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## SUMMARY

This section establishes procedures for implementing the Benefit for People Living with HIV/AIDS (Benefit), a waiver granted by the federal Centers for Medicare and Medicaid Services. Under the waiver, MaineCare provides a targeted set of services for some individuals diagnosed with HIV/AIDS who are not eligible for full MaineCare benefits. The benefit is a disease management program with defined treatment protocols. Candidates for the benefit must agree to be monitored and participate in medical treatment.

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The goal of the waiver is to improve the health status of individuals diagnosed with HIV/AIDS in Maine by improving access to continuous health care services, arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency, and expanding coverage to additional low-income individuals diagnosed with HIV with the savings generated from disease prevention and the delayed onset of AIDS.

**1.02 AUTHORITY**

The authority for this Section is 22 M.R.S. Section 3, the authority stated in Chapter I of the *MaineCare Benefits Manual*, and the Special Terms and Conditions contained in 11-W-00128/1, Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS, a waiver granted by the federal Centers for Medicare and Medicaid Services under Title XIX, §1115(a) of the *Social Security Act*.

Effective 7/10/2017

**1.03** **DEFINITIONS**

Unless otherwise indicated, the following terms have the following meanings:

1.03-1 **Benefit** is the waiver program, Benefit for People Living with HIV/AlDS.

1.03-2 **Enrollee** is an individual who has applied for and been determined eligible to receive services under this Chapter.

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1.03-3 **Federal Poverty Levels (FPL)** are the income levels established annually by the *U.S. Omnibus Reconciliation Act of 1981*, Public Law 97-35, §§ 652 and 673(s). Current FPL amounts issued annually by the U.S. Department of Health and Human Services can be found on the Internet at: <http://aspe.hhs.gov/poverty-guidelines> .

1.03-4 ***MaineCare Eligibility Manual*** is the manual of rules of the Office for Family Independence that establishes application and eligibility determination policies for MaineCare coverage. *See 10-144 C.M.R.Ch. 332.*

**1.04 ELIGIBILITY**

To be eligible as an enrollee, an individual must:

1.04-1 Test positive for HIV (with or without AIDS diagnosis);

1.04-2 Have individual income at or below 250 percent of the FPL;

**1.04 ELIGIBILITY** (cont.)

1.04-3 Sign a consent form indicating s/he understands and agrees to the requirements for receiving this benefit, which are included in this Chapter and in the *MaineCare Eligibility Manual*; and

1.04-4 Meet any additional eligibility criteria for the benefit required under the *MaineCare Eligibility Manual*.

**1.05 COVERED SERVICES**

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The following MaineCare categories of services and respective policies of the *MaineCare Benefits Manual* (MBM) are included in the limited benefit for enrollees under this Section::

| **General Category of Service** | **Services** |
| --- | --- |
| Inpatient | MBM Chapter II, Section 45, Hospital Services |
| Psychiatric Facility | MBM Chapter II, Section 46, Psychiatric Hospital Services |
| Outpatient | MBM Chapter II, Section 45, Hospital Services |
| EPSDT Examinations | MBM Chapter II, Section 94, Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT); Section 90, Physician Services Examinations: Physician Services) |
| Medications | MBM Chapter II, Section 80, Pharmacy Services |
| Community Support Services | MBM Chapter II, Section 17, Community Support Services; **The Department shall seek and anticipates receiving approval for this section from the Centers for Medicare and Medicaid Services (CMS).** Pending approval, covered services will include Section 92, Behavioral Health Home Services |
| Lab & X-ray | MBM Chapter II, Section 55, Laboratory Services; Section 101, Medical Imaging Services |
| Transportation | MBM Chapter II, Section 113, Non-Emergency Transportation Services; benefit will only pay for transportation to and from MaineCare covered services; Section 5, Ambulance Services |
| Ambulatory Care | MBM Chapter II, Section 3, Ambulatory Care Clinic Services; **The Department shall seek and anticipates receiving approval for this section from the Centers for Medicare and Medicaid Services (CMS).** Pending approval, covered services will include Section 4, Ambulatory Surgical Center Services |
| Case Management | MBM Chapter II, Section 13.03, Targeted Case Management Services |
| Family Planning | MBM Chapter II, Section 30, Family Planning Agency Services |

**1.05 COVERED SERVICES** (cont.)

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| **General Category of Service** | **Services** |
| --- | --- |
| Behavioral Health | MBM Chapter II, Section 65, Behavioral Health Services (including Psychological Services); Section 92, Behavioral Health Home Services |
| Medicare Crossover-A | MBM Chapter II, Section 45, Hospital Services |
| STI/STD Testing and Treatment | MBM Chapter II, Section 30, Family Planning  Services; Section 90, Physician Services |
| Medicare Crossover-B | MBM Chapter II, Section 90, Physician Services; Section 31, Federally Qualified Health Center Services; Section 103, Rural Health Clinic Services |
| Physician, Physician Assistant, Advanced Practice Registered Nurse, Certified Nurse Practitioner, Ophthalmologist | MBM Chapter II, Section 90, Physician Services; Section 14, Advanced Practice Registered Nursing Services; **The Department shall seek and anticipates receiving approval for this section from the Centers for Medicare and Medicaid Services (CMS).** Pending approval, covered services will include Section 91, Health Home Services; Section 31, Federally Qualified Health Center Services; Section 103, Rural Health Clinic Services, and Section 9, Indian Health Services |
| Services for Children with Intellectual Disability or Autism | MBM Chapter II, Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations |
| Developmental and Behavioral Clinical Services | MBM Chapter II, Section 23, Developmental and Behavioral Clinic Services |
| Substance Abuse Treatment | MBM Chapter II, Section 65, Behavioral Health Services |
|  | |

**1.06 NON-COVERED SERVICES**

The following MaineCare categories of services and respective policies of the MBM are not included in the enrollee participant package. In the event a service category is placed in a different Section of the MCBM than what is indicated below, the service category will remain non-covered for this benefit.

|  |  |
| --- | --- |
| **General Category of Service** | **Services** |
| Adult Family Care | MBM Chapter II, Section 2, Adult Family Care Services |

**1.06 NON-COVERED SERVICES** (cont.)

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|  |  |
| --- | --- |
| **General Category of Service** | **Services** |
| Consumer Directed Attendant | MBM Chapter II, Section 12, Consumer Directed Attendant Services |
| Home and Community Benefits for the Elderly and Adults with Disabilities | MBM Chapter II, Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities |
| Home and Community Benefits | MBM Chapter II, Section 21, Home and Community Benefits for Persons with Intellectual Disabilities or Autistic Disorder; Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Disorder; Section 20, Home and Community-Based Services for Adults with Other Related Conditions; Section 18, Home and Community-Based Services for Adults with Brain Injury |
| Private Non-Medical Institutions | MBM Chapter II, Section 97, Private Non-Medical Institution Services |
| Day Health | MBM Chapter II, Section 26, Day Health Services |
| Home Health | MBM Chapter II, Section 40, Home Health Services |
| Hospice | MBM Chapter II, Section 43, Hospice Services |
| Medical Supplies and Durable Medical Equipment | MBM Chapter II, Section 60, Medical Supplies and Durable Medical Equipment |
| Nursing Facility | MBM Chapter II, Section 67, Nursing Facility Services |
| Optician, Optometrist | MBM Chapter II, Section 75, Vision Services (Ophthalmologist services are covered if the services are provided by a qualified practitioner billing under MBM Section 90, Physician Services |
| Physical Therapy | MBM Chapter II, Section 85, Physical Therapy Services, except when provided by a qualified provider billing under MBM, Section 90, Physician Services, Section 31, Federally Qualified Health Center Services, Section 9, Indian Health Services, or Section 45, Hospital Services |
| Private Duty Nursing and Personal Care | MBM Chapter II, Section 96, Private Duty Nursing and Personal Care Services |
| Primary Care Case Management | MBM Chapter VI, Section 1, Primary Care Case Management |

**1.06 NON-COVERED SERVICES** (cont.)

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|  |  |
| --- | --- |
| **General Category of Service** | **Services** |
| Speech-Language Pathology | MBM Chapter II, Section 109, Speech and Hearing Services, except when provided by a qualified provider billing under MBM, Section 90, Physician Services, Section 31, Federally Qualified Health Center Services, Section 9, Indian Health Services, or Section 45, Hospital Services |
| Speech and Hearing Services and Audiology | MBM Chapter II, Section 109, Speech and Hearing Services |
| Chiropractic | MBM Chapter II, Section 15, Chiropractic Services |
| Dental | MBM Chapter II, Section 25, Dental Services |
| Intermediate Care Facility for Persons with Intellectual Disability | MBM Chapter II, Section 50, ICF-ID Services |
| Occupational Therapy | MBM Chapter II, Section 68, Occupational Therapy Services, except when provided by a qualified provider billing under MCBM, Section 90, Physician Services, Section 31, Federally Qualified Health Center Services, Section 9, Indian Health Services, or Section 45, Hospital Services |
| Podiatric | MBM Chapter II, Section 95, Podiatric Services |
| Rehabilitative Services | MBM Chapter II, Section 102, Rehabilitative Services |
| **The Department shall seek and anticipates receiving approval for this section from the Centers for Medicare and Medicaid Services (CMS).** Pending approval, non-covered services will include Dialysis Services | MMB Chapter II, Section 7, Free-standing Dialysis Services |

**1.07 COST SHARING**

1.07-1 **Co-payments**

1. Demonstration enrollees are required to pay a co-pay for physician services, pharmaceuticals, and some other services. Required co-payments for the respective services are as follows:

|  |  |
| --- | --- |
| **Services** | **Co-payment** |
| Prescription Drugs | $10.00 (for 30 day supply) |
| Physician Visits | $10.00 |
| Outpatient Hospital Services | $3.00 |
| Ambulance Services | $3.00 |
| Physical Therapy Services | $2.00 |
| Occupational Therapy Services | $2.00 |
| Psychologist Services | $2.00 |

**1.07 COST SHARING** (cont.)

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Category of Service** | | **Services** | | |
| Laboratory Services | | $1.00 |
| Mental Health Clinic Services | | $2.00 |
| Substance Abuse Services | | $2.00 |
| Hospital Inpatient Services | | $3.00 per patient day |
| Federally Qualified Health Center Services | | $3.00 per patient day |
| Rural Health Center Services | | $3.00 per patient day |

B. If this chapter conflicts with co-payment policies addressed in other chapters of the MBM, this chapter governs.

C. Co-payment dispute policies are in Chapter I of the MBM.

D. No co-payment may be imposed on enrollees with respect to the following services and populations:

1. Family planning;

2. Individuals under 21 years of age;

3. An individual who is an inpatient in a hospital, nursing facility, or other institution, and is required to spend all their income for costs of care, with the exception of a minimal amount for personal needs;

4. Pregnant women and services furnished during the post-partum phase of maternity care to the extent permitted by federal law;

5. Emergency services, as defined by the Department;

6. Services furnished to an individual by a Health Maintenance Organization, as defined in Section 1903(m) of the *Social Security Act*, in which he/she is enrolled; and

7. Any other service or services required to be exempt under the provisions of the *Social Security Act*, Title XIX and successors to it.

E. Additional assistance may be available from the Maine CDC, Division of Infectious Disease, with co-payments and premiums through the AIDS Drug Assistance Program (ADAP).

1.07-2 **Premiums**

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Enrollees with an individual income of 150% of FPL or higher are required to pay a monthly premium to receive services under this benefit. Enrollees’ cost of premium is dependent on their income level and, when added to other payments made by the enrollee’s family to CHIP or Medicaid, will not exceed five percent (5%) of an enrollee’s gross annual family income. Premium amounts, exemptions, and collection criteria policies are described in the *MaineCare Eligibility Manual*.

**1.08 WAITING LIST**

1.08-1 Enrollment for this benefit for enrollees is capped based on expenditures approved by the federal Centers for Medicare and Medicaid Services. If the cap is reached, the Maine Center for Disease Control may terminate enrollment and implement and maintain a waiting list. Applicants who are financially and medically eligible for the benefit are placed on the waiting list according to the date the application is received by the Office for Family Independence. Individuals are notified in writing that they have been placed on the waiting list.

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As openings for this benefit occur, the Office for Family Independence provides written notice to individuals on the waiting list, starting with the individual who is first on the waiting list. The *MaineCare Eligibility Manual* may require financial eligibility to be updated before the benefit can begin.

Effective 7/10/2017

1.08-2 The Maine Center for Disease Control will remove names from the waiting list if an individual:

A. loses financial eligibility;

B. is found eligible for MaineCare full benefits;

C. is no longer a Maine resident;

D. requests that his/her name be removed from the waiting list; or

E. deceases.

**1.09** **DISENROLLMENT**

Effective 7/10/2017

1.09-1 An enrollee can be disenrolled from the benefit for any of the following reasons:

A. Failure to meet the eligibility requirements of the *MaineCare Eligibility Manual*;

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B. Refusal to sign the Informed Consent form;

C. Refusal to discuss care management with the benefit’s nurse coordinator;

“Refusal” occurs when for at least a six-month (6) period and after at least two (2) contact attempts by the nurse coordinator, the enrollee does not respond, or the enrollee explicitly refuses to communicate with the nurse coordinator;

D. Noncompliance with the treatment recommendations/plan;

“Noncompliance” occurs when for at least a six-month (6) period, an enrollee has refused to follow treatment recommendations or to comply with a recommended care plan developed by the provider primarily responsible for

**1.09** **DISENROLLMENT** (cont.)

Effective 7/10/2017

managing the enrollee’s HIV/AIDS disease. Non-compliance assumes that the enrollee had adequate time to complete the treatment recommendations, or had the care plan explained to him or her, and had the opportunity to seek an alternative opinion. Non-compliance must be substantive and relates only to complying with a medication regimen, office visits, or laboratory monitoring.

E. A dated, signed written disenrollment request from the enrollee is received by the Department.

All disenrollments for non-compliance will be reviewed and approved by the Department’s Medical Director, the MaineCare Director, or a MaineCare designee.

1.09-2 **Notice of Disenrollment/Termination of Benefit, Appeal Rights and Reenrollment**

A. If the enrollee meets the requirements for disenrollment/termination of the benefit, the Department must inform the enrollee in writing that the enrollee is in danger of having his or her benefits terminated. The letter must explain the reason for potential termination, provide sixty (60) days from the date of the letter for the enrollee to regain good standing, provide information regarding the three-month reenrollment wait period, provide the date the benefit will terminate should the enrollee fail to regain good standing, and inform the enrollee of their right to appeal the termination, as outlined in Chapter 1, Section 1 of the *MaineCare Benefits Manual*.

B. If an enrollee’s benefit is terminated for any reason besides failure to meet the benefit eligibility requirements, he or she cannot re-enroll in the benefit until three (3) full months have passed from the date the benefit ceased. The enrollee must complete a new application. If a waiting list exists, the enrollee will be placed on the waiting list according to the date the new application was received by the Office of Family Independence, but no earlier than three (3) full months after the benefit was terminated.

**STATUTORY AUTHORITY: The authority for this Section is 22 M.R.S. Section 3, the Authority stated in Chapter I of the *MaineCare Benefits Manual*, and the Special Terms and Conditions contained in 11-W00128/1, Maine Medicaid Title Demonstration Proposal entitled “Health Care Reform Demonstration for Individuals with HIV/AIDS”, a waiver granted by the Federal Center for Medicare and Medicaid Services under Title XIX §1115(a) of the *Social Security Act*.**