

DC PHARMACY BENEFITS PROGRAM

DC AIDS Drug Assistance Program

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• Program Updates

- AIDS Drug Assistance Program (ADAP) - RW Part B Program
 - Uninsured DC ADAP clients will now require annual enrollment
 - Insured DC ADAP clients will recertify six months after annual enrollment (no change)

DC ADAP REQUIREMENTS

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DC ADAP Program Requirements



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Residency Requirements Proof of Address

Lease	• Current
Mortgage Statement	• 90 days
Property Tax Statement	• 60 days
Driver's License	• Current
Voter Registration Card	• Current
Medicaid Notice Of Decision	• Current
Utility Bill	• 60 days
Rent Receipt	• 60 days
Renter's Insurance	• 60 days
DC Health Care Alliance Residency Form	• Current
Homeless	• Please Provide A Statement From Case Manager Or Facility Letterhead

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Financial Requirements Proof of Income



Wage Earners	Self Employed	Rental Income	Other Income	No income
<ul style="list-style-type: none">• Paystubs (30 days)	<ul style="list-style-type: none">• Most recent years individual 1040 tax return	<ul style="list-style-type: none">• Copy of lease agreement and most recent years individual 1040 tax return	<ul style="list-style-type: none">• Social Security award letter most recent• Unemployment check (30 days)• Pension check (30 days)	<ul style="list-style-type: none">• DC Health Zero income statement• If supported by others (letter from that friend or family stating how the applicant is supported)

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FINANCIAL REQUIREMENTS

500% < Federal Poverty Level

Size of Family	Monthly Allowable Income (Gross)	Annual Income (Gross)
1	\$5,358	\$67,950
2	\$7,250	\$87,200
3	\$9,141	\$109,700
4	\$11,033	\$132,300
5	\$12,916	\$155,000
6	\$14,816	\$177,800
7	\$16,708	\$200,500
8	\$18,583	\$223,000

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Diagnosis Requirements



Positive HIV/AIDS Status

CD4 count

- within six months of application date (to the date)

Viral Load

- with in six months of application date (to the date)

Goal = Undetectable and Viral Suppression

ADAP Approval Letter (Sample)

- This letter is received after the client is approved for ADAP.
- The letter is sent via physical mail by Ramsell.
- The letter includes:
 - Client's 12 or 6 month eligibility end date depending on insurance type
 - Client's membership ID number

Contact US

- DC ADAP hotline :202-671-4815
- DC ADAP fax number: 202-673-4365

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Note: The District's Affordable Care Act website, DC Health Link, is found at dchealthlink.com. DC Health Link is operated by the DC Health Benefit Exchange Authority (the "Authority"). The DC Health Benefit Exchange Authority's privacy and security policies can be found at hbx.dc.gov/node/716092 and its privacy and security policies for exchange operations can be found at hbx.dc.gov/node/716102.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

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For more information on the District's COVID-19 response, visit coronavirus.dc.gov