
ADAP APPLICATION MANUAL

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The ADAP website is located at <http://epi.publichealth.nc.gov/cd/hiv/adap.html>. Visit the website for all the documents referenced in this manual. The NC ADAP Handbook contains contact information for ADAP, POMCS, the pharmacy, as well as current Federal Poverty Guidelines and other information about the program. The NC ADAP Handbook can be found on the ADAP website.

ADAP Application Manual

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The North Carolina AIDS Drug Assistance Program (ADAP) uses a combination of state and federal funds to provide low-income residents of North Carolina with essential medications for treatment of HIV, related conditions, and other comorbidities as well as prevention and/or treatment of related opportunistic infections. This manual should serve as the primary resource on how to apply for ADAP and/or renew existing ADAP eligibility. The NC ADAP Handbook can be found on the ADAP website; it provides an overview of other program specific information.

Eligibility:

To be eligible for ADAP, individuals must:

- be HIV positive.
- reside in North Carolina.
- have a gross family income that is equal to or less than 300 percent of the Federal Poverty Guidelines. See the NC ADAP Handbook for the current Federal Poverty Guidelines.
- not have any third-party prescription drug coverage (private insurance or Medicaid) that enables them to obtain medications (other than Medicare* or Qualified Health Plans purchased on the Federal Marketplace**).
- have at least one prescription for any medication on the ADAP formulary (see the NC ADAP Handbook for the current ADAP formulary).

* Clients eligible for Medicare are required to enroll in a Medicare Prescription Drug Plan (Medicare Part D Plan). Clients enrolled in a Medicare Prescription Drug Plan with income at/below 150 percent of the Federal Poverty Guidelines are required to apply for the Low Income Subsidy (LIS or Extra Help) through the Social Security Administration.

**Clients that are able to do so should enroll in a Qualified Health Plan on the Federal Marketplace (healthcare.gov).

New Applications:

A new application is defined as an application for someone who is not currently enrolled in ADAP, regardless of prior enrollment. Individuals previously enrolled but not currently enrolled in ADAP are considered new applicants. All current enrollees are required to renew their coverage every six months. The two renewal periods are from January to February and July to August. See the section on Renewal Applications for more information about what is required during each renewal period. Depending on when a new application is processed, new applicants may be approved for up to nine months.

The Application Process for New Applicants

Step 1: An individual who wants to apply for ADAP should contact their clinician, their HIV case manager, one of NC's HIV Regional Networks, a local health department, or an AIDS service organization. The HIV Regional Networks map and contact information

can be found on the ADAP [website](#). Applications must be submitted by an Interviewer, not the applicant. The Interviewer may be the applicant's medical provider, HIV case manager, social worker or anyone else working in an official capacity on the applicant's behalf.

Step 2: The applicant, with the assistance of the Interviewer, will complete two forms: one to establish financial eligibility for the Program (Form 3014 – Financial Eligibility Application) and one to document clinical information (Form 3056 – Authorization Request). Both of these forms can be found on the ADAP [website](#).

Step 3: Forms 3014 and 3056 must be completed and mailed to Purchase of Medical Care Services (POMCS) with documentation of income, residency, recent lab values, and a copy of one prescription for a medication on the APP formulary to confirm eligibility. The two forms and accompanying documentation must all be mailed to POMCS at 1907 Mail Service Center; Raleigh NC 27699-1907. POMCS may request additional information before eligibility can be determined.

Step 4: The applicant and the Interviewer will receive a Reply to Authorization Request Letter from POMCS to notify if the application was approved, denied, pended, or put on a waiting list (when applicable, there is currently no waiting list).

Step 5: Once an application is approved, prescriptions must be sent to the appropriate pharmacy. POMCS will not forward prescriptions to the pharmacy.

Note: Please check the ADAP [website](#) for updated versions of Forms 3014 and 3056; POMCS will not accept older versions of these forms.

Financial Eligibility:

The following information is intended to help Interviewers complete Form 3014. See the second page of Form 3014 for more instructions.

County Codes

See the back of Form 3056 for the county code required in Block 10 of Form 3014.

Countable Family Members

In completing the income portion of Form 3014, the Interviewer must list the applicant and all countable family members, as defined below. Block 18 on Form 3014 is intended to reflect the number of countable household members. This figure may differ from the number of persons actually residing in the home. The applicant must be included in this count.

Countable Family Members are defined by the North Carolina Division of Public Health as individuals that:

- are related to the applicant by blood, marriage or adoption.
- reside in the same household as the applicant.
- share financial responsibilities with the applicant.

With these standards in mind, if the applicant is less than 18 years old and unmarried, the following persons should be counted:

- Applicant
- Parents or Step-Parents of the applicant
- Siblings or Half-Siblings of the applicant
 - If they are unmarried and less than 18 years old
 - If they are 18 years or over and have no income
 - If they are married and neither they nor spouse have income
- Step-Siblings of the applicant
 - If they are without income and their biological parent is counted
- Other individuals living in the household who are related to the applicant by blood, marriage or adoption and do not report any income. Other individuals are not counted if they have a parent or spouse with income living in the same household. The term “other individuals” refers to members of the applicant’s extended family

If the applicant is 18 years or over, or less than 18 and married, the following persons should be counted:

- Applicant
- Spouse of the applicant
- Children of the applicant
 - If they are unmarried and less than 18 years old
 - If they are 18 years or over and have no income
 - If they are married and neither they nor spouse report income
- Step-Children of the applicant
 - If they have no income
- Parents of the applicant
 - If they live with and are supported by the applicant
- Other individuals living in the household who are related to the applicant by blood, marriage or adoption and do not have any income. Other individuals are not counted if they have a parent or spouse who reports income living in the same household. The term “other individuals” refers to members of the applicant’s extended family

Sources of Income

Income from the following sources should be counted:

- Salaries and wages.
- Payments from pensions and retirement accounts.
- Earnings from self-employment.
- Workers' Compensation.
- Interest earned on investments.
- Educational stipends in excess of the cost of tuition and books.
- Periodic trust fund payments.
- Funds provided by a public assistance program.
- Allowances paid for basic living expenses.
- Unemployment compensation.
- Social Security income.*
- Alimony and child support payments.
- Veteran's Administration benefits.
- Military allotments.
- All other sources of cash income except those specifically excluded below.

* If applicant receives Social Security benefits, their most recent Social Security income letter must be submitted with the application.

Income from the following sources should NOT be counted:

- Income tax refunds.
- Proceeds from the sale of an asset.
- Withdrawals from a bank account.
- Gifts.
- Inheritances.
- Life insurance proceeds.
- One time settlements.

Computation of Income

Both gross and net family income must be calculated on Form 3014. Gross family income is computed by adding income earned/received by countable family members during the 12 month period prior to the date Form 3014 is completed and signed. Net family income equals that amount earned minus allowable deductions. When the ADAP budget does not allow for ADAP to operate at full capacity, net family income is used to determine eligibility for the program and waiting list. The start date for calculating income is based on the date the financial eligibility application is signed or the requested date of service, whichever is earlier.

The **REGULAR INCOME FORMULA** (R on Form 3014) is applied when wage earners were continuously employed during the previous 12 months or when the source of unearned income was consistent during the previous 12 months. To calculate income based on this formula:

ADD: Income received during previous 12 months

SUBTRACT: Allowable deductions from previous 12 months

The **UNEMPLOYMENT INCOME FORMULA** (U on Form 3014) is an alternative method of calculating income. The purpose of the formula is to allow for changes in income that affect an applicant's ability to pay for medication. It must be used when wage earners are unemployed on the application start date or have been unemployed for at least 30 consecutive days during the previous 12 months. This formula is also used when the applicant has transitioned from earned income to unearned income, transitioned from unearned income to earned income, or when earnings have changed due to a change in employment or work schedule. Examples of unearned income include Unemployment, Social Security retirement benefits, or Social Security disability benefits. To calculate income based on this formula:

ADD:

- actual income earned during previous six months.
- projected income for future six months.

SUBTRACT:

- allowable deductions from past six months and those projected for the future six months if known.
- if future deductions are not known, substitute allowable deductions from the past 12 months.

The projected income is based on the applicant's most recent or anticipated salary. Projected income may equal zero. When the Unemployment Formula is used, the Interviewer should specify the dates of unemployment in Block 20 on Form 3014.

When computing income using tax returns, the applicant's gross income is determined by referencing the line that is labeled "total income" on federal Form 1040. For those who are self-employed or who farm, allowable expenses/losses are included in this figure. The comparable figure on Form 1040 EZ is labeled "adjusted gross income".

Applicants with No Income (Zero Income)

Individuals declaring zero income must describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, clothing, and other basic needs. If no income is reported, the Ryan White Part B & ADAP Verification of

No/Low Income sheet should be used to document how basic living expenses are met as well as Block 20 on Form 3014; both documents can be found on the ADAP [website](#).

Applicants with Low Income

Low income is defined as an income at or below 125% of the Federal Poverty Guidelines (See the ADAP Handbook). When an individual reports a net income at or below 125% of the Federal Poverty Guidelines, the Ryan White Part B & ADAP Verification of No/Low Income Sheet should be used to document the situation as well as Block 20 on form 3014; both documents can be found on the ADAP [website](#).

Documentation of Income

If using the R formula for income: documentation of income is required for the 12 months prior to the date Form 3014 is completed and signed. If using the U formula for income: documentation of income is required for the 6 months prior to and the 6 months projected from the date Form 3014 is completed and signed. If the income period spans two calendar years, information from both years must be provided. Paycheck stubs must have year-to-date earnings and withholdings to be valid.

Preferred Documentation: The most recent paycheck stub (showing year to date income and deductions) AND the Income Tax Return for previous year.

Other acceptable forms of documentation include:

- the most recent paycheck stub (with year to date income and deductions) and the last paycheck stub from the previous year (with year to date income and deductions).
- the most recent paycheck stub (showing year to date income and deductions) and Form W-2 for previous year.
- the most recent paycheck stub (showing year to date income and deductions) and Form 1099 for previous year (or most recent earning period if 1099 is not yearly).

If No Documentation of Income exists: When an individual reports income but there is no documentation of that income, the Ryan White Part B & ADAP Income Signature Card must be used to document the situation. This can be found on the ADAP [website](#). Legitimate situations where documentation of income may be lacking include when an individual:

- is a victim of theft*, loss*, or disaster*.
- is a homeless individual.
- is a migrant farm worker.

- has had to flee from a high risk situation* (i.e., victims or domestic abuse or refugee) and subsequently left behind all identification.
- is paid in cash or has an employer(s) who will not document the individual's income or employment.
- has very low income that cannot be documented (payment for odd jobs such as babysitting).

*Applicants who use the Income Signature Card because they were a victim of theft, victim of loss, victim of disaster, or had to flee a high risk situation will be expected to provide a preferred or other acceptable form of income documentation by the next renewal period.

Allowable Deductions

A variety of medical and non-medical deductions are available to applicants:

- Federal and state income taxes
- Social Security withholdings
- Mandatory payroll deductions
- Work-related expenses
- Health insurance premiums
- Child day care expenses for any child less than 15 years of age and for any handicapped child regardless of age, if any parents work or are disabled.
- Child support or alimony paid to support someone outside of the applicant's household
- Expenses for the care of a spouse who is physically or mentally unable to take care of himself while the other spouse is at work
- Educational expenses incurred for the purpose of managing the disability of the applicant or any countable family member listed on Form 3014
- Medical expenses which fall into any of the following categories may be deducted from the family's income:
 - Medical and dental expenses paid/incurred by the applicant or any countable family member listed on Form 3014 during the previous 12 months that were not covered by insurance, Medicaid or Medicare and are not being requested through ADAP
 - Payments made to medical and dental providers by the applicant or any countable family member listed on Form 3014 during the previous 12 months for services received in that 12 month period
 - Transportation costs incurred by the applicant or any countable family member listed on Form 3014 to obtain medical and dental care, based on the state's rate of reimbursement

Documentation of Medical Expenses

When the ADAP budget does not allow for ADAP to operate at full capacity, net income is used to determine eligibility (the program currently uses gross income to determine eligibility). When eligibility is based on net income, documentation of medical expenses are required if medical deductions exceed \$3,000 and is usually requested if the applicant has insurance or other third party coverage. POMCS may request documentation whenever deductions are questionable. To simplify the process, it is recommended that Interviewers document only those expenses that are required to meet the program's income guidelines and that they use the largest applicable payments and/or bills when calculating eligibility. The best forms of documentation are copies of medical bills, receipts, canceled checks or insurance statements. Documents that do not specify dates of service and payment may be rejected. In cases where documentation is not available, POMCS may accept a statement of medical expenses which includes the following information:

- Date of service.
- Provider's name.
- Invoice Amount.
- Amount paid by other third parties.
- Amount applicant owes after other third parties have paid.

Income Scales

Please see the ADAP Handbook on the ADAP [website](#) for the Federal Poverty Guidelines.

Insurance

Blocks 23 and 24 of Form 3014 must be completed if the applicant or a countable family member has private insurance or Medicare Part D coverage. Even if the applicant is not covered by the policy, the family's health insurance information must be recorded on Form 3014 to assist POMCS in verifying medical expenses. **A copy of the insurance card(s) must be provided with the application.**

Prescription Drug Coverage and Coverage Caps

Documentation of no prescription drug coverage or capped coverage must be provided if applicable. This can be documented by a letter from the insurance company or specific proof from the insurance policy. ADAP will cover applicants with a prescription drug coverage cap of \$1,200 or less. Coverage caps of greater value must be spent down to \$1,200 to become eligible for ADAP. Documentation including proof of capped coverage as well as proof of amount spent towards the cap is required. ADAP does not cover applicants with insurance that have deductibles or copays for medication regardless of the deductible or copay amount.

Reply to Financial Eligibility Applications

Form 3014 must correspond to requested dates of service: April 1st to September 30th or October 1st to March 31st. POMCS has 45 days to process Applications but typically does not need that much time. The reply specifies the applicant's eligibility status as well as the range of covered dates. When the eligibility application is incomplete, a pending letter is sent to the applicant and the Interviewer. This letter specifies the information or documentation that must be received before eligibility can be determined. Documentation requested by POMCS when an application is pended can be faxed to POMCS at 919-715-5221.

POMCS may require additional information to be submitted, especially if there are discrepancies between the client's current and past applications.

Authorization Requests:

The following information is intended to help Interviewers complete Form 3056. See the second page of Form 3056 for more instructions.

County Codes

See the back of Form 3056 for the county code required in Block 10.

Labs

The lab values entered in block 26 of Form 3056 and the supporting reports must be dated within 12 months prior to the date Form 3056 was signed by the clinician. Viral Load is a required lab value. CD4 is not required but should be provided if a value within 12 months prior to the date Form 3056 was signed by the clinician is available.

Signatures

Form 3056 must be signed by the applicant's clinician. A clinician is defined as a physician, physician assistant, nurse practitioner, clinical nurse specialist, or other health care professional certified in their jurisdiction to prescribe medications. Signatures from non-clinicians will not be accepted.

Reply to Authorization Requests

Form 3056 must correspond to requested dates of service: April 1st to September 30th or October 1st to March 31st. POMCS has 45 days to process Financial Eligibility Applications. The reply specifies the applicant's eligibility status as well as the range of covered dates. When the authorization request application is incomplete, a pending letter is sent to the applicant and the Interviewer. This letter specifies the information or documentation that must be received before eligibility can be determined. The documentation requested may be faxed to POMCS at 919-715-5221.

POMCS may require additional information, especially if there are discrepancies between the client's current and past applications.

Documentation of Residency

If the documentation of income and/or documentation of labs include the applicant's name and current address and they match the name and address provided in boxes 13 and 14 on Forms 3014 and 3056, it will be sufficient for documentation of residency. Refer to the list below if documentation of residency cannot be established by the documentation of income and/or documentation of labs.

Preferred documentation: Copy of valid NC Driver License or another state of federal government issued identification card with name and home address. The name and address must match the name and address provided in boxes 13 and 14 on Forms 3014 and 3056.

Other acceptable forms of documentation: Copy of a utility bill or lease with applicant's name and current address. The name and address must match the name and address provided in boxes 13 and 14 on Forms 3014 and 3056.

Last resort for documentation: Any correspondence (such as mail from a medical provider's office) with the applicant's name and home address will be accepted if the name and address match the name and address provided in boxes 13 and 14 on Forms 3014 and 3056. If no documentation of residency is available the Ryan White Part B & ADAP Declaration of Residency must be submitted; this document can be found on the ADAP [website](#). Applicants that submit the Ryan White Part B & ADAP Declaration of Residency will be expected to provide preferred or other acceptable documentation of residency by the next renewal period.

Documentation of Labs

Viral Load is a required lab value. CD4 is not required but should be provided if a value within 12 months prior to the date Form 3056 was signed by the clinician is available. Lab values must be entered on Form 3056. A copy of lab results with Viral Load (and CD4 if available) must be provided with every application. The lab reports must be dated within 12 months of when Form 3056 was signed by the clinician. The values must be legible on the documentation provided.

Documentation of Prescriptions

A copy of a prescription for one of the medications on the APP formulary (see the ADAP Handbook) must be provided with all new applications. If approved, a copy of a prescription is not needed for future renewals. Do not submit original prescriptions with the application; POMCS does not forward these to the pharmacy.

If the clinician E-prescribes medications, documentation of prescriptions can be in the form of an E-prescription confirmation or a summary of medications from Electronic Medical Records that verifies one of the medications on the APP formulary (see the ADAP Handbook) has been prescribed.

Other Information:

Application Status/Communication with POMCS

All applications must be mailed to POMCS at 1907 Mail Service Center, Raleigh NC 27699-1907. Applications for each individual must have Form 3014, Form 3056, and all accompanying documentation bound together and separated from other individual applications mailed concurrently.

Applications cannot be faxed to POMCS unless instructed to do so by POMCS or the ADAP Office. Applications faxed without prior approval will not be reviewed.

It is critical that all forms and documents be complete and legible when submitted to POMCS. Names and phone numbers of financial Interviewers and requesting office contacts are of particular importance.

Interviewers can call the ADAP office 15 business days after submitting an application to check on its status if they have not received a letter regarding the authorization status.

If an application is pended, the Interviewer can fax the requested items to POMCS at 919-715-5221. Call the processor who reviewed the application for further information or guidance about pended applications.

If an application is pended for information absent from one of the form blocks, the form may be faxed in with the appropriate blocks filled in.

All staff at ADAP and POMCS will respond to voicemails within 48 hours.

Emergency applications

POMCS processes applications in a "First In, First Out" manner. Exceptions to this process are rare. Please contact the ADAP office immediately if you need to submit an application for an individual who is in immediate need of medications. Exceptions will be considered for the following reasons:

- The applicant is pregnant
- New applicant with a medically-documented immediate need for medication (i.e. new diagnosis with immediate need for medication, low CD4 count, high

viral load, presence of opportunistic infection, already on ART and out of medications, etc.)

The ADAP Office will evaluate requests for processing emergency applications on a case by case basis. The ADAP Office may require documentation from the medical provider before forwarding to POMCS for expedited processing. Requests to expedite renewal applications submitted late will not be considered.

Applications for Incarcerated Clients

POMCS will contact the ADAP Office before processing applications for an incarcerated applicant (as noted in Box 8 on Forms 3014 and 3056). Individuals in a local detention center (county jail) may be eligible for ADAP. Individuals in State or Federal prisons are not eligible for ADAP. Individuals who are housed in or detained by a local detention center but are in custody of the state or federal system (NC DPS, ICE, US Marshalls, etc.) are not eligible for ADAP.

New applicants in local detention centers will be evaluated on a case by case basis by POMCS and the ADAP Office. The local detention center will need to document that the facility is unable to pay for medications and the staff is willing to coordinate medication delivery logistics with the pharmacy before an individual can be approved for ADAP.

Case Managers are expected to contact the ADAP Office immediately when they become aware that a client is incarcerated. Existing clients that become incarcerated will also be evaluated on a case by case basis (dependent on the same criteria described above) before they can continue receiving ADAP services.

Change in Client Contact Information (including when a client moves within state)

POMCS is responsible for updating client data. If a client has a change in name, address (in state), phone number, or other information, please mail or fax a written request to update the information on file, with applicable documentation, to the appropriate processor at POMCS immediately. POMCS may request further documentation.

ADAP Termination When a Client Moves Out of North Carolina

North Carolina State residency is an eligibility requirement for ADAP. Case Managers are expected to inform the ADAP Office immediately when they become aware that a client has moved to another state. The ADAP Office will work directly with POMCS to terminate the client's ADAP coverage as soon as they are made aware that a client no longer resides in North Carolina.

ADAP Termination due to Medicaid or Private Insurance

ADAP is a payer of last resort. Individuals on Medicaid or any other source of insurance coverage (other than Medicare or a Qualified Health Plan purchased on the federal marketplace) are ineligible for ADAP. Case Managers are expected to inform the ADAP Office immediately when they become aware that a client has enrolled in Medicaid or any other source of insurance that covers medications. The ADAP Office will work directly with POMCS to terminate the client's ADAP coverage as soon as they are made aware of another source of insurance coverage.

ADAP Termination due to Death

Case Managers are expected to inform the ADAP Office immediately when they become aware that a client has passed away. The ADAP Office will work directly with POMCS to terminate the client's ADAP coverage as soon as they are made aware of the client's death.

Disclaimer

It is the responsibility of the Interviewer and/or medical provider to ensure POMCS receives the Financial Eligibility Application, Authorization Request Form and any other pertinent and required documents. If more than one agency is involved in the applicant's care, it is the responsibility of the Interviewer completing Form 3014 to coordinate with whoever completes Form 3056. The Interviewer must submit one complete application (Form 3014, Form 3056 and all required documentation) to POMCS.

POMCS is not responsible for lost or misdirected document submissions. If the applicant and their Interviewer have not received a response after 30 days of submission, please follow up with POMCS.

Renewal Applications:

A renewal application is defined as an application for a client that is currently enrolled in ADAP. The following process describes how to reapply for ADAP to maintain enrollment when the applicant is already enrolled in ADAP. All current enrollees are required to renew eligibility twice a year, between January and February and between July and August, regardless of when they first applied for ADAP. Even clients that enrolled in ADAP days before the next renewal period started are required to renew once the renewal period starts. See the section on new applications for information about what is required when the applicant is not currently enrolled in ADAP. During renewal periods it is particularly important to include the client's ADAP Case Number in block 12 of both Forms 3014 and 3056 to ensure the application is processed as a renewal. The client's ADAP case number can be found on the Reply to Authorization Request Letter from POMCS for the previous application.

Schedule for Renewal Periods and Corresponding Service Periods

Renewal Period	Renewal Dates	Coverage Dates
Winter Recertification	January 1 to February 28	April 1 to September 30
Summer Recertification	July 1 to August 31	October 1 to March 31

Winter Recertification: Required Forms

During Winter Recertification, all clients are required to submit new Forms 3014 and 3056. See the sections on Financial Eligibility and Authorization Requests for details on how to complete these forms.

Winter Recertification: Required Documentation

Documentation of Income is only required during Winter Recertification if there has been a change in income. To determine if income has changed, compare the client's income from their last application to their income at the time Form 3014 is completed and signed. The table below shows when a change in income has occurred. No documentation of income is required if there is no change in income. When a change has occurred, documentation of income is required. See the previous section on Financial Eligibility for details about what documents are required.

Income on Previous Form 3014 Gross Income % FPL	Income on Current Form 3014 Gross Income % FPL	Change in Income Occurred?	Documentation of Income Required?
<100%	<100%	No	No
<100%	100% - 300%*	Yes	Yes
101% - 200%	101% - 200%	No	No
101% - 200%	<101% or >200%	Yes	Yes
201% - 300%	201% - 300%*	No	No
201% - 300%	<201%	Yes	Yes

*If a client's income increases to greater than 300% FPL, they are no longer eligible for ADAP.

Documentation of residency is only required during Winter Recertification if there has been a change in address. To determine if the client's address has changed, compare the client's address from their last application to their current address at the time Forms 3014 and 3056 are completed and signed. No documentation of residence is required if there is no change in address. When a change has occurred, documentation of residence is required. See the section on Documentation of Residency for details about what documents are required.

Summer Recertification: Required Forms

During Summer Recertification, all clients are required to submit new Forms 3014 and 3056 as well as new documentation of Income, Residency and Labs. See the previous sections on Financial Eligibility and Authorization Requests for details on how to complete these forms and what documents are required.

Summer Recertification: Required Documentation

Documentation of income during Summer Recertification is required for all clients regardless of their previous income. Applicants who submitted the Income Signature Card or Verification of No/Low Income the last time they submitted documentation of income will be expected to provide more substantial documentation of income, unless there are extenuating circumstances and a thorough explanation is provided.

Documentation of residency during Summer Recertification is required for all clients regardless of their previous residency. Applicants who submitted the Declaration of Residency Sheet the last time they submitted documentation of residency will be expected to provide documentation proving residency has been established, unless there are extenuating circumstances and a thorough explanation is provided.

Documentation of labs during Summer Recertification is required for all clients regardless of previous labs. Applicants who submitted something other than a lab report the last time they submitted documentation of labs will be expected to provide substantial documentation of labs, unless there are documented extenuating circumstances.

ADAP/POMCS Mail and Fax Policy:

All ADAP applications (New Applications, Winter Recertification, and Summer Recertification) must be mailed directly to POMCS, via the United States Postal Service, FedEx, UPS, etc., at 1907 Mail Service Center, Raleigh, NC 27699-1907.

All documents containing IIHI (Individually Identifiable Health Information) must be mailed in a manner consistent with the policies of the agency sending the application; at a minimum, all documents should be placed in a sealed envelope, addressed to POMCS and include a return name and address. When mailing multiple applications in a single envelope, separate and staple each individual application.

Do Not fax applications to POMCS, unless specifically instructed to do so. POMCS will not process applications received by fax.

The ONLY items that POMCS will accept by fax are:

- applications for pregnant applicants (call the appropriate processor first).
- documents requested by POMCS to resolve a pending application (only fax the requested items, do not fax the entire application).
- applications authorized by the ADAP Office or POMCS to be faxed.

All documents containing IIHI must be faxed in a manner consistent with the policies of the agency sending the application; at a minimum, all pages should include the client's name, date of birth, and case number (if available). When faxing documentation for multiple clients, use one cover sheet for each client.

Do Not mail or fax applications to the ADAP Program Office, unless specifically instructed to do so.