

Ryan White HIV/ AIDS Program Part B and ADAP Succession Planning Guide

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Ryan White HIV/AIDS Program (RWHAP) Part B and AIDS Drug Assistance Programs (ADAPs) can experience periods of transition due to staff turnover or department reorganizations. These transitions can be especially challenging to sustain the program's continuity and effectiveness. Defining the competencies required for mission-critical positions, identifying staff best suited to assume these positions, either temporarily or permanently, and establishing pathways to support staff in preparing for and assuming these positions are important to the continuity of RWHAP Part B and ADAP service delivery for people with HIV.

NASTAD developed this toolkit to assist health departments, specifically RWHAP Part B recipients and ADAPs, in increasing awareness of the succession planning process, developing a succession plan, and creating resources to help prepare successors for their new roles.

A. Introduction

What is Succession Planning?

Succession planning is the process of identifying critically important positions and the competencies required to be successful in the positions and creating a pathway to prepare staff to fill vacancies in these key positions.

Why is it so important?

Succession planning is a critical process for RWHAP Part Bs and ADAPs for the following reasons:

- It helps ensure continuity of program operations and service delivery during leadership changes, such as when key staff retires or leaves. The most effective way to minimize the impact of mission-critical position vacancies is to develop a process to identify, foster, and quickly transition the next generation of program leaders through mentoring and training opportunities.
- It helps reduce the risk of staff turnover in critical roles.
- It provides staff with professional and career development opportunities.
- It maximizes the chances of recruiting qualified candidates to vacant critical roles.
- It creates a varied pool of people with the capacity to take on critical roles and functions within the program.
- It strengthens a workforce that reflects a broad range of backgrounds, perspectives, expertise, and experiences, which fosters innovation, enhances problem-solving, and leads to a more dynamic and successful program.

B. Steps in the Succession Planning Process

Succession planning is not a one-and-done activity but rather an ongoing process requiring continuous evaluation. It requires a commitment to creating opportunities for workforce development, and ensuring that staff have the skills, experience, and knowledge to meet key position competencies and fulfill the program's mission.

Below are six steps to effectively implement succession planning. These steps are adapted from National Institutes of Health (NIH) Office of Management, Succession Planning: A Step-by-Step Guide. For more information, please refer to the National Institutes of Health website.

1. Identify mission-critical positions that require succession planning

This is done by considering each position's vulnerability and criticality. Positions are highly vulnerable if there is no identifiable successor for a vacancy that would result in loss of institutional and programmatic knowledge. Positions are critical if a vacancy in that role would impact the program's ability to meet short-term and long-term goals, notably continuity of services for clients with HIV. Highly vulnerable and critical positions pose the highest risk of loss of knowledge for the program.

2. Create position profiles for identified positions

Identify the competencies, skills, and institutional knowledge requirements that are essential to each mission-critical position. This activity helps inform the necessary qualifications and knowledge transfer for the position. It also assists in determining which other positions (not specific staff) are best suited to assume the roles and responsibilities of each mission-critical position. Identifying positions that work closely with the incumbent or have closely related functions may also be a way to identify potential successors. This step is critically important for programs to build buy-in and trust in the succession planning process and to ensure unbiased outcomes.

3. Assess and identify qualified staff's skills and interest

Once the position profiles for the mission-critical positions are created, the next step is to determine which existing staff are currently in the positions identified in step 2 as best suited to assume the roles and responsibilities of the mission-critical positions, and which staff might become qualified for a mission-critical position with additional education and training. Programs should consider inviting leadership and staff to nominate potential successor candidates who meet these criteria and also encourage staff to express their own interest. Programs should also ensure transparency of the successor opportunity and position requirements. Ensuring that staff are aware of these opportunities helps build staff buy-in because there is a potential pathway to promotion.

It is important to be intentional and empathetic during conversations with staff about their readiness and interest in preparing for and/or assuming responsibilities of mission-critical positions. Programs should balance the needs of the program with staff's readiness and interest.

If there are no eligible candidates in positions well-suited for successor positions, programs should consider using the competencies and skills identified in the position profile as qualifications for recruiting candidates as well as training opportunities in their recruitment strategy.

4. Create a development plan and engage staff in learning opportunities

The staff development plan helps identify opportunities to build competencies and skills required for mission-critical positions. The plan may include:

- a combination of formal and informal trainings (e.g., leadership and management development training and mentoring from the incumbent)
- access to and training in management systems
- attending director level meetings
- allowing potential successors opportunities to perform management tasks/activities and receive honest feedback
- ongoing conversations about professional development goals, realistic career goals, and career path opportunities
- celebrating successes throughout the learning process

- mentoring by management/leadership staff

5. Evaluate

The succession planning process should be evaluated and continually improved to ensure efficacy. Assessing outcomes, such as the number of staff that completed professional development trainings and the number of qualified "ready" candidates, assists health department staff in identifying whether the succession planning process was effective.

C. Key Considerations for RWHAP Part Bs and ADAPs during Leadership Transitions

In addition to implementing succession planning processes prior to the departure of staff in mission-critical positions, RWHAP Part B and ADAPs should prepare for periods of leadership transitions, including vacancies, to ensure programmatic continuity and institutional memory is maintained.

Listed below are considerations for transition planning.

- Identify the critical processes and systems necessary to maintain optimal continuity of operations during a critical staff transition. Ensure that you maintain up-to-date information for each of these processes and systems. Appendix 1 contains a list of processes and systems most relevant to the administration of RWHAP Part B and ADAP.

- Cross-train staff on key program administration processes, including enrollment, vendor relationships, data management, reporting, contract monitoring, financial forecasting, budgeting, and benefits management. This will strengthen the staff's administration skills and awareness of programmatic activities.
- Identify key staff across your agency that have an impact on your program and develop good working relationships. Building lasting relationships and communication with key intra-agency staff is vital to ensure the successor can navigate through agency processes.
- Ensure there are complete and up-to-date RWHAP Part B and ADAP policies and procedures. These resources should depict how to manage RWHAP Part B and/or ADAP within the context of federal and state RWHAP Part B program and ADAP requirements. Appendix 2 contains a suggested template for a RWHAP Part B/ADAP policy and procedure manual.
- Ensure the timely reporting of key program administration changes (e.g., departure of current ADAP coordinator, newly hired RWHAP Part B coordinator) to your Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) project officer via the Electronic Handbooks (EHBs). This helps ensure that the program maintains timely and accurate correspondence with the HAB project officer and the HRSA Office of Federal Assistance and Acquisition Management (OFAM) grants management specialist. Additionally, notify all RWHAP technical assistance providers of any program administration changes to ensure current and accurate contact information.
- Create a comprehensive plan to onboard both acting and permanent key staff into their new roles.

D. Succession Planning Resources

The National Institutes of Health website contains succession planning resources, including guides and templates.

University of Washington Succession Planning Toolkit: designed to guide you through the succession planning process with series of worksheets, templates, and tips.

Appendix 1: Critical RWHAP Part B and ADAP Processes and Systems

The following are critical processes and systems necessary to maintain optimal continuity of operations during a critical staff transition. While this list is not exhaustive, it is intended to assist program managers/supervisors in identifying procedures most relevant to the administration of RWHAP Part B and ADAP.

Overall Program Summary:

- Describe the overall structure of the RWHAP Part B (including ADAP) and an overview of the past two years of program management issues. This is important to provide for institutional memory and establishing a basic understanding for the transitioning coordinator/team.

Example:

ADAP: funded by _____ (list all sources of funding used to support your program). ADAP is a (direct purchase, rebate, dual, or hybrid) model through ____ (# or type) pharmacies (see list of contracts below). ADAP provides medications to clients via full medication assistance (i.e., medications provided at no cost), payment of medication insurance co-pays and prescription insurance premium payment. See procedures manual.

- Provide overview of program changes or projects accomplished in the past year. Detail programmatic and system changes, including the challenges and processes to implement.
- List program plans/goals for the coming year. Share plans that may already be in the works, anticipated challenges, key strategies to work around, and potential outcomes.

Program Identification Numbers:

Example:

Program:	Identification Number:
ADAP Grant Number	
Office of Pharmacy Affairs (OPA) 340B Number	

Transition Approach:

- Discuss the overall approach to the transition of responsibilities (e.g., whether the full work responsibilities will be expected immediately, or will it be a gradual transition), a detailed list of specific daily, weekly, monthly work duties, and what support will be provided. This section may be of greater importance in the event of a transition due to reorganization or unplanned departure. It is important to account for overall staffing needs, length of transition, and daily goals and expectations.
- Report changes of program administration to your project officer via EHBs.

For example, the transition of responsibilities to a new program coordinator could include:

- Sharing necessary institutional knowledge.
- Scheduling weekly/bi-weekly meetings between the program manager/supervisor and the new coordinator to follow up on inherited tasks.
- Scheduling weekly/bi-weekly meetings with key RWHAP Part B/ADAP staff and internal agency leadership to discuss roles and specific program activities.
- Supporting mentorship through NASTAD, other technical assistance providers, or an experienced RWHAP Part B/ADAP manager.
- Promoting participation in HRSA HAB and NASTAD conferences when applicable.
- Creating opportunities for meet & greets with staff and clients to assess opportunities for program expansion.
- Encouraging participation in HIV planning bodies and any statewide advisory group meetings.
- Fostering connections with sub-contractors to inform what engagements or support would be helpful from the RWHAP Part B/ADAP Manager.

Program Organization:

- Provide a program organizational chart showing all human resources and their roles. Separately, track key contacts in other departments, programs, and external organizations that are essential to the management of your program.

Example:

Department:	Title:	Roles/Responsibilities:
Division of STD, HIV, and Viral Hepatitis	Division Director	Oversees all STD, HIV, and viral hepatitis surveillance, prevention, and care programs.
Part B	Part B Coordinator	Monitor and manage the Ryan White Part B services, including ADAP.
ADAP	ADAP Coordinator	Responsible for daily management of the ADAP program.
Fiscal	Grant Manager	Responsible for daily accounting of grant funds.

Grants and Funding Sources:

- Keep a running and up-to-date list of all program funding sources and lead project officer or grant manager for each source.

Example:

Funding Source:	Grant Number:	Notice of Funding Opportunity (NOFO)	Fiscal Year:	Project Manager Contact:	Grant Manager Contact:	Notes:
HRSA HAB	X07HA00000	HRSA-17-036	April 1, 2021 – March 31, 2022	Jane Smith jane.smith@hd.gov (555) 555-5555	John Smith john.smith@hd.gov (555) 555-5555	FY 2021 ADAP Award

Subcontracts:

- Keep a running list of all subcontracts, description of contract tasks, and lead contacts.
- Document where executed subcontracts are stored/saved.
- Follow with a brief description of the state's process for creating, amending, or ending a contract. Obtain contacts for the agency and/or state procurement office that oversees all contracts.

Example:

Subcontract #:	Awarded to:	Tasks:	Lead Contact:	Notes:
11-10010	CVS Caremark	Pharmacy benefits manager; maintains pharmacy network and contracts; submits rebate claims and invoices to manufacturers	John Smith	Best to reach by cell phone. Doesn't reply timely via e-mail.
ABC1111-222	Red Ribbon Services	Insurance benefits manager: administers insurance premium payments and conducts coverage verifications on behalf of ADAP	Danielle Jones	

Data Sharing Agreements:

- Keep a running list of all data sharing agreements with federal agencies, state agencies, local service providers, academic centers, etc. Follow with a brief description of the state's process for creating, amending, or ending a data sharing agreement.

Data Sharing Agreement Partner:	Length of Terms:	Purpose of Agreement:	Lead Contact:	Contact Information:	Notes:
State Medicaid	(2020 – 2024) (4 years)	Eligibility screening, enrollment of qualified clients, back billing reviews	John Smith	555-555-5555 jsmith@statemedicaid.org	Best to reach by e-mail. Doesn't regularly respond to voicemail.

Program Property:

- Provide a brief description of the office location assigned for the use of the program, as well as remote work policies and procedures. List equipment and property specifically owned and used by the program, both onsite and remotely. Detail what equipment and areas may be shared and by whom.

User Accounts and Passwords:

- Discuss how any accounts or systems will be transitioned and to whom they will be transitioned. Provide a table of all user accounts to be transitioned/disabled. (Ensure this document is safely stored, but easily retrievable when necessary).
- Provide a description of the internal electronic filing system and paper filing system, including any HIPAA and other confidentiality requirements.

Example:

User Account/System:	User Log-in:	Passcode:	Transferred to:
CAREWare	jsmith@ADAP.gov		Jane Smith
Database Administrator			
Electronic Handbook (EHB)			

Administrative Calendar:

- Include a list or schedule of all required reports, grant applications, grants submissions, etc. to ensure continuity for the program. Please refer to NASTAD's Administrative Calendar via the HIV Care Online Resources (HCORe) for month-by-month key events and reporting requirements for RWHAP Part B.

Example:

Program Report:	Agency:	Report Due Date:	Notes:
ADAP Data Report	HRSA/HAB	June 6, 2022	TA support : RyanWhiteDataSupport@wrma.com Grants/EHP Support : http://www.hrsa.gov/about/contact/ehbhelp.aspx
ADAP Monitoring Report	NASTAD	August 15, 2022	TA support : healthcareaccess@nastad.org

Key Partners:

- List key internal and external partners. This may help to establish relationships quickly for a new RWHAP Part B coordinator/ADAP coordinator.

Example:

Title:	Contact:	Notes:
Medicaid Director		
Fiscal Director		
RWHAP Part A Planning Group Chairperson		
ADAP Advisory Board Chairperson		
State Department of Insurance Director		

State Example:

Virginia Department of Health encourages departing employees to fill out a legacy packet designed to identify role-specific processes, systems, and other required information. They also encourage their RWHAP Part B sub-recipients to use a similar tool or adapt this one to assist with succession planning. This resource can be located in NASTAD’s HCore in the General RWHAP Part B & ADAP Resources tab under Succession Planning .

Appendix 2: Suggested RWHAP Part B and ADAP Policy and Procedure Manuals Template

Programs should review and update manuals every six months to ensure accuracy and inclusion of large and small program changes. These resources should depict how to manage RWHAP Part B and/or ADAP within the context of federal and state RWHAP Part B and ADAP requirements. These documents are meant to complement the HRSA HAB RWHAP Part B and ADAP Manuals and Policy Notices.

Below is a suggested template to aid in creating RWHAP Part B and ADAP policy and procedure manuals. States should include other information or sections that are specific to operating individual programs.

Instructions for use:

This is a suggested template. States are encouraged to use the recommended section headings below to create individual state RWHAP Part B/ADAP policy and procedure manuals and institution succession plans. RWHAP Part B/ADAPs are encouraged to customize these according to your state's particular program structure.

RWHAP Part B:

- Introduction
- Mission
- Program Overview/Description
- Application for Services
- Eligibility Requirements
 - Financial Eligibility
 - Asset Limits (if applicable)
 - State Residency
 - Diagnosis
- Payer of Last Resort
- Enrollment and Confirmation of Eligibility Policies
- Data and Reporting Requirements and Policies (e.g., Ryan White HIV/AIDS Program Services Report [RSR])
- Coordination with Other Payers
- Case Management
- Provision of Services to Justice-Involved Persons Including Upon Release
- Confidentiality
- Grievance Policies
- Appendices

- Funding
 - Grant award
 - State Funds (if applicable)
 - Rebates (if applicable)
 - Program Income (if applicable)
- List of External Partners

ADAP:

- Introduction
- Mission
- Program Overview/Description
- Application for Services
- Eligibility Requirements
 - Financial Eligibility
 - Asset Limits (if applicable)
 - State Residency
 - Diagnosis
- Payer of Last Resort
- Enrollment and Verification Policies
- Data and Reporting Requirements and Policies (e.g., ADAP Data Report [ADR])
- Benefits Management
- Application and Enrollment
- Modified Adjusted Gross Income (MAGI)
- Insurance Plan Assessment
- Administering Insurance Payments
- Coordinating with Tax Reconciliation
- Full-Pay Prescription Program
- Prescription Drugs
- Dispensing Processes
- Coordination with other payers
- Case Management
- Provision of Services to Justice-Involved Persons Including Upon Release
- ADAP Formulary
- Confidentiality
- Grievance Policies
- Appendices
- Funding
 - Grant award
 - State Funds (if applicable)
 - Rebates (if applicable)

- Program Income (if applicable)
- List of External Partners

Please find examples of Part B and ADAP manuals located on NASTAD's RHWAP Part B ADAP Resources page under Program Manuals and Policies.

For more information, visit: NASTAD's website or contact NASTAD's Health Care Access team at HCA@nastad.org.

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