

ADAP as a Bridge to Medi-Cal

A foundational benefits triage strategy to ensure ART access



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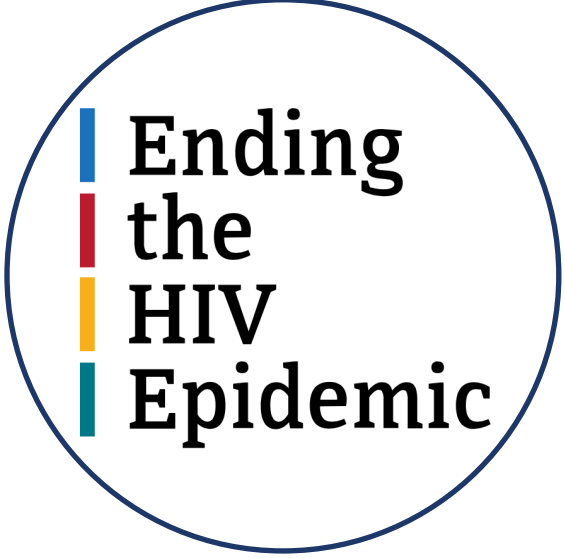
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Learning Objectives

1. Name the key eligibility criteria of the CA State Office of AIDS-administered AIDS Drug Assistance Program (ADAP)
2. Explain two ways to enroll in Medi-Cal
3. Describe how ADAP can be used as a bridge to Medi-Cal or enrollment in other insurance coverage

US Department of Health & Human Services Initiative



Reduce the number of new HIV infections in the US



75%
by 2025



90%
by 2030

for an estimated 250,000 HIV infections averted nationally

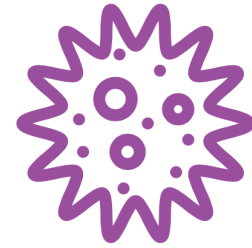
Four Federal EHE Initiative Strategies

Diagnose

as early as possible
after infection



Ending the HIV Epidemic

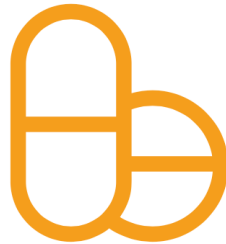


Treat

rapidly and effectively to achieve
sustained viral suppression

Prevent

with proven interventions
e.g., PrEP, SAS



Respond

to outbreaks with treatment
and prevention services



Context

Early CARE Clinic at City Clinic

Triage clinic for new & Not in Care (NIC) HIV+ people

Low-barrier, rapid re/entry into care

Medical stabilization; ART re/initiation & monitoring

HIV-related blood work (labs); vaccinations

Address psychosocial & benefits issues

Provide short-term psychotherapy, as needed

Supported transfer to long term medical home once

healthcare coverage is established



Early CARE Clinic is Ryan White-funded

Eligibility

- HIV+
- Reside in City & County of San Francisco
- Income \leq 500% MAGI of FPL (\$75,300 in 2024)
- Insurance barriers to care and treatment
(Ryan White “uninsured or underinsured” criteria)

Same criteria applies to most programs for PWH funded by Ryan White or the SF General Fund through HIV Health Services (HHS)

Ending the HIV Epidemic-funded programs only need demonstrate HIV+ status



Payer of Last Resort (POLR)

Federal Ryan White CARE Act requirement

POLR is a key provision affecting eligibility for ADAP, care, and wrap-around services funded by Ryan White

Ryan White pays for medical care, medications, and a wide range of wrap-around services for PWH, when there is no other payer available

- Primary Payer → Insurance, when available
- Secondary Payer → ADAP (Ryan White)



Case Study: Typical ECC Client, John



- 34 y/o, cis, gay, HIV+ man
- San Francisco resident
- No insurance, recently lost Kaiser (July 2024)
- Two (2) pills of ART left
- May not be working; may not have “earned income”

HIV CARE & TREATMENT OPTIONS

*Expanded options for coverage under the Affordable Care Act (ACA)

Traditional Medi-Cal

Covered CA Marketplace*

Medi-Cal Expansion*

Healthy San Francisco

Medicare

disabled and/or 65+

Ryan White-funded care + ADAP
(Early CARE Clinic, old skool)

**Private Insurance via
employer**

Thanks ACA! { Insurance companies can't deny people coverage because of pre-existing conditions, such as HIV.

CA Office of AIDS Programs

- **OA-HIPP – Pays full health insurance premium and out-of-pocket expenses for medications and medical visits**
insurance obtained through Covered CA, directly from an insurance company, or COBRA
- **EB-HIPP – Pays employee’s portion of health insurance premium and out-of-pocket expenses for medications and medical visits**
insurance through employer, while employed
- **MPPP – Pays Medicare premiums and out-of-pocket expenses for medications and medical visits**
Medicare Parts B, C, D and MediGap plans

Not going to cover these today; join HIV Benefits 101 breakout to learn more

AIDS Drug Assistance Program

- **Managed by CA State Office of AIDS (CA OA)**
- **Administered by a Pharmacy Benefits Manager (PBM)**
Prime Therapeutics, formerly **MagellanRx**
MANAGEMENTSM
contracted by CA OA
- **Complements private insurance**
pays ADAP formulary medication co-pays (POLR)
- **Pays for full cost of drugs for uninsured**
if not enrolled in private insurance or Medi-Cal

ADAP Key Eligibility Criteria

- **HIV+**
- **Income between 138% and 500% of MAGI FPL**
based on household size (go to tiny/cc.IncomeCaps)
- **Do not qualify for coverage that pays 100% of Rx costs**
e.g., Traditional or Expanded Med-Cal (POLR)
- **Rx from CA physician**
- **18+ years of age**
- **CA resident immigration status not a bar**

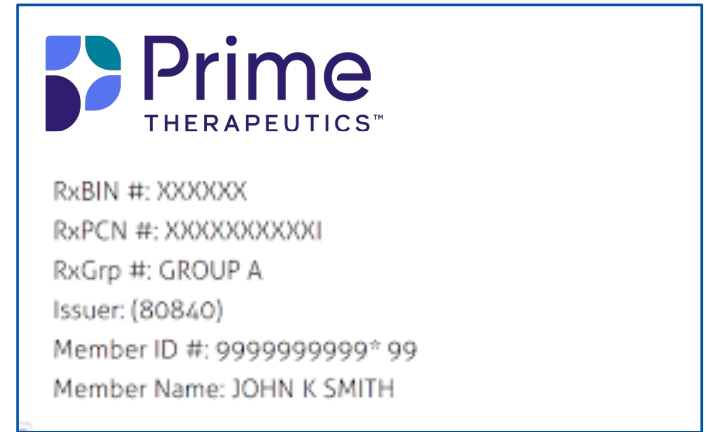
Getting John enrolled in ADAP



- Required Forms: Consent and Attestation
- Required Documentation
 - Income
 - Identity
 - Residency
 - Dx (only once!!!)
- Temporary Access Period (TAP) – 30-days to gather documentation while still providing immediate access to meds (I just submit client consent form, client attestation form, TAP form)



Tips for Frontline Workers



Prevent Complications at the Pharmacy:

- Provide client a copy of Magellan Rx ID card
- Fax Magellan Rx ID card to pharmacy
- Call pharmacy to ensure meds are paid for and ready for pick-up
- Ensure pharmacy is billing the correct payer source
 - ADAP only? ADAP with other insurance?
 - Advise pharmacy to deactivate old coverage in their system

Know when you clients' ADAP will expire

- Re-enrollment – annually, up to 45-days before birthday (expiration date)
- Temporary Access Period (TAP) – 30-day grace period to prove eligibility

Support client in gathering eligibility documentation and getting it to ADAP EW

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Healthy San Francisco

Ryan White-funded care + ADAP
(Early CARE Clinic, old skool)

Medi-Cal full-scope, public health insurance covering medically necessary care



- In-patient & out-patient care
- Mental health care
- Substance use treatment
- Prescription drugs
- Some vision & dental services
- Long-term care
not included in Medi-Cal Expansion

Medi-Cal traditional and expanded

Enrollment is open year-round for Californians who meet eligibility guidelines

Traditional Medi-Cal

Eligibility is usually based on participation in another public assistance program like **CalWORKS** or **SSI**

These programs define income limits.

No Resource Limits

Enrollees are no longer subject to a “resource test” (as of January 1, 2024)
OK to have savings and other assets.

Medi-Cal Expansion

Eligibility based on income

138% Modified Adjusted Gross Income of the Federal Poverty Level, based on family size

No Resource Limits

Enrollees can own property, have money in the bank, etc.

Medi-Cal Expansion (MCE) income limits

- **138% MAGI FPL when applying for coverage**
Modified Adjusted Gross Income of Federal Poverty Level
- For most people your MAGI is the same as the Adjusted Gross Income (AGI) found on your tax return
- See full chart at tiny.cc/IncomeCaps

Household Size	Annual Income	Monthly Income
1	\$20,783	\$1,732
2	\$28,208	\$2,352
3	\$35,632	\$2,970
4	\$43,056	\$3,588



Full Medi-Cal Expansion in Effect!

- Full-scope, unrestricted Medi-Cal is available to anyone in CA who meets eligibility criteria – immigration status not considered
- Medi-Cal eligibility rules, including income limits, still apply
- Coverage for undocumented is state-funded – doesn't impact federal public charge considerations
- Non-MAGI Medi-Cal asset test eliminated January 1, 2024
 - Assets no longer be a bar to non-MAGI Medi-Cal enrollment
 - Eligibility parity with MAGI Medi-Cal (aka Medi-Cal Expansion)



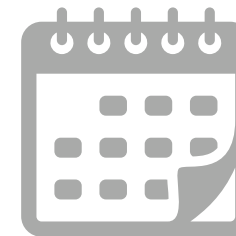
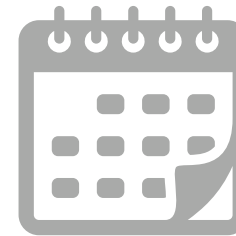
Medi-Cal – How to Enroll

- Where: in person, DPH clinics with eligibility worker, online
- Difference: BenefitsCal.com (formerly *mybenefitscalwin.com*) and Covered CA for Medi-Cal enrollment
- San Francisco Human Service Agency (aka the Medi-Cal office)
1440 Harrison St. (between 10th and 11th, across from Costco)
- Presumptive Enrollment – PHE – avail at DPH clinics; clients still have to f/u with documentation requirements and a complete application (similar to a TAP)
- 30 to 45 days to process applications – good to have ADAP in the meantime



Managed Care

Most people in Medi-Cal must enroll in a managed care plan after enrolling in either Traditional or Medi-Cal Expansion.



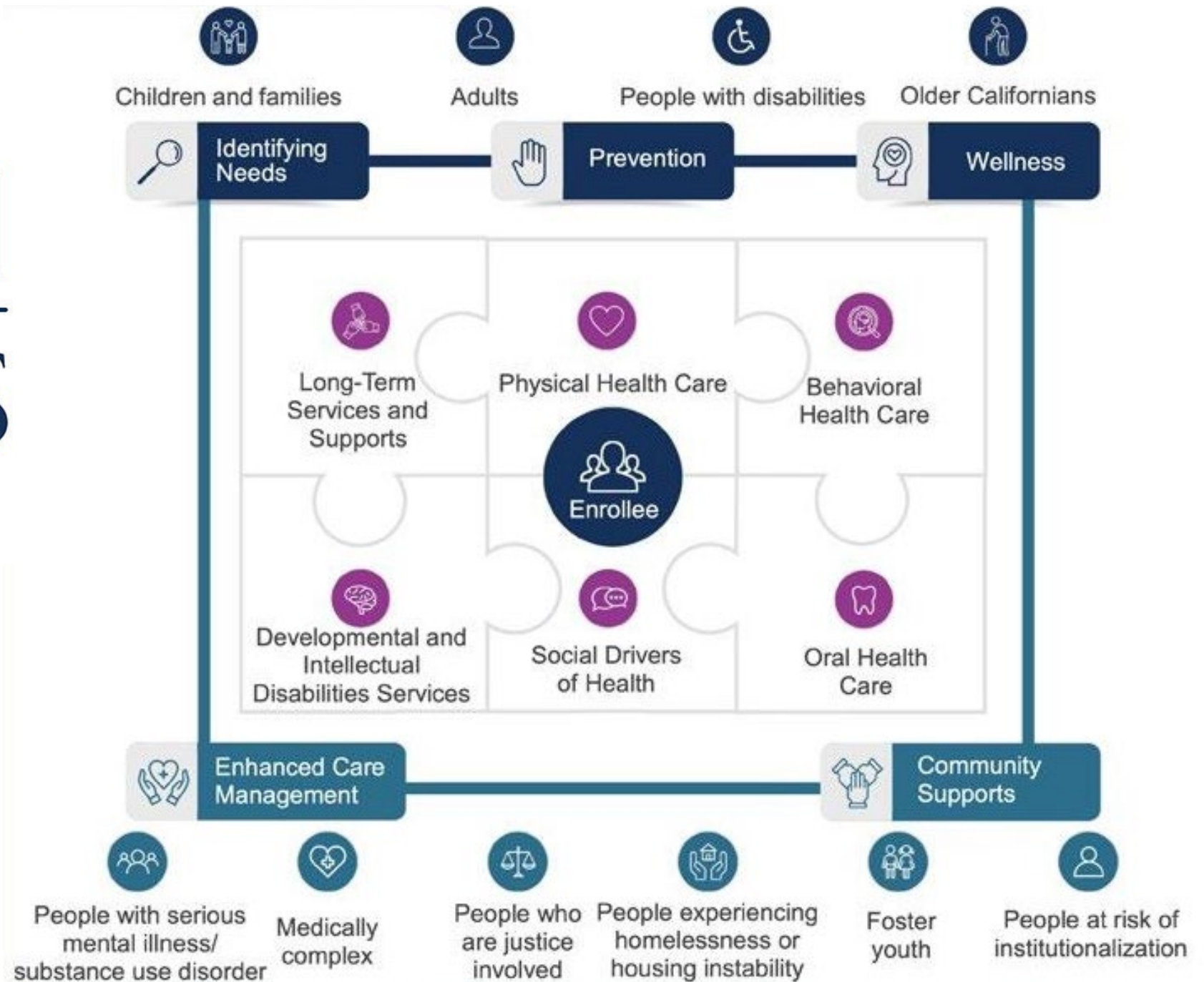
**60 days
to choose
a plan**

Changing a Managed Care Plan →

**Call Health Care Options to switch plans.
Call the Managed Care Plan to switch clinics.**



The broad transformation of Medi-Cal to create a more coordinated, person-centered, and equitable health system that works for all Californians.





ADAP Bridge to Medi-Cal

Recap: John's Pathway from TAP/ADAP to Medi-Cal

- TAP/ADAP Enrollment
 - Enrolled John in a Temporary Access Program (TAP) while awaiting further documentation which expires after 30 days.
 - Enrolled John in full ADAP, providing essential HIV medication access with an annual renewal based on his birthday.
- Transition to Medi-Cal Expansion
 - Expanded coverage includes primary care, HIV specialty care, mental health, and substance use treatment with \$0 co-pay.
 - Offers more comprehensive medication coverage to support John's complex health needs.
- Integrated Support for Retention in Care
 - Coordinated services help maintain consistent treatment for HIV and other conditions.
 - Establishes a safety net for uninsured, low/no-income individuals like John, promoting long-term stability.

- **How could Medi-Cal Expansion further support John's healthcare needs beyond what ADAP provides?**

Consider:

- Access to additional healthcare services beyond HIV medications
- Long-term care and support options
- Eligibility and enrollment process for Medi-Cal



SF HIV CARE OPTIONS

A guide to San Francisco's clinics, providers, and the healthcare coverage they accept

ENDING the
HIV EPIDEMIC
An HIV Health Services Initiative

Clinic-Based Care Options

HIV Clinics often offer "wrap-around" care with Primary Care Physicians, RNs

This is not an exhaustive list of HIV clinics

CLINIC NAME

Positive Health Program at War

SF General Hospital, 995 Potrero Av
(628) 206-2400, option 3 (new patie

Kaiser *¡español!*

2238 Geary Blvd., 4 West – Geary C
1600 Owens, 4th Floor – Mission Ba
(415) 833-4638 – HIV Clinic Intake L
(415) 833-3475 – HIV Benefits Hotli

360 Wellness Center & Women'

UCSF Medical Center
350 Parnassus Ave., Ste. 908
(415) 353-2119, option 5 (new patie



SF HIV BENEFITS OPTIONS

How to pay for healthcare and medication so you can stay in care and undetectable

ENDING the
HIV EPIDEMIC
An HIV Health Services Initiative

Private insurance

Employer-based insurance

- **Enrollment:** Through your employer's
 - **Open Enrollment:** Defined by the empl
 - **Cost-savings Programs:** ADAP | EB-HIP
 - **Leave your job?** You have 60 days to en
- Covered CA or "off exchange" (directly private insurance premiums if you earn

Covered CA California's h

- **Enrollment:** (800) 300-1506 | Covered
- **Open Enrollment:** November 1 to Janu
- lose employer-based insurance or Med
- **Cost-savings Programs:** Cost-reduction
- **Before purchasing insurance** ask your

2024

INCOME THRESHOLDS

Medi-Cal Expansion, CA Office of AIDS Programs, & Healthy San Francisco

ENDING the
HIV EPIDEMIC
An HIV Health Services Initiative

Household Size	Medi-Cal Expansion		CA Office of AIDS Programs & Healthy SF
	138% (annual)	138% (monthly)	500% (annual)
1	\$20,783	\$1,732	\$75,300
2	\$28,208	\$2,352	\$102,200
3	\$35,632	\$2,970	\$129,100
4	\$43,056	\$3,588	\$156,000
5	\$50,481	\$4,208	\$182,900

• California Office of AIDS Programs

- **ADAP** Covers the full cost of HIV & related medications for uninsured clients or co-pays for clients with private insurance, Medi-Cal with a share of cost, or Medicare.
- **PrEP-AP** pays for medications and some medical co-pays.
- **OA-HIPP** and **EB-HIPP** programs pay up to \$1,938 per month for private insurance

Questions?

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Each use he/him pronouns | los dos son bilingües