liberty CARE Center 1113 E Oglethorpe Hwy Hinesville, GA 31313 Glynn CARE Center 2747 4th Street Brunswick, GA 31520	Connie Kelly (912) 651-1986 ext. 5075 Connie.kelly1@dph.ga.gov Main Line: (912) 651-2253 (Chatham) Fax: (912) 651-2365 (Chatham) (912) 876-2037 (Liberty) Heather Smith (912) 264-3236 (Glynn) heather.smith@dph.ga.gov Fax: (912) 264-0813 (Glynn)	Raimi Ewetola , MD, MPH, DrPH 912-651-2553 ext. 5035 Raimi.Ewetola1@dph.ga.gov

Policies and Procedures

District/ Agency	ADAP/HICP Contact	District/Agency Director
9-2 Waycross-District Office 1101 Church Street, Suite A Waycross, GA 31501 Waycross Wellness Centers: Bulloch Wellness Center 3 West Altman Street Statesboro, GA 30458 Coffee County Wellness 310 West Bryan Street Douglas, GA 31533 Toombs Wellness Center 714 North West Broad Street Lyons, GA 30436 Ware Wellness Center 1102 Plant Avenue Waycross, GA 31501	Sabrina Sheppard (Bulloch and Toombs Wellness) (912) 764-2402, Fax: (912) 764-5561 sabrina.sheppard@dph.ga.gov Barbara Bragg (Bulloch Wellness) (912) 764-2402, Fax: (912)764-5561 barbara.bragg@dph.ga.gov Michelle Reaves (Bulloch Wellness) (912) 764-2402 Michelle.reaves2@dph.ga.gov Casey Stewart (Coffee Wellness) (912) 389-4586, Fax: (912) 389-4590 Casey.stewart@dph.ga.gov Hydie Lewis (Coffee Wellness) (912) 389-4586, Fax: (912) 389-4590 hydie.lewis@dph.ga.gov Emily Harper (Coffee Wellness) (912) 389-4586, Fax: (912) 389-4590 Emily.Harper@dph.ga.gov Amanda Coffee (Ware Wellness) (912) 389-4586 Amanda.coffee@dph.ga.gov	Bulloch Wellness Center: Shelby Freeman, MPH, MSW (912) 764-2402 shelby.freeman@dph.ga.gov Fax: (912) 764-5561
9-9 Emory I.D. Clinic 550 Peachtree Street, NE Atlanta, GA 30308	Shalanda Anderson (ADAP) (404) 686-3337, Fax: (404) 686-2824 Shalanda.shunta.anderson@emory.edu Gwen Connor (404) 686-3286, Fax: (404) 686-3352 Gwendolyn.connor@emory.edu Liz Adair Partridge (404) 686-7910, Fax: (404) 686-3072 Elizabeth.adair@emory.edu Adrianne Clarke-Williams (404) 858-9365, Fax: (404) 686-5636 Adrianne.clarke-williams@emoryhealthcare.org	Avril Phillips, LCSW, ACM-SW, Supervisor (404) 686-1639 amphil5@emory.edu Fax: (404) 686-3446

Appendix D: Medication Dispensing Log

Medication Dispensing Log

Clinic Name _____ Month _____

Client Identifier	Name of Drug	Strength	Quantity Dispensed	Date Dispensed	Exp. Date

Appendix E: ADAP Contract Pharmacy (ACP) Network

ADAP CONTRACT PHARMACY (ACP) NETWORK

Pharmacy Name	Address	City/State/Zip	Phone	PIC	Delivery	Hours of Operation
AIDS Healthcare Foundation (AHF) Pharmacy-Lithonia	5700 Hillandale Dr. Suite 100	Lithonia, GA 30017	770-808-3705	Gina Ruggeri	Free Delivery w/in 50 miles	M-Th: 8a-5p F: 7a-4p
Arrowhead Healthmart (Reff's)	188 Upper Riverdale Rd Suite C	Jonesboro, GA 30236	770-603-5555	Ola Reffell	N/A	M-F: 10a-6p
Barnes Drug Store	200 S. Patterson Street	Valdosta, GA 31601	229-242-1925	Loryn Brown	N/A	M-F: 9a-6p
Barney's Pharmacy	2604 Peach Orchard Rd.	Augusta, GA 30906	706-798-5645	Vanessa Hoffman	Local delivery available	M-F: 9a-6p Sat: 9a- 2p
Chatham Co. Care Center Pharmacy	107 B Fahm Street	Savannah, GA 31401	912-651-2486	Pachia Dixon	N/A	M-F: 8a-5p
Cobb Co. BOH Pharmacy	1650 County Services Pkwy.	Marietta, GA 30008	770-514-2345	Adam Allgood	N/A	M-F: 8:30a-4:30p
Covenant Health Pharmacy, Inc	1795 Presidential Circle	Snellville, GA 30078	678-585-4962	Joy Tekobo	Free Local delivery available	M-F: 9a-5p
Dart Drugs and Surgical	1101 Memorial Dr.	Dalton, GA 30720	706-278-1900	Adam Hawkins	N/A	M-F: 9a-7p Sat: 9a-3p
East Marietta Drugs	1480 Roswell Rd.	Marietta, GA 30062	770-973-7600	Julia Marshall	\$2 Delivery fee w/in 5 mi.	M-F: 9a-5p
Huff's Drugs (Purvis)	136 Industrial Blvd.	Ellijay, GA 30540	706-635-7931	Danny Postell	N/A	M-F: 8:30-6p

Revised: 1/2025

ADAP CONTRACT PHARMACY (ACP) NETWORK

Pharmacy Name	Address	City/State/Zip	Phone	PIC	Delivery	Hours of Operation
Lacey Drug Company	4797 South Main St.	Acworth, GA 30101	770-974-3131	Ben Flanagan	\$5 Delivery fee w/in 5 miles	M-F: 8a-7p Sat: 9a-6p Sun: 2-6p
Norcross Pharmacy	2625 Beaver Ruin Rd.	Norcross, GA 30071	770-448-2288	Robert Stitt	Delivery Available	M-F: 9a-6:30p Sat: 9a-1p
Piedmont Pharmacy – North (The Medical Ctr)	5601 Veterans Pkwy, Suite 1800	Columbus, GA 31904	706-321-3700	Stacy Benoit	N/A	M-F: 8:30a-5p
Rainbow Drug Store	4319 New Jesup Hwy.	Brunswick, GA 31520	912-265-5040	Daniel Griffis	N/A	M-F: 9a-7:00p Sat: 9a-3p
Scott's Pharmacy	635 Pio Nono Ave.	Macon, GA 31204	478-742-3098	Bryan Scott	Delivery w/in 3-5 miles	M-F: 9a-6p Sat: 9a-1p
Wayfield Pharmacy	3050 MLK Jr Dr, Unit H	Atlanta, GA 30311	404-699-9000	Bibi Nwabude/Adam Vuong	Free Delivery w/in 30 miles	M-F: 9a-7p
Woodstock Pharmacy	8612 Main Street	Woodstock, GA 30188	770-926-6478	Jeff Smith	Free Delivery <5mi; \$5 fee > 5miles	M-F: 9a-5p Sat: 9:30a-1:30p
Wynn's Pharmacy	566 S. Eighth Street	Griffin, GA 30224	770-227-9432	Annette Duncan	N/A	M-F: 9a-6p
STATEWIDE DELIVERY PHARMACIES						
Walgreens Specialty Pharmacy #15304	1874 Piedmont Ave. NE Suite 100 A	Atlanta, GA 30324	404-733-6800	Khalefa King	Free Statewide Delivery	M-F: 8a-6p Sat: 9a-12p

Revised: 1/2025

ADAP CONTRACT PHARMACY (ACP) NETWORK

Pharmacy Name	Address	City/State/Zip	Phone	PIC	Delivery	Hours of Operation
Curant Health	200 Technology Court SE, Bldg. 200, Suite B	Smyrna, GA 30082	866-460-8040	Anas Damiri	Free Statewide Delivery	M-F: 8:30-5:00p
Express Drugs	212 Edgewood Ave.	Atlanta, GA 30303	404-688-2211	Gholam Bakhtiari	Free Delivery	M-F: 9a-5p Sat: 9a-1p
Positive Impact Health Center (PIHC)-Decatur	523 Church Street	Decatur, GA 30030	404-977-5200	Brandi Byler	Free Statewide Delivery	M-F: 8:30a-5p Sat: 9a-5p
Walgreens (Store #13873)	2675 N. Decatur Rd, Suite 101	Decatur, GA 30033-6132	404-299-5411	Olivia Ward	Free Statewide Delivery	M-F: 8:30a-5:30p
RESTRICTED PHARMACY						
Grady IDP Pharmacy	341 Ponce De Leon Ave. NE	Atlanta, GA 30308	404-616-2466 (pharmacy) 404-616-9783	Della Corbin-Johnson	N/A	M-F: 9a-5p

ONLY GRADY CLIENTS CAN UTILIZE GRADY IDP PHARMACY

Revised: 1/2025

Appendix F: 2025 FPL Guidelines

Limits on Fees for Clients Receiving Services Funded Under the Ryan White HIV/AIDS Treatment Extension (CARE) Act of 2009

Individual/Family Annual Gross Income	Total Allowable Annual Charges
Equal to or below the official poverty line	No charges permitted
101%-200% of the official poverty line	5% or less of gross annual income
201%-300% of the official poverty line	7 % or less of gross annual income
Greater than 300% of the official poverty line	10% of gross annual income

2025 FEDERAL POVERTY GUIDELINES

Annual Income Ranges

FAMILY SIZE	A <100%	B 101-150%	C 151-200%	D 201-250%	E 251-300%	F 301%-350%	G 351%-400%
1	<= \$15,650	to \$15,807 to \$23,475	\$23,632 to \$31,300	\$31,457 to \$39,125	\$39,282 to \$46,950	\$47,107 to \$54,775	\$54,932 to \$62,600
2	<= \$21,150	to \$21,362 to \$31,725	\$31,937 to \$42,300	\$42,512 to \$52,875	\$53,087 to \$63,450	\$63,662 to \$74,025	\$74,237 to \$84,600
3	<= \$26,650	to \$26,917 to \$39,975	\$40,242 to \$53,300	\$53,567 to \$66,625	\$66,892 to \$79,950	\$80,217 to \$93,275	\$93,542 to \$106,600
4	<= \$32,150	to \$32,472 to \$48,225	\$48,547 to \$64,300	\$64,622 to \$80,375	\$80,697 to \$96,450	\$96,772 to \$112,525	\$112,847 to \$128,600
5	<= \$37,650	to \$38,027 to \$56,475	\$56,852 to \$75,300	\$75,677 to \$94,125	\$94,502 to \$112,950	\$113,327 to \$131,775	\$132,152 to \$150,600
6	<= \$43,150	to \$43,582 to \$64,725	\$65,157 to \$86,300	\$86,732 to \$107,875	\$108,307 to \$129,450	\$129,882 to \$151,025	\$151,457 to \$172,600
7	<= \$48,650	to \$49,137 to \$72,975	\$73,462 to \$97,300	\$97,787 to \$121,625	\$122,112 to \$145,950	\$146,437 to \$170,275	\$170,762 to \$194,600
8	<= \$54,150	to \$54,692 to \$81,225	\$81,767 to \$108,300	\$108,842 to \$135,375	\$135,917 to \$162,450	\$162,992 to \$189,525	\$190,067 to \$216,600
9	<= \$59,650	to \$60,247 to \$89,475	\$90,072 to \$119,300	\$119,897 to \$149,125	\$149,722 to \$178,950	\$179,547 to \$208,775	\$209,372 to \$238,600
10	<= \$65,150	to \$65,802 to \$97,725	\$98,377 to \$130,300	\$130,952 to \$162,875	\$163,527 to \$195,450	\$196,102 to \$228,025	\$228,677 to \$260,600
+1	\$5,500	\$8,250	\$11,000	\$13,750	\$16,500	\$19,250	\$22,000

NOTE: For families with more than ten members, add the amount indicated beside +1 under the appropriate poverty level for EACH additional family member.

Appendix G: Ryan White Part B/ADAP Electronic Application

Instructions for Completing the Georgia ADAP/HICP Application Form

Section I. Patient Information

First Name:	Enter the client's first name.
Last Name:	Enter the client's last name.
Middle Initial:	Enter the client's middle initial.
Maiden Name:	Enter the client's maiden name, if applicable.
Address:	Enter the client's home address.
Mailing Address:	Enter the client's mailing address, if different from home address. If the mailing and home addresses are the same, enter same as above.
Marital Status:	Check the box indicating the client's current legal marital status.
County:	Enter the client's county.
Date of Birth:	Enter the client's date of birth using the MM/DD/YYYY format. Example: 01/01/1965
Social Security Number:	Enter the client's 9-digit social security number, if applicable.
Gender:	Enter the client's gender.
Ethnicity:	Indicate whether the client is Hispanic, Non-Hispanic or Unknown.
Race:	Indicate the client's race. Note: If a client does not identify with any of the races indicated on the form, check "unknown."
Telephone Number #1:	Enter the primary phone number for the client, including area code.
Telephone Number #2:	Enter the emergency phone number for the client, including area code.
Client Status:	Check the box indicating if this is a new client application, a current client recertifying or a client transferring from another enrollment site.

Section II. Clinical Information

Diagnosis Status: Indicate the client's current diagnosis status by selecting one diagnosis option.

Diagnosis: Indicate the date the diagnosis was *initially* made.

CD4: Indicate the client's current CD4 and include the date of the test. Also indicate the NADIR CD4 count, if known, and include the date.

Viral Load: Indicate the client's current HIV Viral Load and include the date of the test. Also include the highest HIV viral load, if known, and include the date.

ART History: ***ART (Antiretroviral Therapy): A standard anti-HIV treatment regimen consists of a combination of three or more drugs that suppresses retroviral replication.*** Indicate whether the client is *ART experienced* and check the box(es) to identify the client's previous means of accessing ART. If the client is new to ART, or *ART naïve*, check the box(es) that support the decision to initiate ART.

Example #1: If the client's CD4 count is 600 and he/she has never been on ART but has a history of Opportunistic Infections, the prescribing clinician will check the boxes marked ☒ ART Naïve and ☒ History of Opportunistic Infections.

Example #2: If the client's CD4 count is 800 and the client was on ART while in the Department of Corrections, the prescribing clinician will check the boxes marked ☒ ART Experienced and ☒ Department of Corrections.

Section III. Physician Information

Physician Information: Complete the name of the physician, clinic name, address, city, state, and zip code and phone number. The prescribing clinician must sign the form. An APRN or PA may also sign application forms but must be approved by DPH.

ADAP application/recertification forms completed and signed by an APRN must include the delegating physician's name and phone number. ADAP application/recertification forms completed and signed by a PA must include the supervising physician's name and phone number.

Section IV. Financial/Income Information

Indicate the current age of the client; his/her **gross monthly income**, and the source of income.

Assets: Complete this section by entering the amount of client assets for each of the types listed in the section.

****** *Cash Assets COUNTED towards ADAP eligibility are defined as any easily accessible or liquid cash such as assets in:*

- *Checking account, savings account, short term CD (3 months or less)*
- *Non retirement stock portfolios/mutual funds*
- *Equity in rental/vacation property*

Assets NOT COUNTED towards ADAP include:

- *Life insurance policies, and retirement/pension accounts*
- *Personal residence*
- *Personal transportation*

Documentation of Income: Complete the documentation of income section and attach appropriate documents.

Section V. Georgia Residency

Indicate whether or not the client is currently living in Georgia.

Indicate the type of documentation the client provided to document GA residency and attach copies.

Applicants who have no proof of residency in their names may submit a Statement of Support Form from persons with whom they live. That statement must be attached to a Statement of Support Form signed by the applicant.

Section VI. Third Party Payer/Insurance Information

Insurance Information: Complete this section by indicating if the client has any of the listed sources of insurance coverage. Include policy numbers, insurance company names, phone numbers, and contacts as applicable. Please include all requested Medicare, Low Income Subsidy (LIS) and/or Medicaid information. Attach information and/or documentation regarding Medicare Part D plan status and coverage details. If the applicant is not insured, please indicate in the appropriate box.

Section VII. Applicant Agreement

Print the client's name. This section must be signed and dated by the client, indicating that he/she understands the intent of the AIDS Drug Assistance Program and authorizes his/her HIV information to be released to the Department of Public Health, HIV/AIDS Office Unit.

Section VIII. Case Manager Agreement

Case manager must print his/her name and contact information and sign the application.

Section IX. Checklist

The checklist is to be completed by the case manager. Each of the items on the checklist is required, if applicable, in order to enroll a client into the AIDS Drug Assistance Program. Incomplete application packets **cannot** be processed and will be returned to the enrolling agency. Please attach all supporting documents to the application **prior** to submission.

Section X. Waiting List Criterion

In the event of a Waiting List, the CD4 count will be assessed for clients considered for enrollment as funds become available. Income, residency, labs and other supporting documents must be included with the ADAP Application and Recertification.

Application Date

Form Date

**Georgia Ryan White Application
AIDS Drug Assistance Program (ADAP) / Health
Insurance Continuation Program (HICP)**

Please note that this form should only be used for persons newly applying and for annual recertifications

PLEASE READ

Please review the application carefully and complete all required sections

Applicant must have proof of HIV diagnosis, proof of income, and proof of Georgia residency before proceeding with this application.

Please note that this application, if approved, is only valid for a year and a recertification application must be completed yearly for continued services.

Please review the Georgia Ryan White ADAP-HICP Policies and Procedures prior to submitting this application for important information related to ADAP/HICP Program. (<https://dph.georgia.gov/hiv-care>)

Client's Full Name

FullName

CAREWare URN

URN

If there are any questions, please do not hesitate to call the Georgia ADAP/HICP Program at 404-656-9805 or email at GAADAP@dph.ga.gov.

I. PATIENT INFORMATION

First Name	Last Name	Middle Name	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		County	
<input type="text"/>		<input type="text"/>	
City	State	Zipcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address			
<input type="text"/>			
Phone	Mobile Phone	Marital Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	SSN	Sex at Birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Race/Ethnicity

Please select Race and Ethnicity for this section.
If Asian or Pacific Islander is selected, a subgroup must be selected

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian <input type="text"/>
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="text"/>	

If Hispanic, a subgroup must be selected



Hispanic/Latino <input type="text"/>	Hispanic Subgroups <input type="text"/>
--------------------------------------	---

Client ADAP/HICP Status

Current ADAP Status	Current HICP Status
<input type="text"/>	<input type="text"/>

HIV Risk Factors	
<input type="checkbox"/> Male to Male sexual contact (MSM)	<input type="checkbox"/> Perinatal Transmission
<input type="checkbox"/> Injection Drug Use (IDU)	<input type="checkbox"/> Not Reported or Not Identified
<input type="checkbox"/> Heterosexual Contact	<input type="checkbox"/> Hemophilia/Coagulation Disorder
<input type="checkbox"/> Receipt of transfusion of blood, blood components, or tissue	

II. CLINICAL INFORMATION

HIV Diagnosis	<input type="text"/>		HIV Diagnosis Date	<input type="text"/>	
AIDS Diagnosis Date	<input type="text"/>				

Lab Results

Please enter the most recent CD4 and Viral Load lab results.

CD4 Count	Viral Load
CD4 Test Date	Viral Load Test Date
<input type="text"/>	<input type="text"/>
CD4 Lab Result	Viral Load Test Result
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CD4 <200 <input type="checkbox"/> CD4 >500	<input type="checkbox"/> Pending VL <input type="checkbox"/> Not Detectable (ND)
<input type="checkbox"/> CD4 200-500 <input type="checkbox"/> CD4 greater 500 with a condition requiring therapy	Highest Viral Load <input type="text"/>
	Highest VL Date <input type="text"/>

Antiretroviral Therapy (ART) History	
<input type="checkbox"/> ART Experienced <input type="checkbox"/> Continuation of Therapy	<input type="checkbox"/> ART Naive <input type="checkbox"/> Indications for initiating ART
<input type="text"/>	<input type="text"/>

Before leaving this page please ensure that the most up to date CD4 and Viral Load are entered.

III. PHYSICIAN INFORMATION

Physicians Name (If physician's name is not listed, please enter it in the second box)



Clinic Name

Telephone Number

Clinic Address

City, State, Zip Code

Physician, APRN, PA Signature (PA and APRN must be approved by State Office)

IV. FINANCIAL/INCOME INFORMATION

Source of Income

- ☐ Employment.

☐ Social Security Disability Income

☐ No Income
- ☐ Interest/Investment Income

☐ Other Income

☐ Income Calculation

Name	Relationship to Client	Age	Gross Monthly Income	Source of Income
<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>
<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>
<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>
<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>

Total Monthly Household Income

Total Yearly Household Income

Documentation of Income

Proof of income must be attached on the Application tab in CAREWare.

☐ Tax Transcript

☐ VA Award Letter

☐ Statement of Support

☐ Bank Statements

☐ Other Income

☐ Signed Employer Statement with Dates

☐ Social Security Award Letter

☐ Paycheck Stub for last month

Please enter any assets belonging to the client.

☐ Assets

Cash on Hand

Checking Account

Savings Account

Stocks

Bonds

Severance Pay

Other

Total

NOTE: Total assets cannot exceed \$10,000

Please use the link below to update the Poverty Level Assessments

[Change/View Poverty Level](#)

Please note that the form must be saved before clicking the Poverty Assessment link.

Federal Poverty Level

Household Income: \$12,000.00

03/24/2025

Household Size: 3

Poverty Level: 45.00%

V. GEORGIA RESIDENCY

☐ Georgia Resident ☐ Non-Georgia Resident

Proof of Residency: Indicate which of the following documentation will be used for proof of residency. (Attach to documentation on the Application tab)

- ☐ Copy of Client's Utility Bill
☐ Copy of Client's Lease/Mortgage Agreement
☐ Client is homeless (in Georgia) Shelter Name
☐ Other (must be Documents defined in policy)

Note: A Georgia Driver License alone is not adequate proof of residency.

Applicants who have no proof of Georgia residency in their names, can submit a statement from persons with whom they live. They must attach a Statement of Support form signed by the applicant.

VI. THIRD PARTY PAYER/INSURANCE INFORMATION

Please indicate the client's insurance type below. If the client has no insurance, please select "Has No Insurance".

- ☐ Medicaid ☐ Private Health Insurance ☐ Veterans Benefits
☐ Medicare ☐ Has No Insurance

Medicaid Coverage

Medicaid ID#:

- ☐ Medicaid Elig. ☐ Applied?
☐ Medicaid Spenddown (QMB)

Has the client been approved for Medicaid?

If the client is not eligible, has not applied, and does not have Medicaid please leave this section blank

Medicare Coverage

Medicare ID#

- ☐ Part A ☐ Part B
☐ Part D

- ☐ Applied for Low Income Subsidy (LIS) "extra help":
☐ Approved for Partial Low Income Subsidy (LIS):
☐ Approved for Full Low Income Subsidy (LIS):

Medicare Part D Plan Company Name:

Deductible

Co-pay

Premium

Which HICP service is the client requesting?

- ☐ MCare Co-Pay Assistance
☐ MRx Full Pay Assistance

If the client is not enrolled in Medicare, please leave this section blank

Page 6

Private Health Insurance Coverage

☐ Cobra
 ☐ Individual
 ☐ Health Care Access
 ☐ Other Coverage

Insurance/COBRA Company <input style="width: 95%;" type="text"/>	Policy or Member ID <input style="width: 95%;" type="text"/>
Mailing Address (for premium remittance) <input style="width: 95%;" type="text"/>	Telephone Number <input style="width: 95%;" type="text"/>
City, State, Zip Code <input style="width: 95%;" type="text"/>	COBRA Effective Start Date <input style="width: 95%;" type="text"/>
RxCompany <input style="width: 95%;" type="text"/>	RxBIN <input style="width: 95%;" type="text"/>
RxPCN <input style="width: 95%;" type="text"/>	RxGroup <input style="width: 95%;" type="text"/>

If the client is not enrolled in private insurance please leave this section blank

Which HICP service is the client requesting?

☐ HICP Full Pay Asst. Only
☐ HICP Co-Pay Asst. Only

Only complete for HICP Full Pay Assist

Monthly Premium Rate/Amount	<input style="width: 95%;" type="text"/>
Quarterly Premium Rate/Amount	<input style="width: 95%;" type="text"/>
Due Date of Next Premium	<input style="width: 95%;" type="text"/>

What is the name of the company that the premium checks are made out to?

This information is needed to pay the client's premiums. Please submit of copy of your most recent premium bill or payment coupons. Also, a copy of your Health Insurance Policy benefit information regarding pharmaceutical coverage equivalent to medications on the ADAP Formulary as well as coverage for other essential medical benefits must be attached.

Use the link below to update the Insurance Assessment

[Change/View Insurance Assessment](#)

Please note that the form must be saved before clicking the Insurance Assessment link.

Insurance Assessment

Primary Insurance: High Risk Insurance 03/24/2025

Other Insurance:

VII. APPLICANT AGREEMENT

I fully understand that the AIDS Drug Assistance Program (ADAP) is intended for clients with HIV infection who are unable to pay for their medications and the Georgia Health Insurance Continuation Program (HICP) is intended for clients with HIV infection who are unable to pay for their health insurance premiums. I hereby certify that the information supplied in this application and accompanying attachments is complete and accurate. I fully understand that I am responsible for completing the recertification process, annually, in order to continue to receive ADAP/HICP services. If I fail to comply with this policy, I fully understand that I can be removed from ADAP/HICP.

Furthermore, I hereby authorize the release of medical information, including information about my HIV status to the HIV/AIDS Office, to all other entities involved in the processing of my ADAP or HICP documentation, to entities involved in the dispensing of my HIV/AIDS medication, and to the Pharmacy Benefit Manager (PBM). In the event of a program audit, I understand that ADAP and HICP applications, recertifications, and other supporting documentation may be subject to review by State of Georgia Auditors and I therefore authorize access to my records.

I further authorize the staff members of the DPH, HIV/AIDS Office to disclose my confidential information to the extent necessary to carry out the purposes listed above.

Print Client Name

Date

Client Signature

Please note that applicants DO NOT need to declare or document citizenship/immigration status to be eligible for services.

VIII. CASE MANAGER AGREEMENT

I attest that all of the information contained in this application is complete and accurate to the best of my knowledge.

ADAP Case Manager

Enrollment Site

HICP Case Manager

Case Manager's Comments

Case Manager Name (If not listed above, please write in)

Case Manager Phone Number

Case Manager Email

Case Manager Signature

Date

IX. ADAP/HICP APPLICATION CHECKLIST

All applications must include the following information or documentation

- ☐ Patient Information is Complete
- ☐ Clinical Information is Complete
- ☐ Copies of Lab Results
- ☐ Section III: Physician Information is Complete
- ☐ Financial Information is Complete
 - ☐ Proof of Income is Attached
 - ☐ Change/View Poverty Level Link Completed
- ☐ Section V: Proof of Georgia Residency is Attached
- ☐ Section VI: Third Party Payer/Ins. Info Compl.
 - ☐ Change/View Insurance Assessment Link Completed

If applicant applying to HICP, health insurance policy information regarding coverage must be attached.

- ☐ Summary of Benefits
- ☐ Notification of Client Responsibility is attached
- ☐ Insurance Cards
- ☐ Premium Statements
- ☐ Authorization to obtain and release inform

Please note that the following must be faxed to the insurance company prior to submitting the application

- ☐ Medicaid Eligibility Printout
- ☐ Copy of Medicaid/Medicare Card, if applicable
- ☐ Copy of Medicare Part D Plan enrollment card
- ☐ Copy of denial or approval letter for LIS
- ☐ Application has been signed and dated by:
 - ☐ Client
 - ☐ Physician
 - ☐ CaseManager
 - ☐ APRN or PA

☐ Application is Complete with required attachments

Appendix H: Statement of Support



Georgia ADAP/HICP Statement of Support

Use of form: If someone else provides you with support please have the individual providing support fill out this form, sign and date Section 2.

SECTION 1:

Name of applicant:

Name of person providing support (if applicable):

What is your relationship to the applicant?

☐ Self

☐ Parent

☐ Child

☐ Relative (ex. Spouse, Sibling, Aunt, Uncle, Partner, etc.)

☐ Other (ex. Friend, Neighbor, etc.)

Type of support provided (check all that apply):

☐ Lodging

☐ Food

☐ Utilities

☐ Monthly Income at or below 400% FPL **included but not limited unearned income**

☐ Other:

How long has the applicant lived in your household (if applicable)?

Current contact information:

Address:

City, State, Zip Code:

Phone Number:

Please provide an explanation of your circumstances that may be helpful in determining eligibility.

SECTION 2: By signing below, I assert the contents of this form are complete and accurate, to the best of my knowledge.

Support Provider Signature: Date:

Applicant Signature: Date:

Policies and Procedures

Appendix I: MAGI/ FPL Determination Worksheet

Georgia Department of Public Health
Monthly Modified Adjusted Gross Income (MAGI) Worksheet: Auto-Calculating

Client Name: _____ SS# _____ DOB _____
 Last Name First Name Initial (MM/DD/YY)

Family Size: _____
 (1-8)
 Family Size: _____
 (9-16)

Income Sources			
Total Monthly \$ Amount for all Legal Household Members			
Wages, Salaries, Tips, etc. (Form W-2)	\$ -	Pensions & Annuities (Veteran/ Employer Based Pensions, Retirements or disability)	\$ -
Taxable Interest (Form 1099-INT)	\$ -	Rental Real Estate, Partnerships, S Corporations, Trusts, Etc. (Schedule E)	\$ -
Tax Exempt Interest (Form 1099 INT box 8)	\$ -	Farm Income or Loss (Schedule F)	\$ -
Ordinary Dividends	\$ -	Unemployment Income	\$ -
Taxable Refunds of State/Local Income Taxes	\$ -	Retirement Income from Social Security	\$ -
Alimony or other Spousal Support Received	\$ -	Disability Income from Social Security	\$ -
Business Income/ Loss (Schedule C or C-EZ)	\$ -	*Supplemental Income from Social Security (SPECIALTY LINE A)	\$ -
Capital Gain/ Loss (Schedule D)	\$ -	Other Income (Jury Duty Pay, Gambling, Winnings)	\$ -
Other Gains/ Losses	\$ -	*Child Support Received, Workers Comp, Monetary Gifts (SPECIALTY LINE B)	\$ -
IRA Distributions - Taxable Amount	\$ -		
TOTAL COLUMN 1	\$ -	TOTAL COLUMN 2	\$ -
TOTAL INCOME (Total Column 1 + Total Column 2)		\$ -	

NON MAGI (not calculated but required)			
Total Monthly \$ Amount for all Legal Household Members			
Educator Expenses	\$ -	Penalty on Early Withdrawal of Savings	\$ -
Business Expenses (Form 2106 or 2106-EZ)	\$ -	Alimony Paid	\$ -
Health Savings Account (Form 8889)	\$ -	IRA Deduction	\$ -
Moving Expenses (Form 3903)	\$ -	Student Loan Interest Deduction	\$ -
Deductible Part of Self Employment Tax (Schedule SE)	\$ -	Tuition and Fees (Form 8917)	\$ -
Self Employed SEP, SIMPLE Plans	\$ -	Domestic Production Activities (Form 8903)	\$ -
Self Employed Health Insurance Deduction	\$ -		
TOTAL COLUMN 1	\$ -	TOTAL COLUMN 2	\$ -
TOTAL ADJUSTMENTS (Total Column 1 + Total Column 2)		\$ -	
SPECIALTY LINE A + SPECIALTY LINE B		\$ -	
NON MAGI SUBTOTAL (Total Adjustments + Specialty Line A + Specialty Line B)		\$ -	

MAGI (Total Income - Non MAGI Subtotal)	\$ -
--	-------------

FEDERAL POVERTY LEVEL (FPL) (For family size 1-8)	#DIV/0!
FEDERAL POVERTY LEVEL (FPL) (For family size 9-16)	#DIV/0!

Appendix J: Other Coverage Screening Form

Georgia Department of Public Health Ryan White Part B Program

Other Coverage Screening Form

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Client Name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Client ID#
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Employee Name	

Enrollment Screening			
Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client was informed about other health insurance options (inclusive of Medicaid, Medicare, private insurance, etc.).
Date of Encounter:			<div style="border-bottom: 1px solid black; width: 100%;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client was referred to a Health Insurance Enrollment Assistance location in their area.
Date of Encounter:			<div style="border-bottom: 1px solid black; width: 100%;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client eligible for insurance through the Health Insurance Marketplace?
Date of Encounter:			<div style="border-bottom: 1px solid black; width: 100%;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client eligible for Medicaid?
Date of Encounter:			<div style="border-bottom: 1px solid black; width: 100%;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client eligible for Medicare A, B and/or D?
Date of Encounter:			If yes, please specify in the notes section.
<div style="border-bottom: 1px solid black; width: 100%;"></div>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client will be enrolled or re-certified into Ryan White Part B/ ADAP
Date of Encounter:			If yes, and the client is eligible for a health insurance plan, please explain why in the Notes section.
<div style="border-bottom: 1px solid black; width: 100%;"></div>			

Notes:

Client Signature	Date
Employee Signature	Date

Edited 3/5/2019

Appendix K: Georgia's ADAP & Medicare Part D FAQs

Georgia's AIDS Drug Assistance Program and Medicare Part D

Frequently Asked Questions **For HIV-positive Medicare Beneficiaries and Their Service Providers.**

Medicare Part D affects persons on Social Security Disability Insurance (SSDI) or Social Security Administration (SSA) retirement. It does not apply to people that only get Social Security Income (SSI).

1. What is the AIDS Drug Assistance Program (ADAP)?

ADAP provides HIV medications to persons who lack prescription coverage or other means to get their HIV medications. The Ryan White HIV/AIDS Treatment Modernization Extension Act of 2009 and the State of Georgia fund ADAP. The Health Resources and Services Administration set ADAP policies for all states. Georgia's ADAP is managed by the Department of Public Health. There are 30 sites where people can enroll.

2. What is Medicare Part D?

Medicare Part D is a drug program with many plans sold by companies. The plans differ in things like price and covered drugs, so people should choose a plan to meet their needs. People may have to pay some drug costs. Learn more at www.medicare.gov or www.medicarerights.org, or call 800-633-4227.

3. What is "Extra Help?"

Some people can get Low Income Subsidies (LIS) *Extra Help*, which greatly lowers out-of-pocket costs. Persons on both Medicaid and Medicare automatically get *Extra Help*. Persons not enrolled may apply at Social Security offices or www.ssa.gov.

4. What is the "donut hole" (or "gap in coverage")?

In most plans, persons pay the first \$2,000 spending cap of drug costs and then 100% for the remainder of the coverage year. Medicare members must pay 100% of the coverage cap of \$2,000. This coverage gap also known as the "donut hole," will be eliminated. After paying \$2,000, 100% of other drug costs for the year are covered.

5. What does this mean for people with HIV?

HIV drugs are costly, so people with HIV may reach the first \$2,000 out of pocket cost quickly. Many may experience a hardship reaching the first \$2,000. ADAP may help them with some costs.

6. How can people with HIV get drugs if they can't afford Medicare Part D?

People with incomes up to \$23,475 for an individual or \$31,725 for a married couple should apply for LIS *Extra Help*." They may pay \$4.90 to \$12.15 for each drug and may not have to pay some costs.

7. Can ADAP assist people eligible for Medicare Part D?

Yes. Persons who cannot pay out-of-pocket costs should talk to their case managers at their ADAP enrollment site. Georgia ADAP may help with costs not covered by Medicare Part D.

8. What rules apply for persons with incomes under 135% of Federal Poverty?

Persons with HIV on Medicare with incomes below 135% of Federal Poverty don't qualify for ADAP if they have financial help or get full LIS *Extra Help*. They should apply for LIS or Extra Help right away.

9. What is the reason for this rule?

Persons that can get medications in other ways are not eligible for ADAP. ADAP is for people that can't get their medications any other way.

10. What rules apply for those with incomes over 135% of Federal Poverty?

Clients on Medicare or with incomes over 135% of Federal Poverty can stay on the ADAP and receive assistance with Co-Pays if they are in a Medicare Part D plan and do not get full LIS *Extra Help*.

11. What is the reason for this rule?

Clients with incomes over 135% of Federal Poverty may not be able to pay Medicare Part D costs. They might be able to stay on the ADAP and receive assistance with Co-Pays.

12. When will over 135% people have to show they are in Part D?

To stay on the ADAP, low-income clients on Medicare must show they are in a Medicare Part D plan at their next recertification.

13. Tips for Very Low-Income clients (below 135% of Federal Poverty):

- Apply for LIS *Extra Help*.
- Review plan options, such as pharmacies and covered medications (antiretrovirals must be covered but other medications may not be). Learn about plans and apply online at www.medicare.gov.
- **If you can get partial LIS or *Extra Help*, you may have co-pays to get drugs through Medicare Part D.**
- **Clients should ask their doctors right away to write their prescriptions for 90 or 100 days to lower costs.** This is because there is a co-payment each time you get a drug. Getting a 90-day supply save money.

14. Tips for Low-Income clients (incomes over 135% of Federal Poverty):

- If your income is below 150% of Federal Poverty, apply for *Extra Help*. Persons with incomes between 135% and 150% of Federal Poverty may be able to get Partial Extra Help. Sign up at Public Aid or Social Security office or at www.ssa.gov.
- Look at the Georgia plans and sign up at www.medicare.gov. Look at plan costs (such as monthly premiums and co-pays), drug stores used and covered drugs (antiretroviral drugs must be covered but others may not be).

- Observe ADAP rules.
- Show proof you are in a Medicare Part D plan at you next recertification.
- If you need help with Medicare Part D, contact your ADAP enrollment site.
- You must pay the monthly premiums. If you don't pay them, you may not be able to be on ADAP and your Medicare Part D cost may go up.

15. What should people who are on both Medicaid and Medicare know about Medicare Part D coverage?

People on both Medicaid and Medicare (dually eligible) must use Medicare Part D for drugs. They can still use Medicaid for other medical care, such as doctor's visits.

Letters about this change were sent to dually eligible persons. They can check their status at www.medicare.gov or talk to a counselor for help.

To avoid a break in coverage, dually eligible persons are placed in Medicare Part D plans and should receive letters about the plans they have been assigned. Dually eligible persons should check www.medicare.gov to see if the plan meets their needs. Medicare Part D plans must include anti-retroviral drugs, so persons with HIV should make sure their other medications are on the plan. Most medications cost \$4.90 to \$12.15. But some medication may not be in the plan and may be full price. It may help to change plans.

16. What is Georgia SHIP?

[Georgia SHIP](#) is the State Health Insurance Assistance Program which has staff who can talk about the Medicare Prescription Drug Program and help individuals to sign up for Medicare Part D.

Resources:

Websites

- Information about Medicare Part D: www.medicare.gov
- Information Partners Can Use on: People with Medicare and HIV/AIDS: www.cms.gov/Outreach-and-Education/Outreach/HIVAIDSRes/index.html?redirect=/HIVAIDSRes/
- Medicare and You: <https://www.medicare.gov/medicare-and-you>

Phone Numbers:

- 1-800-MEDICARE (Toll Free: (800) 633-4227)
- Social Security: 800-772-1213
- Georgia SHIP: 1-866-552-4464 (Option 4)

Appendix L: Notification of Client Responsibility for Participation in HICP

NOTIFICATION OF CLIENT RESPONSIBILITY FOR PARTICIPATION IN THE HEALTH INSURANCE CONTINUATION PROGRAM (HICP) OF GEORGIA

I, _____, am applying for assistance with payment of my health insurance premiums under the Georgia Department of Public Health (DPH) Health Insurance Continuation Program (HICP). **I understand that I am responsible for my premium payments in full until DPH approves my HICP application and sends me notification. It will take a minimum of 30 days for my completed application/recertification to be processed by DPH; however, the process may take longer if completed documentation is not received and my application is returned to the enrolling agency.** With increased HICP enrollment, applications should be submitted at least 30 days prior to the payment due date and/or recert due date. Should there be a lapse in payment, I understand that I am responsible for remittance directly to the insurance company/COBRA Administrator. **I also understand that failure to pay my insurance premiums until DPH has approved my application for the HICP may result in the loss of my insurance coverage.**

I understand that the maximum allowable monthly premium amount under the guidelines of the HICP is **\$1,788.00**. My current insurance premium is \$_____ per month.

I understand that it is my responsibility to provide regular monthly or quarterly billing statements to DPH to process accurate premium payments. Failing to provide billing statements may lead to termination of my policy. DPH will not be responsible for inaccurate premium payments sent to the insurance company or administrator.

I understand that it is my responsibility to maintain regular contact with my insurance company/COBRA Administrator and **report any changes** to my case manager as soon as I am aware of them.

I understand that if I receive a refund from the insurance company or COBRA administrator due to the termination of my policy, I must return it immediately to my enrolling agency to be forwarded to DPH **to avoid future denial for eligibility or possible legal actions.**

I understand and have been informed by my case manager that **if** I am accepted into the HICP, it is my responsibility to apply for recertification annually to continue to receive HICP benefits.

I understand that by signature of this form that I am waiving any responsibility or liability of the enrolling agency and the Georgia DPH Health Insurance Continuation Program and its staff for any loss of insurance or undue financial burden that I may experience as a result of this process. I also understand that the enrolling agency is not responsible for the approval of any HICP application and that the HICP is solely governed and administered by the DPH. I understand that this form is a DPH document to verify that I have been duly informed of my responsibilities if I am accepted into the HICP. I am aware that the signature on this form in no way guarantees approval of my application or recertification for the HICP.

Client Name: _____

Client ID#: _____

Client Signature

Date

Case Manager

Date

Enrolling Agency: _____

Appendix M: Repayment Agreement Form

**PREMIUM REFUND REPAYMENT AGREEMENT FOR
PARTICIPATION IN THE HEALTH INSURANCE CONTINUATION PROGRAM OF GEORGIA**

I, _____, agree to repay to the Georgia Department of Public Health ADAP/HICP program \$_____, the total premium or tax credit amount refunded to me. I am agreeing to repay \$_____ monthly, for continued eligibility for the Health Insurance Continuation Program (HICP) of Georgia. I understand that premium refund repayment must be submitted by money order each month to the Georgia Department of Public Health ADAP/HICP program.

I understand that failure to remit payment for 60 consecutive days will affect current and/or future ADAP/HICP eligibility.

_____ Client Name	_____ Client ID#
_____ Client Signature	_____ Date
_____ Case Manager	_____ Date
_____ Enrolling Agency	

A COPY OF THIS SIGNED FORM MUST BE GIVEN TO THE CLIENT

Appendix N: AEP Statement of Support

AEP STATEMENT OF SUPPORT

STATEMENT OF SUPPORT FOR: _____
(NAME OF APPLICANT)

SECTION 1 – If someone else provides you with support please have the individual providing support fill out this form, sign and date section 2.

(NAME OF PERSON PROVIDING SUPPORT IF APPLICABLE)

What is your relationship to the applicant?

- ☐ Self
☐ His/her parent
☐ His/her child
☐ Relative: (Spouse, Brother, Sister, Aunt, Uncle, Partner, etc.) _____
☐ Other: (Friend, Neighbor, etc.) _____

Type of support provided (check all that apply):

- ☐ Lodging
☐ Food
☐ Utilities
☐ Monthly Income _____ at or below 400% **included but not limited unearned income**
☐ Other: _____

How long has the applicant lived in your household (if applicable)? _____.

Please provide the following current contact information.

Mailing address: _____
Address

City, State and Zip Code

Telephone Number

Please provide an explanation about your circumstances that may be helpful in determining eligibility.

SECTION 2

By signing below, I assert that the contents of this form are complete and accurate, to the best of my knowledge.

Support Provider Signature Applicant Signature Date

SECTION 3

APPLICANT SIGNATURE: _____ DATE: _____

NOTARY: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ IN THE YEAR _____.

Appendix O: AEP Self-Attestation Form

ADAP Emergency Program (AEP) Self-Attestation Form			
Procedure: This program is intended to provide 90 days of medication coverage to individuals affected by Natural Disasters. Applicants must access the ADAP Contracted Pharmacy (ACP) Network to fill their prescriptions if approved and is subject to the Georgia ADAP formulary.			
***Required: Please attach a State ID, Driver's License or Photo ID			
First Name: _____		MI: _____	Last Name: _____ Telephone Number: () - _____
DOB: ____/____/____		SSN: ____/____/____ N/A <input type="checkbox"/>	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
ADAP STATUS IN OTHER STATE: Active <input type="checkbox"/> In-Active <input type="checkbox"/>	PATIENT ASSISTANCE PROGRAM (Have you applied to a PAP?): Yes <input type="checkbox"/> No <input type="checkbox"/>	MEDICAID ELIGIBILITY: Pending <input type="checkbox"/> Denied <input type="checkbox"/> N/A <input type="checkbox"/> Is the client receiving Medicaid in another state? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CURRENT RESIDENCY: ***Must match Statement of Support Form. Verification of residency, please provide documentation of current address: Address _____ City: _____ State: _____ Zip: _____ County: _____			
PREVIOUS STATE OF RESIDENCY: Address _____ City: _____ State: _____ Zip: _____ County: _____			
FINANCIAL STATUS:***Please provide the Statement of Support Form. Is the client's current income at or below 400% of the FPL? Yes <input type="checkbox"/> No <input type="checkbox"/>			
*** Required: Attachment of CURRENT LABS FROM PREVIOUS STATE: Current (within 6 months) Viral Load: _____ Date: ____/____/____ Current (Within 6 months) CD4 Count: _____ Date: ____/____/____ Original HIV Diagnosis Date: _____ Original AIDS Diagnosis Date: _____ (please provide the approximate date)			
CURRENT REGIMEN: Medication: _____ Dosage (mg): _____ Last fill date: _____ Medication: _____ Dosage (mg): _____ Last fill date: _____ Medication: _____ Dosage (mg): _____ Last fill date: _____			
Previous Prescribing Physician Name: _____ Address: _____ Phone Number: _____ Previous Pharmacy: _____ Phone Number: _____			
SELF-ATTESTATION STATEMENT: I fully understand that the Georgia AIDS Drug Assistance Program Emergency Program (AEP) is intended for applicants with HIV/AIDS, who are unable to pay for their medications. I understand that AEP is intended for an applicant affected by a Natural Disaster. I fully understand that I am responsible for applying to ADAP after 90 days for continued eligibility. I hereby authorize the release of medical information, including information about my HIV status to the Georgia State HIV/AIDS Office, to all other entities involved in the processing of my ADAP documentation, to entities involved in the dispensing of my HIV/AIDS medication, and to the Pharmacy Benefit Manager (PBM). In the event of a program audit, I understand that the AEP application and other supporting documentation may be subject to review by State of Georgia Auditors and I therefore authorize access to my records. I hereby attest that the information and accompanying attachments supplied in this application are complete and accurate and have not changed unless otherwise indicated on this form. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for removal from the AEP program.			
Client Name (Print) _____		Client Signature _____	Date _____
CASE MANAGER VERIFICATION STATEMENT: I certify that the individual whose signature appears above provided the information for this application.			
Case Manager Name (Print) _____		Phone Number _____	Date _____

Appendix P: Medication Override Request Form

Georgia ADAP/HICP/Hepatitis C Medication Override Request Form			
<i>Please upload this form and supporting attachments into CAREWare</i>			
Date of Request:	<input type="text"/>		
Client Name (Last, First, MI):	<input type="text"/>		
ADAP/HICP Slot #:	<input type="text"/>	Recertification Due Date:	<input type="text"/>
Client's Pharmacy:	<input type="text"/>		
Type of Request:	<input type="text"/>	Incident Date:	<input type="text"/>
Travel Departure Date:	<input type="text"/>	Return Date:	<input type="text"/> Travel Itinerary Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Refills Requested?	<input type="radio"/> 30 Days <input type="radio"/> 60 Days		
Medication Name & Milligram:	<input type="text"/>		
Have you explored all other sources of medication access prior to this request?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the client have 90 consecutive days of medication utilization?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last 3 Fill Dates:	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
Brief Explanation for Request (please attach police/incident report if available): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
DPH Use Only:			
Reviewed By:	<input type="text"/>	Date:	<input type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied		PA #:	<input type="text"/>

Appendix Q: ADAP/HICP Discontinuation Form

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Office of HIV/AIDS

ADAP/HICP DISCONTINUATION FORM

Date _____

DPH District/Approved Agency: _____ District #: _____

ADAP Coordinator/Case Manager/Designee (please print): _____

Please discontinue the following ADAP/HICP client:

Client Name (Last Name, First): _____

SS# _____ DOB (MM/DD/YY) _____ ADAP Slot # or HICP ID # _____

Was client notified of the discontinuation? ☐ Yes ☐ No ☐ NA

If no, please describe attempts to notify client. _____

Reason (select all that apply):

- ☐ **Transferred To** _____
- ☐ **New Funding Source**
 - ☐ Medicaid ☐ Medicare Part D ☐ Private Health Insurance Including Drug Coverage ☐ Other _____
- ☐ Did Not Pick Up ADAP Medication for 60 Consecutive Days or More
- ☐ **Death, Date** _____
- ☐ Moved
- ☐ Non-Compliant
- ☐ Medication Intolerant
- ☐ Refused Medication
- ☐ Did not Recertify
- ☐ Inactive
- ☐ Ineligible
- ☐ Incarcerated
- ☐ The client fails to provide necessary proof of eligibility
- ☐ Other _____