
Rules of
Department of Health
Division 40—Division of Maternal, Child and Family
Health
Chapter 13—HIV/AIDS Medications Program

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**Title 19—DEPARTMENT OF
HEALTH**

**Division 40—Division of Maternal, Child
and Family Health**

**Chapter 13—HIV/AIDS Medications
Program**

19 CSR 40-13.010 Definitions

PURPOSE: This rule defines the terms used in this chapter.

(1) AIDS is Acquired Immune Deficiency Syndrome, a medical condition that develops from the progression of human immunodeficiency virus (HIV) disease.

(2) Client is a Missouri resident with HIV disease (including AIDS) who has enrolled in the HIV/AIDS Service Coordination Program.

(3) Department is the Missouri Department of Health.

(4) Dependent is anyone who relies on the client as a primary means of support and is either a household member or a related family member.

(5) Director is the director of the department.

(6) HIV/AIDS Service Coordination Program or program is a program administered by the department that provides client assessment and evaluation services, plus assistance in locating, coordinating, and monitoring medical, psychological, and other services for persons with HIV disease, including AIDS.

(7) Ryan White Title II Consortium or Title II consortium is an entity that is an association of one (1) or more public and one (1) or more nonprofit private, health care, and support service providers; HIV-infected or affected persons; and community-based organizations operating in areas affected by HIV disease.

(8) Service coordinator or coordinator is an employee of the department, or an employee of a local health department or community-based organization under contract to the department, who evaluates the status of clients and locates, coordinates, and monitors services to persons with HIV or AIDS.

(9) Service plan is a written set of future actions pertaining to identified services that is developed by the service coordinator to meet the needs of a specific client.

(10) Service provider or provider is an individual or agency that provides services to persons with HIV disease.

(11) Services are medical, psychological, or other services necessary for the treatment of HIV, AIDS, and/or related conditions.

(12) Specialty medications programs or specialty programs are subprograms of the medications program, which provide financial assistance to clients, based upon available funding, for the purchase of newer anti-HIV/AIDS medications to clients who meet eligibility requirements specified in 19 CSR 40-13.030.

*AUTHORITY: sections 191.650–191.698, 192.006, 192.020, 192.025, and Chapter 213, RSMo (1994) and (Cum. Supp. 1996). *Emergency rule filed Nov. 21, 1996, effective Dec. 1, 1996, expired May 29, 1997. Original rule filed Dec. 10, 1996, effective May 30, 1997.*

**Original authority: 191.650–191.698. See Missouri Revised Statutes 1994 and Cum. Supp. 1996; 192.006, RSMo (1993), amended 1995; 192.020, RSMo (1939), amended 1945, 1951; 192.025, RSMo (1951); and Chapter 213, see Missouri Revised Statutes 1994 and Cum. Supp. 1996.*

**19 CSR 40-13.020 Administration of the
HIV/AIDS Medications Program**

PURPOSE: This rule specifies payment standards, confidentiality provisions, termination of clients from the program, antidiscrimination policy, distribution of funding, and delivery of services.

(1) The department shall not pay for any item or service if payment has been made or is expected to be made under any state compensation plan, including Medicaid, insurance, federal, or state health benefits programs or by an entity that provides health services on a prepaid basis.

(A) The department shall be billed only after all third party sources have been eliminated as payors.

(B) The department will only reimburse providers for medications that are listed on the department's current human immunodeficiency/Acquired Immune Deficiency Syndrome (HIV/AIDS) formulary as maintained by the custodian in the bureau.

(C) If a client becomes ineligible for services and the provider should reasonably have been aware that the client was ineligible, reimbursement will not be made.

(2) Confidentiality of a client's HIV or AIDS infection status, the results of HIV testing, and all information in the client's record shall be maintained as specified in section 191.656, RSMo (1994).

(A) The department or its agents may review client records and program invoices to ensure compliance with the program.

(3) A client who knowingly provides false information or fails to meet applicable statutes and regulations may be terminated from the program.

(A) Clients shall be notified in writing prior to termination and may appeal the termination within thirty (30) days of the effective date. Appeals must be in writing and submitted to the director.

(B) Clients may be readmitted to the program if they previously refused services; if they move back within Missouri; or if they have been terminated for noncompliance and have signed an agreement to ensure that they will comply with the statutes and rules governing the program. Clients are responsible for making the contact for readmission and must again satisfy all eligibility criteria specified in 19 CSR 40-13.030.

(4) No person shall be discriminated against for services as defined by section 191.665, RSMo (1994), and Chapter 213, RSMo (1994). This includes discrimination based on race, color, religion, national origin, sex, disability, veteran status, or age.

(5) Available medications funds, with the exception of the specialty programs, will be distributed regionally on a formula based on morbidity. Total allocations each year will depend on funding received by the department, and total regional allocations will also depend on the funding for each year.

(6) The allocations for specialty programs will be distributed regionally pursuant to a formula containing a base allocation plus a morbidity factor. The base allocation is defined as fifteen percent (15%) of the funds allocated to the specialty program divided equally among the regions. Allocations each year will depend on applicable funding received by the department.

(7) For each separate region, the department may extend available specialty program coverage to qualifying clients on a random basis as determined by computer, if demand in that region for specialty medications coverage exceeds available specialty medications funding. Qualifying clients for this random selection method must meet the eligibility criteria specified in 19 CSR 40-13.030 and must establish that they reside within the region for which they have applied to participate in the random selection method. Individuals who



met the automatic eligibility requirements as specified in 19 CSR 40-13.030(4) will not be required to participate in the random selection method.

(8) The department may reallocate any medications program funding if the utilization of medications is different than anticipated after ninety (90) days or more of operating the program.

*AUTHORITY: sections 191.650–191.698, 192.006, 192.020, 192.025, and Chapter 213, RSMo (1994) and (Cum. Supp. 1996). *Emergency rule filed Nov. 21, 1996, effective Dec. 1, 1996, expired May 29, 1997. Original rule filed Dec. 10, 1996, effective May 30, 1997.*

**Original authority: 191.650–161.698 see Missouri Revised Statutes 1994 and Cum. Supp. 1996; 192.006, RSMo (1993), amended 1995; 192.020, RSMo (1939), amended 1945, 1951; 192.025, RSMo (1951); and Chapter 213, see Missouri Revised Statutes 1984 and Cum. Supp. 1996.*

19 CSR 40-13.030 Eligibility for the HIV/AIDS Medications Program

PURPOSE: This rule establishes the requirements for assistance from the HIV/AIDS Medications Program.

(1) Clients may be admitted to the program at any stage of human immunodeficiency virus (HIV) infection. Participation is voluntary.

(2) Individuals will be enrolled in the medications program only pursuant to available funding, as delineated in 19 CSR 40-13.020. Pursuant to these restrictions, an individual may be eligible if s/he meets the following criteria:

- (A) Is a Missouri resident;
- (B) Is not incarcerated nor an inpatient in a licensed health care facility;
- (C) Is HIV infected and has provided written medical evidence of HIV status to a service coordinator;
- (D) Is enrolled in the service coordination program, which includes: providing documentation of his/her income, signing the department's Health Service Coordination Evaluation/Assessment form, signing a Release of Information form for medical records, and granting the department permission to use his/her name in discussing the case with a physician, pharmacist, service provider, social or case worker, or other person or agency involved in the case;
- (E) Has an income at or below one hundred eighty-five percent (185%) of the federal poverty standard published annually in the

Federal Register by the U.S. Department of Health and Human Services; and

(F) Is ineligible for medications assistance from other sources such as private insurance or Medicaid. Medicaid spenddown clients may enroll in the general medications program, but not the specialty medications programs.

(3) Individuals will be enrolled in specialty medication programs only pursuant to available funding as delineated in 19 CSR 40-13.020. Pursuant to these restrictions, an individual may be eligible for specialty medications if s/he meets the following criteria:

- (A) All eligibility requirements as stated under 19 CSR 40-13.030(2).
- (B) Has submitted a completed physician referral form and a client participation agreement, as supplied by the department.

(4) Individuals may be automatically eligible for general or specialty medications programs if they meet all eligibility requirements as specified in 19 CSR 40-13.030(2) and currently receive the applicable medications pursuant to a benefit package under a Ryan White Title II Consortium.

*AUTHORITY: sections 191.650–191.698, 192.006, 192.020, 192.025 and Chapter 213, RSMo (1994) and (Cum. Supp. 1996). *Emergency rule filed Nov. 21, 1996, effective Dec. 1, 1996, expired May 29, 1997. Original rule filed Dec. 10, 1996, effective May 30, 1997.*

**Original authority: 191.650–191.698 see Missouri Revised Statutes 1994 and Cum. Supp. 1996; 192.006, RSMo (1993), amended 1995; 192.020, RSMo (1939), amended 1945, 1951; 192.025, RSMo (1951); and Chapter 213, see Missouri Revised Statutes 1994 and Cum. Supp. 1996.*

19 CSR 40-13.040 Service Provider Requirements

PURPOSE: This rule establishes the requirements for service providers.

- (1) Contractors or providers shall—
 - (A) Ensure that all clients have a written referral from the client's service coordinator to receive services prior to providing services;
 - (B) Maintain complete financial and medical records to document services provided for each client;
 - (C) Accept department reimbursement for eligible services by the provider as payment in full. The client or his/her family shall not be billed for any remaining balance after reimbursement has been made by the department;

(D) Notify the department in writing of a change of official name, address, federal ID, or tax identification number; and

(E) Verify that all other payor sources have been exhausted prior to billing the department.

1. Contractors shall abide by and perform all the terms of their contract.

2. All providers shall be licensed, registered, or certified by state agencies appropriate for their professions.

3. The department may terminate contracts or terminate providers from the program for violation of any applicable statute or regulation. A written notice indicating the termination shall be sent to the contractor/provider thirty (30) days prior to termination. The contractor/provider shall only be paid for services provided prior to the termination date.

4. The department may review or monitor providers at any time. Providers shall be contacted at least three (3) working days prior to the date of review and a list of client records may be requested for review. Follow-up visits may be required if problems are identified that require corrective action.

*AUTHORITY: sections 191.698–191.698, 192.006, 192.020, 192.025, and Chapter 213, RSMo (1994) and (Cum. Supp. 1996). *Emergency rule filed Nov. 21, 1996, effective Dec. 1, 1996, expires May 29, 1997. Original rule filed Dec. 10, 1996 effective May 30, 1997.*

**Original authority: 191.650–191.698 see Missouri Revised Statutes 1994 and Cum. Supp. 1996; 192.006, RSMo (1943), amended 1995; 192.020, RSMo (1939), amended 1945, 1951; 192.025, RSMo (1951); and Chapter 213, see Missouri Revised Statutes 1994 and Cum. Supp. 1996.*