

The Georgia AIDS Drug Assistance Program (ADAP)

The GA ADAP is a state administered program that provides HIV/AIDS medications to low-income individuals living with HIV disease who have little or no coverage from private or third party insurance. ADAPs were originally authorized by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which was enacted in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. The Ryan White CARE Act has been amended and reauthorized four times: in 1996, 2000, 2006, and in 2009 Congress passed the Ryan White HIV/AIDS Treatment Extension Act, This bill extended the Ryan White Care Act for an additional four years. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas. The intent of state and federal legislation is to assure that ADAP funds are used only for the purchase of ADAP formulary drugs that cannot be paid for through other sources. ADAP must be the payer of last resort.

ADAP started as a Health Resources and Services Administration (HRSA) demonstration project to provide zidovudine (AZT), the first drug approved by Food and Drug Administration (FDA) to treat HIV infection. Since that time, ADAPs have significantly expanded to cover other FDA approved drugs to treat HIV infection and HIV-related opportunistic infections. There are 67 medications on the GA ADAP Formulary. See GA ADAP Formulary.

Georgia ADAP services are available to all eligible residents of Georgia. There are 26 enrollment sites located in the state throughout all 18 public health districts, inclusive of 4 approved sites located in metro Atlanta.

Individuals wishing to enroll into Ryan White Part B services, including ADAP, must fulfill all eligibility criteria. The client is responsible for providing proof of eligibility for Ryan White Part B/ADAP to case managers and/or local ADAP coordinators. All information provided for determining program eligibility will be kept completely confidential. Services will not be provided or medications dispensed in any case until medical, financial, and residency eligibility criteria are confirmed; a lack of health insurance pharmacy benefits is established; and no other payers have been identified.

Individuals applying for the ADAP must meet the following criteria:

- 1) Must be a Georgia resident
- 2) Have an annual federal adjusted income at or below 300% of the Federal Poverty Level (FPL)
- 3) AIDS or HIV diagnosis or an AIDS defining illness, Hepatitis B, HIV nephropathy, HIV related pulmonary hypertension, HIV cardiomyopathy, HIV related encephalopathy, and those who have been on therapy/HAART experienced
- 4) HIV infected and pregnant (with no other payer source)
- 5) Valid prescription from a Georgia licensed physician.
- 6) Cash assets equal to or less than \$4500 (\$5500 if married)
- 7) Must be 18 years of age or older
- 8) Must not be covered by or eligible for Medicaid or other third-party payer

The Georgia Health Insurance Continuation Program (HICP)

The Georgia HICP is a state administered program which assists eligible persons who are unable to pay their health insurance premiums. This special program pays a maximum monthly health insurance premium of \$1100.00, which may include a spouse and children on a family health insurance plan, as well as dental and vision. The HICP 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 is available only for residents of Georgia who are enrolled through District Part B Health Department Enrollment sites or other approved agencies. There are 26 enrollment sites located within 18 health districts and 4 approved sites in metro Atlanta

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.

Upon the ending of the client's COBRA coverage (including extended coverage), all enrolling programs are encouraged to verify their client's Conversion or Individual policy eligibility, prior to submitting an application for ADAP enrollment. The HICP will pay individual policy premiums.

The payment of health insurance premiums has proven to be a more cost effective way to meet the needs of clients in comparison to providing expensive HIV/AIDS medications at a much higher cost. 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.

Individuals applying for the HICP must meet the following criteria:

The client is responsible for providing proof of eligibility for the program to ADAP/HICP coordinators and/or case managers. Health insurance premiums will not be paid until medical, financial, residency and active insurance coverage are confirmed and no other payers are identified.

Generally, individuals are eligible if they meet the following criteria::

- 1) Must be a Georgia resident
- 2) Have an HIV or AIDS diagnosis
- 3) Have an annual federal adjusted gross income equal to or below 300% of the current Federal Poverty Level (FPL)
- 4) Cash assets equal to or less than \$4500 (\$5500 if married)
- 5) Are 18 years of age or older; and
- 6) Are not covered by or eligible for Medicaid or other third-party payer