**Ryan White HIV/AIDS Program Part A**

**FY 2021 Program Submission Instructions**

**Ryan White HIV/AIDS Program (RWHAP) Part A Recipient**:

The Program Submission is a single submission that all recipients must submit as a requirement for their FY 2021 RWHAP Part A Award. The report submission must be submitted in the HRSA Electronic Handbooks (EHB) system under the appropriate placeholder, as is done for other submissions. The report must include the following components:

1. **A signed letter from Planning Council (PC) or Planning Body (PB) Chair(s) endorsing priorities and allocations, including a signed copy of the Part A & MAI Planned Allocations Table**
2. **Planning Council Membership Roster and Reflectiveness Worksheet**
3. **Local Pharmacy Assistance Program (LPAP) Profile (if applicable)**

**Note:** Failure to submit a complete Program Submission in a timely manner will result in a condition being added to your Notice of Award and a possible restriction of all grant funds until the outstanding information is received.

If you require assistance or have questions about the Program Submission, please contact your Division of Metropolitan HIV/AIDS Program (DMHAP) project officer.

**Program Submission Requirements**

**Section 1: A signed letter from Planning Council (PC) or Planning Body (PB) Chair(s) endorsing priorities and allocations, including a signed copy of the FY2020 Ryan White HIV/AIDS Part A & MAI Planned Allocations Table**

* The letter must indicate that the PC or PB concurs with the funded service categories and the dollar amount as reflected in the FY 2021 Part A and MAI Allocations Table.
* Include a signed copy of the Part A & MAI Planned Allocations Table that has been printed from the Grantee Contract Management System (GCMS) and approved by the PC or PB during the priority setting and resource allocation (PSRA) process.

**Section 2: Planning Council/Planning Body Membership Roster and Reflectiveness**

A suggested template has been developed for the submission of the PC or PB Membership Roster and Reflectiveness. In this template, there are four worksheets, namely “Instructions, PC/PB Membership Category Tool, PC or PB Roster, and Reflectiveness.” The PC Membership Category tool is used to help identify missing legislatively required planning council membership categories and to describe plans to fill the category. The PC/PB Membership Category tool is a new worksheet that was added this year to help planning councils/planning bodies identify vacant legislatively required membership representatives and develop a plan to address the deficiency. For the PC/PB Roster worksheet, respond to the questions; note that formulas are embedded in the template. The reflectiveness worksheet is meant to capture the PC/PB composition as it relates to the EMA/TGA’s prevalence data. Reflectiveness must be based on the prevalence of HIV disease (AIDS prevalence plus HIV prevalence, real or estimated) in your EMA/TGA as reported in your FY 2021 application. The instructions worksheet provides specific instructions on how to complete the PC/PB Roster and Reflectiveness worksheet.

**Section 3: Local Pharmacy Assistance Program (LPAP) Profile**

A Local Pharmaceutical Assistance Program (LPAP) is an allowable Ryan White HIV/AIDS Program (RWHAP) core medical service. The purpose of an LPAP is to provide “ongoing medication assistance when a HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.”

**Note:** An LPAP is not a substitute for the AIDS Drug Assistance Program (ADAP). It is to provide medications when the ADAP is not meeting the needs of the clients of the EMA/TGA, specifically based on financial eligibility requirements and/or formulary restrictions. Outside of these two instances, funds from other service categories (e.g., Emergency Financial Assistance) should be utilized for drug provision in lieu of LPAP funds. See [Policy Clarification Notice (PCN) #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals &](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

[Allowable Uses of Funds](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) and the [LPAP Clarification Program Letter](https://hab.hrsa.gov/sites/default/files/hab/Global/lpapletter.pdf)  for reference.

This section is applicable **only** to recipients that are allocating funds to the LPAP service category **if funds were not allocated in the FY 2021 application**. The LPAP Profile should be limited to three pages or less. If there are changes in a previously submitted LPAP Profile, please submit a brief description of the changes (e.g., eligibility requirements, formulary, etc.) and the impact on clients.

Include the following components in the LPAP profile.

* **Description of the LPAP**

Provide a narrative that describes the LPAP. The narrative should include the following:

* **A Statement of Need**, which supports and justifies the prioritization and allocation of funds to the LPAP service category in the EMA/TGA. At a minimum, it should describe the following:
* Inability of the State ADAP to meet the medication needs of EMA/TGA clients, e.g., wait list.
  + - * + Payor of Last Resort, describe the process in place ensuring the LPAP is payor of last resort.
* **Structure of the LPAP**

Describe the structure of the LPAP and how it complies with National Monitoring Standards for the RWHAP Part A. It should include a description of the following components:

* An advisory board, including structure/membership, relationship to ADAP Advisory Committee, etc.
* A formulary, including a description of the similarities and differences compared to the State ADAP formulary (e.g., number of drugs, etc.)
* Eligibility and enrollment data, including the number of clients enrolled, number of clients served per month, expenditure caps, program limits, etc.
* The medical eligibility requirement (e.g., CD4 count, viral load), if applicable.
* The financial eligibility requirements (e.g., percent of federal poverty level (FPL), annual income, underinsured, etc.)
* How LPAP coordinates with other pharmaceutical benefits programs (e.g., ADAP, Medicare, Medicaid, etc.)
* The cost savings strategies used to ensure the program gets the “best price” to maximize resources, (e.g., 340B Drug Pricing Program, Prime Vendor Program, dispensing fee, administrative fee, other pharmacy discount etc.)
* The drug distribution and recordkeeping system (i.e., procurement, delivery system, linkage to ADAP and oversight).