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NATIONAL ALLIANCE OF STATE
& TERRITORIAL AIDS DIRECTORS

ELIGIBILITY CRITERIA

ADAP TA Brief No. 1

Fall 2007

AIDS Drug Assistance Programs and Cost Containment Strategies: Eligibility Criteria Options

INTRODUCTION

Part B of the Ryan White HIV/AIDS Treatment Modernization Act (Ryan White Program) established federally-funded, state-administered AIDS Drug Assistance Programs (ADAPs) to provide HIV medications for low-income, uninsured, and underinsured individuals living with HIV/AIDS in the United States. This is the first in a series of six ADAP technical assistance briefs focusing on cost containment strategies. Other topics include: *Formulary Management*, *Managing Prescription Utilization*,

Insurance Purchasing, *Client Cost-Sharing*, and *Waiting List Management*.

ADAP funds are intended to provide “therapeutics to treat HIV disease or prevent serious deterioration of health arising from HIV disease in eligible individuals.”¹ To this end, only individuals living with HIV and residing inside the particular jurisdiction can access ADAP services. Additionally, ADAP funds are intended for individuals who are low income and have limited or no prescription coverage through insurance. Beyond these mandated eligibility criteria, ADAPs can institute additional factors that might limit ADAP services to a more

restricted client population for example, income level, asset limits, and clinical indicators of disease status. This brief provides guidance to ADAPs considering a change in eligibility requirements as a way to reduce program costs.

ELIGIBILITY CRITERIA

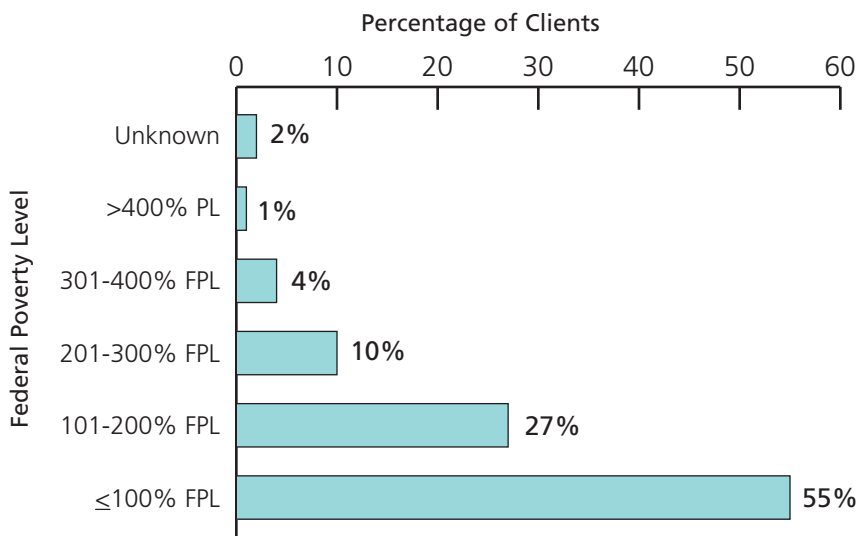
Income

Current ADAP income eligibility requirements vary from 125 percent of Federal Poverty Level (FPL) in some states up to 500 percent of FPL in others. The ADAP considering a reduction of the income eligibility criteria should review the existing client income data to determine if a reduction will truly be cost effective. If the majority of clients fall within the low ranges of FPL, such a reduction may not result in significant cost savings. The ADAP should also bi-annually review income data to ensure that clients eligible for other state programs, e.g. Medicaid and Medicare Part D, have been appropriately referred and enrolled.

Assets

An ADAP may also consider client liquid asset information, e.g. property, bank accounts, and/or pensions, as eligibility criteria. As payer of last resort, the ADAP may require that a client expend a portion of liquid assets prior to receiving ADAP assistance. The ADAP may also need to know client asset information in order to determine Medicare Part D prescription coverage assistance levels.

ADAP Clients Served, by Income Level, June 2006



Source: Kates, J., Carbaugh, A., Crutsinger-Perry, B., Penner, M., Davis, C., Ginsburg, B., Seegars, A. (2007). National ADAP Monitoring Project Annual Report.

Clinical Eligibility Criteria

ADAPs may employ one or more clinical criteria to qualify for enrollment. Examples include laboratory results showing a specified CD4 count, viral load, and/or other medical test results required either as part of the application process or to access specific medications or classes of medications. At present, seven ADAPs use at least one clinical component in determining eligibility.

The ADAP should involve their state's ADAP Advisory Committee (AAC) in developing the clinical eligibility criteria and determine exceptions to the clinical criteria, e.g. pregnancy or active opportunistic infection. Once implemented, the ADAP should also have a review process in place to assure that the criteria are being met.

In developing a review process, the ADAP will need to consider its access to clinical oversight and administrative capacity. Some models include:

- An ADAP medical provider reviews applications that include clinical information;
- A limited medical provider and/or non-clinical staff member reviews an application based on objective criteria (e.g. lab test results); or
- An automated phone system processes the application, requiring no further clinical or administrative review.

Clinical eligibility criteria are most often implemented for specific medications or classes of medications such as fusion inhibitors and entry inhibitors. NASTAD has compiled examples of fusion inhibitor-specific clinical eligibility criteria and protocols from a variety of states.²

ELIGIBILITY CRITERIA OPTIONS CHECKLIST

When considering changes to eligibility criteria as a cost containment strategy, the ADAP should:

- Collaborate with or consider the eligibility criteria of other state programs that may assist people living with HIV, e.g. Medicaid and state Pharmacy Assistance Programs;
- Be familiar with any state legislation and administrative regulations that may impact the program's ability to make changes to the ADAP;
- Determine if it is economically feasible and administratively manageable for the program based on the current staff capacity and internal processes;
- Follow the internal state agency process for review and approval of changes to the ADAP;
- Involve their state's AAC in reviewing and recommending eligibility criteria;

- Communicate to the community about why and when there are changes.
- Consult other ADAPs that have investigated and/or changed their eligibility criteria to find out how they approached it, the results and lessons learned;
- Communicate with your HRSA Project Officer and NASTAD when the state is considering changing the criteria, when and if significant challenges arise, and when any changes are actually implemented.

RESOURCES

- National Alliance of State and Territorial AIDS Directors (NASTAD) – www.NASTAD.org
- HRSA HIV/AIDS Bureau – www.hab.hrsa.gov
- HRSA 340B Prime Vendor Program – www.340bpvp.com/public/
- HRSA Target Center – Technical Assistance for the Ryan White Community - <http://careacttarget.org/>
- Kaiser Family Foundation – www.kff.org/hiv/aids/us.cfm
- Office of Pharmacy Affairs – www.hrsa.gov/opa
- Pharmacy Services Support Center – <http://pssc.aphanet.org>
- ADAP listserv sponsored by NASTAD – NASTADTA@NASTAD.org
- Kaiser Family Foundation and National Alliance of State and Territorial AIDS Directors, National ADAP Monitoring Project Annual Report. April 2007.
- Ryan White HIV/AIDS Treatment Modernization Act, Pub. L. No 109-415, (2006).
- Current treatment guidelines – <http://aidsinfo.nih.gov>
- Comprehensive information on ARVs and OI medications – www.aidsmeds.com

In 2001, the Texas ADAP faced a significant budget deficit. As a result, they projected savings to the program if the income eligibility was lowered. Various FPLs from 125% to 175% were calculated. Texas also held public hearings with stakeholders and consumers to discuss the fiscal crisis and the possibility of lowering financial eligibility criteria. In the end, Texas decided against lowering the financial eligibility criteria for two reasons: 1) the stakeholders and consumers were vehemently against the idea, and rallied to advocate the legislature for additional state contributions, and 2) seventy-two percent of enrolled clients already had incomes of less than 100% of the FPL, making savings from lowering the eligibility less than originally anticipated.

Endnotes

1. Ryan White HIV/AIDS Treatment Modernization Act, Pub. L. No 109-415, Section 2616 (2006).
2. NASTAD has samples of ADAP policies and procedures for access to fusion inhibitors and entry inhibitors from AZ, AR, CA, DE, FL, KS, ME, MD, MI, MN, MS, NY, NJ, NH, NC, PA, SC, VA available at www.nastad.org.

NASTAD is funded under HRSA Cooperative Agreement U69HA05543 to provide states with technical assistance on ADAP program administration. States interested in investigating cost containment strategies may contact NASTAD at NASTADTA@nastad.org to discuss specific technical assistance needs. Part B grantees and ADAPs may also obtain technical assistance through their HRSA project officer.