	DEPARTMENT OF CORRECTIONS AND REHABILITATION		EFFECTIVE DATE: SEP 02 2025	POLICY NO.: COR.10.J.06
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES		SUPERSEDES (Policy No. & Date): **NEW**	
	SUBJECT: 340B – PROGRAM ROLES AND RESPONSIBILITIES			Page 1 of 5

1.0 PURPOSE

To identify the Health Care Division's key stakeholders and define their roles and responsibilities in ensuring 340B Program integrity and compliance.

2.0 SCOPE

This policy applies to the Health Care Division of the Department of Corrections and Rehabilitation.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Section 340B Public Health Service Act (1992):
<https://www.hrsa.gov/sites/default/files/hrsa/rural-health/phs-act-section-340b.pdf>
- b. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.J.10, 340B Noncompliance/Material Breach

4.0 POLICY

- .1 Covered entities participating in the 340B Program must maintain program integrity and comply with all 340B Program requirement.

5.0 PROCEDURES

- .1 The Health Care Division's key stakeholders in the 340B Program include Facility Nursing Staff, Clinical Services Administrators, Credentialing, Prescribers, Administration, and the Public Health Nursing Office.
- .2 The roles and responsibilities of the Health Care Division's key stakeholders in the 340B Program are as follows:
 - a. Facility Nursing Staff: Orders and administers 340B medications appropriately to eligible patients.

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COR P & P M	SUBJECT: 340B – PROGRAM ROLES AND RESPONSIBILITIES	POLICY NO.: COR.10.J.06
		EFFECTIVE DATE: SEP 02 2025
		Page 2 of 5

- b. Clinical Services Administrators: Identifies 340B-eligible patients and ensures proper separation of 340B inventory in facility medication rooms.
 - c. Credentialing: Maintains an up-to-date list of providers employed or contracted by the Health Care Division.
 - d. Prescribers: Delivers holistic health care and determines when 340B medications can be provided to eligible patients.
 - e. Administration: Oversees the appropriate use of the 340B Program across the Health Care Division.
 - f. Public Health Nursing Office: Provides training to staff on the 340B Program to increase awareness and understanding and conducts audits to ensure compliance with program requirements.
- .3 The Health Care Division has created a 340B Oversight Committee to oversee the 340B Program. The committee members include:
- a. Corrections Health Care Administrator
 - b. Medical Director
 - c. Chief Nursing Officer
 - d. Physician Manager
 - e. Psychiatrist Manager
 - f. Registered Nurse V [Public Health Nursing Office]
- .4 The Health Care Division's 340B Oversight Committee:
- a. Meets at least quarterly or more frequently as needed.
 - b. Reviews 340B rules, regulations, and guidelines to ensure consistent policies, procedures, and oversight across the organization.
 - c. Identifies activities required to perform thorough reviews of 340B compliance.

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COR P & P M	SUBJECT: 340B – PROGRAM ROLES AND RESPONSIBILITIES	POLICY NO.: COR.10.J.06
		EFFECTIVE DATE: SEP 02 2025
		Page 3 of 5

1. Ensures the organization maintains compliance with 340B Program requirements, including program eligibility, patient definition, prevention of drug diversion, and avoidance of duplicate discounts, through ongoing multidisciplinary teamwork.
2. Collaborates with departments such as information technology, legal, pharmacy, compliance, procurement, and fiscal services to create standardized processes for contract and data review, supporting program compliance.
- d. Oversees the review of compliance activities and implements corrective actions based on findings.
 1. The 340B Oversight Committee evaluates whether findings indicate a material breach. For guidance, refer to the Department of Corrections and Rehabilitation's Policy and Procedure titled "340B Noncompliance/Material Breach" [COR.10.J.10].
- e. Reviews and approves work group recommendations, including process changes, self-monitoring outcomes, and resolutions
- .5 The following Health Care Division staff are key contributors to the 340B Program, focusing on governance and compliance. They are standing members of the 340B Oversight Committee and serve as its sponsors:
 - a. Corrections Health Care Administrator
 1. Serves as the authorizing official responsible for ensuring compliance and overseeing the administration of the 340B Program.
 2. Attests to the program's compliance by completing the annual recertification process.
 - b. Chief Nursing Officer (Clinical Services Administrators as assigned)
 1. Acts as the accountable agent for 340B compliance.
 2. Serves as the agent of the Corrections Health Care Administrator, overseeing the administration of the 340B Program to fully implement and optimize savings while ensuring current policies and procedures maintain compliance.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: 340B – PROGRAM ROLES AND RESPONSIBILITIES	POLICY NO.: COR.10.J.06
		EFFECTIVE DATE: SEP 02 2025
		Page 4 of 5

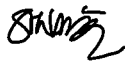
3. Keeps up to date on policy changes impacting the 340B Program, including HRSA rules and Medicaid updates.
 4. Monitors and addresses any changes in clinic eligibility or information.
 5. Functions as the primary contact of policies and procedures.
 6. Ensures accurate documentation of policies and procedures.
 7. Defines processes and establishes access to data for the compliant identification of outpatient utilization for eligible patients
- c. Medical Director (Physician Manager/Psychiatrist Manager as assigned)
1. Acts as the accountable agent for 340B compliance.
 2. Keeps up to date on policy changes impacting the 340B Program, including HRSA rules and Medicaid updates.
 3. Monitors and addresses any changes in clinic eligibility or information.
 4. Maintains an awareness of products covered by 340B and Prime Vendor Program pricing.
 5. Ensures accurate documentation of policies and procedures.
 6. Updates system databases to reflect changes in the drug formulary or product specifications.
 7. Defines processes and establishes access to data for the compliant identification of outpatient utilization for eligible patients.
- d. Registered Nurse V (Public Health Nursing Office)
1. Acts as the accountable agent for 340B compliance.
 2. Manages the day-to-day operations of the 340B Program.
 3. Ensures facility nurses order all drugs according to specified accounts and processes.

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COR P & P M	SUBJECT: 340B – PROGRAM ROLES AND RESPONSIBILITIES	POLICY NO.: COR.10.J.06
		EFFECTIVE DATE: SEP 02 2025
		Page 5 of 5

4. Oversees the segregation, removal, and return of 340B drugs, including handling reverse distributor transactions.
5. Manages purchasing, receiving, and inventory control processes to ensure accuracy and efficiency.
6. Continuously monitors product minimum and maximum levels to balance availability and cost-efficient inventory control.
7. Implements safeguards to maintain system integrity and ensure appropriate use of the 340B Program.
8. Oversees annual inventory audits and conducts monthly cycle counts.
9. Ensures compliance with 340B Program requirements for eligible patients, drugs, providers, vendors, payers, and locations.
10. Reviews and refines the 340B cost savings report, detailing purchasing, replacement practices, and dispensing patterns.
11. Monitors ordering processes, incorporates the latest pricing from wholesalers, and analyzes invoices, shipping, and inventory management.
12. Designs and maintains an internal audit plan for the 340B Program.
13. Develops an annual plan addressing all changes in the 340B Program from the previous year.
14. Manages the maintenance and testing of tracking software used for 340B compliance.
15. Archives 340B data and compliance information, ensuring both current and archived records are accessible for audits.

APPROVAL RECOMMENDED:



Sep 2, 2025

Deputy Director for Rehabilitation Services and Programs

Date

APPROVED:



Sep 2, 2025

DIRECTOR

Date

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