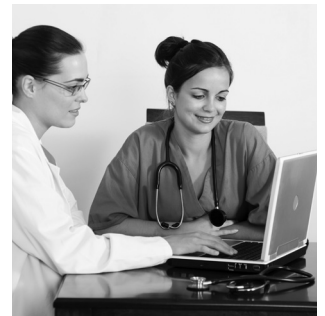


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## AIDS DRUG ASSISTANCE PROGRAM (ADAP) ENROLLMENT

### EXECUTIVE SUMMARY

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#### SERVICE INTRODUCTION

The California AIDS Drug Assistance Program (ADAP) provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them. ADAP is administered by the California Department of Public Health, Office of AIDS (CDPH/OA). CDPH/OA contracts with a pharmacy benefits management (PBM) company to administer ADAP through a network of ADAP sites and local pharmacies.

Each local health jurisdiction is required to appoint a local ADAP coordinator who is responsible for ensuring access to ADAP services throughout the jurisdiction. ADAP enrollment is conducted at the community level through local enrollment sites.

ADAP Enrollment Workers provide enrollment services which include:

- ◆ Eligibility screening
- ◆ Enrollment/application services
- ◆ Third-party-payer screening
- ◆ Referral and follow-up to other sources of prescription drug coverage (Medi-Cal, Medicare, Insurance)
- ◆ Referral to ADAP Pharmacies
- ◆ Annual recertification services
- ◆ Disenrollment

#### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

There are no license requirements for eligibility, education and enrollment services provided by ADAP staff. ADAP Enrollment Workers and the County Coordinator must receive annual recertification training to be authorized to conduct ADAP-related services. ADAP certification is administered through the ADAP PBM.

Enrollment sites must be approved by both the CDPH/OA and the Los Angeles County Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP).

#### SERVICE CONSIDERATIONS

**General Considerations:** All ADAP enrollment staff will be able to provide linguistically and culturally appropriate care to people living with HIV.

**Intake:** Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. The intake process also acquaints the patient with the range of HIV-related services available and provides referral

to services as needed. Patient intake will be completed in the first contact with the potential patient.

### **ADAP Enrollment Services:**

- ◆ **Eligibility, Education and Enrollment:** County ADAP activities are supervised by the local County ADAP Coordinator. Agency supervisors provide direct supervision of certified ADAP Enrollment Workers. ADAP Enrollment Workers are responsible for the following:
  - Screen patients for eligibility for service
  - Conduct third-party payer screening and referrals
  - Provide patients with information on drug formularies and pharmacy sites
  - Address patient grievances
  - Maintain documentation
  - Enroll patients in the program
  - Recertify patient eligibility annually
  - Update the client's ADAP file as needed
- ◆ **Referral to ADAP Pharmacies and Additional Enrollment Services:** ADAP Enrollment Workers will provide eligible patients with a list of approved medications on the ADAP formulary and a list of participating ADAP pharmacies. The ADAP formulary and list of participating pharmacies can be located on the CDPH/OA website ([www.cdph.ca.gov](http://www.cdph.ca.gov)). Patients who are relocating within Los Angeles County or California will be provided with information on other local enrollment sites and ADAP coordinators ([www.lapublichealth.org/aids/adap/enrolmentsites.htm](http://www.lapublichealth.org/aids/adap/enrolmentsites.htm)).

**Referral and Coordination of Care:** Programs providing ADAP enrollment services must have written policies and procedures in place for referring patients—when appropriate—to other health and social service providers. The Enrollment Worker will maintain current information on comprehensive HIV care and prevention referrals, including HIV LA.

**Patient Records:** ADAP files will be organized clearly and consistently by providers. Records should be easily legible and follow a uniform format with a logical flow of information. ADAP files will be kept in detail consistent with good medical and professional practice in accordance with the California Code of Regulations. Data should be entered in a timely fashion and be appropriately dated. ADAP files must be stored in a locked filing cabinet or in a locked room and must ensure patient confidentiality. ADAP files should be maintained separate from the client's medical file.

**Patient Retention:** Programs will strive to retain patients in ADAP enrollment services. To ensure continuity of service and retention of patients, programs will be required to establish a broken appointment policy. Follow-up can include telephone calls, written correspondence and/or direct contact, and strives to maintain a patient's participation in the program.

**Case Closure:** Case closure is a systematic process for disenrolling clients from ADAP enrollment services. The process includes formally notifying clients of pending case closure and completing a case closure summary to be kept on file in the client chart.

## **STAFFING REQUIREMENTS AND QUALIFICATIONS**

At minimum, all ADAP enrollment staff will be able to provide linguistically and culturally appropriate care to people living with HIV. Staff will complete an agency-based orientation before providing services, and will complete documentation as required by their positions.

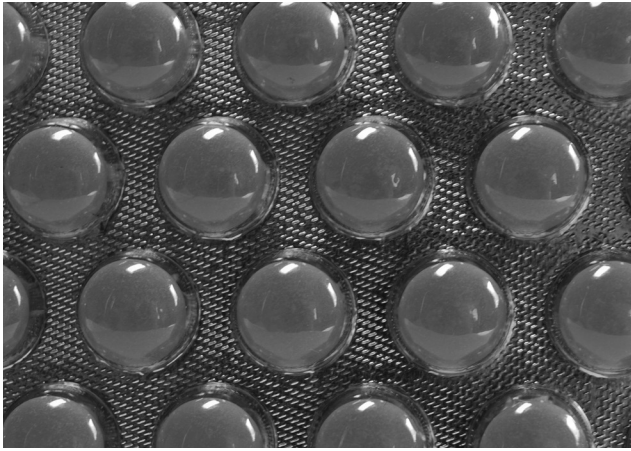


*Services are  
accessed  
through  
local  
enrollment  
sites.*

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All new staff must receive HIV/AIDS education within the first three months of employment. Staff will also be trained and oriented regarding patient confidentiality and HIPAA regulations. In addition, staff will be provided with ongoing, consistent supervision that addresses clinical, administrative, psychosocial, developmental and programmatic issues on a monthly basis.

All ADAP enrollment site programs must have an enrollment coordinator and eligibility staff. There are no pre-employment minimum educational or credentialing standards for either of these positions. The CDPH/OA requires that ADAP Enrollment Workers complete certification training prior to performing any ADAP enrollment functions.



# STANDARDS OF CARE

Los Angeles County Commission on

# HIV

## AIDS DRUG ASSISTANCE PROGRAM (ADAP) ENROLLMENT

### SERVICE INTRODUCTION

The California AIDS Drug Assistance Program (ADAP) provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them. ADAP is administered by the California Department of Public Health, Office of AIDS (CDPH/OA). CDPH/OA contracts with a pharmacy benefits management (PBM) company to administer ADAP through a network of ADAP sites and local pharmacies.

Each local health jurisdiction is required to appoint a local ADAP coordinator who is responsible for ensuring access to ADAP services throughout the jurisdiction. ADAP enrollment is conducted at the community level through local enrollment sites.

ADAP enrollment workers provide enrollment services which include:

- ◆ Eligibility screening
- ◆ Enrollment/application services
- ◆ Third-party-payer screening
- ◆ Referral and follow-up to other sources of prescription drug coverage (Medi-Cal, Medicare, Insurance)
- ◆ Referral to ADAP Pharmacies
- ◆ Annual recertification services
- ◆ Disenrollment

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients have consistent access to care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:

- ◆ *AIDS Drug Assistance Program Enrollment and Eligibility Manual*, California Department of Public Health, Office of AIDS
- ◆ *Medical Outpatient Standard of Care*, Los Angeles County Commission on HIV



*ADAP programs are a cost-effective use of HIV resources.*

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## SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

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There are no license requirements for eligibility, education and enrollment services provided by ADAP staff. ADAP Enrollment Workers and the County Coordinator must receive annual recertification training in order to be authorized to conduct ADAP related services. ADAP certification is administered through the ADAP PBM.

Enrollment sites must be approved by both the CDPH/OA and the DHSP.

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## DEFINITIONS AND DESCRIPTIONS

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**Drug reimbursement programs** provide access to medications for people living with HIV who lack insurance or other means to pay for them.

**Linked referrals** assist patients in accessing services including making an appointment for the indicated service.

**Medical outpatient services** are up-to-date educational, preventive, diagnostic and therapeutic medical services provided by licensed health care professionals with requisite training in HIV/AIDS.

**New patient** is one who is receiving medical outpatient services for the first time through a specific program or facility. A patient is only considered new once in any facility.

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## HOW SERVICE RELATES TO HIV

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At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

The treatment of HIV, now considered a chronic disease, is costly and time consuming in its complexity and requires expertise and significant time for comprehensive assessment (Metsch, et al., 2004). Special attention must be given to the treatment of ethnic minorities, women and the poor. The Health Cost and Services Utilization Study (HCSUS) found inferior patterns of care in blacks and Latinos compared with whites, the uninsured and Medicaid-insured compared with the privately insured, women compared with men, and other exposure groups compared with men who had sex with men (Shapiro, et al., 1999). A San Francisco study found that only about 30% of its HIV-infected urban poor took combination highly active antiretroviral medications compared with 88% of HIV-infected gay men (Bamberger, et al., 2000).

Lower income populations, the uninsured, ethnic minorities and women have been shown to have poorer access to HIV antiretroviral therapies (Wood et al., 2003; Schackman et al., 2001). Due to their inconsistent ability to pay for medication, poorer patients may experience treatment interruptions and negative health outcomes (Ivers et al., 2005). Insurance that covers treatment and medication has been demonstrated to have a beneficial effect on health outcomes, significantly lowering the probability of six-month mortality (Goldman et al., 2001). Several authors (Johri et al., 2002; Mauskopf et al., 2000)

have found that the ADAP programs throughout the United States are a cost-effective use of HIV resources. In fact, expanding the drug coverage in ADAP programs would likely reduce per patient total monthly costs over time (Goldman et al., 2001).

## SERVICE COMPONENTS

The California ADAP provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them. ADAP is administered by the CDPH/OA. The CDPH/OA contracts with a PBM to administer ADAP through a network of ADAP sites and local pharmacies.

Each local health jurisdiction is required to appoint a local ADAP coordinator who is responsible for ensuring access to ADAP services throughout the jurisdiction. ADAP enrollment is conducted at the community level through local enrollment sites.

ADAP Enrollment Workers provide enrollment services which include:

- ◆ Eligibility screening
- ◆ Enrollment/application services
- ◆ Third-party-payer screening
- ◆ Referral and follow-up to other sources of prescription drug coverage (Medi-Cal, Medicare, Insurance)
- ◆ Referral to ADAP Pharmacies
- ◆ Annual recertification services
- ◆ Disenrollment

The CDPH/OA extends the following rights and responsibilities to all ADAP clients:

- ◆ Information on eligibility requirements
- ◆ Confidentiality
- ◆ Right to appeal
- ◆ Non-discrimination
- ◆ Courteous and respectful service
- ◆ Grievance

## INTAKE

Client intake determines eligibility and includes demographic data, emergency contact information and/or next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. The complete intake process, including registration and eligibility, is required for every client at his or her point of entry into the service system. If an agency or other funded entity has the required information and documentation on file in the agency record for that client or in the countywide data management system, further intake is not required.

In the intake process and throughout ADAP service delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should



*Special attention must be given to treating women.*

indicate the type of information that can be released).

As part of the intake process, the client file will include the following information (at minimum):

- ◆ Written documentation of HIV status
- ◆ Proof of Los Angeles County residency
- ◆ Verification of financial eligibility for services (annual federal adjusted gross income must be under \$50,000)
- ◆ Proof of age (must be over age 18)
- ◆ Date of intake
- ◆ Client name, home address, mailing address and telephone number
- ◆ Emergency and/or next of kin contact name, home address and telephone number
- ◆ Documentation regarding all other sources (or potential sources) or prescription drug coverage

**Required Forms:** Programs must develop the following forms in accordance with State and local guidelines.

Completed forms are required for each patient:

- ◆ Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released).
- ◆ Limits of Confidentiality (confidentiality policy)
- ◆ Consent to Receive Services
- ◆ Patient Rights and Responsibilities
- ◆ Patient Grievance Procedures

STANDARD	MEASURE
Intake process will begin during first scheduled contact with patient.	Intake tool, completed and in client file, to include (at minimum): <ul style="list-style-type: none"> <li>• Documentation of HIV status</li> <li>• Proof of LA County residency</li> <li>• Verification of financial eligibility</li> <li>• Proof of age</li> <li>• Date of intake</li> <li>• Client name, home address, mailing address and telephone number</li> <li>• Emergency and/or next of kin contact name, home address and telephone number</li> <li>• Documentation related to third-party payers</li> </ul>
Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by patient on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in ADAP file.
Patient will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in ADAP file.

## ADAP ENROLLMENT SERVICES

### ELIGIBILITY, EDUCATION AND ENROLLMENT

County ADAP activities are supervised by the local County ADAP Coordinator. Agency supervisors provide direct supervision of certified ADAP Enrollment Workers. ADAP

Enrollment Workers are responsible for the following:

- ◆ Screen patients for eligibility for service



- ◆ Conduct third-party-payer screening and referrals
- ◆ Provide basic education about services
- ◆ Provide patients with information on drug formularies and pharmacy sites
- ◆ Address patient grievances
- ◆ Maintain documentation
- ◆ Enroll patients in the program
- ◆ Recertify patient eligibility annually
- ◆ Update the Client’s ADAP file as needed

ADAP Eligibility Workers must follow all program screening protocols and guidelines as established by the CDPH/OA. Enrollment Workers must ensure that patients have the opportunity to ask questions and receive accurate answers about the program. Such education should be documented in the patient record with details of each discussion.

**REFERRAL TO ADAP PHARMACIES AND ADDITIONAL ENROLLMENT SERVICES**

ADAP Enrollment Workers will provide eligible patients with a list of approved medications on the ADAP formulary and a list of participating ADAP pharmacies. The ADAP formulary and list of participating pharmacies can be located on the CDPH/OA website ([www.cdph.ca.gov](http://www.cdph.ca.gov)). Patients who are relocating within Los Angeles County or California will be provided with information on other local enrollment sites and ADAP coordinators ([www.lapublichealth.org/aids/adap/enrolmentsites.htm](http://www.lapublichealth.org/aids/adap/enrolmentsites.htm)).

STANDARD	MEASURE
ADAP eligibility staff will: <ul style="list-style-type: none"> <li>• Screen patients for eligibility</li> <li>• Provide basic education</li> <li>• Provide information on drug formularies and pharmacy sites</li> <li>• Address grievances</li> <li>• Maintain documentation</li> <li>• Enroll patients in the program</li> <li>• Recertify eligibility annually, or more frequently, if needed</li> </ul>	Record of services detailed in ADAP file.
Eligible patients will receive a list of approved medications on the ADAP formulary and ADAP pharmacies.	Record of linked referral detailed in ADAP file.

**REFERRAL AND COORDINATION OF CARE**

Programs providing ADAP enrollment services must have written policies and procedures in place for referring patients—when appropriate—to other health and social service providers. The Enrollment Worker will maintain current information on comprehensive HIV care and prevention referrals, including the HIV LA Resource Directory.

STANDARD	MEASURE
Programs will have written referral policies and procedures.	Referral policies and procedures document on file at provider agency.
Programs will have current referral resources on hand.	Referral resources on file at provider agency—program monitoring to verify.

## PATIENT RECORDS

Providers will organize ADAP files clearly and consistently. Records should be easily legible and follow a uniform format with a logical flow of information. ADAP files will be kept in detail consistent with good medical and professional practice in accordance with the California Code of Regulations. Data should be entered in a timely fashion and be appropriately dated. ADAP files must be stored in a locked filing cabinet or in a locked room and must ensure patient confidentiality. ADAP files should be maintained separate from the client's medical file.

STANDARD	MEASURE
ADAP files will be kept in accordance with the California Code of Regulations.	Program review and monitoring to confirm.

## PATIENT RETENTION

Programs will strive to retain patients in ADAP enrollment services. To ensure continuity of service and retention of patients, programs will be required to establish a broken appointment policy. Follow-up strives to maintain a patient's participation in the program and can include telephone calls, written correspondence and/or direct contact. Such efforts shall be documented within the ADAP file. If the agency is aware of a patient's pattern of broken or failed appointments, appropriate referral should be made to help determine and mitigate causes of non-adherence.

STANDARD	MEASURE
Programs will develop a broken appointment policy to ensure continuity of service and retention of patients.	Written policy on file at provider agency.
Programs will follow up with patients who have missed enrollment appointments to encourage and help maintain participation in ADAP services.	Documentation of attempts to contact in signed, dated notes in ADAP file. Follow-up may include: <ul style="list-style-type: none"> <li>• Telephone calls</li> <li>• Written correspondence</li> <li>• Direct contact</li> </ul>
If the agency is aware of a patient's pattern of broken or failed appointments, appropriate referral will be made to help determine and mitigate causes of non-adherence.	Documentation of referral in ADAP file.

## CASE CLOSURE

Programs that offer ADAP enrollment services will develop criteria and procedures for case closure. Whenever possible, all patients whose cases are being closed must be notified of such action. All attempts to contact the patient and notifications about case closure will be documented in the ADAP file, along with the reason for case closure.

Cases may be closed when the patient:

- ◆ Relocates out of the service area
- ◆ Has had no direct program contact in the past six months
- ◆ Is ineligible for the service
- ◆ No longer needs the service
- ◆ Discontinues the service

- ◆ Is incarcerated long term
- ◆ Uses the service improperly
- ◆ Exhibits threatening or violent behavior
- ◆ Has died

STANDARD	MEASURE
ADAP enrollment programs will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the patient: <ul style="list-style-type: none"> <li>• Relocates out of the service area</li> <li>• Has had no direct program contact in the past six months</li> <li>• No longer needs the service</li> <li>• Discontinues the service</li> <li>• Is incarcerated long term</li> <li>• Uses the service improperly</li> <li>• Exhibits threatening or violent behavior</li> <li>• Has died</li> </ul>
Programs will attempt to notify patients about case closure.	ADAP file will include attempts at notification and reason for case closure.

## STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all ADAP enrollment staff will be able to provide linguistically and culturally appropriate care to people living with HIV. Staff will complete an agency-based orientation before providing services, and will complete documentation as required by their positions. All new staff must receive HIV/AIDS education within the first three months of employment. Staff will also be trained and oriented regarding patient confidentiality and HIPAA regulations. In addition, staff will be provided with ongoing, consistent supervision that addresses clinical, administrative, psychosocial, developmental and programmatic issues on a monthly basis.

All ADAP enrollment site programs must have an enrollment coordinator and eligibility staff. There are no pre-employment minimum educational or credentialing standards for either of these positions. The CDPH/OA requires that ADAP Enrollment Workers complete certification training prior to performing any ADAP enrollment functions.

Programs will develop personnel policies and procedures that require and support the training and education of all HIV/AIDS health care professionals. Programs are expected to budget costs for HIV/AIDS continuing training and education specifically in HIV prevention and disease management, to purchase practice guidelines in formats easily accessible and usable for practitioners, and to provide practitioners routine access to computerized educational and prevention/care treatment problem solving (e.g., The Body at [www.thebodypro.com](http://www.thebodypro.com); HIV InSite at [www.hivinsite.ucsf.edu](http://www.hivinsite.ucsf.edu); Johns Hopkins AIDS Service at [www.hopkins-aids.edu](http://www.hopkins-aids.edu); or, Medline Plus – AIDS at [www.nlm.nih.gov/medlineplus/aids.html](http://www.nlm.nih.gov/medlineplus/aids.html)).

All ADAP enrollment staff are expected to practice in accordance with applicable State and federal regulations, statutes and laws.

STANDARD	MEASURE
ADAP enrollment staff will be able to provide linguistically and culturally appropriate care and complete documentation as required by their positions.	Resumes and record of training in employee file to verify.

STANDARD	MEASURE
Staff will receive an agency orientation, HIV training within three months of employment and oriented and trained in confidentiality and HIPAA compliance.	Record of orientation and training in employee file.
ADAP enrollment staff and their supervisors must maintain current ADAP Enrollment Worker certification credentials.	Record of training and certification in employee file at provider agency.
Staff will receive consistent supervision in clinical, administrative, psychosocial, developmental and programmatic issues on a monthly basis.	Supervision record on file at provider agency.
Programs will budget costs for HIV/AIDS training and education.	Budget review to confirm.
ADAP enrollment staff will be expected to practice in accordance with state and federal regulations, statutes and laws.	Program review and monitoring to confirm.

## UNITS OF SERVICE

**Unit of service:** Units of service defined as reimbursement for ADAP enrollment services provided to eligible patients as defined below.

- ◆ **ADAP initial enrollment units** – calculated in number of successful initial enrollments in the ADAP program
- ◆ **ADAP recertification units** – calculated in number of successful recertifications in the ADAP program
- ◆ **ADAP update/follow-up units** – calculated in number of updates or follow-ups performed

**Number of patients:** Patient numbers are documented using the figures for unduplicated patients within a given contract period.

## ADAP ENROLLMENT-SPECIFIC PROGRAM REQUIREMENTS

### TUBERCULOSIS (TB) SCREENING

All ADAP enrollment staff, other program employees, volunteers, and consultants who have routine, direct contact with clients living with HIV must be screened for TB. Programs are directed to the TB Control Program at 2615 S. Grand Avenue in Los Angeles 90007 (Phone 213-744-6151) for more information.

STANDARD	MEASURE
All ADAP enrollment staff, volunteers and consultants with routine, direct patient contact must be screened for TB.	Record of TB screening for staff, volunteers and consultants on file at provider agency.

### POSTEXPOSURE PROPHYLAXIS (PEP)

ADAP enrollment programs must develop policies and procedures to address the risks

for occupational HIV and hepatitis exposure. Programs should aggressively promote and monitor risk reduction behaviors and actively support medical outpatient primary care professionals in PEP. Reports for occupationally acquired HIV should be made to Division of Healthcare Quality Promotion at 1-800-893-0485. Programs and practitioners are directed to the National Clinician’s PEP Hotline at 1-800-448-4911 or [www.ucsf.edu/hivcntr](http://www.ucsf.edu/hivcntr); and the Hepatitis Hotline: 1-888-443-7232 or [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis) for more information.

STANDARD	MEASURE
ADAP enrollment programs will develop policies and procedures concerning HIV and hepatitis exposure.	Exposure policies and procedures on file at provider agency.
Reports of occupational HIV exposure will be made to Division of Healthcare Quality Promotion.	Record of reports on file at provider agency.

## TRANSLATION/LANGUAGE INTERPRETERS

Federal and State language access laws (Title VI of the Civil Rights Act of 1964 and California’s 1973 Dymally-Alatorre Bilingual Services Act) require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency (LEP) patients at no cost, to ensure equal and meaningful access to health care services. ADAP enrollment programs must develop procedures for the provision of such services, including the hiring of staff able to provide services in the native language of LEP patients.

STANDARD	MEASURE
ADAP enrollment programs will develop policies and procedures to address the provision of competent interpretation services to LEP patients at no cost.	Interpretation policies and procedures on file at provider agency.

## POLICY AND PROCEDURE MANUAL

All ADAP enrollment programs will maintain a written policy and procedure manual which will include standardized administrative policies, procedures and protocols which guide ADAP enrollment services. Procedures and protocols specific to ADAP are provided by CDPH/OA, including periodic updates.

STANDARD	MEASURE
ADAP enrollment programs will maintain policies and procedures manual to address administrative policies, procedures, protocols and standards.	Policies and procedures manual on file at provider agency.

## REFERENCES

Bamberger, J.D., Unick, J., Klein, P., Fraser, M., Chesney, M., & Katz M.H. (2000). Helping the urban poor stay with antiretroviral HIV drug therapy. *American Journal of Public Health*, 90 (5), 699-701.

- County of Los Angeles. (2002). *HIV/AIDS Comprehensive Care Plan*, Department of Health Services, Los Angeles.
- County of Los Angeles, HIV Epidemiology Program. (2008). *HIV/AIDS Semi-Annual Surveillance Survey* (available online at [http://lapublichealth.org/wwwfiles/ph/hae/hiv/HIVAIDS%20semiannual%20surveillance%20summary\\_January2008.pdf](http://lapublichealth.org/wwwfiles/ph/hae/hiv/HIVAIDS%20semiannual%20surveillance%20summary_January2008.pdf)) Department of Health Services, Los Angeles.
- Goldman, D.P., Bhattacharya, J., Leibowitz, A.A., Joyce, G.F., Shapiro, M.F., and Bozzette, S.A. (2001). The impact of state policy on the costs of HIV infection. *Medical Care*, 58 (1), 31-53.
- Goldman, D.P., Bhattacharya, J., McCaffrey, D.J., Duan, N., Leibowitz, A.A., Joyce, G.F., and Morton, S.C. (2001). Effect of insurance on mortality in an HIV-positive population in care. *Journal of the American Statistical Association*, 96 (455), 883-894.
- Ivers, L.C., Kendrick, D., and Doucette, K. Efficacy of antiretroviral therapy programs in resource-poor settings: A meta-analysis of the published literature. *Clinical Infectious Diseases*, 41 (2), 217-224.
- Johri, M., David P.A., Goldie, S.J., Freedberg, K.A. (2002). State AIDS Drug Assistance Programs: Equity and efficiency in an era of rapidly changing treatment standards. *Medical Care*, 40 (5), 429-441.
- Kahn, J.G., Haile, B., Kates, J., and Chang, S. (2001). Health and federal budgetary effects of increasing access to antiretroviral medications for HIV by expanding Medicaid. *American Journal of Public Health*, 91 (9), 1464-1473.
- Mauskopf, J.A., Tolson, J.M., Simpson, K.N., Pham, S.V., and Albright, J. (2000). Impact of zidovudine-based triple combination therapy on an AIDS Drug Assistance Program. *Journal of Acquired Immune Deficiency Syndromes*, 23 (4), 302-313.
- Metsch, L.R., Pereyra, M., del Rio, C., Gardner, L., Duffus, W.A., Dickinson, G., Kerndt, P., Anderson-Mahoney, P., Strathdee, S.A., & Greenberg, A.E. Delivery of HIV prevention counseling by physicians at HIV medical care settings in 4 U.S. cities. *American Journal of Public Health*, 94, 1186 - 1192.
- Schackman, B.R., Goldie, S.J., Weinstein, M.C., Losina, E., Zhang, H., and Freedberg, K.A. (2001). Cost-effectiveness of earlier initiation of antiretroviral therapy for uninsured HIV-infected adults. *American Journal of Public Health*, 91 (9), 1456-1463.
- Shapiro, M.F., Morton, S.C., McCaffrey, D.F., et al. (1999). Variations in the care of HIV-infected adults in the United States - Results from the HIV Cost and Services Utilization Study. *Journal of the American Medical Association*, 281 (24), 2305-2315.
- Wood, E., Montaner, J.S.G., Bangsberg, D.R., Tyndall, M.W., Strathdee, S., O'Shaughnessy, M.V. and Hogg, R.S. (2003). Expanding access to HIV antiretroviral therapy among marginalized populations in the developed world. *AIDS*, 17 (17), 2419-2427.

## ACRONYMS

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immune Deficiency Syndrome
CDPD/OA	California Department of Public Health, Office of AIDS
DHSP	Division of HIV and STD Programs
HCSUS	Health Cost and Services Utilization Study
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
LEP	Limited English Proficiency
PBM	Pharmacy Benefits Management
PEP	Post Exposure Prophylaxes
STD	Sexually Transmitted Disease
TB	Tuberculosis