Attachment 2
Drug Assistance Program Management- ADAP Requirements

1.03   ADAP Services/Activities Requirements

The Alaska AIDS Drug Assistance Program (ADAP) is funded through a federal grant to the State of Alaska under Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009.
The purpose of the ADAP management grant is to increase access for low income Alaskans to FDA-approved medication to treat HIV disease, opportunistic infections and related conditions.

The grantee will recruit clients, determine initial and ongoing eligibility, purchase insurance for eligible clients, and determine ADAP utilization. The HIV/STD Program determines the medications to be included on the ADAP formulary, and new drugs are added to the formulary as they become available or treatment recommendations change. Persons eligible to participate in the AIDS Drug Assistance Program are low income Alaska residents living with HIV (low income is defined, for the purposes of the ADAP, as less than or equal to 300% of the federal poverty level for Alaska) who have no applicable third party source of payment for all or part of the cost of a medication on the ADAP formulary. ADAP is required by federal legislation to be the "payer of last resort." Dependent on the availability of funding, there may at times be a waiting list for ADAP services. The HIV/STD Program may establish additional eligibility criteria, if necessary. HIV case managers in other agencies may provide assistance in documenting eligibility for their clients.

In 2011, nearly 125 individuals were enrolled in the ADAP for varying periods of time and monthly medication costs per individual varied considerably. Some patients are underinsured, some have third party coverage for a significant portion of their medications, and others have no insurance. The ADAP can purchase health insurance for eligible clients if the cost of insurance meets the cost neutrality federal requirement for such a purchase.

The ADAP management agency is responsible for (1) managing client enrollment in the ADAP so as to maximize the number of individuals served by the ADAP, (2) keeping expenditures within the annual ADAP budget, and (3) avoiding potential interruption to participants' access to therapeutic regimens for financial reasons.

As part of service delivery, applicants must have trained personnel to do the following activities. HRSA's ADAP Program Monitoring Standards may be found at:
http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf.

1. Outreach (awareness) is conducted to raise awareness of the ADAP program to individuals with HIV/AIDS, their families, and medical providers. The applicant must document the

following related to Outreach:

    a. Submit performance measures (PM) for Outreach/awareness;

    b. State how PM is evaluated for quarterly reports to the state, including how data is collected and analyzed;

    c. State how PM is reviewed for revision and updated;

    d. State who is responsible for the performance measure implementation, evaluation and revision;

    e. The performance measures must address the following

        i. How all potential and eligible clients, and providers will be made aware of services;

        ii. Specific activities to facilitate access to ADAP and access to treatment;

        iii. How services funded under this grant will be coordinated through the client's case management service plan;

        iv. How Outreach information will be stored and analyzed;

2.   Applicants must describe how they will:

    a. Provide benefits counseling to prospective ADAP participants to help them effectively access resources available to them for medications, and to access other services needed to support their participation in their therapeutic regimen;

    b. Record enrollment processes, whether in person or by telephone (toll free) for individuals outside of Anchorage;

    c. Resolve eligibility-related questions with clients and case managers;

    d. Enroll clients into ADAP within 48 hours of receiving their completed applications, provided there is space available in the ADAP;

    e. Maintain a physical office location in Anchorage. This office must be accessible to prospective participants and open, at a minimum, during regular business hours, to meet in person with prospective applicants and enrolled individuals. After-hours emergency consultation must be provided;

    f. Applicants must show how they will determine individuals' eligibility for ADAP enrollment according to policies and procedures approved by the HIV/STD Program, maintain appropriate documentation on enrollment, and recertify participant eligibility bi-annually (or at other periods specified by the HIV/STD Program) and/or as participants' circumstances change;

    g. Provide written notification within 48 hours when an individual is newly enrolled or when changes affecting his/her enrollment are identified. The agency must provide:

i. Notification to the ADAP pharmacy services contractor must include all pertained client data, start and/or stop dates for ADAP dispensing services, information on third party payer, and medical provider information and prescriptions; and

ii. Notification to client's medical provider with start and/or stop dates of services, ADAP dispensing information, and ADAP policies;

h. Review the contract pharmacy's monthly dispensing/service information to confirm that the information accurately reflects current ADAP enrollment and participants' third party coverage, and to monitor participants' utilization. Applicants must coordinate services for those who have third party payers, including Medicaid and/or Medicare eligible with the pharmacy;

i. When cost-effective for the ADAP, purchase health insurance coverage for participants. The insurance to be purchased must provide medication benefits at least equivalent to those offered through the ADAP formulary. In 2012, the ADAP purchased coverage from the Alaska Comprehensive Health Insurance Association (ACHIA) at an average cost of approximately $1,000 per month, depending on individual characteristics. Insurance purchases for at least 20-35 individuals for 12 months must be anticipated in 2013-2014, though the number of covered individuals will depend upon the number of eligible clients and funds available. The applicant must describe how it will determine:
    i. and record cost neutrality for the purchase of insurance;
    ii. which insurance to purchase for client;
    iii. inform client of insurance coverage; and
    iv. how it will purchase the insurance.

j. Work collaboratively with participants, contract pharmacists, medical providers, and case managers as appropriate to support participants' adherence to prescribed medication regimens;

k. Re-establish and maintain a waitlist, upon approval from the HIV/STD Program, as needed and assist clients waitlisted for the ADAP, or those who become ineligible, to identify other available sources of medication assistance. This may include, for example, applying through their medical providers for manufacturers' patient assistance programs;

l. Actively manage ADAP enrollment to keep ADAP expenditures within budget, avoiding potential interruption to participants' therapeutic regimens for financial reasons;

m. Maintain a cumulative database of ADAP participants that allows comprehensive enrollment management and timely provision of accurate data to the HIV/STD Program to meet routine or special report requests and federal funding

requirements, including the ADAP Data Client Level Data Report. For each participant, the database will include the following, unless otherwise specified by the HIV/STD Program (detailed description of client-level data variables required for the ADAP Data Report can be found in Attachment 7. ADAP Data Report: Client Report):

    i. Name
    ii. Identifier unique to the individual and consistent with the contract pharmacy's identifier
    iii. Ethnicity
    iv. Race
    v. Gender
    vi. Indication of whether or not client is transgender
    vii. Date of Birth
    viii. Age
    ix. Date of death, if applicable
    x. HIV/AIDS status
    xi. Pregnancy status
    xii. Annual income
    xiii. Family size
    xiv. Poverty level
    xv. Prescribing medical provider and facility
    xvi. Dates of ADAP enrollment, termination and re-enrollment, when applicable
    xvii. Date of receipt of completed ADAP application
    xviii. Date of approval or ADAP application
    xix. Date eligibility was most recently confirmed (recertification date)
    xx. Reasons enrollment terminated, if applicable
    xxi. Health insurance coverage
    xxii. Health insurance start date
    xxiii. Date insurance policy's pre-existing condition restriction lifted, if applicable
    xxiv. Indication of whether or not client is enrolled in a high risk insurance pool
    xxv. Indication of whether or not client received insurance assistance
    xxvi. Total amount of insurance premium paid on behalf of the client
    xxvii. Number of months of coverage paid for in insurance premiums
    xxviii. Start date of ADAP-funded medications dispensed to the client
    xxix. Date of most recent CD4 count
    xxx. Value of most recent CD4 count
    xxxi. Date of most recent viral load count
    xxxii. Value of most recent viral load count
    xxxiii. Total expenditures, including administrative costs (following budget guidelines)
        1. Other data as required by the federal funding source;

n. Provide reports to the HIV/STD Program as specified in this RFP and below, as well as special reports, as requested. Report data are to be provided to the HIV/STD Program in electronic format (flash drive hand delivered to HIV/STD Program staff), using mutually accessible software such as Excel. Data with any personal identifiers must be encrypted and password protected before leaving the agency.

Regular reports to be delivered include:

   i. A monthly client enrollment report, to include all variables described in section "m" above, in addition to the following variables:
      1. The total number of individuals on the ADAP waiting list;
      2. The number of individuals added to and removed from the waiting list;
      3. The total number of individuals enrolled for the month;
      4. The total number of individuals for whom insurance was purchased;
      5. The total number of individuals who utilized services;
      6. Calculation of utilization for the month (number of individuals who were dispensed medication plus the number of individuals for whom the program purchased insurance / number of individuals enrolled)

Monthly reports are to be received in the HIV/STD Program office no later than 25 days after the last day of the previous month;

o. Observe legal and ethical confidentiality and privacy requirements, and maintain internal security policies related to storage and use of participant data;

p. Establish and maintain a client grievance procedure to offer full and fair consideration of clients' complaints;

q. Participate in HIV Care Provider meetings and on advisory committees related to ADAP, as requested;

r. Share information about the ADAP with providers and consumers to inform prospective participants of its availability;

s. Make knowledgeable personnel readily available, generally by telephone, to discuss reports, data, and program matters with HIV/STD Program personnel, and to provide necessary clarification or corrections;

t. Work collaboratively with HIV/STD Program staff to adjust any aspects of the program, as necessary to improve efficiency, effectiveness, or responsiveness to federal requirements;

u. Determine individuals' financial eligibility for purchase of tropism testing (using ADAP funds as payer of last report), maintain appropriate documentation on eligibility determination including activities of collaboration with providers on the possibility of patients participating in drug manufacturers patient assistance programs, and notification to and approval by the HIV/STD ADAP coordinator to authorize payment for tropism testing;

v. Purchase tropism testing up to a limit of $10,000.00. If funds are not used to purchase tropism testing, the HIV/STD Program Manager can be contacted for approval to reallocate funds to be used to purchase insurance for eligible individuals;

w. Should the grant be terminated or not renewed, the grantee will contact all ADAP participants and individuals on the ADAP waiting list to notify them of pending changes and to obtain authorization to release data on their ADAP enrollment/participation to the State and/or its new grantee in order to assure continuity of service;

1.04   ADAP Evaluation Requirements and Reporting

Annual evaluation activities will be conducted by agency and the State of Alaska HIV/STD Program. The HIV/STD Program staff will evaluate the required monthly reports and annual HRSA client level data reports. Should any report contain errors or omissions, the grantee will be required to re-submit a correct report. In addition, an annual on-site review will be conducted. The review will include chart audits using a Site Audit Tool (see Attachment 9. HIV Care Site Review Guide For Services Funded Under Ryan White, Alaska for the current instrument), and interviews with key providers, grantee staff, and consumers.

1.05   ADAP Service Areas and Communities

The service area for this project is statewide. The Division anticipates awarding one award of up to $231,683 under this section.

1.06   ADAP Funding

The grantee is expected to budget up to $53,000 for service personnel and administrative aspects, $10,000 for the purchase of tropism testing, and the balance of approximately $168,683 for purchase of health insurance.   Administration cost must be 10% or less of the yearly budget.

Currently, the ADAP purchases coverage from the Alaska Comprehensive Health Insurance Association (ACHIA). The applicant must budget for purchase of Insurance policies for at least 16.8 individuals for 12 months, at an average cost of $10,000 annually per individual.   The applicant must project reasonable yearly insurance premium increases and show cost projection with submitted budget.

Administrative and Indirect Costs:

Administrative costs will account for no more than 10% of the proposed budget for this project.

All administrative cost must be clearly delineated in the budget.