

Ryan White Part B Program and ADAP Policy and Procedure Manuals and Institutional Succession Plans

Ryan White Part B programs and AIDS Drug Assistance Programs (ADAPs) experience periods of change due to staff changes or department reorganizations. It is important to help provide continuity and institutional memory during any period of staffing or management change, especially for smaller programs, through written, localized policy and procedural manual and succession plan.

NASTAD has drafted a template designed to assist states in creating localized policy and procedural manuals and succession plans to provide programmatic rules and regulations, as well as provide institutional memory for a new Ryan White Part B Program Coordinator or ADAP Coordinator. NASTAD recommends these documents be reviewed and updated every six months to ensure accuracy and inclusion of large and small program changes. These should be internal documents on how to operate a Ryan White Part B program and/or ADAP within the context of federal Ryan White Part B program and ADAP policies and manuals. These documents are meant to compliment the Health Resources and Services Administration HIV/AIDS Bureau's (HRSA/HAB) National Ryan White Part B and ADAP Manuals.

Below is a suggested template to aid in creating both Part B/ADAP Policy and Procedure Manuals and Succession Plans. States should include other information or sections that are specific to operating individual programs.

Instructions for use:

This is intended as a template. States are encouraged to use the recommended structure provided to create an individual state Ryan White Part B/ADAP Policy and Procedure Manual and Succession Plan.

Ryan White Part B and ADAP Policy and Procedure Manuals

The following are lists of recommended section headings. Ryan White Part B/ADAP programs are encouraged to customize these according to your state's particular program structure.

Ryan White Part B:

- Introduction
- Mission
- Program Overview/Description
- Application for Services
- Eligibility Requirements
 - Financial Eligibility
 - o Asset Limits
 - State Residency
- Enrollment and Recertification Policies
- Data and Reporting Requirements and Policies (e.g., Ryan White Services Report (RSR))
- Coordination with Other Payers
- Case Management
- Provision of Services to Incarcerated Persons Including Upon Release
- Confidentiality
- Grievance Policies
- Appendices

ADAP:

- Introduction
- Mission
- Program Overview/Description
- Application for Services
- Eligibility Requirements
 - Financial Eligibility
 - o Asset Limits
 - State Residency
- Enrollment and Recertification Policies
- Data and Reporting Requirements and Policies (e.g., ADAP Data Report (ADR))
- Benefits Management

- Application and Enrollment
- Modified Adjusted Gross Income (MAGI)
- Insurance Plan Assessment
- o Administering Insurance Payments
- o Coordinating with Tax Reconciliation
- Full-Pay Prescription Program
 - Prescription Drugs
 - Dispensing Processes
- Coordination with Other Payers
- Case Management
- Provision of Services to Incarcerated Persons Including Upon Release
- ADAP Formulary
- Confidentiality
- Grievance Policies
- Appendices

Succession Plan

<u>Reminder</u>: Immediately report change of program administration to your project officer via the Electronic Handbook (EHB). This is to ensure timely and accurate correspondence with HRSA/HAB.

Overall Program Summary:

 Describe the overall structure of the Part B Program (including ADAP) and an overview of the past two years of program management issues. This is important to provide for institutional memory and establishing a basic understanding for the transitioning coordinator/team.

Example:

ADAP: funded by ______ (list all sources of funding used to support your program). ADAP is a (direct purchase, rebate, dual, or hybrid) model through ______ (# or type) pharmacies (see list of contracts below). ADAP provides medications to clients via full medication assistance (i.e. medications provided at no cost), payment of medication insurance co-pays and prescription insurance premium payment. See procedures manual.

- Program changes or projects accomplished in past year. Detail programmatic and system changes, including the challenges and processes to implement.
- Program plans/goals for the coming year. Share plans that may already be in the works, anticipated challenges, key strategies to work around, and potential outcomes.

Program Identification Numbers:

Example:

Program:	Identification Number:
ADAP Number	
Office of Pharmacy Affairs (OPA) 340B	
Number	

Transition Approach/Work Responsibilities:

- Discuss the overall approach to the transition and specific work duties from daily, weekly, monthly tasks in detail. This section may be of greater importance in the event of a transition due to reorganization or unplanned departure. Some items which must be considered are: overall staffing needs, length of transition, daily assumptions.
- Immediately report change of program administration to your project officer via EHB.

Program Organization:

• Provide an organizational chart showing all human resources and their roles. Include key contacts in other departments and programs that are essential to the management of your program, for example, Medicaid, Insurance/Market Place Office, Part A, Fiscal, etc.

Example:

Department:	Title:	Roles/Responsibilities:	
Part B	Part B Coordinator	Monitor and manage the Ryan White	
Part D		Part B services, including ADAP.	
	ADAP Coordinator Responsible for daily management		
ADAP		the ADAP program.	
Fiscal	Grant Manager	er Responsible for daily accounting of	
FISCAI		grant funds.	

Grants and Funding Sources:

• Keep a running and up-to-date list of all program funding sources and lead project officer or grant manager for each source.

Example:

Funding Source:	Grant Number:	Fiscal Year:	Project Manager Contact:	Grant Manager Contact:	Notes:
	999-9999-	April 1, 2016 –	Jane Smith	John Smith	
HRSA/HAB	99	March 31,	(555) 555-5555	(555) 555-	
		2017		5555	

Subcontracts:

- Keep a running list of all subcontracts, description of contract tasks, and lead contacts.
- Follow with a brief description of the state's process for creating, amended, or ending a contract.

Example:

Subcontract #:	Awarded to:	Tasks:	Lead Contact:	Notes:
11-10010	CVS	Manage Pharmacy Benefits for our insurance clients	John Smith	Best to reach by cell phone. Doesn't reply timely via email.

Data Sharing Agreements:

- Keep a running list of all data sharing agreements with federal agencies, state agencies, local service providers, etc.
- Follow with a brief description of the state's process for creating, amended, or ending a data sharing agreement.

Example:

Data Sharing Agreement Partner:	Length of Terms:	Purpose of Agreement:	Lead Contact:	Contact Information:	Notes:
	(2012 –	Eligibility	John	555-555-5555	Best to reach by
	2016) (4	screening,	Smith	jsmith@statemedicaid.org	cell phone.
State	years)	enrollment of			Doesn't reply
Medicaid		qualified			timely via email.
		clients, back			
		billing reviews			

Program Property:

• Provide a brief description of office location, as assigned for the use of the program. List equipment and property specifically owned and used by the program. Detail what equipment and areas may be shared and by whom.

User Accounts and Passwords:

- Discuss how any accounts or systems will be transitioned and who they will be transitioned to. Provide a table of all user accounts to be transitioned/disabled. (Ensure this document is safely stored, but easily retrievable when necessary).
- Provide a description of the internal electronic filing system and paper filing system.

Example:

User Account/System:	User Log-in:	Passcode:	Transferred to:
CAREWare	jsmith@ADAP.gov		Jane Smith
Database			
Administrator			
Electronic			
Handbook (EHB)			
Handbook (LIIB)			

Schedule:

• Include a list or schedule of all required reports, grants submissions, etc. to ensure continuity for the program.

Example:

Program Report:	Agency:	Report Due Date:	Notes:
ADAP Data Report	HRSA/HAB		

Key Allies:

• List key and influential allies, advocates, and partners. This may help to establish relationships quickly for a new Ryan White Part B Coordinator/ADAP Coordinator.

Example:

Partner:	Contact:	Notes:
Medicaid Director		
Fiscal Director		
Planning Group		
Chairperson		

Advice:

• Provide advice or any other institutional knowledge that you think is necessary for your successor.

Resources:

- <u>Centers for Disease Control and Prevention (CDC)</u>
- Centers for Medicare and Medicaid Services (CMS)
- Comprehensive information on ARVs and OI medications
- HarborPath
- HRSA HIV/AIDS Bureau
- HRSA 340B Prime Vendor Program
- HRSA Office of Pharmacy Affairs
- HRSA Target Center
- Kaiser Family Foundation
- Ryan White HIV/AIDS Treatment Modernization Act, (2009)
- U.S. Department of Health and Human Services

For more information, visit: NASTAD's <u>website</u> or contact NASTAD's Health Care Access team (e-mail Amanda Bowes at <u>abowes@NASTAD.org</u> or Britten Pund at <u>bpund@NASTAD.org</u>).

NASTAD is funded under HRSA Cooperative Agreement U69HA26846 to provide States with technical assistance on Part B program and ADAP program administration. Part B grantees and ADAPs may also obtain technical assistance through their HRSA project officer.