
Rules of
Department of Health
Division 20—Division of Environmental Health and
Communicable Disease Prevention
Chapter 43—HIV/AIDS Medications Program

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**Title 19—DEPARTMENT OF
HEALTH**

**Division 20—Division of Environmental
Health and Communicable Disease
Prevention**

**Chapter 43—HIV/AIDS Medications
Program**

19 CSR 20-43.010 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) Director is the director of the department.

(5) HIV/AIDS Service Coordination 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 supportive services for persons with HIV disease, including AIDS.

(6) Missouri HIV/AIDS Medications Advisory Committee is an advisory committee composed of medical professionals and representatives of the HIV-infected/affected populations from across the state, the Medicaid agency pharmacy consultant, and department staff.

(7) Rural county is any county in the state which is not an urban county, as defined in section (12) of this rule.

(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 and healthcare and supportive service needs of clients and locates, coordinates, and monitors such 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) Urban counties include Bates, Benton, Cass, Clay, Clinton, Franklin, Henry, Jackson, Jefferson, Johnson, Lafayette, Lincoln, Platte, Ray, St. Charles, St. Louis (including the City of St. Louis), and Warren counties.

AUTHORITY: sections 192.006, RSMo Supp. 1998 and 192.020 RSMo 1994. Previously filed as 19 CSR 40-13.010. Emergency rule filed Nov. 21, 1996, effective Dec. 1, 1996, expired May 29, 1997. Original rule filed Dec. 10, 1996, effective May 30, 1997. Moved to 19 CSR 20-43.010 and amended: Filed Jan. 14, 1999, effective Aug. 30, 1999.*

**Original authority: 192.006, RSMo 1993, amended 1995 and 192.020, RSMo 1939, amended 1945, 1951.*

**19 CSR 20-43.020 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 shall only reimburse providers for medications that are listed on the department's current Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) formulary on the date of the claim.

1. The department shall include medications on the formulary which it has determined are—

A. FDA approved;

B. Medically effective for HIV infected person; and

C. Cost effective as determined by the department.

2. The department shall determine which medications are medically effective and appropriate for inclusion on the formula-

ry based upon advice provided by the Missouri HIV/AIDS Medications Advisory Committee, the department's medical consultants, and department staff.

(C) Reimbursement payments will only be made on behalf of enrolled clients as specified in 19 CSR 20-43.030, and will only be made for claims submitted within contractual time limits.

1. If a client becomes ineligible for medications assistance and the pharmacy or agent supplying medications should reasonably have been aware at the time the services were provided, as specified in the provider's contract, that the client was ineligible, reimbursement will not be made.

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

(2) Available medications funds will be allocated statewide.

AUTHORITY: sections 192.006, RSMo Supp. 1998 and 192.020, RSMo 1994. Previously filed as 19 CSR 40-13.020. Emergency rule filed Nov. 21, 1996, effective Dec. 1, 1996, expired May 29, 1997. Original rule filed Dec. 10, 1996, effective May 30, 1997. Moved to 19 CSR 20-43.020 and amended: Filed Jan. 14, 1999, effective Aug. 30, 1999.*

**Original authority: 192.006, RSMo 1993, amended 1995 and 192.020, RSMo 1939, amended 1945, 1951.*

**19 CSR 20-43.030 Eligibility for the
HIV/AIDS Medications Program**

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

(1) Individuals may be admitted to the program at any time during any stage of Human Immunodeficiency Virus (HIV) infection.

(2) Individuals may be provided assistance by the medications program only pursuant to available funding, as delineated in 19 CSR 20-43.020. An individual is eligible if s/he meets the following criteria:

(A) Is a Missouri resident;

(B) Is not incarcerated in a state correctional facility nor an inpatient in a licensed health care facility as defined in Chapter 197, RSMo;

(C) Is HIV infected and has provided written medical evidence of HIV status to a service coordinator;

(D) Is enrolled in the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) service coordination program;



(E) Has an income at or below three hundred percent (300%) of the federal poverty standard published annually in the *Federal Register* by the U.S. Department of Health and Human Services. A client shall provide updated documentation of income and other medications assistance from other sources such as private insurance, other third-party insurance or Medicaid annually, or at any time when requested by the department or its contractors; and

(F) Is ineligible for medications assistance from other sources such as private insurance, other third-party insurance or Medicaid.

(3) If an individual meets the requirements of subsections (2)(A) through (F), but available funding is insufficient to provide assistance, they will be placed on an access list.

(A) Individuals will be removed from the access list and will begin to receive assistance as funding becomes available.

(B) Individuals residing in rural counties will be given priority for being removed from the access list to receive medications assistance.

(C) Within the classification of rural or urban counties, individuals who have been on the access list the longest time will be given priority.

(D) Within the urban classification of urban counties, the department will collaborate with Title I grantees to assure client medications access at the local levels.

(4) A client may be terminated from the medications assistance program for any of the following reasons:

(A) A client shall be terminated from the medications program at any time that he/she no longer meets all program eligibility requirements described in subsections (2)(A) through (E) above.

1. It shall be the responsibility of the client to inform the department or a service coordinator if he or she no longer meets any one (1) or more of the program eligibility requirements and initiates an application for assistance through the service coordination system.

2. A client terminated from the medications program due to no longer meeting program eligibility requirements may be readmitted to the program at such time as the client again meets all program eligibility requirements; and

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

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*AUTHORITY: sections 192.006, RSMo Supp. 1998 and 192.020, RSMo 1994. * Previously*