


<p><b>Title:</b> AIDS Drug Assistance Program (ADAP) Service Standards  <b>Program:</b> Ryan White Part B  <b>Section:</b> Core Medical Services</p>	 <p>UTAH DEPARTMENT OF  <b>HEALTH</b></p>
<p><b>Executive Sponsor:</b> Utah Department of Health  <b>Policy Owner:</b> ADAP Administrator  <b>Approved by:</b> Ryan White Part B Program Manager</p>	<p>Last Review: 2021.06.30  Next Review: 2022.06.01  Origination Date: April 2012</p>

Standard / Activity	Measure / Documentation
<p>Provide a formulary of medications to HIV infected persons for the treatment of HIV disease and the prevention of opportunistic infections.</p>	<ul style="list-style-type: none"> <li>• A medication formulary that includes pharmaceutical agents from all the approved classes of antiretrovirals in the Public Health Service (PHS) Clinical Practice Guidelines for use of Antiretroviral Agents in HIV-1 infected Adults and Adolescents.</li> <li>• A process used to secure the best price available for all products on the formulary including 340B pricing or better. <ul style="list-style-type: none"> <li>○ 340B Certification from the Health Resources and Services Administration (HRSA) / Office of Pharmacy Affairs (OPA).</li> <li>○ Participation in the National Alliance of State and Territorial AIDS Directors (NASTAD) ADAP Crisis Task Force Drug Discount Program.</li> </ul> </li> <li>• Medications on the formulary are approved by the Food and Drug Administration (FDA).</li> </ul>
<p>ADAP to encourage, support, and enhance adherence to and compliance with treatment regimens including medical monitoring. Activities include:</p> <ul style="list-style-type: none"> <li>• Enabling clients to gain access to drugs.</li> <li>• Supporting adherence to the client's prescribed drug regimen in order to receive the full health benefits afforded by the medications.</li> <li>• Providing services to monitor the client's progress in taking HIV-related medications.</li> </ul> <p>Note: Currently there is a Cap of 5% of ADAP funds for these activities. A waiver of ADAP funds up to 10% is possible if extraordinary circumstances can be documented.</p>	<ul style="list-style-type: none"> <li>• Expenditures demonstrating that no more than 5% of ADAP's budget is being used for services that improve access to medications, increase and support adherence to medication regimens, and monitor client progress in taking HIV related medications.</li> <li>• Activities undertaken to improve access to medications, increase and support adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications.</li> <li>• Extraordinary factors justifying the need to expend greater than 5% of the ADAP budget on adherence tools and techniques (if applicable).</li> </ul>

<p>Facilitate client access to ADAP medication programs.</p> <ul style="list-style-type: none"> <li>• Direct purchase medication program for clients not eligible for other programs or awaiting open enrollment.</li> <li>• Insurance program.</li> <li>• Medication co-pay, co-insurance, and deductible assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Medication distribution system for directly dispensing physician prescribed medications to eligible clients.</li> <li>• Clients served</li> <li>• Medications provided</li> </ul>
<b>Applicable Universal Service Standards</b>	
<ul style="list-style-type: none"> <li>• Universal Service Standards <ul style="list-style-type: none"> <li>○ Access to Care</li> <li>○ Records Management <ul style="list-style-type: none"> <li>▪ Documentation</li> <li>▪ Billing</li> </ul> </li> <li>○ Staff Requirements/Personnel Qualifications</li> <li>○ Eligibility Determination/Screening</li> <li>○ Client-Related Policy <ul style="list-style-type: none"> <li>▪ Rights and Responsibilities</li> <li>▪ Grievance</li> <li>▪ Privacy and Confidentiality</li> <li>▪ Client Retention</li> <li>▪ Re-Engagement</li> <li>▪ Transition</li> </ul> </li> </ul> </li> <li>• Fiscal Standards</li> <li>• Quality Management Standards <ul style="list-style-type: none"> <li>○ QI Activities</li> <li>○ Client Satisfaction</li> <li>○ Performance Measures</li> <li>○ QA Monitoring</li> </ul> </li> <li>• Monitoring Standards</li> </ul>	<p>Policies, procedures and documentation in agency and client records</p>

**RESOURCES**

HRSA RW Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02

[https://hab.hrsa.gov/sites/default/files/hab/Global/service\\_category\\_pcn\\_16-02\\_final.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf)

<b>Date</b>	<b>Title of reviewer</b>	<b>Change Description or Location</b>
2021.08.10	Senior RN Quality Consultant & Quality Coordinator	<ul style="list-style-type: none"> <li>• Removed new Monitoring Standards Section as Program contracts with PBM that is monitored in accordance with Universal Monitoring Standards</li> </ul>
2021.07.02	Senior RN Quality Consultant & Quality Coordinator	<ul style="list-style-type: none"> <li>• Removed quality performance measure section; this is addressed in Universal SS</li> <li>• Added <i>clients served</i> and <i>medications provided</i> to Measure/Documentation per HRSA National Monitoring Standards</li> <li>• Added Monitoring Standards Section</li> <li>• Listed all Universal SS for ADAP Administrator to determine which are applicable and need monitoring (delete those not applicable)</li> </ul>
2021.03.16	ADAP Administrator	Updated “approval Group”
<b>Approval Group</b>		<b>Date Reviewed</b>
UDOH ADAP Administrator: Allison Allred		2021.09.14
UDOH RWB Quality Coordinator: Marcee Mortensen		2021.07.02
UDOH RWB Senior RN Quality Consultant: Vinnie Watkins		2021.07.02
UDOH RWB Manager: Tyler Fisher		2021.09.15
UDOH Director of the Bureau of Epidemiology: Sam LeFevre		2021.09.15