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**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

Expanding Medication Access: Iowa's Jail Assistance Program

Meredith Heckmann
Iowa ADAP Coordinator

Iowa code specifies county jails are legally responsible to provide meds to persons experiencing incarceration

- Iowa ADAP could not assist jails with medications due to “payer of last resort”

Due to financial burden:

- Many jails have asked for assistance from ADAP
- Some jails were not allowing testing due to potential burden
- Some jails were delaying medications or not providing them
- Some jails were providing meds but charging cost to restitution

Iowa and some other states advocated for flexibility to this policy

Policy Clarification Notice 18-02



"The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that HRSA RWHAP funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made under . . . an insurance policy, or under any Federal or State health benefits program. . . .” and other specified payment sources.

Thus, local payers, such as local jails, are not subject to the payor of last resort provision, and HRSA RWHAP may be the primary payor."

Polk County Data



July 1, 2018 to June 30, 2019:

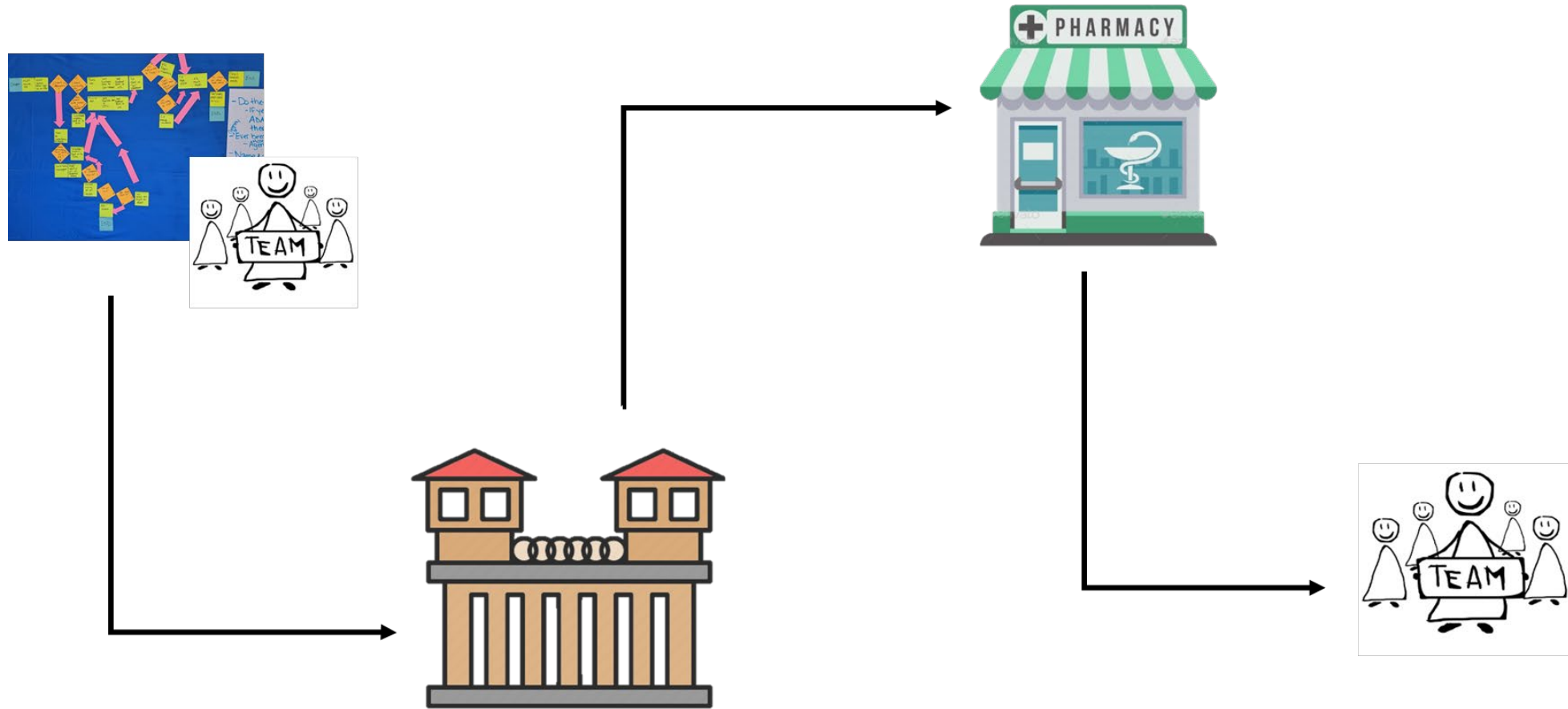
- Total people booked into jail that were prescribed HIV medication: 55 people
- Average length of stay: 30.85 days
- Total Net RX Expense to County: \$148,834
- Ave RX \$ per booking: \$2,706.07

Jail Assistance Goals



- Keep it simple
- Re/engage out of care clients
- Hopefully open opportunities for testing

Program Development



Jail Assistance Program Overview



- “Applicant” refers to the person experiencing incarceration (may or may not be a client)
- Applicant must be HIV+
- Jails will be responsible for submitting applications
- Each application provides one 30-day supply of Medications
- Medications sent to jails are property of the client
- ADAP will notify case managers if applicant is case managed
- ADAP will notify Data to Services Coordinator (DTSC) if applicant is not case managed
- Active insurance will be used with applicant’s consent
 - Medicaid stays active for first 30-days of incarceration
- ADAP will utilize Iowa Victim Information & Notification Everyday (IowaVINE) to track when clients leave jail

Iowa Victim Information & Notification Everyday (IowaVINE)

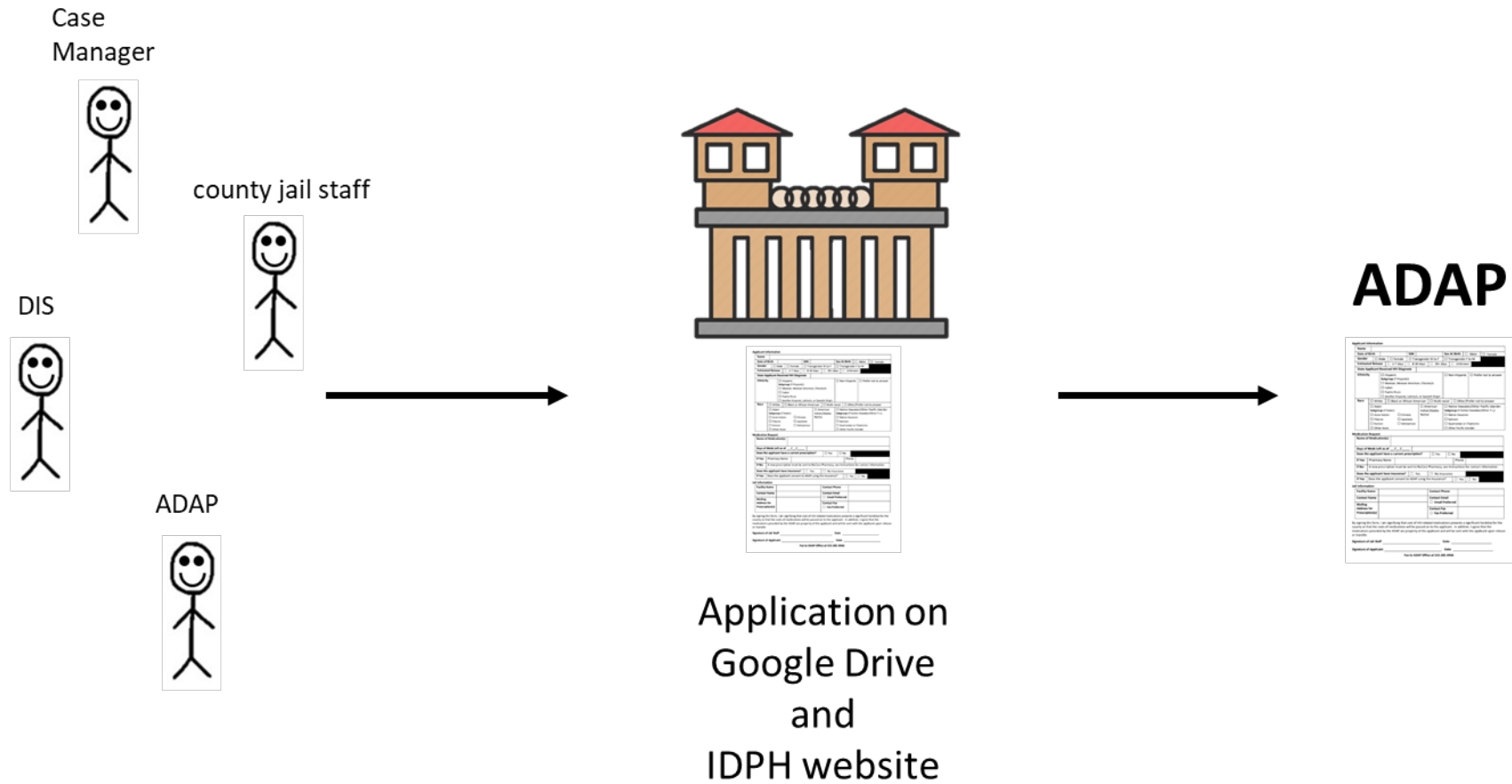


- Allows you to sign up for a notification when someone is released from jail
- ADAP and ADAP contract pharmacy sign up for VINE when Jail Assistance application is processed and recommends case managers do as well
- If client is transferred to prison a VINE notification is not sent

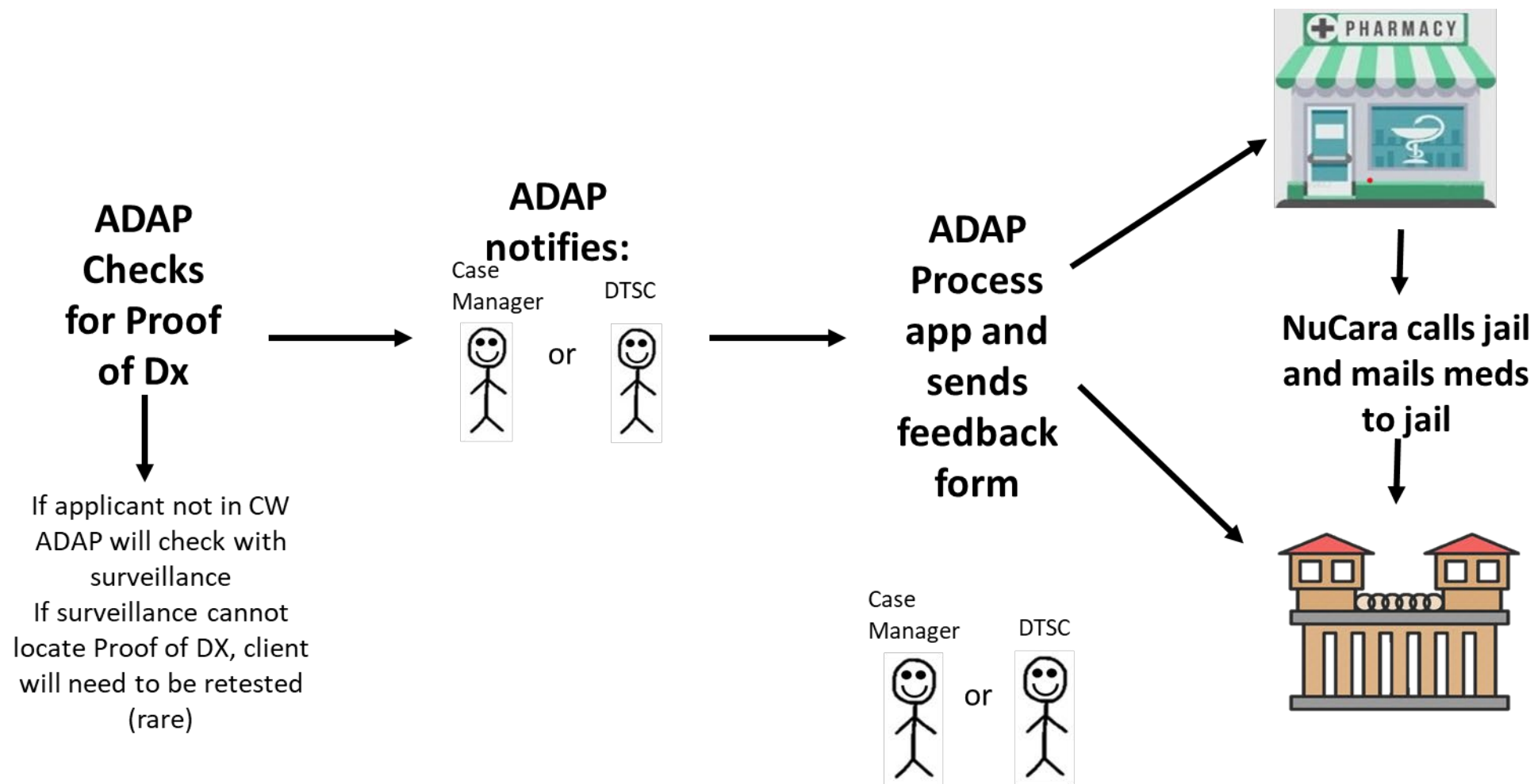
Jail Assistance Program Process



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Jail Assistance Program Process Cont.



Jail Assistance Application



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Gerd W. Chabough, Director Kim Reynolds, Governor Adam Gregg, Lt. Governor

ADAP Jail Assistance Application Instructions

The accompanying application should be used to request medications through the Jail Assistance Program administered by the AIDS Drug Assistance Program (ADAP) at the Iowa Department of Public Health (IDPH). Applicants must have a documented HIV diagnosis to qualify. All medications dispensed through the ADAP Jail Assistance Program are considered property of the applicant and must be sent home with the applicant upon their release from the jail.

The applicant is only required to sign the first application of their incarceration period to consent to have their information submitted to the ADAP Jail Assistance Program. Any remaining applications until the applicant is discharged will only require the jail staff's signature. If an applicant is discharged from jail and returns at a later date they will need to sign the first application of the new incarceration period.

Each approved application will authorize one 30-day supply of the medication(s) requested on the application. The jail should submit one application for each 30-day supply as needed. The ADAP formulary listing all excluded medications can be found on the Ryan White section of IDPH's website at <http://idph.iowa.gov/hivstdhep/hiv/support>.

All medications administered through the Jail Assistance Program will be dispensed and mailed to the jail by the ADAP contract pharmacy, NuCara Specialty Pharmacy. If an applicant leaves the jail before the requested medications arrive in the mail, the jail should contact the ADAP office via the ADAP administrative email: adap_administrator@idph.iowa.gov. Emails including applicant names or other identifying information must be sent securely.

The ADAP must verify an applicant's HIV diagnosis before an application can be approved. The ADAP office will reach out to the jail if the ADAP is unable to obtain a verification of diagnosis from the IDPH HIV Surveillance office. In rare cases, the jail may need to coordinate with the ADAP for diagnostic testing to be completed.

If the applicant has an active prescription, NuCara Specialty Pharmacy will request the prescription from the pharmacy listed on the application. If the applicant does not have an active prescription, it is the jail's responsibility to coordinate new prescriptions. New prescriptions should be sent to:

NuCara Specialty Pharmacy
5042 Maple Dr.
Pleasant Hill, IA 50327
Phone: 515-266-4167 Fax: 515-265-5431 Email: nsp@nucara.com

Completed applications should be faxed to the ADAP office at (515) 281-0466. Once received, a confirmation email or fax will be sent via the preferred method indicated on the application. Jail Assistance applications will be prioritized to reduce gaps in medication. Once approved, the ADAP will send notification to the contact person listed on the application. NuCara Specialty Pharmacy will call the contact person for required medication consultation and confirm the mailing address for the meds.

Questions can be directed to adap_administrator@idph.iowa.gov, or to the ADAP Coordinator, Meredith Heckmann, at 515-725-2011.

Fax to ADAP Office at 515-281-0466

Applicant Information

Name			
Date of Birth	SSN	Sex At Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Transgender M to F	<input type="checkbox"/> Transgender F to M
Estimated Release	<input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-30 days <input type="checkbox"/> 30+ days <input type="checkbox"/> Unknown		
State Applicant Received HIV Diagnosis			
Ethnicity	<input type="checkbox"/> Hispanic Subgroup (if Hispanic): <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Another Hispanic, Latino/a, or Spanish Origin		<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer
	Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other/Prefer not to answer		
Race	<input type="checkbox"/> Asian Subgroup (if Asian): <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander Subgroup (if Native Hawaiian/Other P.I.): <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander

Medication Request

Name of Medication(s)			
Days of Meds Left as of ___/___/___			
Does the applicant have a current prescription?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes:	Pharmacy Name	Phone	
If No:	A new prescription must be sent to NuCara Pharmacy, see Instructions for contact information.		
Does the applicant have insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No Insurance
If Yes:	Does the applicant consent to ADAP using the insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Jail Information

Facility Name	Contact Phone
Contact Name	Contact Email
Mailing Address for Prescription(s)	<input type="checkbox"/> Email Preferred
	Contact Fax
	<input type="checkbox"/> Fax Preferred

By signing this form, the jail staff signifies that the cost of HIV-related medications presents a significant hardship for the county or that the costs of medications will be passed on to the applicant. Additionally, jail staff agree that the medications provided by the ADAP are property of the applicant and will be sent with the applicant upon release or transfer.

Signature of Jail Staff _____ Date _____

Signature of Applicant to authorize HIV related information to be released to IDPH (only required for first application):
_____ Date _____

Fax to ADAP Office at 515-281-0466

Program Stats



- \$25,000 expended in 6 months
- 34 applications submitted in first 6 months
 - 15 unduplicated clients
 - 6 county jails
- Have only dispensed HIV meds despite open formulary
- No applicants have had active insurance

Lessons learned



- Client accidentally left without meds
- Client in Juvenile detention center
 - Ability to assist comes down to payer at facility (state vs. county)
 - Payer dictated by type of charges (juvenile vs. adult)
- Client refused to sign second application
- Clients may move facilities

Contact Information



Meredith Heckmann

Meredith.Heckmann@idph.iowa.gov

515-725-2011

For a more in depth presentation on Iowa's Jail Assistance Program please join my session on:

August 13 at 4:30 EST

