Moving Forward Together:
Addressing the Texas HIV Medication Program Budget Deficit

TEXAS
Health and Human Services

Texas Department of State Health Services

Table of Contents

Vision, Mission and Values of the DSHS TB/HIV/STD Section i
Acknowledgments ii
Introduction 1
Purpose 1
THMP Funding Deficit 2
Increased Caseload Due to the Economic Impact of COVID-19 2
Increased Cost of HIV Medications 2
Decreased Prescription Medication Rebates 2
Miscalculation of HIV Medication Available in the DSHS Pharmacy 3
Internal and External Funding for THMP 5
Internal Agency Transfers 5
Federal Coronavirus Relief Fund 5
Federal Supplemental Award 5
Federal Carry Forward Funds 5
Exceptional Item (EI) Request 5
Interim Steps to Support THMP Financial Viability 6
Hepatitis C Virus Medication Pilot Program 6
90-day Medication Refills 6
Removal of Medicare Part D Premium Cap 6
ADAP Spend Down 6
Long-Term Solutions for THMP 8
Texas Administrative Code Cost-Saving Measures 8
Fiscal Monitoring 8
THMP Audit 9
The THMP Action Plan 9
Purpose and Approach 9
THMP Stakeholder Kickoff Meeting 9
Goals, Strategies and Action Items 10
Goal 1: Improve Stakeholder Communication and Engagement 12
Goal 2: Ensure Accurate Program Monitoring 16
Goal 3: Exploration of Funding Opportunities for THMP 20
Goal 4: Modernize the ADAP IT System 22
Conclusion 24
Acronyms 25
Appendix 1: Texas HIV Medication Program Frequently Asked Questions 26
Appendix 2: Review/Audit of THMP Participating Pharmacies & Guidelines to Ensure Proper Control of THMP Medications 30
Appendix 3: HRAR Phase I Timeline Discussion 31
Appendix 4: HRAR Delivery Discussion 33

Vision, Mission and Values of the DSHS TB/HIV/STD Section

Vision

A healthy Texas where infections of Tuberculosis (TB), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), Hansen's Disease and Hepatitis C are diminished and all people living with these diseases do so free from stigma.

Mission

To improve the health and well-being of all people in Texas affected by TB, HIV, STDs, Hansen's Disease and Hepatitis C by collaborating with communities and providers to prevent new infections, diagnose conditions and ensure access to treatment and care, and facilitate full, long lives.

Values

- We seek to reduce the number of persons with new infections of TB, HIV, STDs, Hansen's Disease and Hepatitis C.
- We promote availability of and access to effective prevention, treatment and care services.
- We support people marginalized by stigma and discrimination through the implementation of efforts aimed at eliminating disparities.
- We celebrate diversity.
- We recognize that both social and biological forces are determinants of health.
- We are a dedicated, knowledgeable, and skilled work force.
- We collaborate with communities, consumers and providers.
- We make data-driven and science-based decisions.
- We operate in flexible ways to meet consumer and employee needs.

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Introduction

Nearly 98,000 Texans are living with HIV, with an additional 16,000 estimated to be living with undiagnosed HIV. In 2020, the Texas HIV Medication Program (THMP) provided life-extending drugs to more than 21,000 Texans living with HIV, filling more than 139,000 prescriptions. THMP plays a critical role in improving the health of Texans living with HIV.

The goal of HIV treatment is suppressed HIV viral load, which is associated with better health, a longer life, and eliminating the transmission of HIV to others.

Scientific consensus confirms that treatment acts as prevention. People with a suppressed HIV viral load cannot sexually transmit HIV to others.

THMP provides medication and insurance assistance to over 21,000 eligible Texans each year. There are four programs in THMP:

- **AIDS Drug Assistance Program (ADAP)** — provides prescription drugs to low-income, uninsured Texas residents with HIV through a network of pharmacies.
- **State Pharmacy Assistance Program (SPAP)** — provides more support to Medicare participants to help pay premiums and drug co-pays.
- **Texas Insurance Assistance Program (TIAP)** — helps with premiums and copays for participants with private or job-related insurance.
- **Hepatitis C Virus Medication Pilot Program** — provided Hepatitis C medications to participants co-infected with HIV and Hepatitis C. However, THMP suspended this program in January 2021 due to funding constraints.

For more information, see Appendix 1: Texas HIV Medication Program Frequently Asked Questions.

Purpose

The Moving Forward Together plan lays the foundation for DSHS to address the THMP budget deficit over three state fiscal years, 2021 through 2023. The purpose of the Plan is to inform DSHS partners and stakeholders reasons for the THMP budget deficit, cost containment measures DSHS took to reduce the deficit, other interim steps the agency took to support THMP, and proposed long-term solutions to sustain THMP in 2021 and beyond. The intention is also to create a living document that will improve over time as DSHS receives input from partners and stakeholders and moves through the resolution process, until we make THMP sustainable again.

THMP Funding Deficit

As of February 28, 2021, THMP projections for the state fiscal year 2021 projected a deficit of $52 million. Costs of $136.6 million exceeded available funding of $84.6 million. The 87th Texas Legislature allocated DSHS $36.3 Million for the state fiscal years 2022 and 2023 biennium, which will enable DSHS to correct the deficit and position the program's ongoing stability.

This funding deficit was driven by four factors:

- Increased caseload due to the economic impact of COVID-19
- Increased cost of HIV medications
- Decreased prescription medication rebates
- Miscalculation of HIV medication available in the DSHS Pharmacy

Increased Caseload Due to the Economic Impact of COVID-19

Between March and December 2020, the ADAP program experienced a 28 percent increase in new participants. In response to COVID-19 public health concerns and to encourage social distancing and minimal contact, ADAP temporarily expanded the standard 30-day medication supply to 60 days.

ADAP also implemented a temporary no-contact emergency process during Covid-19 to extend the eligibility period for Texas ADAP participants who needed program recertification. ADAP discontinued the 60- and 90-day fills in December 2020.

Increased Cost of HIV Medications

The number of Texas ADAP participants using high-cost single tablet medication regimens continues to grow. Between FY2019 and FY2020, the percentage of program participants using single tablet regimens increased from 68 to 80 percent.

Decreased Prescription Medication Rebates

THMP buys medications and insurance for program participants. The medications have a wholesale cost and DSHS gets a discount in two ways. The first way is through an upfront discount for medications DSHS buys for Texas ADAP participants via the federal 340B drug discount program, or 340B program. This program allows DSHS to buy medication at prices lower than the wholesale cost.

The second way is through rebates for TIAP and SPAP participants. DSHS pays premiums and drug copays for these participants, which allows the agency to ask the drug manufacturers to pay DSHS for part of the cost of the medications. These payments are also called "rebates." Drug manufacturers at a national level set rebate amounts. Rebates offset the cost of buying medications and insurance, which allows DSHS to serve more participants.

DSHS generated less income from drug manufacturers since 2018 due to changes in rebate practices nationally. This means THMP has less money to purchase medications for their participants. Specifically:

- In state fiscal year 2018 (9/1/2017 – 8/31/2018), THMP generated $43,996,403 in rebate revenue.
- In state fiscal year 2019 (9/1/2018-8/31/2019), THMP generated $23,195,831 in rebate revenue.
- In state fiscal year 2020 (9/1/2019 – 8/31/2020), THMP generated $17,272,526 in rebate revenue.

Miscalculation of HIV Medication Available in the DSHS Pharmacy

The DSHS Pharmacy orders and sends medications to Texas ADAP participants. The pharmacy has an Information Technology (IT) system that maintains an inventory of medications available to send to participants. The system tracks medication stock and tells staff when they need to reorder medications.

In August 2020, following annual medication inventory, staff were not able to match the number of medications on the product distribution report with the number of medications counted by hand. Staff discovered that about 25% (approximately $35 million) of medications shipped in FY2020 were still being counted in inventory. This was due to the following factors:

- Erroneous data from a report tied to the ITEAMS inventory tracking system that showed medications still in inventory that had already been shipped to clients. Previously, these errors were changed manually as they were identified.
- Due to staff losses and reassignments during COVID-19, the manual process for changing medications to SHIPPED status stopped.
- Monthly stock-on-hand counts during FY2020 as outlined in program procedures were not conducted regularly.
- The medication spend plan was not revised to account for temporary COVID-19 policy changes that increased THMP's overall medication costs.

This meant that DSHS had to spend more to replenish the DSHS Pharmacy medication inventory to ensure participants receive needed medications.

Internal and External Funding for THMP

To reduce the deficit, DSHS requested and received additional funding from several sources:

Internal Agency Transfers	$12.3 million
Federal Coronavirus Relief Fund	$34.4 million
Federal Supplemental Award ($17.8 + $5.3 million)	$23.1 million
Federal Carry Forward Funds	$3.0 million
87th Texas Legislature Exceptional Item Request (THMP)	$36.3 Million

Internal Agency Transfers

DSHS made internal transfers of $12.3 million, including allocating funds at risk of lapse, identifying expenditures eligible to be paid with Title V funds, and temporarily shifting the agency's overhead cost from THMP to other programs.

Federal Coronavirus Relief Fund

DSHS got approval to use $34.4 million in federal Coronavirus Relief Funds for increased costs from March through December 2020. This helped decrease the THMP funding deficit, since some of the shortfall is due to the impact of COVID-19.

Federal Supplemental Award

DSHS obtained an award of $17.8 million in supplemental ADAP funds from the U.S. Health Resources and Services Administration (HRSA) for state fiscal year 2021. The agency also received an award of $5.3 million in HRSA ADAP Emergency Relief Funds.

Federal Carry Forward Funds

DSHS also secured approval from HRSA to carry forward $3 million in Ryan White HIV/AIDS Program federal funds from previous grant years to cover costs in the current grant year 2021.

Exceptional Item (EI) Request

DSHS submitted an EI request for THMP funding to the 87th Texas Legislature for state fiscal years 2022 and 2023. DSHS was awarded $36.3 million to replenish pharmacy inventory and to restore DSHS provider contract amounts.

Interim Steps to Support THMP Financial Viability

Over the last several months, the agency implemented several THMP changes as cost containment measures to protect the financial viability of the program.

Hepatitis C Virus Medication Pilot Program

DSHS eliminated the Hepatitis C Virus Medication Pilot Program for Texas ADAP participants, with new enrollments ending in January 2021. Existing enrollees completed treatment medications by April 2021.

90-day Medication Refills

DSHS eliminated the 90-day medication fill option for Texas ADAP participants, with the transition period occurring in January and February. Starting in March 2021, all enrolled participants receive 30-day refills.

Removal of Medicare Part D Premium Cap

Medicare Part D provides prescription drug coverage for people enrolled in Medicare. In December 2020, DSHS removed the premium cap for Medicare Part D enrollees for SPAP participants. The intent is to increase revenue through medication rebates by encouraging more enrollees.

ADAP Spend Down

DSHS eliminated the **ADAP spend down** in December 2020. THMP historically applied a "spend down" equal to the cost of each person's yearly THMP medications, as an income adjustment for people with income over the program's 200 percent federal poverty level eligibility requirement. **Texas Administrative Code (TAC) Title 25 Health Services Rule 98.115** authorizes DSHS to eliminate the spend down as a cost containment measure.

In February 2021, THMP became aware that the spend down elimination did not give enough time for people who would be impacted by these changes to seek alternative assistance. It also did not allow clinics and community organizations to prepare to help participants transition to other funding or sources of medication.

For this reason, **THMP delayed the spend down elimination for ADAP.** The program **reassessed ADAP denials with too much income** for applications received December 1, 2020 to February 10, 2021 to ensure all eligible applicants are included in the program. Staff

completed this process on March 7, 2021 and enrolled any eligible applicants who were previously denied participation.

In addition, HRSA determined that DSHS spend down approach unintentionally results in not applying the spend down evenly. Under the current spend down approach, the cost of each participant's drugs determines the spend down amount. This means that if a doctor prescribed a name brand drug to a participant, this participant is able to lower their eligibility income level more than a participant whose doctor prescribed a less expensive, generic drug.

DSHS is currently working with HRSA to find a better system — one that adjusts annual income of participants evenly and fairly. This is an in-depth process with HRSA and DSHS is working to resolve these discussions as quickly as possible. DSHS will communicate with stakeholders in advance of any potential changes.

Long-Term Solutions for THMP

Increasing caseloads, rising medication costs, and reduced drug rebates mean that DSHS needs long-term solutions to sustain THMP in 2021 and beyond.

Texas Administrative Code Cost-Saving Measures

TAC Title 25 Health Services Rule 98.115 allows THMP to implement temporary cost containment measures, such as:

- Applying the most recent medical criteria defined by HRSA guidelines;
- Discontinuing the "spend down" (adjustment of a person's gross annual income in the amount of their yearly THMP medications);
- Lowering the financial eligibility criteria, including lowering FPL to 125 percent; and/or
- Stopping enrollment of new THMP participants.

DSHS will only implement TAC cost containment measures if necessary to ensure that services remain uninterrupted for people with the highest need. DSHS will communicate clearly and in advance if any new cost containment measures are needed to maintain program stability. Senate Bill 1, 87th Legislature, also requires DSHS to notify providers and other relevant stakeholders at least 60 days before implementing any cost containment measures for the Texas HIV Medication Program.

If DSHS must take any cost containment measures impacting eligibility criteria, DSHS will work with community agencies, ADAP enrollment workers (AEWs), ADAP regional liaisons, the DSHS HIV Care Services Group, Administrative Agencies (AAs), and Ryan White HIV/AIDS Program (RWHAP) Part B providers to:

- Increase Affordable Care Act (ACA) plan enrollment;
- Ensure that providers know how to move participants to Patient Assistance Programs (PAP)s for medication assistance; and
- Ensure that providers know how participants can access Emergency Financial Assistance and Local Pharmaceutical Assistance Program (LPAP) via RWHAP providers.

Fiscal Monitoring

DSHS is committed to continuous fiscal monitoring of THMP to ensure long-term sustainability. DSHS recently performed budget restructuring to standardize THMP best fiscal practices. In addition, the DSHS recently hired a financial analyst for the TB/HIV/STD Section.

A detailed review of THMP finances is underway, and the program will continue to provide regular financial reports to the DSHS Commissioner, Executive Leadership and The Medication Advisory Committee. DSHS will continue quality improvement efforts to ensure active forecasting of THMP needs, effective budgeting, proactive monitoring of expenses and appropriate contract oversight. THMP's actuarial firm will complete monthly actuarial projections. These steps will ensure that THMP can sustain the financial stability to serve participants long term.

THMP Audit

THMP requested an internal audit and the program will be making several financial improvements. This includes improved medication cost projections, expenditure monitoring, and medication budget monitoring processes. Policies, procedures, new business processes and monitoring tools are in development to support these changes.

The THMP Action Plan

Purpose and Approach

The THMP action plan lays the foundation for DSHS to address the THMP budget deficit over three state fiscal years, 2021 through 2023. Its purpose is to inform partners and stakeholders about the deficit's root causes, current status, and next steps. The action plan will become more robust over time based on input from partners and progress made in achieving THMP sustainability.

THMP Stakeholder Kickoff Meeting

In March 2021, DSHS invited stakeholders from across the state to a virtual town hall meeting. This served as a kickoff meeting to engage the community begin hearing input and feedback from external partners and stakeholders on how to successfully sustain the THMP for the long term.

Participants included people from a range of disciplines and viewpoints including: people living with HIV, HIV advocates, RWHAP providers, community pharmacies, ADAP enrollment workers, ADAP regional

liaisons[1], medical providers, Administrative Agency representatives, and pharmaceutical representatives.

About 275 partners and stakeholders came together to ask questions and provide input on how DSHS could best optimize THMP considering the funding deficit. Town hall speakers presented a framework to set the stage and launch the conversation about HIV in Texas, the role of DSHS and the need for THMP cost containment measures. Speakers also addressed long-term solutions for program sustainability, including the DSHS EI funding request and continuous THMP fiscal monitoring.

Participants took part in one of two breakout sessions, where they asked questions and suggested strategies for THMP long-term sustainability.

- **Client Access Strategies** — The objectives of this breakout session were to facilitate awareness of THMP cost containment measures and program changes; ensure client knowledge of alternative HIV medication programs; and prioritize people disproportionately affected by HIV.
- **Clinical Mitigation Strategies** — The objectives of this breakout session were to engage providers and increase awareness of THMP cost containment measures and program changes; identify ways to ensure adequate provision of HIV medications to people still in need; and consider prevention efforts and other HIV treatment and care services that could make a difference.

The valuable input and suggestions from DSHS partners and stakeholders at the kickoff meeting form the basis of this action plan. Coordination and collaboration with external partners will be critical over the coming years as the action plan is implemented and improved. For this reason, the action plan includes several goals, strategies, and actions centered on stakeholder communications and input.

Goals, Strategies and Action Items

The action plan is based on four overall goals that emerged from the initial planning process:

- Goal 1: Improve Stakeholder Communication and Engagement
- Goal 2: Ensure Accurate Program Monitoring
- Goal 3: Exploration of Funding Opportunities for THMP

[1] Texas has four THMP Regional Liaisons across Texas (Bryan, Dallas, Houston, and San Antonio). The liaisons provide program guidance to AEWs working in communities all over Texas.

- Goal 4: Modernize the ADAP IT System

The strategies and action items for each goal are based on stakeholder input and feedback from the March 2020 stakeholder kickoff meeting. These milestones will enable DSHS to make measurable progress toward addressing the THMP budget deficit and will help maintain DSHS accountability to stakeholders.

Goal 1: Improve Stakeholder Communication and Engagement

DSHS will use the following strategies to improve communication and engagement with the affected community.

Strategy 1: Timely and Robust Communication

It is critical that DSHS is transparent about the THMP funding deficit and the reasons for any cost containment measures. It is equally important that stakeholders have an opportunity to ask questions and propose other strategies for THMP long-term sustainability. DSHS will make improved communication a priority for THMP. DSHS will improve transparency by:

- Communicating with partners and stakeholders more promptly.
- Sending communications to more channels to assist with knowledge sharing.
- Collaborating with external partners to ensure better community representation.
- Providing updates on the DSHS website and in calls and meetings with stakeholders.
- Increasing engagement with THMP participants and medical providers.
- Working with contractors to conduct outreach to THMP participants and medical providers to ensure their engagement in the plan to address the THMP budget deficit.
- Notify partners and stakeholders of programmatic budget updates
- Provide 60-day notification before implementation of any additional cost containment measures specific to the TAC

Action Plan

Action Item	Target Completion
Conduct a kickoff town hall meeting with stakeholders.	Completed March 2021
Launch Moving Forward Together Website.	Completed May 2021
Conduct a listening session with key stakeholders identified by external planning partners.	Completed May 2021
Work with the meeting panelists and experts to identify and invite providers, stakeholders and other community members impacted by the THMP budget shortfall.	Completed May 2021
Conduct June Partnership meeting with the key stakeholders and the community.	Completed June 2021

Action Item	Target Completion
Host partnership meetings (previously known as town hall meetings), listening sessions and agenda-driven events, as needed.	2021 and beyond
Provide accessible partnership meeting recordings to attendees.	Summer 2021
Post frequently asked questions from partnership meetings to the DSHS HIV/STD Program website.	Summer 2021
When invited, attend community events and meetings to share the most recent and up-to-date information.	2021 and beyond
Incorporate partnership meeting attendee feedback into the Moving Forward Together Plan.	2021 and beyond
Invite THMP participants and medical providers to partnership meetings.	2021 and beyond
Incorporate feedback from THMP participants and medical providers into the Moving Forward Together Plan and the DSHS website.	Spring 2021
Work with the field and community to gather feedback on **TAC Rule 98.115**. DSHS is currently updating the TAC rules and will allow opportunity for informal and formal comment periods.	Summer 2021 and beyond; rules posted for informal comment on June 23, 2021
Send critical messages with action items to THMP participants and medical providers.	Summer 2021
Work with external partners and providers to create a more robust list of communication channels.	Throughout 2021

Strategy 2: Communication with THMP Participating Pharmacies

Participating pharmacies play a critical role in the disbursement of THMP medications to THMP participants. Additionally, pharmacy procedures and actions at the local level can affect the THMP budget at the state level. DSHS will engage participating pharmacies at the local level to ensure they have the right information to take local actions that will benefit THMP and its participants.

- During 2021–2023, DSHS will conduct outreach to THMP participating pharmacies to ensure their engagement in the plan to address the THMP budget deficit.

Action Plan

Action Item	Target Completion
Invite participating pharmacies to participate in partnership meetings.	2021 and beyond
Incorporate feedback from participating pharmacies in the Moving Forward Together Plan.	Summer 2021

Strategy 3: Inclusion of the Medication Advisory Committee

The purpose of the THMP Medication Advisory Committee (the MAC) is to advise the Executive Commissioner and DSHS staff in the development of procedures and guidelines for THMP. Therefore, the MAC plays a critical role in THMP ongoing program planning.

- DSHS will improve engagement with the MAC to ensure that MAC recommendations are incorporated into the plan to address the THMP budget deficit.

Action Plan

Action Item	Target Completion
Add budget items to MAC meeting agendas.	2021 and beyond
Update the **MAC website** with meeting minutes.	Completed June 2021
Fill the two open consumer positions on the MAC to ensure community engagement and feedback.	Summer 2021
Notify the community when MAC positions are filled or become vacant.	Summer 2021

Strategy 4: Partnership with Ryan White Part B Administrative Agencies (AAs)

To ensure THMP participants continue to receive medications, partnership with Ryan White Part B AAs is vital. AAs are community-based organizations, governmental entities, and other organizations in Texas that are part of the DSHS initiative to ensure that a comprehensive continuum of care exists in their service planning area.

AAs accomplish this goal through the management, distribution and oversight of federal and state funds, which they receive through contracts with DSHS. AAs disburse these funds

through subcontractors to provide comprehensive services to HIV positive people and others affected within their service planning area.

- DSHS will partner with RWHAP Part A and B AAs to maximize the use of community resources.
- DSHS will improve communication and collaboration with AAs, service providers and participants.

Action Plan

Action Item	Target Completion
Work with AAs to ensure workers in the field, participants and other community stakeholders have the most recent information regarding the THMP budget shortfall and other THMP related information and updates.	Summer 2021 and beyond
DSHS will work with AAs to ensure RWHAP-funded providers fund the Local Pharmaceutical Assistance Program (LPAP) service category to assist participants with paying for medications not covered by THMP and on the local LPAP formulary.	Fall 2021

Goal 2: Ensure Accurate Program Monitoring

DSHS will resolve the THMP budget deficit by ensuring accurate program monitoring to support the financial stability of THMP.

Strategy 1: Stabilization and Remediation of ITEAMS and Pharmacy Processes

The DSHS Pharmacy continues to use Inventory Tracking Electronic Asset Management System (**ITEAMS**) to track inventory and to pull and ship medications. The malfunction that was one of the contributing factors that caused the miscalculation occurred in a reporting query to generate product distribution data from ITEAMS.

Due to the logic error in the query, approximately 25.5 percent of medications shipped were not being reported as shipped in the state fiscal year 2020 year-end product distribution report. In addition, due to staff losses and reassignments during COVID-19, the manual process for changing medications to SHIPPED status stopped. Furthermore, monthly manual stock-on-hand counts during FY2020 as outlined in program procedures were not conducted regularly.

The combination of these events resulted in projected medication spending amounts for state fiscal year 2021 being calculated too low.

- Remediate, stabilize and eventually replace the pharmacy inventory system to ensure accurate program monitoring and pharmacy services remain uninterrupted.

Action Plan

Action Item	Target Completion
Requested internal audit of THMP including: eligibility processes, pharmacy warehouse operations related to HIV medications from FY 2020 to present, and fiscal processes and responsibilities from FY 2021 to present.	Completed Spring 2021
Findings of internal audit of THMP returned to DSHS.	Completed June 2020
Remediation of internal audit findings.	July 2021 & September 2021
In the short-term, remediate the ITEAMS error with a revised query that treats both packed and shipped orders as completed orders and by manually changing the status to shipped in ITEAMS using handheld scanners.	Spring 2021

Action Item	Target Completion
Requested internal audit of THMP including: eligibility processes, pharmacy warehouse operations related to HIV medications from FY 2020 to present, and fiscal processes and responsibilities from FY 2021 to present.	Completed Spring 2021
Findings of internal audit of THMP returned to DSHS.	Completed June 2020
Remediation of internal audit findings.	July 2021 & September 2021
Conduct monthly manual stock-on-hand counts	Spring 2021 and beyond
Match ITEAMS inventory data with data from different systems for more checks and balances across systems.	Spring 2021 and beyond
Replace ITEAMS with a new pharmacy inventory management system.	Fall/Winter 2022

Strategy 2: Quality Assurance Measure with THMP Participating Pharmacies

THMP depends on participating pharmacies to dispense AIDS Drug Assistance Program (ADAP) medications according to **THMP Participating Pharmacy Guidelines**. It is vital that THMP participating pharmacies ensure proper control of THMP medications (see Appendix 2: Review/Audit of THMP Participating Pharmacies & Guidelines to Ensure Proper Control of THMP Medications).

- Conduct quality assurance with pharmacies to optimize THMP services, including ensuring that pharmacies return THMP medication stock to the DSHS Pharmacy or transfer the medication from one THMP-eligible participant to another THMP-eligible participant in a timely manner.

Action Plan

Action Item	Target Completion
Work with participating pharmacies to ensure non-dispensed medication is returned to the DSHS Pharmacy in a timely manner.	Spring 2021 and beyond

Action Item	Target Completion
Work with participating pharmacies to ensure non-dispensed medication is transferred to another THMP participant within that pharmacy location within ten calendar days.	Spring 2021 and beyond
Work with participating pharmacies to ensure medications for THMP participants are not placed on auto refill[2].	Spring 2021 and beyond
Work with participating pharmacies to ensure medications are being kept separate from other pharmacy stock so that participating pharmacies do not create opportunities where THMP stock is used for THMP-ineligible participants.	Spring 2021 and beyond
Work with participating pharmacies to ensure participants finish old medication before requesting a refill unless there is a medical reason for the switch. Participating pharmacies must indicate if there is a medical reason with the order.	Spring 2021 and beyond

Strategy 3: Actuary Review of THMP

DSHS is taking multiple steps to put THMP on a more stable financial footing. The most critical steps include reengagement with an independent actuarial firm for thorough and frequent financial projections and improvement of THMP fiscal best practices.

- Work with financial and actuary staff to secure accurate budget projections.
- Train budget and finance staff on THMP best practices.
- Notify partners and stakeholders of programmatic budget updates.

Action Plan

Action Item	Target Completion
Perform budget restructuring to standardize THMP fiscal best practices.	Complete
Hire a new DSHS TB/HIV/STD Section financial analyst.	Completed December 2020

[2] Pharmacies routinely use auto refill for medications. However, if a participant is no longer picking up their medications, this creates an inventory for a specific participating pharmacy, which is not allowed under program rules. This is because inventory needs to be kept at the DSHS central pharmacy until needed to ensure that there is enough stock for participants who need the medication in different areas of the state.

Action Item	Target Completion
Review monthly actuarial projections from Rudd and Wisdom Actuary Services to better project future program costs.	Spring 2021 and beyond
Work with Rudd and Wisdom Actuary Services to determine the amount of funding required to sustain the program in the long term.	Spring 2021 and beyond
Train the new financial analyst for TB/HIV/STD Section. The analyst is receiving ongoing training from the DSHS Deputy Chief Financial Officer and the Senior Financial Analyst in the DSHS Community Health Improvement (CHI) Division.	Completed May 2021
Conduct a detailed review of THMP finances.	Spring 2021 and beyond
Provide regular financial reports to the DSHS Commissioner, Executive Leadership and the Medication Advisory Committee.	Spring 2021 and beyond
Continue to consult with DSHS Community Health Improvement Division for help with fiscal monitoring.	Winter/Spring 2021
Provide timely budget updates to the community via the DSHS website and ongoing partnership meetings with stakeholders, including MAC meetings.	Fall 2021
Conduct continuous quality improvement efforts to ensure active forecasting of THMP needs, effective budgeting, proactive monitoring of expenses and appropriate contract oversight.	Spring 2021 and beyond
Conduct continuous fiscal monitoring of THMP to ensure long-term financial sustainability.	2021 and beyond

Goal 3: Exploration of Funding Opportunities for THMP

DSHS will explore additional funding strategies and revenue sources to support the financial stability of THMP.

Strategy 1: Request of Supplemental Funding

RWHAP Part B federal funds are recurring annual formula-based funding. The RWHAP Part B ADAP Shortfall Emergency Relief Funds (ERF) grant is an annual federal grant and DSHS isn't always eligible to apply. DSHS will continue to apply for these funds when DSHS meets the eligibility criteria.

Additionally, in May 2021, DSHS applied for RWHAP Part B Supplemental federal grant funds for ADAP medications for September 30, 2021 – September 29, 2022. Both the ADAP ERF and the Part B Supplemental grants are competitive one-year project periods and funding is never guaranteed for either.

- DSHS will seek additional federal funding to support THMP.

Action Plan

Action Item	Target Completion
Determine if THMP can request and use Federal Ending the HIV Epidemic Funds.	Winter 2021
Receipt of Federal Coronavirus Relief Funds.	Completed Spring 2021
Continue to apply for Federal Ryan White HIV AIDS Program (RWHAP) Part B ADAP Supplemental Funds, a separate component in the Part B Formula grant.	Fall 2021 & 2022
Continue to apply for Federal RWHAP Part B Supplemental funds to use for ADAP medications.	Completed Spring 2021, Next Application will be Spring 2022
Continue to apply for Federal ADAP Emergency Relief Funds (as eligible)[3].	Fall (times of year can vary) 2021 & 2022

[3] The RWHAP Part B ADAP Supplemental and ADAP Shortfall Emergency Relief Funds (ERF) federal grants are on a different fiscal year (from April to March) than the state fiscal year. A portion of these funds have been budgeted for use in state fiscal year 2021 and the rest are budgeted in state fiscal year 2022. The RWHAP Part B Supplemental Funds closely match the state fiscal year. These grants are competitive one-year project periods. DSHS will continue to apply for these funds when eligible.

Strategy 2: Exceptional Item Request

In response to financial challenges faced by THMP because of increasing caseloads, rising medication costs, and reduced drug rebates, DSHS submitted an Exceptional Item (EI) request for THMP funding to the 87th Texas Legislature for state fiscal years 2022 and 2023. The 87th Texas Legislature did award funding for THMP as well as funding to restore DSHS provider contract amounts.

- DSHS is finalizing provider contracts for FY2022 and FY 2023 and is working to communicate with contractors when funding will be released. .

Action Plan

Action Item	Target Completion
Request THMP EI funding for state fiscal years 2022 and 2023 from the Texas 87th State Legislature[4,5].	Completed Spring 2021
Receipt of 87th Texas Legislature award for state fiscal years 2022 and 2023.	September 2021

[4] DSHS can fund its Part B provider contracts through the end of state fiscal year (SFY) 2021. The SFY 2022-2023 budget includes $20 million for the program.

[5]The legislature appropriated $36.3 million to fill the shortfall for the THMP program. The original exceptional item request was reduced due the receipt of $22.2 million in FY2021 federal supplemental funds, assuming $15 million of federal supplemental funds in each year of the FY2022-23 biennium, and assuming that DSHS will receive additional Federal Coronavirus Relief Funds ($14.8 million for January through August 2021).

Goal 4: Modernize the ADAP IT System

THMP and HIV Care Services currently use two statewide database applications to manage participant services in Texas. These systems are antiquated and do not integrate with each other. For participants and the providers who support them, the process of applying for services and medications involves completing multiple paper applications and obtaining and submitting eligibility documentation.

Strategy 1: Take Charge Texas

DSHS is overhauling the current ADAP IT system through the HIV2000 RECN ARIES Replacement (HRAR) Project also as known as Take Charge Texas. For the FY2020-FY2021 biennium, the HRAR capital project is funded in capital appropriation using rebate dollars generated by THMP and general revenue from previous biennial budgets. **The HRAR Project** (see Appendix 3: HRAR Phase I Timeline Discussion and Appendix 4: HRAR Delivery Discussion) is creating a new database application to replace the old HIV2000 system used to administer the THMP and the AIDS Regional Information and Evaluation System (ARIES) participant services database. One of the goals of HRAR is enabling participants to complete the THMP application online.

- DSHS will create a new client portal, also known as **Take Charge Texas** to streamline the process for initial application submission, application recertification, and six-month self-attestation.

Action Plan

Action Item	Target Completion
Select an HRAR vendor.	Completed Summer 2020
Develop client portal.	Completed Spring/Summer 2020
Conduct user groups.	Summer/Fall 2021
Gather requirements.	Completed Spring 2020
Develop agency worker portal.	Summer 2021
Conduct user acceptance testing.	Summer/Fall 2021
Test agency worker portal.	Fall 2021

Action Item	Target Completion
Launch DSHS portal.	Fall/Winter 2021
While DSHS develops and tests the new portal, THMP will look at DocuSign as an option to help make applying faster.	Completed June 2021

Conclusion

DSHS has a responsibility to work with stakeholders to develop and implement solutions that work for people living with HIV.

The goals, strategies and action items outlined in this plan will allow DSHS to make meaningful, measurable progress toward ensuring long-term sustainability of THMP. The "Moving Forward Together" Plan will make a positive difference in the lives of the people served by this program.

Acronyms

AA	Administrative Agency
AEW	ADAP Eligibility Worker
ADAP	AIDS Drug Assistance Program
ARIES	AIDS Regional Information and Evaluation System
CDC	Centers for Disease Control
CHI	Community Health Improvement Division
DSHS	Texas Department of State Health Services
EI	Exceptional Item (funding request to the Texas Legislature)
FPL	Federal Poverty Level
GR	General Revenue (funding from the State of Texas)
HIV	Human Immunodeficiency Virus
HRAR	HIV2000 RECN ARIES Replacement (Project)
HRSA	Health Resources and Services Administration
IT	Information Technology
ITEAMS	Inventory Tracking Electronic Asset Management System
LPAP	Local AIDS Pharmaceutical Assistance
MAC	Medication Advisory Committee
PAP	Patient Assistance Program
RWHAP	Ryan White HIV/AIDS Program
SFY	State Fiscal Year
SPAP	State Pharmacy Assistance Program
STD	Sexually Transmitted Disease
TAC	Texas Administrative Code
TB	Tuberculosis
THMP	Texas HIV Medication Program
TIAP	Texas Insurance Assistance Program

Appendix 1: Texas HIV Medication Program Frequently Asked Questions

Q1: What is the Texas HIV Medication Program (THMP)?

The Texas HIV Medication Program (THMP) is the government funded AIDS Drug Assistance Program (ADAP) for the State of Texas. The THMP provides certain prescription drugs to people with HIV who meet income and residency requirements. **View the THMP formulary** (PDF: 13 kB).

Q2: Who is eligible for the THMP?

To enroll in the THMP, you must: a) be diagnosed as HIV-positive; b) be a resident of Texas; c) meet certain income guidelines; and d) be otherwise uninsured or underinsured for prescription drug coverage (you must verify this information).

Q3: What are the income guidelines?

THMP bases income qualification on your household size. Your household for eligibility determination includes only you, your spouse (whether legal or common law), and your biological, adopted, or stepchildren age 17 and younger that live with you.

Current income guidelines are at or below 200% of the **Federal Poverty Income Guidelines (FPL)** [U.S. Department of Health and Human Services]. THMP will verify your income to determine your eligibility.

Q4: I have Hepatitis C virus (HCV). Can THMP provide medications to treat this?

THMP had a pilot program to treat persons living with HIV and HCV. THMP suspended the pilot due to budget limits.

Q5: How do I apply to the THMP?

You may download a copy of the **application** or ask your local community based organization for help in applying for THMP. You can call 2-1-1 to get information on local agencies in your area. You may also call THMP at 1-800-255-1090 and we will mail you the application.

We recommend that you ask your clinic or HIV service agency to help complete your THMP application. They can help you complete the application or check your application before you send it in to make sure it is complete. We can only process complete applications.

In addition to the pages of the application that you complete, your physician must fill out the Medical Certification Form (MCF) included in the application packet to verify your HIV status

and current prescriptions. We will need documents that show your income and residency, so please collect check stubs, benefit letters, utility bills, and other documents to prepare to apply.

Q6: I have been on THMP for a long time. I go to a doctor who provides care through a Ryan White grant. I filled out a lot of forms at the doctor's office. Why are you asking for more documents? Aren't you part of the same system?

While THMP is funded by the same Ryan White grant that funds your clinic or community agency, we have a separate eligibility process. We need the information in our application to provide you with THMP services. Your community agency should be able to help you with your THMP application. We strongly encourage you to ask for this help. They will help make the application process go more smoothly.

Q7: If I am approved for the THMP, what do I need to do to stay on the program?

THMP will update or review your eligibility at least every six months after you are approved. Below are your due dates, based on the month you were born:

Birth Month	Review	Update
January	July 31	January 31
February	August 31	February 28-29
March	September 30	March 31
April	October 31	April 30
May	November 30	May 31
June	December 31	June 30
July	January 31	July 31
August	February 28-29	August 31
September	March 31	September 30
October	April 30	October 31
November	May 31	November 30
December	June 30	December 31

For your update, you will need to submit a completely new application by the last day of your birth month every year. You also need to submit an update form by the last day of your "half-birthday" month each year. THMP must always have your current address so we can send you the materials you need for your update and review every year.

Q8: I heard that THMP is "payer of last resort." What does that mean?

THMP receives federal funding through a Ryan White grant. This grant requires that THMP provide services to people who don't have another payer, like insurance. THMP can still assist persons who have insurance or other payers, but only after you and other payers make all expected payments.

Q9: I'm currently enrolled in Medicaid in Texas. Should I still apply to the THMP?

THMP can help you if you have traditional Medicaid. THMP can provide assistance beyond the three prescriptions per month limit that may be imposed by your Medicaid plan. THMP can only assist when you have used all three prescription slots for your Medicaid plan.

Q10: I'm currently enrolled in Medicare in Texas. Should I still apply to the THMP?

Yes. THMP offers a State Pharmacy Assistance Program (SPAP) to assist with Medicare Part D plans for eligible people. For more information, please visit the **Medicare section**.

Q11: I have health insurance. Is THMP only for people who are uninsured?

THMP has a program called the Texas Insurance Assistance Program (TIAP) to help people with health insurance with medication copayments. TIAP can also pay COBRA premiums for qualifying plans. Please fill out the Copayment Assistance page in the **THMP application** if you are interested in TIAP.

Q12: Are all the medications I need provided by THMP?

Not necessarily — ADAP provides only antiretroviral medications and specific drugs to treat HIV-related opportunistic infections. You may need to use local resources and/or the manufacturer's patient assistance programs for other medications. If you are on SPAP or TIAP, most of the medications your doctor prescribes will be available through the program.

Q13: I applied and am approved for the THMP. How do I get my medicine?

If you are approved for the THMP ADAP, you will receive a letter with your assigned local pharmacy. If you prefer to go to a different pharmacy, simply call us. We can assign you to any pharmacy on the **participating pharmacy list**. Each month, you will go to your pharmacy ten days before you run out of medication to request your refill. We mail your medication from the DSHS Pharmacy Warehouse, so we need time to get the medication to your pharmacy. Your pharmacy should not ask for any fees. If you were approved for the THMP, SPAP or TIAP, you will receive an approval letter with instructions for how to order your medications with your Medicare or private insurance.

Q14: What will happen to the information I provide?

The Texas Department of State Health Services (DSHS) treats all information in the application as CONFIDENTIAL. DSHS will not release any information that could identify you, except as required by the program to provide you with eligibility services and medications (for example, your doctor, agency enrollment worker, and pharmacist) or as designated by you (for example, you may write on your application that we can talk to your friend or spouse). Please designate only friends or relatives aware of your health status as authorized contacts on your application.

Q15: I'm currently self-employed. What proof of income should I provide to the THMP?

If you are self-employed, provide a copy of your most recent signed IRS Income Tax Return. THMP can also accept a completed **self-employment log** (PDF : 70 kB). If you have questions or need help, please call your local agency.

Q16: When should I report a change to my household, marital status, income or insurance?

Report changes right away. Prepare to submit proof of the changes, such as a letter of termination, or proof that your insurance has terminated. This will help us understand your changed eligibility situation.

Q17: I received a letter stating that my application was denied due to incomplete income information, but I have no income to report. What do I do?

This depends on your situation. In addition to income from work, retirement, or disability, THMP will also accept bank statements for applicants living off savings or rental income, child support statements, student financial aid statements, a THMP supporter statement (provided in the application), or a letter from a homeless shelter or community-based organization explaining how you are supported.

Q18: Why do you need to have so much documentation to prove I qualify for assistance? Why can't you just take my word on this?

THMP is funded through a federal grant. Eligibility requirements are based on the requirements of this grant. We use the documents you provide to show that you qualify for the program. We use information we receive through verification to show that we are only serving eligible Texans. This federal grant allows us to provide your medications.

Q19: What if I don’t qualify for THMP? I really need medications to take care of my health, and I can’t afford health insurance.

THMP is just one resource for your medications. Your local agency can help you with medications through resources that are available in your area or by helping you apply for a Pharmacy Assistance Program offered by pharmaceutical companies.

Appendix 2: Review/Audit of THMP Participating Pharmacies & Guidelines to Ensure Proper Control of THMP Medications

Attachment 11: Review and Audit of Texas HIV Medication Program (THMP) Participating Pharmacies and Guidelines to Ensure Proper Control of THMP Medications

The THMP has a large network of participating pharmacies that it uses in dispensing AIDS Drug Assistance Program (ADAP) medications. The THMP developed pharmacy guidelines that explain the expectations regarding dispensation, storage, and return of ADAP medications to these participating pharmacies. These Pharmacy Guidelines will be updated to include the following:

Pharmacies are expected to return medication within ten calendar days. This is outlined in the Memorandum of Agreement (MOA) with Participating Pharmacies but was not in the guidelines. With the updated guidelines in place, THMP will call the pharmacies asking them to return all unused ADAP medications on their shelves.

Medications should not be placed on auto refill. Pharmacies routinely use auto refill for medications. However, if a participant is no longer picking up their medications, this creates an inventory for that pharmacy. Previous language in the Frequently Asked Questions (FAQ) of THMP's web site discouraged this practice. The Pharmacy Guidelines now prohibit it.

THMP medications should be kept separate from other medications. This was not specifically spelled out in any guidance and creates an opportunity for pharmacies to use THMP stock for ineligible participants. This language was added to the Pharmacy Guidelines.

Participants should finish their old medication before requesting a new bottle unless there is a medical reason for the switch. Pharmacies are expected to indicate this with the order. This is now spelled out in the pharmacy guidelines.

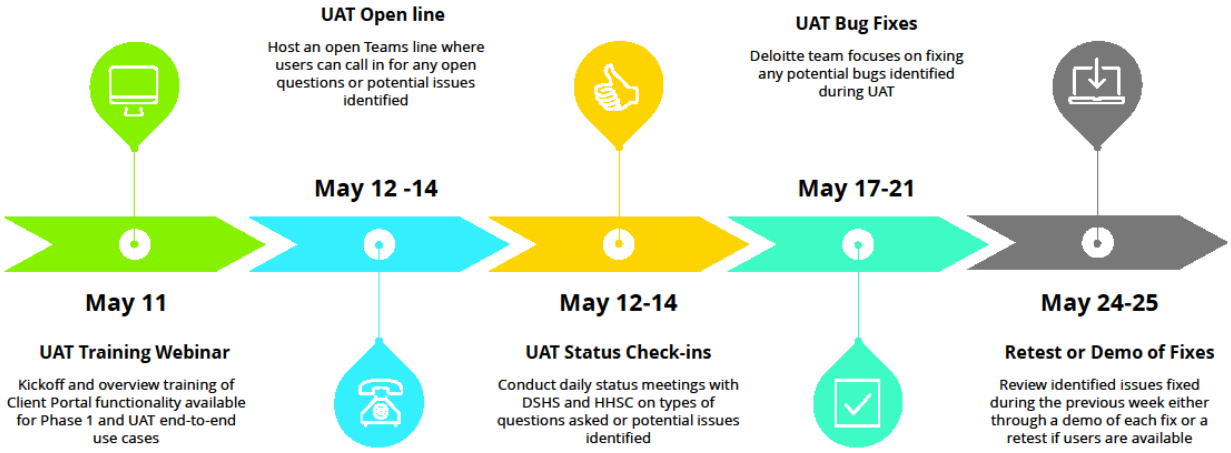
Next steps:

- Pharmacies will be made aware of the updates to the guidelines through fax blast and the THMP pharmacy email group.
- THMP will work to ensure that 340B policies include expectations for participating pharmacies.
- An ongoing review or audit process will be devised and implemented.

Appendix 3: HRAR Phase I Timeline Discussion

HRAR

User Acceptance Testing (UAT) - Current Project Schedule



This would also include time for an overview of Phase 1 Client Portal for UAT users. UAT Round 2 can be a subset of the same clients if all are not available for another round of testing. Depending on length of bug fix period, UAT Round 2 may be moved up.

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HRAR

Summary of Issues

UAT is planned to start on May 12th. UAT preparation is behind schedule, both the EIAM set-up/ integration and server set-up requires work before UAT environment can be made available for hardening.

Following is a summary of pre-UAT tasks that are delayed:

- **Complete Server Set-up**:
  - Connectivity to database is blocked due to local service accounts set-up
  - Certificate configuration with EIAM
  - Validate environments; test Load-balancer set-up; Validate sticky sessions
- **EIAM integration**:
  - Following tasks to be completed to complete EIAM set-up by EIAM team before integration testing can begin:
    - Establish connectivity between ISAM and SMTP server to trigger OTP related emails.
    - Code migration/setup in progress
    - Changes related to account suspension are still pending
    - Changes requested by Program area for email notifications are still pending.
  - Complete EIAM integration and test end to end flows to validate EIAM set-up
- **Software integration**:
  - Install Symantec software; Test and harden Symantec integration in May; Install and configure Dynatrace
- **UAT environment hardening**: End to end testing to be executed in May
- **Text changes**: Implement and test changes both on the screens and in the communication module (email, txt etc..)

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HRAR

Proposal

- Move the UAT schedule: By 2 to 4 weeks

Rationale for the proposed UAT schedule:

- Environment set-up and hardening – Need time to build and harden UAT servers; Complete EIAM set-up in UAT servers and harden the environment
- Software integration: Allows time for integrating software products (Symantec)
- EIAM integration: Complete EIAM integration and test
- Functional testing: End to end testing to be executed in May
- Testing: Security and load testing to be executed, once UAT servers are ready

Impact:

- Phase 1 go-live moves – proportionality

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HRAR

Tasks to be Completed After UAT for Go-Live Readiness

- Disable/Remove UAT load balancer settings. – ATOS
- Add Production URL, server, ip's, certificates to the load balancer - ATOS
- Wipe out DB – Deloitte DBA.
- Clean up application log files – Deloitte DevOps
- Add Production certificates to the server - Deloitte DevOps
- Configure the IIS app pools with Production service account - Deloitte DevOps
- Configure the IIS sites with Production certificates - Deloitte DevOps
- Setup Production EIAM Webseal instance – EIAM team
- Open Firewall from Prod EIAM to Prod HRAR – EIAM team
- Validate EIAM integration

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Appendix 4: HRAR Delivery Discussion

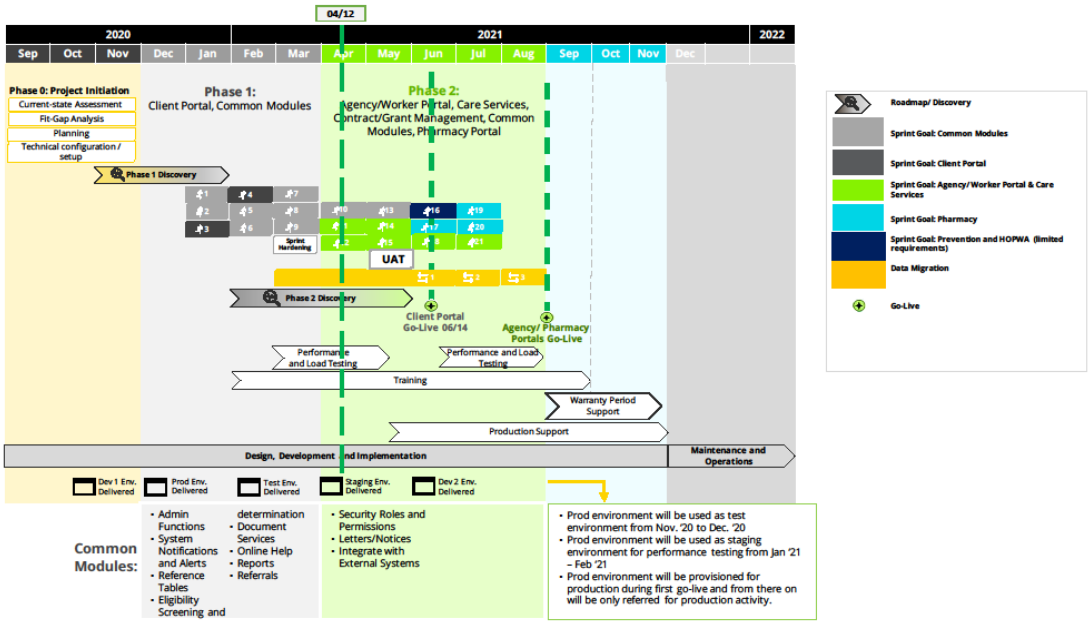
TEXAS Health and Human Services | Texas Department of State Health Services

HRAR Delivery Discussion

APRIL, 2021

PROJECT SCHEDULE AND MILESTONE DATES

Project Schedule - Current



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PROJECT SCHEDULE AND MILESTONE DATES

Current State

Background

HRAR project has experienced infrastructure and EIAM set-up delays from the beginning of the project. To address the delays the development start was moved out by a month and Phase I go-live was moved out by two months:

- **EIAM APIs and environment:** Delivery of APIs for client portal was delayed by over two months and development for Agency portal functionality has not yet started;
- Development and Test environments are unstable and production set-up has not started yet (to be used for UAT)
- **Production server set-up** is delayed beyond the planned dates. Staging server set-up is progressing with delays
- Pending decision on **THMP and CARE workforce** consolidation (impacts to eligibility and app routing epics, pushed to tentative Sprint 5 start date)
- **Critical SW deployment** and integration delayed (Symantec and Dynatrace)

Issue

Client portal delivery delayed and in-turn impacting Phase II/ Agency Portal delivery:

- Further delays are expected as EIAM UAT/Production environment set-up has not yet started due to unavailability of EIAM
- Functional testing activities impacted: testing activities for Client portal are incomplete due to unavailability of stable environment
- Performance and security testing not started due to environments unavailability (No ETA provided by EIAM team)

Phase II go-live in August at risk: Continuous moving target timeline is impacting Agency Portal developmemtent

PROJECT SCHEDULE AND MILESTONE DATES

Options for Phase II Deployment

	Description	Considerations/Conditions/Risks	Impact Analysis
Option 1	Keep the current go-live date; Aug 27th	• Keep current communication timeline and plan as shared with DSHS stakeholders • Some planned features may not be available in August (reduced scope) • EIAM Agency Portal set up is complete by end of Sprint 6 (June) • Extra effort to maintain legacy systems and phased data conversions • Data conversion timeline at risk due to Staging server delays *Note for Phase 1*: - EIAM set-up planned to be delivered by 4/05 - Staging servers to be available on 3/15, new ETA not yet provided	• Scope impact (possible options for reduction of scope: contracts, app routing, admin screens, duplicate management, etc.)
Option 2	Move the go-live by 60 days	• Keep existing project scope • Staging server to be ready and available for conversion development by 5/14 • Staging servers to support sprint-based load testing and security testing to be available by 5/31 • EIAM Agency Portal set up is complete by end of Sprint 8 (August) • *[Phase 1]* EIAM production set-up to be completed by 04/16; Staging set-up to be completed by 5/31 Risks: • Delays in meeting the prerequisites will impact the delivery dates and quality of the deliverables	• Cost and timeline impact

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TB/HIV/STD Section –July 21, 2021

dshs.texas.gov/hivstd/