

**MAINE SECTION 1115 HEALTH CARE REFORM DEMONSTRATION FOR  
INDIVIDUALS WITH HIV/AIDS  
FACT SHEET**

December 2013

Name of Section 1115 Demonstration:	Maine Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS
Waiver Number:	11-W-00128/1
Date Proposal Submitted:	November 9, 1998
Date Proposal Approved:	February 24, 2000
Date Implemented:	July 1, 2002
Date Expires:	June 30, 2007
Date 1 <sup>st</sup> Renewal Submitted:	October 31, 2006
Date 1 <sup>st</sup> Extension Approved:	June 29, 2007
Extension Expiration:	June 30, 2010
Date 2 <sup>nd</sup> Renewal Submitted:	June 2009
Date 2 <sup>nd</sup> Extension Approved:	July 1, 2010
Extension Expiration:	December 31, 2013
Date 3 <sup>rd</sup> Renewal Submitted:	June 25, 2013
Date Temporary Extension Approved:	December 9, 2013
Extension Expiration:	December 31, 2014

**SUMMARY**

Maine was originally granted a human immunodeficiency virus /acquired immunodeficiency syndrome (HIV/AIDS) section 1115(a) demonstration in 2002. The demonstration expands health care access to individuals who are HIV-positive and are at or below 250 percent of the federal poverty level (FPL). The demonstration is designed to provide more effective, early treatment of HIV disease by making available a limited, but comprehensive package of services, including anti-retroviral therapies. The state believes that early treatment and case management services provided to individuals with HIV/AIDS create efficiencies in the Medicaid program that enable the state to extend coverage to certain other HIV-positive individuals who would otherwise not be eligible for Title XIX and are without health insurance.

**AMENDMENTS**

Amendment #1: On August 16, 2002, the state submitted a request to the terms and conditions to allow providers to refuse service delivery to uninsured persons in the demonstration that do not pay the co-payment. This would affect the \$10 co-payment for physician services. This amendment request was approved on January 17, 2003.

Date Amendment #1 Submitted:  
Date Amendment #1 Approved:

August 16, 2002  
January 17, 2003

## **ELIGIBILITY**

The demonstration includes two groups: “members” who are HIV-positive members of MaineCare (the state’s Medicaid program) who meet the Social Security definition of disability and have income below 100 percent of the FPL (and therefore state plan eligible); and “enrollees” who do not meet the eligibility requirements of MaineCare, but who are HIV-positive and have income at or below 250 percent of the FPL (“expansion population”). Individuals who, through the course of the demonstration, become eligible for non-demonstration Medicaid will be enrolled in the non-demonstration Medicaid program.

Requirements to receive benefits under this demonstration are as follows:

- Positive HIV status
- Financially eligible
- Willingness to sign informed consent
- Understand requirements of the benefit
- Willingness to comply with treatment recommendations
- Complete information sheet relating to other insurance (i.e., third part liability)
- Payment of premiums (if applicable)

## **DELIVERY SYSTEM**

Services for the demonstration are provided under a fee-for-service delivery model. All services require prior authorization and are ordered and prescribed by the physician. Participants will be permitted to choose among participating providers (agencies).

Individuals with other insurance may be members of this benefit. The Bureau of Medical Services may pay premiums/cost-sharing for this insurance according to current state Medicaid rules.

## **BENEFITS**

The benefit package of services includes:

- a) All medications covered by Medicaid;
- b) Physician services;
- c) Laboratory and x-ray;
- d) Case management services;
- e) Ambulance;
- e) Transportation (to covered services);
- f) Hospital services;
- g) Mental health and substance abuse services

## **COST SHARING**

The demonstration requires co-payments of \$10 for physician office visits and prescription drugs for individuals in the expansion group with income up to 250 percent of the FPL. Participants under age 21 are exempt from these co-payments. All other Medicaid co-payment rules apply. Individuals in the expansion group with incomes above 150 percent of the FPL are required to pay premiums that are tiered based on income and rise five percent annually.

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