

## ADAP Liaison Agency Assessment – Due December 30th

<b>Agency Name:</b> <b>Funding streams: RW Part A /RW Part B/Prev/Other _____ (circle all that apply)</b> <b>Rural Area: Y N</b> <b>Date of Interview:</b>		
Area(s) Served	List HSDAs served	
ADAP Regional Coordinator	Role and expectations:	
ADAP Liaison		
In-house pharmacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List preferred pharmacies		
Staff hired/Vacancies/Orientation	Notes:	
Staff teleworking/accessing ARIES/communication challenges		
How does your program work? Who does your agency serve?	Notes:	
Preparation for transitioning back to regular THMP program eligibility procedures		
Emergencies preparedness plans/point of contact		
Process for sharing PHI		
How do you track client's self-attestation/recertification dates?		
Identified strengths of the program	Notes:	

Systems that work well for the program	Notes:	
Access to ARIES	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who still needs access?		
Based on areas for improvement, what are some steps/processes that can be taken/implemented to improve your agency systems and performance?	Notes:	
What resources are needed to support this plan?	Notes:	
What questions or assistance does your agency need from THMP?		

Name of ADAP Liaison staff:

Name of agency staff in interview: