



Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

## MEMORANDUM

DATE: April 15, 2011

TO: Active ADAP Clients, Case Managers, and Prescribing Physicians

FROM: Damon T. Arnold, M.D., M.P.H.  
Director  
Illinois Department of Public Health

Teresa Garate, Ph.D., M.Ed.  
Assistant Director  
Illinois Department for Public Health

Jeffrey Maras, ED.D., M.S.  
AIDS Drug Assistance Program/Continuation of Health Insurance Program Administrator  
Illinois Department of Public Health

REGARDING: AIDS Drug Assistance Program Policy Changes Effective July 1, 2011

The Illinois AIDS Drug Assistance Program (ADAP) is taking this opportunity to inform all interested parties of policy changes going into effect **July 1, 2011** and one policy that went into effect March 15, 2011. The ADAP Medical Issues Advisory Board (AMIAB) has been engaged in extensive dialogue regarding sustainability measures during the past year given current funding challenges. Illinois Department of Public Health's (IDPH's) senior management has approved the following policies in response to continued fiscal pressures. It is imperative that all constituents become familiar with the following policy that may impact an applicant's eligibility for Illinois ADAP.

### **New Policy Effective March 15, 2011:**

1. **ADAP Application Processing Time Extended to 30-business days:** ADAP currently processes all "**complete**" (completely filled out application, signature on page 3, and all required supporting documents) within **15-business days** from the date a fully completed application is received. Due to ADAP enrollment growth and current staffing levels, the processing time for all complete applications will be **extended to 30-business days**.

### **New Policies Effective July 1, 2011:**

1. **Lowering Federal Poverty Level (Income Level) from 500% to 300%:** ADAP will lower the federal poverty level (FPL) from the current 500% (\$54,450 for household size of 1) to 300% (\$32,670 for household size of 1) for all "**new**" applicants and those previously enrolled clients whose status is classified by ADAP as "**closed**" at the point of enrollment. This group ("**new**" and "**closed**" clients) will be assessed at an income threshold of 300%. Those clients that are classified as "**active**" with ADAP will continue to be assessed at the 500% FPL. If a client fails to reapply during their reapplication time period and then becomes "**closed**" in ADAP, the applicant will then be reassessed at 300% FPL.

- ADAP is committed to ensuring that reasonable measures will be taken to inform active clients of their 6 month enrollment deadline dates. However, failure to meet stated reapplication deadlines will result in reapplications being assessed at the lower 300% FPL (income level).
- 2. **90-Day No Service Policy**: ADAP will require all enrolled applicants to access a minimum of one drug from the ADAP Formulary within 90 days of enrollment. Failure to access one drug within the initial 90 day period will result in the client being automatically closed from ADAP. In addition, clients closed due to the 90-Day policy will not receive a 6 month reapplication packet.
- 3. **Six month reapplication timeframe**: ADAP will continue to enforce the 6-month reapplication requirement for reassessment of eligibility requirements. The policy is based on the directive of the United States Health Resources and Services Administration (HRSA).
- 4. **Reduction in ADAP Formulary**: ADAP will retain the reduced formulary which was implemented on June 1, 2010. The current ADAP Formulary contains 80 drugs in five categories and is accompanied by prescribing guidelines, which can be reviewed on the ADAP website, [www.idph.state.il.us/health/aids/adap.htm](http://www.idph.state.il.us/health/aids/adap.htm) .
- 5. **Illinois ADAP Wait List**: As dictated by HRSA, a waitlist should be the final cost control measure implemented to preserve the economic viability of an ADAP program. The Illinois Department of Public Health is committed to exercising all preventive measures prior to implementation of a wait list. The Department has determined that if a wait list is required, it is preferable to operate from a “*medical criteria*” model as opposed to a “*first-come-first-served*” model. The ADAP Medical Issues Subcommittee is currently developing “medical criteria” for a potential wait list. ADAP will release the approved protocol once criteria are finalized. **AT THIS TIME THERE IS NO WAIT LIST FOR ILLINOIS ADAP.**
- 6. **Rescinding Cost Sustainability Strategies**: The Department and ADAP is committed to considering rescission of any sustainability measures implemented for cost efficiency purposes as future funding resources permit.
- 7. **Further Policy Provisions**: The Department is currently considering further sustainability policies that are under development that may be implemented on or before January 1, 2012. As soon as these protocols are finalized, ADAP will alert constituent groups regarding details of the implementation dates.

If you have any questions regarding policy changes outlined in this letter, please do not hesitate to contact Illinois ADAP at 1-800-825-3518.