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IDAPA 16 TITLE 02 CHAPTER 05

16.02.05 - RULES GOVERNING HUMAN IMMUNODEFICIENCY VIRUS (HIV) RELATED SERVICES

000. LEGAL AUTHORITY.

The Idaho Board of Health and Welfare is authorized under Section 56-1003, Idaho Code, to adopt rules concerning the administration of Human Immunodeficiency Virus (HIV) Related Services in compliance with the Ryan White CARE Act of 1990 as amended. (5-3-03)

001. TITLE AND SCOPE.

- **01. Title**. These rules are cited as IDAPA 16.02.05, Idaho Department of Health and Welfare, "Rules Governing Human Immunodeficiency Virus (HIV) Related Services." (5-3-03)
- **O2. Scope**. These rules contain definitions, application process, eligibility requirements, and services available, for individuals with HIV. HIV related services provide treatment of HIV infection to eligible participants based upon available funds. The Department provides these services to improve the public health by treating people living with HIV, its complications, and side effects of HIV treatment in order to decrease the risk of clients with HIV infecting others. (5-3-03)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, the Department has no written interpretations that apply to rules of this chapter. (5-3-03)

003. ADMINISTRATIVE APPEALS.

All contested cases are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (5-3-03)

004. CONFIDENTIALITY OF RECORDS.

Any disclosure of information obtained by the Department is subject to the restrictions in Idaho law including those contained in Section 39-610, Idaho Code, and the Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records." (5-3-03)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS.

- **01. Office Hours**. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the State of Idaho. (5-3-03)
- **02. Mailing Address**. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (5-3-03)
- **03. Street Address.** The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83720-0036. (5-3-03)

006. INCORPORATION BY REFERENCE.

No documents have been incorporated by reference into these rules.

(5-3-03)

007. -- 009. (RESERVED).

010. **DEFINITIONS.**

- **01. AIDS**. AIDS means acquired immunodeficiency syndrome. (5-3-03)
- **02. AIDS Drug Assistance Program** (**ADAP**). AIDS Drug Assistance Program is the Idaho Department of Health and Welfare's program that provides medications for the treatment of HIV, prevention and

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	NISTRATIVE CODE IDAPA If Health and Welfare Rules Governing HIV Related	16.02.05 Services	
treatment of opp	portunistic infections associated with HIV.	(5-3-03)	
03.	Case Manager. An individual qualified to assess needs of an eligible HIV participant.	(5-3-03)	
04.	Department. Department means the Idaho Department of Health and Welfare.	(5-3-03)	
05. living as one ho	Family . Family means a group of individuals related by marriage and their dependen usehold or economic group.	ts who are (5-3-03)	
06. family size relea	Federal Poverty Level . Federal poverty level is the official income level for poverty assed by the Federal Office of Management and Budget every February.	djusted by (5-3-03)	
07.	HIV Related Services. Those services identified in Section 200 of these rules.	(5-3-03)	
08. these rules.	Income. Income means gross monthly income before deductions as set forth in Section 1.	ion 100 of (5-3-03)	
09. Security Act.	Medicaid. Medicaid is a federal and state health program established by Title XIX of	the Social (5-3-03)	
10. services to the p	Provider . Health care professionals providing pharmaceutical, medical, dental or participant.	laboratory (5-3-03)	
11.	Participant. The person applying for or determined to be eligible for HIV related service	es. (5-3-03)	
011 099.	(RESERVED).		
100. WHO IS ELIGIBLE FOR HIV RELATED SERVICES? The Department must approve the participant's application. Beginning the month the application is approved, the participant is eligible for twelve (12) months of HIV related services. The participant must reapply annually. (5-3-03)			
01.	Participant Eligibility Requirements.	(5-3-03)	
a.	A medical diagnosis of HIV; and	(5-3-03)	
b.	Must have an Idaho state address and reside in the state; and	(5-3-03)	
c. percent (200%)	A monthly income as defined in Subsection 101.02 of these rules equal to or less than two of the federal poverty level; and	o hundred (5-3-03)	
d. approved; and	Not currently an inmate of any state correctional institution or will not be when their app	plication is (5-3-03)	
е.	Does not have available resources from other sources sufficient to pay for HIV related so	ervices. (5-3-03)	
02.	Income . Income means gross monthly income before deductions. Income includes the fo	ollowing: (5-3-03)	
a.	Monetary compensation for services, including wages, salary, commission or fees;	(5-3-03)	
b.	Net income from farm and on-farm self-employment;	(5-3-03)	
с.	Unemployment Insurance compensation;	(5-3-03)	
d.	Government civilian employee or military retirement or pension, including Veteran's pay	ments;	

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		(5-3-03)
e.	Private pensions or annuities;	(5-3-03)
f.	Alimony or child support payments;	(5-3-03)
g.	Regular contributions from persons not living in the househ	old; (5-3-03)
h.	Net royalties;	(5-3-03)
i.	Social Security benefits;	(5-3-03)
j.	Dividends or interest on savings or bonds, income from esta	ates or trusts, or net rental income; (5-3-03)
k.	Public assistance or welfare payments; and	(5-3-03)
l. savings, inves	Other cash income would include cash amounts received o tments, trust accounts and other resources which are readily available.	
03. medication co	Private Insurance Coverage . If a participant has private verage, ADAP services for medications are available after the property of the prope	rate insurance coverage that includes rivate insurance limitations are reached. (5-3-03)
04. requirements	Change in Participant's Eligibility. When the participant which includes private insurance coverage or income, he must in	
101. HOV	V DO PARTICIPANTS APPLY FOR ASSISTANCE FROM	I THE HIV RELATED SERVICES?
01. application for coverage.	Application . The participant must submit an application form will include information for determining each participant	Form provided by the Department. The ant's eligibility and private insurance (5-3-03)
02. For a Medicaid	Applicant Eligible for Other Programs . The applicant madeligibility determination or for services not provided by Medical Control of the Applicant Eligibility determination or for services and provided by Medical Control of the Applicant Eligible for Other Programs.	
03. that financial available for t	Waiver of Liability. Each participant is required to sign a wassistance for the purchase of medication and services is subjehis program.	
102 199.	(RESERVED).	
200. WH	AT SERVICES ARE AVAILABLE?	
	Ambulatory Outpatient Medical Care. Ambulatory outpated diagnostic and therapeutic services related to HIV provided specialist, or nurse practitioner in an outpatient community base	l by a physician, physician's assistant,
02. case manager work, psychol	Case Management Service. Case management services primust have a bachelor's degree or extensive experience in a hurogy, nursing, counseling, or health education. The services will	nan services related field such as social
a.	An assessment of the participant's needs and personal support	ort systems; (5-3-03)
b.	Development of an individual service plan;	(5-3-03)

- **c.** Coordination of services identified in the individual's service plan; (5-3-03)
- **d.** Monitoring services received; and (5-3-03)
- **e.** Re-evaluation of the participant's service plan periodically to make revisions to reflect the individual's needs. (5-3-03)
- **O3. Dental Care Service.** Dental care service includes diagnostic, prophylactic, and therapeutic services related to HIV provided by dentists, dental hygienists, and similar professional practitioners. (5-3-03)
- **O4. Drug Reimbursement Service**. Drug reimbursement includes ongoing service to pay for approved pharmaceutical medications related to HIV. This service includes ADAP and locally administered reimbursement programs. (5-3-03)
- **05. Health Insurance Service**. Health insurance includes a program of financial assistance to maintain a continuity of health insurance or to receive medical benefits that covers HIV related services. Financial assistance for health insurance must be proven to be cost effective. (5-3-03)
- **Mental Health Service**. Mental health therapy and counseling to an individual with a diagnosed mental illness includes psychological and psychiatric treatment and counseling services, including individual and group counseling. The service must be provided by a mental health professional employed by or under contract with the Department's Mental Health Program. (5-3-03)
- **07. Nutritional Service**. Nutritional services includes the provision of nutrition education and counseling. Nutritional supplements will also be covered if prescribed by a physician. (5-3-03)
- **08. Psychosocial Support Services**. Psychosocial support services includes peer counseling, support group services, caregiver support, bereavement counseling, drop-in counseling, and education provided to a participant focused on HIV related problems. These services will be provided by licensed counselors or licensed social workers.

 (5-3-03)
- **O9. Substance Abuse Service**. Substance abuse treatment and counseling includes the provision of treatment to address substance abuse problems provided in an outpatient or residential health service setting under contract with the Department's Substance Abuse Program. (5-3-03)
- **10. Transportation Service**. Transportation includes conveyance services provided to an individual in order to access HIV related services. (5-3-03)

11. Limitations to Services. (5-3-03)

- **a.** Services and individual participant caps will be determined annually based upon available federal and state funding that has been allocated specifically for HIV related services. All services, with the exception of emergency services, must be included in a participant's individual service plan in order to be covered by Ryan White Title II funds.

 (5-3-03)
- **b.** The HIV related services will not be provided through this program if the services are available through other state or federal programs. (5-3-03)
- **c.** The Department may waive the limitations based on available funding, number of participants, and ability to maintain service throughout the year. (5-3-03)

201. -- 219. (RESERVED).

220. HOW ARE FUNDS FOR THE HIV RELATED SERVICES DISTRIBUTED?

The Department is responsible for the distribution of Ryan White Grant funds. Distribution of funds is based on the needs identified using a periodic needs assessment in each geographic region of Idaho. The amount allocated to each

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geographic region will be based upon HIV prevalence, participants served during the previous twelve (12) month period, and results of needs assessment information. (5-3-03)

221. -- 229. (RESERVED).

230. WHAT MEDICATIONS MAY BE PAID FOR THROUGH THE HIV-AIDS DRUG ASSISTANCE PROGRAM (ADAP)?

This program provides Food and Drug Administration (FDA) approved medications prescribed for the treatment of HIV disease to eligible participants. (5-3-03)

231. -- 239. (RESERVED).

240. WHAT HAPPENS IF FALSE INFORMATION IS GIVEN?

Providing false information may cause the Department to:

(5-3-03)

- **01. Discontinue Participation**. Discontinue participation within the Department's HIV related services. (5-3-03)
- **02. Require Benefits Be Repaid**. Require benefits received from the Department's HIV related services be repaid. (5-3-03)
 - **03. Refer Information to Authorities.** Refer the matter to civil or criminal enforcement authorities. (5-3-03)

241. -- 999. (RESERVED).

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