

**AIDS Pharmaceutical Assistance (local)
 2009-2010**

Definition: AIDS Pharmaceutical Assistance includes local pharmacy assistance programs implemented by Part A and Part B Grantees to provide HIV medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy programs are not funded with ADAP earmark funding. (HRSA definition)

Objectives for Service:

- Provide all eligible Ryan White Part B clients with HIV related medications and/or treatments.
- To support medication adherence to promote positive health outcomes.

STANDARD	MEASURE
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Service Standards:	
The client's eligibility for Ryan White Part B services is determined or is in process of determination before services are initiated.	Documentation of the client's eligibility or that eligibility process has begun is present in the client's record, signed and dated.
A referral by a Ryan White Part B provider is made for initiation of pharmaceutical assistance.	Documentation of the referral or form is present in the client's record, signed and dated.
Intake:	
An intake is initiated which includes collection of demographic information and determination of program eligibility.	Documentation of the intake is present in the client's record, signed and dated.
Assessment:	
A Ryan White Part B case manager or provider has assessed the client's need for pharmaceutical assistance.	Documentation of the needs assessment is present in the client's record, signed and dated.

Service Plan Development:	
A pharmaceutical assistance plan that specifies cost limits and time limits is negotiated with the client and monitored by the Ryan White Part B case manager.	A copy of the service plan noting specific cost limits and time frames is present in the client's record signed and dated by both the client and the Ryan White Part B case manager.
Clients with third party insurance (including Medicare and Medicaid) copays can only be reimbursed for drugs listed on the ADAP and Non-ADAP formularies.	A listing of the ADAP and Non-ADAP formulary can be found at www.vdh.gov and type in ADAP formularies.
Clients with Medicare will be counseled to enroll in the Medicare D prescription drug plan. Documentation of client's refusal to enroll in Medicare D will be documented.	Documentation of counseling with client concerning Medicare D prescription drug plan is present in client's record, signed and dated. Documentation is present in the client's record, signed and dated if client refuses to enroll in Medicare Part D.
All medications to be used are Food and Drug Administration (FDA) approved.	Documentation of all FDA approved drugs can be found at the FDA website: www.fda.gov .
All medications must HIV related. If the medication is not commonly used to treat HIV disease, documentation of the rationale as to HIV relevance must be obtained from the medical provider.	Documentation that the prescribed medication is HIV related as listed on the ADAP Formulary and documentation of exceptions and rationale are present in the client's record, signed and dated.
All prescriptions will be dispensed as generic unless the medication is not available in a generic brand.	A copy of the prescription with the generic option selected is present in the client's record.
All prescriptions are dispensed only 30 days at a time. Documentation of the rationale must be present if client receives greater than 30 day's supply .	A copy of the prescription reflecting a 30 day supply to be dispensed is present in the client's record, signed and dated.
There will be no direct payments to clients.	Documentation that all payments were made directly to the vender is present in the clients' record, signed and dated.
All medications are prescribed by a medical provider licensed by the Commonwealth of Virginia.	Documentation of provider's current licensure is available on line at the Virginia Department of Health Professions website: www.dhp.virginia.gov .
A copy of the original prescription is retained.	A copy of the original prescription is present in the client's record.
All prescriptions must be filled by a registered pharmacist and a licensed pharmacy.	Documentation of the location of dispensing pharmacy is present in the client's record, signed and dated. Documentation of providers current licensure is available on line at the

	Virginia Department of Health Professions website: www.dhp.virginia.gov .
Reassessment:	
There will be collaboration between the Ryan White case manager and the medication reimbursement staff at least every 90 days to reassess the service plan for continued client need and to identify new issues. Reassessment may occur sooner if client need arises.	Documentation of the reassessment of the service plan at least every 90 days between the Ryan White Part B case manager and the medication reimbursement staff is present in the client's record, signed and dated.
Discharge:	
A client may be discharged from services for the following: A. Client is lost to follow up (unable to locate patient after three documented attempts in a three month period) B. Client is no longer eligible for services C. Client fails to provide updated documentation of eligibility status after two (2) documented contact attempts by insurance assistance staff D. Client whose action put the agency, staff or other clients at risk E. Client fails to maintain contact with the insurance assistance staff for a period of three months despite three (3) documented attempts to contact client. F. Client request G. Client death	Documentation of the discharge including supporting documentation of attempts to contact client and rationale for discharge are present in the client's record, signed and dated.
Qualifications: Medication Reimbursement Staff	
One year of documented HIV experience is required for all medication reimbursement staff.	Resume, job description and other documentation of work experience is in the Medication Reimbursement staff's record and is available for review.
Training:	
All medication reimbursement staff receives an orientation training including HIV basics and confidentiality issues within 60 days of hire.	Documentation of completion of orientation within 60 days of hire is present in the staff member's personnel record, signed and dated and is available for review. A copy of the orientation is available for review.
Medication Reimbursement staff are culturally competent.	Documentation that cultural competence training has been completed is in the staff member's personnel record, signed and dated and is available for review.

Annual Training:	
All medication reimbursement staff will complete 6 hours of continuing education in HIV/AIDS annually.	Documentation of completion of the continuing education is present in the personnel files, signed and dated and is available for review.