Title:

Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS

Number:

11-W-00128/1

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor
Ricker Hamilton, Commissioner

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May 10, 2018

Alex M. Azar II, US Secretary of Health and Human Services
Office for the Secretary of the Department of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Azar:

By this letter, Maine requests the Centers for Medicare and Medicaid Services (CMS) to renew its Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals living with HIV/AIDS under the Social Security Act, effective January 1, 2019. This waiver currently provides coverage for 421 enrollees and, to date, has not instituted a wait list.

Maine will demonstrate compliance with budget neutrality and reporting requirements. Maine is not asking for any substantial modifications to the existing demonstration. Attached to this letter is a narrative report.

We look forward to working with you during the application process. If you have any questions, please contact Emily Bean at emily.bean@maine.gov or 207-624-4005.

Sincerely,

[redacted]

Ricker Hamilton, Commissioner
Maine Department of Health and Human Services

Cc: Emmett Ruff, CMCS
Richard McGreal, CMS
Aimee Campbell-O'Connor, CMS
Juliana Sharp, CMCS
Tonya Moore, CMCS

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Introduction

The MaineCare HIV/AIDS 1115 demonstration waiver became operational in July 2002. The goal of the waiver is to provide more effective and earlier treatment to prevent, reverse, or delay disease progression. The demonstration includes two populations: enrollees who are living with HIV/AIDS and have incomes at or below 250% of the Federal Poverty Level (FPL) and Medicaid/MaineCare members who live with HIV/AIDS and have incomes at or below 100% FPL.

This report accompanies Maine's letter requesting a renewal of the Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS. Much of this report summarizes the activities during State Fiscal Year 2017 (SFY17) and is representative of the effort throughout the waiver's history.

Enrollment

At the end of State Fiscal Year 17 (SFY17), there were four hundred fifty (450) demonstration enrollees and three hundred twenty (320) Medicaid members enrolled in the program. Below is a summary of enrollment, by month, through the fifteen years of the HIV waiver. There has been an increase of three hundred sixty-five (365) demonstration enrollees and an increase of ninety-two (92) Medicaid members from the first month of SFY03 to the last month of SFY17.

Table 1
Special Benefit Waiver Demonstration Project
Count of Members by Group at the End of Each Month

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	SFY 2003			SFY 2004			SFY 2005		
January	102	258	360	134	295	429	156	305	461
February	108	256	364	140	292	432	160	301	461
March	113	253	366	143	288	431	163	297	460
April	117	264	381	144	288	432	174	308	482
May	119	265	384	142	291	433	179	302	481
June	123	263	386	140	290	430	181	298	479
July	124	280	404	143	301	444	191	309	500
August	125	277	402	141	300	441	207	303	510
September	131	273	404	140	297	437	213	301	514
October	132	292	424	143	298	441	224	295	519
November	134	286	420	146	295	441	228	287	515
December	134	286	420	146	296	442	239	280	519

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	SFY 2006			SFY 2007			SFY 2008		
January	248	291	539	298	280	578	289	256	545
February	256	287	543	301	275	576	291	257	548
March	256	283	539	292	275	567	287	262	549
April	263	297	560	298	273	571	288	266	554
May	261	296	557	292	273	565	295	264	559
June	264	292	556	282	273	555	295	262	557
July	272	305	577	293	275	568	286	269	555
August	273	301	574	291	273	564	276	272	548
September	277	300	577	281	269	550	283	269	552
October	292	287	579	284	272	556	288	270	558
November	292	286	578	283	270	553	289	275	564
December	291	283	574	283	267	550	296	282	578

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	SFY 2009			SFY 2010			SFY 2011		
January	300	284	584	348	296	644	396	289	685
February	302	288	590	349	298	647	399	281	680
March	312	290	602	350	300	650	407	289	696
April	315	288	603	355	299	654	413	298	711
May	316	284	600	369	300	669	413	296	709
June	323	280	603	381	313	694	415	290	705
July	331	283	614	382	307	689	416	292	708
August	332	280	612	386	308	694	417	284	701
September	333	281	614	363	295	658	417	284	701
October	337	284	621	371	289	660	420	291	711
November	339	286	625	379	294	673	428	286	714
December	346	290	636	395	288	683	423	283	706

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	SFY 2012			SFY 2013			SFY 2014		
January	414	248	662	408	204	612	445	212	657

February	420	242	662	414	199	613	445	214	659
March	413	177	590	411	212	623	450	209	659
April	419	183	602	418	211	629	447	212	659
May	417	187	604	421	209	630	452	206	658
June	417	195	612	420	209	629	448	327	775
July	416	201	617	420	221	641	449	320	769
August	420	201	621	425	218	643	443	320	763
September	412	196	608	430	215	645	446	321	767
October	417	178	595	443	216	659	443	324	767
November	415	185	600	446	215	661	445	319	764
December	409	197	606	449	211	660	444	316	760

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	SFY 2015			SFY 2016			SFY 2017		
January	454	312	766	464	314	778	450	313	763
February	456	311	767	467	323	790	452	314	766
March	459	312	771	461	316	777	457	317	774
April	456	313	769	461	313	774	456	314	770
May	448	317	765	460	313	773	456	314	770
June	446	317	763	463	307	770	450	320	770
July	454	315	769	457	310	767	453	315	768
August	457	312	769	453	314	767	447	311	758
September	462	320	782	463	316	779	449	312	761
October	456	321	777	462	312	774	449	311	760
November	464	313	777	458	313	771	445	311	756
December	461	311	772	456	312	768	442	314	756

Out of the four hundred fifty (450) demonstration enrollees enrolled at the end of SFY17, three hundred ninety-three (393) were male and fifty-seven (57) were female. Out of the three hundred twenty (320) Medicaid members enrolled at the end of SFY17, two hundred ten (210) were male and one hundred ten (110) were female. A breakdown of gender and age by month shows an increase of three hundred sixteen (316) demonstration enrollee males from the beginning of the demonstration project in SFY03 to the end of SFY17, while the number of women increased by forty-nine (49). In the Medicaid population, there was an increase of fifty (50) males and an increase of forty-two (42) females.

Distinct member counts by quarter show that ninety-two (92) of the one hundred thirty-two (132) cohort members were enrolled in the last quarter of SFY17. Of these, eighty-one (81) members

were included in the Medicaid group and eleven (11) members were moved to the demonstration group.

Fifteen (15) enrollees or members died during SFY17. Of the deceased members, nine (9) were demonstration enrollees, which increased by five (5) from SFY16. Of the deceased members, six (6) were Medicaid members, which represented a decrease of three (3) over SFY16. A total of two hundred thirty-nine (239) members have died since the beginning of the demonstration project. One hundred forty-nine (149) of the deaths were Medicaid members, and ninety (90) were demonstration enrollees.

Nineteen (19) demonstration enrollees moved to receive full MaineCare services, four members re-enrolled as 5Bs (demonstration enrollees), fifty-one (51) demonstration enrollees are no longer enrolled in the MaineCare, and nine (9) demonstration enrollees died during SFY17.

Demonstration Budget Neutrality

To analyze budget impact, the State reviewed recent literature about the progression of HIV and looked at trends within the member groups, waiver, and MaineCare members. The State chose to use AIDS-defining illness as the focal point, using the CDC's most recent 2008 list of AIDS-defining illnesses for guidance.[1]

The State calculated the proportion of members by utilizing claims data that showed an AIDS-defining illness during each time period. Without the waiver-provided care management supports, it is reasonable to believe that the proportion of members with an AIDS-defining illness would be greater. The State projects that the proportion will grow by fifty percent (50%) over a five-year period in the without-waiver scenario.

The proportion of those with AIDS-defining illnesses would grow from approximately seven percent (7%) to eleven percent (11%) for waiver members, and from eleven percent (11%) to seventeen percent (17%) for MaineCare members. Based on the previous five years of data, projections show a lower growth rate of AIDS-defining illnesses for the with-waiver scenario.

The State estimates that members with AIDS-defining illnesses will cost more than those without by the average percentage more that they had cost in the previous five years. In the sixty months ending December 31, 2017, waiver members with AIDS-defining illnesses cost on average fifty-five percent (55%) more than members without such illnesses; the figure for MaineCare members is eighty-five percent (85%).

Using these parameters and applying reasonable estimates for growth in total membership and in medical costs, the without-waiver scenario estimates costs approximately $1.9 million more than the with-waiver scenario. An outline summary of the model and assumptions appears below.

Foundation for the budget neutrality model

[1] https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a2.htm accessed on 1/26/2018

- Waiver and MaineCare members who develop AIDS-defining illnesses incur significantly more medical costs in total than members who do not develop these illnesses.
    - In the sixty months ending September 30, 2017, waiver members with AIDS-defining illness cost fifty-five percent (55%) more on average than members without.
    - In the sixty months ending September 30, 2017, MaineCare members with AIDS-defining illness cost eighty-five percent (85%) more on average than members without.
- Care management assists members in preventing these illnesses.
- In the absence of care management, a greater proportion of members would develop AIDS-defining illnesses and thus incur more medical costs.

Model Assumptions

Membership Growth

- The waiver program enrollment will grow by 2.7% per year, the average of growth for the previous five years.
- The MaineCare members with HIV will grow by 9.2% per year, the average of membership growth for the previous five years.
- For both waiver and MaineCare members, the enrollment includes members who submit no medical or pharmacy claims ($0 Allowed Amount).

Members With/ Without AIDS Defining Illness

- The current proportion of members with AIDS defining illness reflects the current success of care management.
- From October 2012 through September 2017, the percentage of waiver members with AIDS-defining illness has not shown any significant growth trend. For the With-Waiver scenario, we have assumed a one percent annual growth in the proportion of waiver members with AIDS defining illness.
- From October 2012 through September 2017, MaineCare members have shown a discernible growth trend in the percentage of members with AIDS-defining illness. For the With-Waiver scenario, we have assumed a two percent annual growth in the proportion of members with AIDS-defining illness.
- Without the waiver's care management services, the proportion of members would grow by 50% over a five-year period.
    - The without-waiver scenario estimates 11% of waiver members would have an AIDS-defining illness in 2022.

    - The without-waiver scenario estimates 17% of MaineCare members would have an AIDS-defining illness in 2022.
- The 2017/2018 estimates of members with AIDS-defining illness is based upon 2016/2017 year's percentage of members with AIDS-defining illness plus the assumed growth rate.

Allowed Amounts

- The model uses MaineCare allowed amounts, to remove the effect of payments from other insurers or Medicare. Thus, the model reflects payments that MaineCare would have made in the absence of other payers.
- The model uses the October 2016 – September 2017 without AIDS-defining illness average allowed amount per waiver / MaineCare member to estimate all future payments for members with and without AIDS-defining illness.
- One catastrophic claim of $1.5 million allowed amount was excluded from the analysis.
- The difference in allowed amount per member without AIDS-defining illness and the allowed amount per member with AIDS-defining illness is calculated as a percentage for each year. Thus, in 2012, the average waiver member with AIDS-defining illness cost 18% more than the member without such illness.
- This increment between allowed amounts for members with and without AIDS-defining illness is averaged for the five-year period. For the model, this average is used to estimate the future costs for members with and without AIDS-defining illness.
- MaineCare allowed amounts exclude payments for Hepatitis C treatments. The data source did not have available net payments (after drug rebates) for these treatments. Since these treatments are not generally offered to AIDS patients, these estimated drug payments inflated costs for lower-acuity patients, distorting the overall cost picture.
- Medical Consumer Price Index (CPI) inflation of 2.5% is applied for each year in the projections.

Budget Neutrality Calculation

Total With-Waiver Cost < or = Total Without-Waiver Cost

With-Waiver Cost =

(Proportion of waiver members w/ AIDS-Defining Illness * 2016/2017 Allowed Amount per Waiver Member w/ NO AIDS Defining Illness* (1+AIDS-Defining Increment)*With-Waiver Growth Rate)

+

(Proportion of Waiver members w/ NO AIDS-Defining Illness *2016/2017 Allowed Amount per Waiver Member w/ NO AIDS Defining Illness)

+

(Proportion of MaineCare members w/ AIDS-Defining Illness * 2016/2017 Allowed Amount per MaineCare Member w/ NO AIDS-Defining Illness* (1+AIDS-Defining Increment)*With-Waiver Growth Rate)

+

(Proportion of MaineCare members w/NO AIDS-Defining Illness * 2016/2017 Allowed Amount per MaineCare Member w/NO AIDS Defining Illness)

Without-Waiver Cost =

(Proportion of Waiver members w/ AIDS-Defining Illness * 2016/2017 Allowed Amount per Waiver Member w/ NO AIDS-Defining Illness* (1+AIDS-Defining Increment)***Without-Waiver Growth Rate)**

+

(Remaining Proportion of Waiver members w/ NO AIDS-Defining Illness *2016/2017 Allowed Amount per Waiver members w/ NO AIDS-Defining Illness)

+

(Proportion of MaineCare members w/ AIDS-Defining Illness* 2016/2017 Allowed Amount per MaineCare Member w/ NO AIDS-Defining Illness* (1+AIDS-Defining Increment))***Without-Waiver Growth Rate**)

+

(Remaining Proportion of MaineCare members w/NO AIDS-Defining Illness *2016/2017 Allowed Amount per MaineCare Member w/NO AIDS-Defining Illness)

Note: For each year, growth in total membership and medical CPI has been calculated.

Detailed cost data are included in the spreadsheets attached to this report.

Waiting List

To date, there has been no implementation of a waiting list as the cost of patient care has not exceeded the project allotment. However, the State may institute a cap in the future should the budget estimates indicate costs will exceed the project allotment.

Applications

Applications for the waiver can be filled out in any of the Department of Health and Human Services' (DHHS) seventeen (17) regional offices or by case managers at the Ryan White/Targeted Case Management agencies. Applications can also be sent to individuals' homes to be filled out in privacy. Individuals enrolled in the AIDS Drug Assistance Program (ADAP) are sent letters explaining the waiver and encouraging them to apply.

Outreach

There were many outreach activities in SFY17. Activities included:

- The Nurse Coordinator and Program Manager continuing participation on the HIV Advisory Committee (HIVAC). HIVAC's purpose is to "advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related and AIDS-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by the human immunodeficiency virus in Maine."

- Distributing enrollment applications to all DHHS offices, primary care provider offices, pharmacies, and hospitals in Maine;

- Referring members to Consumers for Affordable Health Care, the Area Agencies on Aging, and Legal Services for the Elderly for help with their unmet healthcare needs/coverage.

- Addressing Medicare Part D issues and referring members when appropriate.

- Beginning a new Emergency Department (ED) follow up process that incorporates daily ED data from HealthInfoNet (HIN) in addition to a regular monthly report process that uses claims data.

- The Nurse Coordinator and Program Manager attending the Center for Disease Control and Prevention's Integrated HIV Prevention and Care Planning Body meetings. This planning body is in the early stages of development and will serve as the Integrated Planning meeting, the Ryan White Part B advisory meeting, the AIDS Drug Assistance Program (ADAP) advisory meeting, and the HIV Prevention meeting. These meetings will discuss the Integrated Plan progress and collaboration, give updates, and seek feedback on any relevant aspects of Ryan White Part B and ADAP, and provide updates from HIV Prevention.

- The Nurse Coordinator and Program Manager continuing to attend and serve on the planning body for the HIV Prevention and Care Integrated Plan. The facilitator of the meetings was Kate Callahan-Myrick, DrPH MPH from the Maine Center for Disease Control and Prevention. Also present were Ryan White Part B & C program representatives, CDC staff – including HIV Prevention and Surveillance, individuals with HIV, the Maine AIDS Education and Training Center (AETC) and other various healthcare and service providers. Discussions and work continued on the five-year plan to reduce HIV/AIDS, continue to improve communication and collaboration across agencies, streamline reporting requirements, ensure timely data reporting, linkage to and retention in care, access to antiretroviral therapy (ART), and reducing stigma.

- Sending seven hundred fifty-four (754) birthday letters to members in SFY17. Birthday letters encourage members to stay in good health by setting up their annual screenings (such as cervical exams, mammograms, and colon exams) and immunizations (such as the Influenza vaccine);

- Sending introductory letter, PCP inquiry letter, and consent form to eighty-four (84) new and re-joining members;

- Collaborating with the CDC to mail out the 2016 annual member satisfaction survey. The survey was sent to seven hundred forty-seven (747) members. We received a forty-eight percent (48%) response rate which was a seven percent (7%) increase from 2015. Three hundred forty-seven (347) follow-up calls were made to members who expressed issues or concerns on their surveys.

- Sending the fall poster and brochure mailing to high schools and universities. Mailing was distributed to approximately one hundred fifty-four (154) sites.

- Sending quarterly informational letters regarding FDA HIV product approval, safety warnings, product labeling changes and other pertinent information. Letters were sent to our Primary Care Provider Network (approximately three hundred thirty (330) providers) via mail or email depending on provider's preference. Medication alerts pertained to Stribild, Evotaz, Sustiva, Lamivudine/Zidovudine and Selzentry.

- Sending the 2016 Provider Survey to three hundred sixteen (316) providers, including primary care providers and infectious disease specialists.

- Sending a second mailing of the 2016 annual HIV Provider Survey to those who didn't respond to the first mailing. This mailing was sent to 228 providers.

- Sending the mammography reminder letter and palm card to seventy-two (72) members.

- Sending the cervical exam reminder letter and palm card to eighty-one (81) members.

- Sending the program's poster and brochure to approximately nine hundred ninety-seven (997) sites. Sites included soup kitchens, homeless shelters, doctor offices, case management agencies, hospitals, and local DHHS offices.

- The Program Manager and Nurse Coordinator meeting with staff at two targeted case management agencies (Frannie Peabody Center and the Horizon program) to collaborate and provide updates.

- The Program Manager and Nurse Coordinator viewing a webinar titled: *Prescription Monitoring Program and Diversion Alert: An Orientation*. The purpose of this webinar was to educate and help providers with the new Maine state law that will soon require all prescribers to consult the State's Prescription Monitoring Program when prescribing opioids and benzodiazepines. The webinar also discussed the Diversion Alert, a service to help providers access drug arrest data in the effort to identify and respond to patients at risk for overdose, in need of treatment, or engaged in illegal prescription drug distribution.

- The Nurse Coordinator and Program Manager attending and displaying program materials at four provider summits. The provider summits were organized by the Department of Health

and Human Services Health Homes (HH), Behavioral Health Homes (BHH), and ED Care Management Collaborative programs. The goal of the summit was to transition MaineCare members with high costs and over-utilization of services from the ED Care Management Collaborative to HHs and BHHs by January 1, 2017.

- The Nurse Coordinator attending a Quality Counts webinar titled *Get to Know the New PMP: An Orientation to Maine's Updated Prescription Monitor Program.* The webinar discussed Maine's newly enacted law (Chapter 488) which requires prescribers of opioids and benzodiazepines to keep track of the medications their patients are on by updating the statewide Prescription Monitoring Program (PMP) prior to prescribing opioids or benzodiazepines. The webinar showed what changed and what to expect on the new PMP.

- The Nurse Coordinator attending a Quality Counts webinar titled *Naloxone and Compassionate Care.* This webinar examined Maine's opioid overdose epidemic, how to prescribe naloxone, how to talk to patients about the importance of having - and knowing how to use – naloxone, and how to access naloxone affordably.

- The Nurse Coordinator attending a Quality Counts webinar titled *Caring for ME: Compassionate Opioid Tapering: Case Studies*. This webinar explored case studies of common tapering scenarios, challenges, and techniques for effectively and compassionately tapering opioid dosages.

- The Nurse Coordinator attending a Quality Counts webinar titled *Opioid Dependence vs. Addiction: Different Conditions, Different Approaches.* This webinar examined the difference between addiction and dependence of opioids.

- The Nurse Coordinator attending a Quality Counts webinar titled *Understanding & Using MMEs to Comply with Maine's Opioid Prescribing Law.* Under Maine's new opioid-prescribing law, Chapter 488, there are limits on how much opioids can be prescribed. The webinar showed how providers can keep track of Morphine Milligram Equivalents (MME) that they prescribe to patients, while staying within the guidelines.

- The Nurse Coordinator attending a Quality Counts webinar titled *Marijuana: Medicinal or Malevolent.* The webinar explored the impacts that cannabinoids have on the developing brain, medicinal use of marijuana, and harm versus benefits.

- The Program Manager and Nurse Coordinator attending the Annual Infectious Disease Conference. Presentations included: The Opioid Epidemic in Maine: Implications for Infectious Disease, Drug Diversion: Impacts and Challenges, The Rise of Antimicrobial Resistance and Antimicrobial Stewardship, and Environmental Changes and Their Impact on Infectious Diseases. Attended breakout sessions included: STDs in the US: Top 10 Updates and Epidemiology of STDs in Maine, The Bugs We Thought We'd Never See and Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: Evidence, Guidelines, and Applications to Clinical Practice. The conference also included many exhibitors and poster topics.

- The Nurse Coordinator and Program Manager attending a Webinar titled *Compassionate Opioid Tapering: Case Studies.*

- The Nurse Coordinator and Program Manager attending a Webinar titled *Caring for ME Pharmacy Webinar: Chapter 488 Implementation and Rule-making Updates*. This webinar reviewed updates on the implementation timeline, as well as an exploration of the rule-making and exception process. Also included was an overview of the law and associated rules on Maine's pharmacy community.

- The Nurse Coordinator attending a Quality Counts webinar titled *MAT and Compassionate Buprenorphine Tapering*. The speaker discussed her experience in tapering opioids with Medication Assisted Treatment. She discussed ways she tapered compassionately.

- The Nurse Coordinator attending a conference titled *Confronting Maine's Opioid Crisis* Chapter 488, Maine's new opioid prescribing law, was apprised. Mary C. Mayhew, Commissioner of DHHS, provided the opening remarks regarding the change in law and the effects that opioids are having on the people of Maine. There were several keynote speakers and breakout sessions that reviewed the latest research and information regarding how different medical practices are implementing the recent law and the new Prescription Monitoring Program (PMP) with success. The nurse attended two breakout sessions titled: *A Step by Step guide – Appriss PMP System* and *Tackling Pain Management*.

- The Nurse Coordinator and Program Manager meeting with the Chief Program and Quality Officer and CFO at Greater Portland Health (GPH). GPH, a Federally Qualified Health Center, began treating several patients who were previously seen at Positive Health Care/India Street Clinic, which closed in December 2016.

- The Nurse Coordinator and Program Manager attending training on Motivational Interviewing (MI). This training discussed the core skills of MI, communication styles and skills, stages of change, active listening, ambivalence, change talk, discord, directing client speech, forming reflections, and strategic responses.

- The Nurse Coordinator and Program Manager meeting with the AIDS Drug Assistance Program (ADAP) Coordinator and a new case manager at the Frannie Peabody Center to provide information and discuss methods of collaboration.

- Sending the first semi-annual lab request letter to thirty-one (31) providers. This mailing goes to the providers with members for whom MaineCare Services needs CD4 and viral load data (because we were unable to get recent results from the CDC).

- Sending a follow lab request letter to seventeen (17) providers who did not respond to the first mailing.

- Sending the second semi-annual lab request letter to twenty-three (23) providers. This mailing goes to the providers with members for whom MaineCare Services needs CD4 and viral load data (because we were unable to get recent results from the CDC).

- Sending a follow up lab request letter to seven (7) providers who did not respond to the first mailing.

Provider Network

Demonstration enrollees continue to use the same network of providers as Medicaid members, whether for primary care or specialty care providers. There are three hundred thirty-two (332) distinct providers (Primary Care Providers and Infectious Disease Specialists) currently seeing our active members. These providers are located throughout all sixteen (16) counties.

Some members find traveling the distance from Northern Maine to a more populated area (Bangor) for an infectious disease specialist challenging. MaineCare covers the cost of transportation; however, time and health conditions can make it difficult for some members.

Children continue to have access to two pediatric infectious disease specialists in the state of Maine. One pediatric provider prefers that her patients go to Massachusetts General Hospital for evaluation and follow up, at least once or twice per year.

Quality Assurance

One of the waiver's goals is to delay disease progression by following up with members and providers through various activities.

Such activities in SFY17 included:

- Contact data and call tracking – incoming and outgoing contacts (phone calls, emails, letters, and faxes) to members, case managers, and providers are tracked and maintained in the database allowing us to determine the types of services being utilized. The total for both incoming and outgoing contacts of all services increased five percent (5%) in the seventeenth year over the sixteenth. The three highest service contacts in SFY17 in order are adherence, eligibility, and case management services;

- Medication adherence and compliance reports;

- Contact with providers, case managers, and the MaineCare Provider Relations unit to assist with benefit and policy questions and billing issues;

- Survey of all members living with HIV/AIDS regarding quality of life, satisfaction, and ability to obtain needed services was conducted in February 2017;

- Survey of all providers working with HIV/AIDS MaineCare members with regard to provider needs and awareness was conducted in February 2017;

- Collected clinical data (viral loads and CD4s) from the Maine Center for Disease Control and Prevention and members' infectious disease specialists to show health status and track disease progression;

- Member Complaint Report (see page 17 of this document for more information).

Goals and Objectives

The State's goals for the current demonstration period are to improve the health status of individuals living with HIV/AIDS in Maine by:

1. Improving access to continuous healthcare services;
2. Arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency; and
3. Expanding coverage to additional low-income individuals living with HIV with the savings generated from disease prevention and the delayed onset of AIDS.

The table below summarizes the focus areas, the related goal, and recent statistics about performance.

Focus area	Goal	Background	Statistics
Opportunistic Infections	2	Frequency of opportunistic infections is related to progression of disease.	Occurrences of OIs (% of members): DY14 9.14% Demo, 11.08% Medicaid DY15 9.87% Demo, 8.48% Medicaid
Women's Healthcare	2	Screening for this population, which is at high risk for cancers, is cost efficient and improves quality of care.	Pap Smear (% of female members age 18+): DY14 37% Demo, 33% Medicaid DY15 33% Demo, 28% Medicaid Mammography screening (% of female members age 40+): DY14 39% Demo, 30% Medicaid DY15 26% Demo, 20% Medicaid

Emergency Department and general Inpatient services	2	Close management of the disease will minimize the need for emergency and Inpatient care.	ED visits (% of members with 1 + visit): DY14 37% Demo, 46% Medicaid DY15 30% Demo, 44% of Medicaid General inpatient (% of members with 1 + hospital admission): DY14 10% Demo, 14% Medicaid DY15 12% Demo, 19% Medicaid
Physician visits	1 & 2	Continuity of care is linked to outcomes.	Members seen by a physician for 1 + visits: DY14 85% Demo, 79% Medicaid DY15 83% Demo, 94% Medicaid
Adherence to therapy	1 & 2	High medication compliance is correlated with slowing disease progression; therefore, much of the care management is focused on monthly medication adherence and compliance calls.	DY15, medication adherence and compliance calls totaled 1,276.
Provider education	3	Ensuring community providers are aware of services available under the waiver and assisting individuals with applying.	2016 provider survey: Received a 40% response rate (an 11% increase), and 80 follow-up education letters were sent.
Member education	3	Ensuring demo and Medicaid members are aware of the services available to them under the waiver.	2016 member survey: Received a 48% response rate (a 7% increase). The Nurse Coordinator made 347 follow-up calls to members (or their case managers) who identified barriers or unmet needs on their survey.

Opportunistic Infections (OI)

There were five hundred forty-seven (547) distinct demonstration enrollees during DY15. Distinct MaineCare members totaled three hundred eighty-nine (389). Distinct member counts are higher than end of the year counts as they capture everyone who was a member during the year.

The most common OIs were viral and bacterial pneumonias with twenty-four (24) demonstration enrollees and eleven (11) Medicaid members, or 4.4% and 2.8%, respectively. The next two most prevalent conditions were strep and staph and gram-negative septicemias, as well as herpes zoster and simplex. Strep, staph and gram-negative septicemias were seen in eleven (11) demonstration enrollees and ten (10) Medicaid members, or 2% and 2.6%, respectively. Herpes zoster and simplex was seen in seven (7) demonstration enrollees and five (5) Medicaid members, or 1.3% and 1.3% respectively. These top three OIs only differ slightly from the three highest in DY14. Viral and bacterial pneumonias and strep and staph and gram-negative septicemias appeared in the top three most common OIs in DY14; however, herpes zoster and simplex did not (other specified infection and parasitic diseases did). Other OIs occurred at low rates. Fifty-four (54) distinct members, or 9.87% of the demonstration enrollees, had an OI compared to the thirty-three (33) distinct members, or 8.48% of Medicaid members.

The ten AIDS-defining conditions are: actinomycosis, coccidiosis, cryptococosis, cryptosporidiosis, opportunistic mycosis, oral hairy leukoplakia, other named varient of lymphosarcoma, other specified infections and parasitic diseases, salmonella diseases, and strongyloidiasis. Of these ten AIDS-defining conditions, there was one Medicaid and one demonstration member who had cryptococosis. There was one demonstration member with other named variants of lymphosarcoma and seven demonstration and four Medicaid members with other specified infections and parasitic diseases.

Women's Healthcare

One hundred ninety-eight (198) distinct women over 18 years of age were enrolled as demonstration enrollees or Medicaid members. Of these women, seventy-two (72) were demonstration enrollees, (36%) and one hundred twenty-six (126) were Medicaid members, (64%). The distinct count differs from the combined demonstration and Medicaid enrollees, because members can move from one group to the other throughout the year.

Sixty-nine percent (69%) (50 of 72) of female demonstration enrollees were age 40 or over. Seventy-two percent (72%) (91 of 126) of female Medicaid members were age 40 or over. Eighteen percent (18%) (13 of 72) of female demonstration enrollees and fourteen percent (14%) (18 of 126) of female Medicaid members were screened for breast cancer using mammography. Thirty-three percent (33%) (24 of 72) of female demonstration enrollees and twenty-eight percent (28%) (35 of 126) of female Medicaid members were screened for cervical cancer using a pap smear. Many members have other primary coverage (i.e. Medicare or a private plan). For these members, their primary coverage often pays for these services. MaineCare Services has no way to track, monitor, or count those claims.

Hospitalization Rates

- Emergency Department (ED) Services - 191 (30%) of demonstration enrollees received ED services during DY15, compared to 170 (44%) of Medicaid members. Demonstration enrollees had a 19% decrease in ED usage over DY14, while Medicaid members had a 4% decrease. The top ED diagnoses were nausea with vomiting (unspecified), acute bronchitis, acute upper respiratory infection (unspecified), and chest pain. Waiver staff continue to work with members, their providers, and their case managers to monitor and reduce non-urgent ED utilization.

- Physician Visits - 452 (83%) of demonstration enrollees were seen by a physician during DY15, compared to 366 (94%) of Medicaid members. Demonstration enrollees had a 2% decrease and Medicaid members had a 15% increase over DY14.

- General Inpatient Services - 74 (12%) of demonstration enrollees were admitted to the hospital during DY15, compared to 72 (19%) of Medicaid members. Demonstration enrollees' usage increased by two percent (2%) over DY14, while Medicaid members had a four percent (4%) increase. The top inpatient diagnoses were Human Immunodeficiency Virus (HIV) disease, sepsis (unspecified organism) and alcohol dependence with withdrawal (unspecified).

Adherence to Therapy

Medication compliance calls totaled two hundred sixty-six (266) for DY15. Compliance calls are structured to provide interventions for members in various groups based on their CD4 count. There were 1,010 medication adherence calls in DY15. Barriers continue to be identified and removed, when possible.

Policy and Administrative Overview

Complaints/Grievances:

There are three points of contact for questions, concerns or complaints:

1. The MaineCare Member Services helpdesk has a toll-free number to answer questions or resolve complaints. The contacts are logged in a tracking database. If the contact is related to the waiver program and the issue is not resolved, it is referred to the Nurse Coordination or Program Manager for more detailed assistance.

2. Ryan White and Targeted Case Management agencies may also receive concerns or complaints from demonstration enrollees or MaineCare members via personal contact, calls,

or emails. These agencies can notify the Nurse Coordinator or Program Manger when additional assistance is needed.
3. Direct calls, emails, or written correspondence is also made directly to the Nurse Coordinator.

All the complaints, concerns, or questions received are entered by the Department into an electronic tracking system for resolution.

In SFY17 there was one (1) complaint, which came directly from a member. This complaint was resolved.

Premiums:

On October 1, 2016, premiums for the waiver increased by 5%. As of this date, the premiums were as follows:

INCOME LEVEL	MONTHLY PREMIUM
Equal to or less than 150% of Federal Poverty Level	$0.00
150.1% - 200% of Federal Poverty Level	$34.22
200.01% - 250% of Federal Poverty Level	$68.43

Accomplishments

MaineCare Services and the HIV program have undergone several changes in recent years. Some of these changes include: developing new (and changing existing) reports to ensure timely follow up with members and their providers, access to new data systems that allow for more effective care management, and the development of Key Performance Indicators to measure, track, and trend the program's performance.

The Demonstration has had many accomplishments over the past fifteen years. Some of the accomplishments are listed below.

- Maine has continued to make improvements with care management and cost saving initiatives. Demonstration enrollees had a three percent (3%) decrease in Emergency Department (ED) use over last year. In addition, Medicaid members had a four percent (4%) decrease in ED use. We have worked hard to ensure all members have a primary care doctor and access to other needed services to avoid unnecessary ED use.

- MaineCare monitors and follows up on preventative measures such as mammograms and pap smears. For the demonstration population, there was a twenty six percent (26%) increase in mammography screenings for women over forty (40) from SFY16 to SFY17.

- Member satisfaction rates with the program have continued to increase. In 2009, our annual member satisfaction survey showed a satisfaction rate of around seventy-eight

percent (78%). In 2011, the satisfaction rate had increased to approximately eighty-four percent (84%), and in 2016 it was ninety percent (90%).

- Budget neutrality has been maintained. As of December 31, 2017 (FFY2017), the waiver was cumulatively $42,687,971 under the budget cap.

- Continued to increase statewide awareness of the existence of the waiver.

- Significantly increased collaboration and interaction among the Office of MaineCare Services, the Office for Family Independence, Maine Center for Disease Control and Prevention (including Ryan White), AIDS Service Organizations (case management), and the AIDS Drug Assistance Program (ADAP).

- Better coordination of care; evaluation, analysis, and follow up of the member and provider surveys.

- Continued to maintain and update a unique database that allows tracking of members' providers, call notes, eligibility information, letters, call notes, and disease progression.

- Improved medication adherence and compliance follow up with members. The Nurse Coordinator is targeting calls to members with high viral loads or low CD4 counts.

- Continued to work with providers to collect members' lab data (CD4 and viral load) when it wasn't available through ME CDC.

- Collaborated with MaineCare's pharmacy manager and our contracted Pharmacy Benefit Manager to ensure members, providers, and pharmacies have up-to-date information and the ability to prescribe and access needed medications.

- Ensured all members are linked with an infectious disease specialist and primary care physician within their area.

- Continued to update and maintain a provider listserv where HIV medication updates, Preferred Drug List changes, and training opportunities can be shared with providers.

- There have been some quality assurance report improvements.

    - The monthly adherence and compliance reports were revised to include each member's most recent CD4 result. This allows us to categorize by disease stage and prioritize our follow up activities.

    - A new process and report was created for monitoring and following up on Emergency Department (ED) usage. In addition to using claims data, we now access daily data from HealthInfoNet. This new process allows for more timely follow up with members. Several fields were added to the report to make it more informative for the Nurse Coordinator, including a six-month look back which allows for a more complete member profile.

- A new report was designed to identify all enrolled members who have not been contacted in the calendar year. This report ensures that every member is being outreached to at least once a year.

- Finally, a report was created to show all members that we have attempted to reach as compared to members (or their designees) that we reached and spoke with. This allows us to track occurrences of actual conversations rather than attempts where no real contact is made.

- Worked with case managers and the ADAP to provide intervention to members in the month of their MaineCare review to prevent members from "cycling off" and having a lapse in their health care coverage.

- Developed a process for sending educational packets to providers who have indicated a lack of awareness on certain topics like the HIV waiver, Ryan White and the ADAP, and the Maine AIDS Education and Training Center.

Changes to the Special Terms and Conditions

Maine is requesting the following changes to the current Special Terms and Conditions (STCs). The following updates are needed in Section 18 of the STCs, as several of the MaineCare Benefits Manual (MCBM) policy references are incorrect. The policy references that need to be updated are as follows:

Changes in the covered services section:

- Add "Examinations: Physician Services" under EPSDT Examinations
- Add "Section 92, Behavioral Health Home Services" under Community Support Services
- Add "Section 4, Ambulatory Surgical Center Services" under Ambulatory Care
- Change Section 13.04 to 13.03 and remove "for Persons with HIV infections under Case Management
- Change "Mental Health" Section to "Behavioral Health," and add "Section 92, Behavioral Health Home Services" under this section
- Remove the "Psychology Services" section
- Rename the "STD Testing/VD Screening" section to "STI/STD Testing and Treatment"
- Add "Section 91, Health Home Services; Section 31, Federally Qualified Health Center Services; Section 103, Rural Health Clinic Services, and Section 9, Indian Health Services" to "Physician, Physician Assistant, Advanced Practice Registered Nurse, Certified Nurse Practitioner" section
- Rename the "Early Intervention Section" to "Services for Children with Intellectual Disability or Autism"
- Remove the "Audiologist; Certified Nurse Midwife; Certified Nurse Practitioner; Certified Registered Nurse Anesthetist; Occupational Therapist; Physician's Assistant; Physical Therapist; Registered Nurse First Assist" section

Changes in the non-covered services section:

- Rename the "Home and Community-Based Waiver Services for the Elderly and Adults with Disabilities" section to Home and Community Benefits"
- Change the language under the Home and Community Benefits section to read "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
- Add "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" to the Physical Therapy section.
- Remove "Hearing Aids and Services" section
- Rename the ICF-ID section to "Intermediate Care Facility for Persons with Intellectual Disability"
- Add "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" to the Occupational Therapy section.
- Add a Dialysis Services section

See appendix A for an updated chart of covered and non-covered services.

Maine is requesting the premiums in Section V. Cost Sharing, paragraph 20 for this renewal period be updated to the following:

Demonstration Year (DY)	**Actual Premium, Income Level ≤ 150% FPL**	**Actual Premium, Income Level 150.1% – 200% FPL**	**Actual Premium, Income Level 200.01% – 250% FPL**
DY17 1/2019 – 12/2019	$0	$35.93	$71.85
DY18 1/2020 – 12/2020	$0	$37.73	$75.44
DY19 1/2021 – 12/2021	$0	$39.61	$79.22
DY20 1/2022 – 12/2022	$0	$41.59	$83.18
DY21 1/2023 – 12/2023	$0	$43.67	$87.34

Documentation of the State's Compliance with the Public Notice Process

The Office of MaineCare Services has used many mechanisms to solicit public input regarding the waiver renewal application. The public notice and public input procedures were developed to

ensure compliance with the requirements specified in 42 C.F.R. § 431.408. In addition, Maine has been committed to an effective tribal consultation process. Maine has five (5) federally recognized Native American tribes with whom we consult. Any additional materials needed that document the State's compliance with public notice and input requirements can be provided upon request.

Public Notice and Input Procedures

DHHS conducted public hearings and public noticing in accordance with the requirements in 42 CFR 431.408. The following describes the actions taken by DHHS to ensure the public was informed and had the opportunity to provide input on the proposed waiver renewal.

On March 1, 2018, DHHS published a press release and posted a full public notice seeking input on the draft waiver renewal in major newspapers around the state. The 30-day public comment period thus began on March 1, 2018 and ended on March 31, 2018.

DHHS created a public webpage that includes the public notice, the public input process, scheduled public hearings, the draft renewal application, and a link to the Medicaid webpage on Section 1115 demonstrations. The webpage, which will be updated as the renewal process moves forward, can be found at http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml

The webpage and public notice stated that a copy of the waiver renewal documents, including the final waiver renewal application once complete, could be obtained from DHHS at no charge by downloading the documents from the website or by visiting any DHHS office. The webpage and public notice further explained that public comments were welcome and accepted for 30 days (from March 1, 2018 to March 31, 2018). Written comments on the changes could be sent by email, or regular mail.

DHHS conducted three public hearings in geographically distinct areas of the state and included teleconference capabilities for all hearings.

Hearing 1:	**Augusta Monthly HIVAC Meeting**
Date:	March 13, 2018
Time	10:00 a.m.
Location	Room 103 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	2076246687

Hearing 2:	**Augusta Public Hearing**
Date:	March 20, 2018
Time	9:30 a.m.
Location	Room 600 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	7155869880

Hearing 3:	**Bangor Public Hearing**
Date:	March 21, 2018
Time	9:30 a.m.
Location	Maine DHHS Bangor, 396 Griffin Road, Bangor ME 04401
Conference Line:	877-455-0244
Passcode:	7155869880

DHHS also consulted with representatives of the federally recognized tribes located in Maine, in accordance with the Maine State Plan tribal consultation process. Table one below summarizes the State's public notice and input process for this waiver renewal application.

Table 1: Summary of Public Notice and Input Procedures

Public Notice and Input	Date	Requirement
HIVAC discussed waiver renewal	February 13, 2018	42 C.F.R. § 431.408(a)(3)
Letter sent to Tribal Health Directors and Chiefs	February 20, 2018	42 C.F.R. § 431.408(b)
Tribal call #1	February 6, 2018	42 C.F.R. § 431.408(b)
Tribal call #2	March 6, 2018	42 C.F.R. § 431.408(b)
Tribal call #3	April 3, 2018	42 C.F.R. § 431.408(b)
Public notice and comment period begins	March 1, 2018	42 C.F.R. § 431.408(1) (Posted OMS Website)
Newspaper notice	March 1, 2018	42 C.F.R. § 431.408(a)(3)(iv)
Posting on website	March 1, 2018	42 C.F.R. § 431.408(1)
HIVAC Meeting and Public Hearing #1 (Augusta)	March 13, 2018	42 C.F.R. § 431.408(a)(3)
Public Hearing #2 (Augusta)	March 20, 2018	42 C.F.R. § 431.408(a)(3)
Public Hearing #3 (Bangor)	March 21, 2018	42 C.F.R. § 431.408(a)(3)
Tribal consultation meeting (Houlton)	March 23, 2018	42 C.F.R. § 431.408(b)
Public notice and comment period ends	March 31, 2018	42 C.F.R. § 431.408(a)

The State conducted three public hearings and public notice in accordance with the requirements of 42 CFR 431.408. The public hearings occurred on March 13, 2018, March 20, 2018, and March 21, 2018. The first two public hearings occurred in Augusta, Maine, while the final hearing occurred in Bangor. All three public hearings included teleconference capabilities. The state received no in-person comments or comments made via teleconference at any of the three public hearings.

The State consulted with tribal leaders through second tier methods, as described in our State Plan to ensure that all recipients received the information. On February 20, 2018, the state sent a letter to Tribal Health Directors and Chiefs informing the tribes of the planned application. The

State also discussed the HIV/AIDS waiver renewal application on the tribal calls with tribal representatives on February 6, 2018, March 6, 2018, and April 3, 2018. The State also sent out notification via the Interested Parties listserv which includes IHS providers as a first-tier consultation on March 1, 2018. On March 7, 2018, the State sent out another letter informing tribes of the upcoming public hearings for the waiver renewal and offered to hold an in-person tribal consultation for tribal members to discuss the demonstration renewal in Houlton on March 23, 2018. The State received RSVPs from two different tribal groups for this consultation. The State held the consultation on March 23, 2018 in Houlton but did not have any attendees or comments. More information regarding the tribal consultation process can be found in Appendix C.

Summary of Public Comments

The Department received comments from nineteen (19) individuals during the thirty (30) day public comment period. All commenters expressed their support for the renewal of HIV/AIDS waiver.

All comments were received as written comments and sent to the demonstration mailbox, while we received zero comments at the public hearings. Of the nineteen comments, seventeen were all under three sentences long expressing the importance of the waiver in Maine, and how successful the waiver has been in the past. The other two commenters sent letters, both about a page in length, expressing the importance of treating vulnerable patients who have HIV, and how effective treatment can drastically reduce the risk of disease transmission. Both commenters stressed the vital role the current waiver has played in treating Maine citizens living with HIV in the past. They further explained how effective treatment has helped save money for the state by preventing future transmission and less care required for patients who have progressed to end-of-life hospice care. Comments can be found in Appendix C.

Post-Award Public Input Process

The Maine HIV Advisory Committee (HIVAC) serves to advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related and AIDS-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk, or affected by the human immunodeficiency virus in Maine. This committee is responsible for making an annual assessment of emerging HIV-related issues and trends, initiating legislation (both state and federal), and preparing and presenting, in person, an annual report on the status of HIV in the state to the Office of the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters. The committee consists of nineteen members, one being an 1115 HIV waiver staff member that was nominated by the Commissioner. The HIVAC meets monthly and committee members are responsible for reviewing materials and information, attending meetings or appointing a proxy, contributing to deliberations, voting as applicable, participating in information gathering and communication activities, and participating in committee actions outside of formal meetings.

MaineCare Services will comply with all post award public input requirements. Within six months of the renewal of Maine's HIV/AIDS demonstration (anticipated to begin January 1, 2019), Maine will hold a public forum to solicit comments on the progress of the demonstration. MaineCare services will continue to hold similar forums annually throughout the extension period. MaineCare will publish the date, time, and location of each public forum. MaineCare will provide comments from these forums in the corresponding quarterly reports as well as the annual reports.

Hypotheses and Evaluation Design

The State's goal of this waiver is to improve the health status of individuals living 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 living with HIV with the savings generated from disease prevention and the delayed onset of AIDS.

Table 2 describes these hypotheses and how the State will evaluate the impact of this waiver.

Table 2: Evaluation Plan

#	Hypothesis	Methodology	Data Source and Metrics
Goal 1: To improve access to continuous health care services for individuals enrolled in the waiver.			
1.1	The waiver shall ensure members know the covered services available to them.	Maine will examine covered services and educate members and providers to ensure a sufficient knowledge base exists.	Administrative data from DHHS Annul Member Satisfaction Survey
1.2	Provider knowledge is key to members getting available covered services.	Maine will monitor and track percent of providers who are knowledgeable about covered services.	Annual Provider Survey and Annual Member Satisfaction Survey
Goal 2: To arrest progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency.			
2.1	Care management can slow disease progression.	Maine will track AIDS-defining illness frequency among waiver members.	Administrative data from DHHS
2.2	The waiver will promote continuity of care, which helps to slow the progression of HIV/AIDS	Maine will use a pre-established continuity of care measure	Administrative data from DHHS

2.3	Nurse Care Management will support the goal of quality of care by effectively working with members.	Maine will monitor member feedback on annual satisfaction survey	Annual Member Satisfaction Survey
2.4	Members who are compliant with their medication regimen will have slower disease progression.	Maine will conduct an analysis of pharmaceutical claims looking at pick up dates and days' supply.	Administrative data from DHHS
Goal 3: To expand coverage to additional low-income individuals living with HIV/AIDS.			
3.1	The waiver will ensure community providers are aware of services available under the waiver and assist individuals with applying.	Maine will provide outreach and education to various MaineCare providers including case managers, physicians, and nurse practitioners.	Annual Provider Survey

Expenditure Authorities

WAIVER & EXPENDITURE AUTHORITIES:

A. Section 1902(a)(10) – Benefits Package Requirements:

To the extent necessary to enable DHHS to provide only a targeted benefit to demonstration population 2, which may not include all required benefits available to state plan populations.

B. Section 1902(a)(14) – Premiums and Cost Sharing:

To the extent necessary to enable DHHS to impose premiums or cost sharing upon Demonstration Population 2 that exceeds the limitations set forth in sections 1916 or 1916A of the Act.

C. Section 1902(a)(43) – Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services:

To the extent necessary to enable DHHS to limit the provision of EPSDT services for demonstration population 2 to examinations and other services included in the targeted benefit package.

Summary

Over the course of the fifteen years of this demonstration, the Office of MaineCare Services has continued to improve access to medical services for Maine residents. The 1115 Demonstration Project has provided medical services to five hundred forty-two (542) demonstration enrollees. In addition, three hundred eighty-nine (389) Medicaid members had the benefit of enhanced care coordination. In just the last year, personal contacts were made through various meetings with the Center for Disease Control and Prevention – including ADAP and Ryan White Part B, Ryan White and targeted case management agencies, and the Office for Family Independence.

Outreach also included educational trainings and site visits with providers- including newly hired case managers. Posters and brochures continue to be distributed throughout the state to Office for Family Independence regional offices, pharmacies, physician offices, hospitals, municipalities, soup kitchens, schools, homeless shelters, and family planning agencies, in hopes to broaden awareness within communities and allow for timely access to coverage and care.

Waiver costs continue to be well below the budget neutrality permitted under the waiver. It is clear to us that the waiver has brought substantial health benefits to both members and enrollees. Keeping individuals healthier is the key to managing HIV.

Appendix A

Waiver Covered and Non-Covered Services

The following MaineCare categories of services and respective policies of the MaineCare Benefits Manual (MCBM) ***are included*** in the limited benefit for "Enrollees":

General Category of Service	Services*
Inpatient	MCBM Section 45, Hospital Services
Psychiatric Facility	MCBM Section 46, Psychiatric Facilities Services
Outpatient	MCBM Section 45, Hospital Services
EPSDT Examinations	MCBM Section 94, Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT), Section 90, Physician Services Examinations: Physician Services
Medications	MCBM Section 80, Pharmacy Services
Community Support Services	MCBM Section 17, Community Support Services; Section 92, Behavioral Health Home Services
Lab & X-ray	MCBM Section 55, Laboratory Services and Section 101, Medical Imaging Services
Transportation	MCBM Section 113, Non-Emergency Transportation Services; benefit will only pay for transportation to and from MaineCare covered services; MCBM, Section 5, Ambulance Services
Ambulatory Care	MCBM Section 3, Ambulatory Care Clinic Services; Section 4, Ambulatory Surgical Center Services
Case Management	MCBM Section 13.03, Targeted Case Management Services
Family Planning	MCBM Section 30, Family Planning Agency Services
Behavioral Health	MCBM Section 65, Behavioral Health Services (including Psychological Services); Section 92, Behavioral Health Home Services
Medicare Crossover-A	MCBM Section 45, Hospital Services
STI/STD Testing and Treatment	MCBM Section 30, Family Planning Services; MCBM, Section 90, Physician Services
Medicare Crossover-B	MCBM Section 90, Physician Services; Section 31, Federally Qualified Health Center Services; Section 103, Rural Health Clinic Services

General Category of Service	Services*
Physician, Physician Assistant, Advanced Practice Registered Nurse, Certified Nurse Practitioner	MCBM Section 90, Physician Services; MCBM Section 14, Advanced Practice Registered Nurse; 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	MCBM Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations
Development and Behavioral Clinical Services	MCBM Section 23, Developmental and Behavioral Clinic Services
Substance Abuse Treatment	MCBM Section 65, Behavioral Health Services

*All services in the table are found in Chapter II of MCBM unless otherwise specified.

The following MaineCare categories of services and respective policies of the MCBM are ***not included*** in the "Enrollee" participant benefit package, which are included for the "Member" groups.

General Category of Service	Services*
Adult Family Care	MCBM Section 2, Adult Family Care Services
Consumer Directed Attendant	MCBM Section 12, Consumer Directed Attendant Services
Home and Community-Based Waiver Services for the Elderly and Adults with Disabilities	MCBM Section 19, Home and Community-Based Waiver Services 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 Institution	MCBM Section 97, Private Non-Medical Institution Services
Day Health	MCBM Section26, Day Health Services
Home Health	MCBM Section 40, Home Health Services
Hospice	MCBM Section 43, Hospice Services
Medical Supplies and Durable Medical Equipment	MCBM Section 60, Medical Supplies and Durable Medical Equipment
Nursing Facility	MCBM Section 67, Nursing Facility Services
Optician, Optometrist	MCBM Section 75, Vision Services (Ophthalmologist services are covered if the services are provided by a qualified practitioner billing under MCBM Section 90, Physician Services)
Physical Therapy	MCBM 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	MCBM Section 96, Private Duty Nursing and Personal Care Services
Primary Care Case Management	MCBM Chapter VI, Section 1, Primary Care Case Management
Speech-Language Pathology	MCBM Section 109, Speech and Hearing 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
Speech and Hearing Services and Audiology	MCBM Section 109, Speech and Hearing Services

Chiropractic	MCBM Section 15, Chiropractic Services
Dental	MCBM Section 25, Dental Services
Intermediate Care Facility for Persons with Intellectual Disability	MCBM Section 50, ICF-ID Services
Occupational Therapy	MCBM 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	MCBM Section 95, Podiatric Services
Rehabilitative Services	MCBM Section 102, Rehabilitative Services
Dialysis Services	MCBM Section 7, Free-standing Dialysis Services

*All services in the table are found in Chapter II of MCBM unless otherwise specified.

Appendix B

Abbreviated Public Notice

NOTICE OF MAINECARE HIV WAIVER EXTENSION APPLICATION

AGENCY: Department of Health and Human Services, MaineCare Services

CONCISE SUMMARY: Maine will be submitting a 5-year renewal application to the Centers for Medicare and Medicaid Services (CMS) for its HIV/AIDS Section 1115 Demonstration Waiver, effective January 1, 2019. The purpose of this waiver is to provide limited Medicaid coverage to Maine citizens living with HIV/AIDS.

The HIV/AIDS demonstration began in July 2002 and is currently approved through December 31, 2018. The waiver allows limited Medicaid benefits to individuals living with HIV/AIDS who are at or below 250% of the Federal Poverty Level. The State's goal in implementing this waiver is to improve the health status of individuals living with HIV/AIDS in Maine by improving access to continuous health care services and arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency.
PUBLIC HEARINGS: In accordance with 42 CFR Part 431.408, notice is hereby given that DHHS will host three public hearings on the HIV waiver extension application that will be submitted to the Centers for Medicare and Medicaid Services.

Hearing 1:	**Augusta Monthly HIVAC Meeting**
Date:	March 13, 2018
Time	10: 00 AM
Location	Room 103 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	2076246687

Hearing 2:	**Augusta Public Hearing**
Date:	March 20, 2018
Time	9: 30 AM
Location	Room 600 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	7155869880

Hearing 2:	**Bangor Public Hearing**
Date:	March 21, 2018
Time	9: 30 AM
Location	Maine DHHS Bangor, 396 Griffin Road, Bangor ME 04401
Conference Line:	877-455-0244
Passcode:	7155869880

PUBLIC COMMENT: This notice also serves to open the 30-day public comment period, which closes at 11:59PM on Saturday, March 31, 2018. Comments and questions about the proposed HIV waiver extension application can also be submitted online via: http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml or by email to: Policy.DHHS@maine.gov or by mail to: Division of Policy/MaineCare Services, 242 State St. 11 State

House Station, Augusta, Maine 04333-0011. All comments must be received by 11:59PM on March 31, 2018.

More information, including the proposed waiver application and the full public notice, can be found at: http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml.
The public may review the proposed waiver application at any Maine DHHS office in every Maine County. To find out where the Maine DHHS offices are, call 1-800-452-1926.

Appendix C

Tribal Consultation

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor
Ricker Hamilton, Commissioner

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-2674; Fax: (207) 287-2675
TTY Users: Dial 711 (Maine Relay)

February 20, 2018

Dear Tribal Health Directors and Chiefs,

The State of Maine will be submitting a 5-year renewal application to the Centers for Medicare and Medicaid Services (CMS) for its Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS. The purpose of this waiver is to provide limited Medicaid coverage to Maine citizens living with HIV/AIDS, including tribal community members.

The HIV/AIDS demonstration began in July 2002 and is currently approved through December 31, 2018. The waiver allows limited Medicaid benefits to individuals living with HIV/AIDS who are at or below 250% of the Federal Poverty Level. The State's goal in implementing this waiver is to improve the health status of individuals living with HIV/AIDS in Maine by improving access to continuous health care services and arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency.

The Department welcomes comments or questions regarding this extension request. Should you have any questions, please contact Thomas Leet at 207-624-4068 or Thomas.Leet@maine.gov. If you would like to provide written feedback, please send your comments to the address below by April 3, 2018.

Thomas M. Leet, Policy Writer
DHHS/Division of MaineCare Policy
242 State Street
11 State House Station
Augusta, ME 04333

The Department presented this extension request on the tribal consultation call on February 6, 2018. Additional information, including a draft waiver application will be available at http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml.
Thank you for serving MaineCare members. We look forward to working with you on this and future efforts.

Sincerely,

Stefanie Nadeau
Office of MaineCare Services
11 State House Station, Augusta, ME 04333-0011

Enclosure: waiver brochures

Department of Health and Human Services
Maine People Living
Safe, Healthy and Productive Lives
Paul R. LePage, Governor
Ricker Hamilton, Commissioner

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-2674; Fax: (207) 287-2675
TTY Users: Dial 711 (Maine Relay)

March 7, 2018

Dear Chief Commander,

The Department would like to invite you to attend a comment session specific for the Tribal Governments on the State's submission of the HIV/AIDS Demonstration Waiver Renewal to the Centers for Medicare and Medicaid Services (CMS). The State will be conducting this comment session on Friday, March 23, 2018, 10: 00 a.m., at Maine DHHS of Houlton, located at 11 High Street, Houlton, ME, 04730. Please RSVP to Lisa Weaver, MaineCare Services, at (207) 624-4050 or Lisa.Weaver@maine.gov. If this date and time does not work for you, please be aware that the State is also holding three public hearings and encourages Tribal members to attend.

Hearing 1:	**Augusta Monthly HIVAC Meeting**
Date:	March 13, 2018
Time	10: 00 a.m.
Location	Room 103 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	2076246687

Hearing 2:	**Augusta Public Hearing**
Date:	March 20, 2018
Time	9: 30 a.m.
Location	Room 600 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	7155869880

Hearing 3:	**Bangor Public Hearing**
Date:	March 21, 2018
Time	9: 30 a.m.
Location	Maine DHHS Bangor, 396 Griffin Road, Bangor ME 04401
Conference Line:	877-455-0244
Passcode:	7155869880

For more information about the HIV/AIDs renewal application please see the letter sent on February 20, 2018, or refer to Maines Demonstration Waiver website located at http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml.

Sincerely,

Stefanie Nadeau, Director
Office of MaineCare Services

MAINECARE MONTHLY TRIBAL CONFERENCE CALL

April 3, 2018
9:00-9:30

Tom Leet (OMS)
on line: Audrey Pratt (OMS), Kristin Cook (OMS)
Ron Bansmer (OFI), Emily Bean (OMS), Elizabeth Neptune (Pleasant Point Health care)

AGENDA ITEMS

Topic	Presenter
HIV Waiver Update	Emily Bean

OTHER INFORMATION

Special Notes:

Next scheduled conference call: May 1, 2018 from 9:00-9:30am

Agenda topics: Elizabeth - Next month - work requirements, status of 1115 waiver.

Call in info:
Number: 1-877-455-0244
Code: 5899743946

HIV waiver → comment period ended 3/31/18.
Final application to be submitted in coming months.

Eliz → How will waiver impact tribes?

A -> Tribal members, @ or below 250 of FPL w/ AIDS, HIV, can apply. Comprehensive but limited. Home Health, DME, Hospice, Dental + Chiro are not included.

MAINECARE MONTHLY TRIBAL CONFERENCE CALL

February 6, 2018
9:00-9:30

AGENDA ITEMS

Topic	Presenter
HIV Waiver Update	Emily Bean
CHIP State Plan Amendment Update	Ginger Roberts-Scott
Dental State Plan Amendment Update	Tom Leet

OTHER INFORMATION

Special Notes:

Next scheduled conference call: March 6, 2018 from 9:00-9:30am

Agenda topics:

Call in info:
Number: 1-877-455-0244
Code: 5899743946

MAINECARE MONTHLY TRIBAL CONFERENCE CALL

March 6, 2018
9:00-9:30

Audrey Pratt + Terry (ED Collaborative)

On call: Michelle Barrows + Rosemary Ivey, Maliseet
Samantha, Penobscot
Kristin Cook, Ron Bansmer, Tom Leet, Emily Bean

AGENDA ITEMS

Topic	Presenter
HIV Waiver Update	Emily Bean
Telehealth State Plan Amendment	Tom Leet

OTHER INFORMATION

Special Notes:

* Meeting minutes from 2/23 meeting on 1115 waiver to come. *

Next scheduled conference call: April 3, 2018 from 9:00-9:30am

Agenda topics:

Call in info: Number: 1-877-455-0244
Code: 5899743946

HIV Waiver - since 2002. Exp on 12/31/18. Incomes up to 250% FPL. Cost neutral. Letter sent to tribes with details on waiver ~~was~~ was sent to tribes last week of Feb. Currently in comment period.

Michelle - Question - Where are we with Medicaid expansion? Currently needing funding →

Telehealth - adding diff provider types to be more comprehensive.

Q. Is this inpatient care?

A. [redacted], only provided in home health situations

Below, please find a Notice of MaineCare HIV Waiver Extension. You can access the complete application at **http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml**

NOTICE OF MAINECARE HIV WAIVER EXTENSION APPLICATION

AGENCY: Department of Health and Human Services, MaineCare Services

CONCISE SUMMARY: Maine will be submitting a 5-year renewal application to the Centers for Medicare and Medicaid Services (CMS) for its HIV/AIDS Section 1115 Demonstration Waiver, effective January 1, 2019. The purpose of this waiver is to provide limited Medicaid coverage to Maine citizens living with HIV/AIDS.

The HIV/AIDS demonstration began in July 2002 and is currently approved through December 31, 2018. The waiver allows limited Medicaid benefits to individuals living with HIV/AIDS who are at or below 250% of the Federal Poverty Level. The State's goal in implementing this waiver is to improve the health status of individuals living with HIV/AIDS in Maine by improving access to continuous health care services and arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency.

PUBLIC HEARINGS: In accordance with 42 CFR Part 431.408, notice is hereby given that DHHS will host three public hearings on the HIV waiver extension application that will be submitted to the Centers for Medicare and Medicaid Services.

Hearing 1:	**Augusta Monthly HIVAC Meeting**
Date:	March 13, 2018
Time:	10:00 a.m.
Location:	Room 103 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	2076246687

Hearing 2:	**Augusta Public Hearing**
Date:	March 20, 2018
Time:	9:30 a.m.
Location:	Room 600 Burton Cross Building, 111 Sewall Street, Augusta ME 04330
Conference Line:	877-455-0244
Passcode:	7155869880

Hearing 3:	**Bangor Public Hearing**
Date:	March 21, 2018
Time:	9:30 a.m.
Location:	Maine DHHS Bangor, 396 Griffin Road, Bangor ME 04401
Conference Line:	877-455-0244
Passcode:	7155869880

PUBLIC COMMENT: This notice also serves to open the 30-day public comment period, which closes at 11:59 p.m. on Saturday, March 31, 2018. Comments and questions about the proposed HIV waiver extension application can also be submitted online via: http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml or by email to: Policy.DHHS@maine.gov or by mail to: Division of Policy/MaineCare Services, 242 State St. 11 State House Station, Augusta, Maine 04333-0011. All comments must be received by 11:59 p.m. on March 31, 2018.

More information, including the proposed waiver application and the full public notice, can be found at: http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml.
The public may review the proposed waiver application at any Maine DHHS office in every Maine County. To find out where the Maine DHHS offices are, call 1-800-452-1926.

Appendix D

Comments

Commenter 1:
Dear DHHS –
I just wanted to chime in in support of Maine's efforts to combat the effects of HIV by urging the powers that be to support renewal of the HIV Waiver. This program, unique to Maine, has already made a big difference in limiting the spread of this disease. Please continue to support the HIV Waiver.
Sincerely,
W.S.

Commenter 2:
DHHS,
I support the renewal of Maine's HIV waiver. I don't see any alternative, really.
Thank you for your attention.
W.N.

Commenter 3:
To whom it may concern:
I am writing to express my support for the for the 5-year renewal of the HIV waiver in Maine. By providing affordable care, access to medication and medical visits, and other specialized services to people living with HIV, this program truly saves lives and helps suppress viral loads. Please continue this waiver program, and in so doing help advance the continual wellbeing of people living with HIV in Maine.
Best,
D.A.

Commenter 4:
To Whom it May Concern,
Please renew the HIV waiver.
Thank you,
T.S.

Commenter 5:
Hello,
I am a Waterville resident. I am writing to express my support for the for the 5 year renewal of the HIV waiver in Maine. This program truly saves lives and helps suppress viral loads. Please continue this waiver program, and in so doing help advance the continual wellbeing of people living with HIV in Maine.
Best,
L.N.

Commenter 6:
To Whom It May Concern (attn: Division of Policy/Maine Care Services):
I am writing to express my support for the 5-year renewal of the HIV waiver in Maine. By providing affordable medical care, access to medication and medical visits, and other specialized services to people living with HIV, this program saves lives and helps suppress viral loads. Please continue this waiver program, and help advance the wellbeing of people living with HIV in Maine.

Sincerely,
A.N.

Commenter 7:
I am writing in support of renewing this waiver. It is critical for people under 250% of poverty to be able to receive much needed health care that assures successfully living with HIV.
K.B.

Commenter 8:
Dear Sir/Madam,
I completely support extending the waiver for people living with HIV/AIDS
Thank you,
J.P.

Commenter 9:
To Whom it May Concern,
I'm writing in **support** of the renewal of the **MaineCare HIV/AIDS waiver**. This waiver supports those living with HIV who do not have the resources to pay for essential medical care. HIV is treatable and low-income Mainers living with it must be entitled to the same care that others with more resources receive.
Thank you,
C.T.

Commenter 10:
To Whom It May Concern:
I am writing in support of a 5 year renewal of the HIV/AIDS Waiver in Maine. This program allows people living with HIV/AIDS to afford and access medication, medical visits and other specialized care they need, and I believe it reflects this state's philosophy of providing care and assistance to the most vulnerable groups of Mainers. Please continue this waiver program, which will protect the health and welfare of people living with HIV in Maine.
Sincerely,
A.S.

Commenter 11:
I am writing to express my support for the for the 5 year renewal of the HIV waiver in Maine. By providing affordable care, access to medication and medical visits, and other specialized services to people living with HIV, this program truly saves lives and helps suppress viral loads. Please continue this waiver program, and in so doing help advance the continual wellbeing of people living with HIV in Maine.
From,
R.G.

Commenter 12:
I highly support the renewal for the HIV waiver. Help us help those seriously compromised already by the HIV virus in the state of Maine. In the past, I worked in Washington County as a case manager with DownEast AIDS Network and know how hard my clients worked to stay healthy, take their meds and be able to afford to live their daily lives in Maine's poorest county. Please don't make their lives even harder.

Thank you so much,
L.M.

Commenter 13:

Hi,
I am writing to express my support for the for the 5-year renewal of the HIV waiver in Maine. By providing affordable care, access to medication and medical visits, and other specialized services to people living with HIV, this program truly saves lives and helps suppress viral loads. Please continue this waiver program, and in so doing help advance the continued well being of people living with HIV in Maine.
Thanks,
Regards,
S.C.

Commenter 14:

I am writing to express my support for the for the 5 year renewal of the HIV waiver in Maine. By providing affordable care, access to medication and medical visits, and other specialized services to people living with HIV, this program truly saves lives and helps suppress viral loads. Please continue this waiver program, and in so doing help advance the continual wellbeing of people living with HIV in Maine.
S.J.

Commenter 15:

Comments of Kenney Miller, Executive Director, Health Equity Alliance
Regarding: 5-Year Renewal Application to the Centers for Medicare and Medicaid Services (CMS),
Section 1115 Health Care Reform Demonstration Waiver for Individuals with HIV/AIDS
Attn: Division of Policy/MaineCare Services
242 State St. 11 State House Station, Augusta, Maine 04333-0011
Submitted: March 30, 2018
To Whom It May Concern:
I am writing in support of the 5-year renewal application ot CMS for the section 1115 waiver for individuals with HIV/AIDS.
My name is Kenney Miller. For the past 6 years I have had the privilege to serve as the Executive Director of the Health Equity Alliance, one of Maine's oldest HIV/AIDS service organizations. HEAL serves approximately 160 people living with HIV at any given time, providing comprehensive case management services to help them live long, fulfilling lives. Our day-to-day at HEAL consists of working closely with people living with HIV, connecting them to medical services, ensuring that they are able to get their medications.
In spite of many advances in medicine, living with HIV can be incredibly challenging. Your life is punctuated by specialist visits, labs and intensive medication regimens. For someone living with HIV medication adherence is their foremost concern. If they miss their medication for more than 3 days, the virus can mutate, adapting to the medication, making it less effective. If not effectively controlled, the virus multiplies, destroying their immune system, leading to full-blown AIDS. But if they maintain a strict regimen, modern medicine has made it possible to suppress the virus, reducing it to nearly undetectable levels. However, this is no easy task when HIV medication can cost upwards of $20,000 per year.

The Section 1115 Health Care Reform Demonstration Waiver for Individuals with HIV/AIDS, otherwise known as the HIV waiver, is a program unique to Maine. Under it, people living with HIV who earn under 250% of the federal poverty level are eligible to receive limited MaineCare benefits. The HIV waiver enables people living with HIV to afford their medication, their medical visits and other health care. This is part of what makes Maine's system of HIV care so fantastic. Over 80% of people living with HIV in the state of Maine have health insurance. Nationally only 30% of the 1.2 million people living with HIV are virally suppressed. In Maine, 61% of people living with HIV are virally suppressed.

Commenter 16:

This policy helps save lives and risks of spreading the virus. Please renew, it just makes sense. A.A

Commenter 17:

I have been involved in one way or another in HIV for 35 years, 25 of those years as a professional both as a direct care case manager and as an administrator. There is no question in my mind the HIV Medicaid waiver has saved lives. Before the waiver people did not have proper access to care and medication because of cost. After the waiver HIV positive folks received the life saving care they deserved. It is very important that this life saving program continue.
thank you R.K.

Commenter 18:

Comments of Donna Galluzzo, Executive Director, Frannie Peabody Center
Regarding: 5-Year Renewal Application to the Centers for Medicare and Medicaid Services (CMS), Section 1115 Health Care Reform Demonstration Waiver for Individuals with HIV/AIDS

Attn: Division of Policy/MaineCare Services
242 State St. 11 State House Station, Augusta, Maine 04333-0011
Submitted: March 30, 2018

My name is Donna Galluzzo, and I am the Executive Director of Frannie Peabody Center, Maine's oldest and largest HIV/AIDS service organization (ASO). For over thirty years, we have provided direct services for approximately 2,000 people living with HIV/AIDS. I am writing to express our support for the 5-year renewal application to CMS of the section 1115 waiver for individuals with HIV/AIDS. I would like to thank CMS and MaineCare Services for considering our thoughtful comments as we work together in the fight against HIV/AIDS in Maine.
Maine, a low-incidence HIV state, ranks above the national goal targets for linkage to care and HIV viral suppression. These are key indicators of progress in the National HIV/AIDS Strategy (ref: HIV.gov). There is no doubt that the 1115 HIV waiver has played a significant role in our success statewide to link those who are HIV+ to care and to report strong and consistent indicators of HIV viral suppression. The existence of the 1115 HIV Waiver - which extends limited MaineCare coverage to PLWH (people living with HIV) at or below 250 percent of the FPL – is unique to Maine. Waiver benefits are based on a disease model with the goal to delay, prevent, and reverse the progression of HIV/AIDS, and to date, it can be argued that the waiver

has indeed played a significant role in the support of care management (that organizations such as Frannie Peabody provide) to do just that. It's also worth noting that, the waiver has contributed to substantial health benefits while operating well below the budget neutrality permitted under the waiver.
There is clear evidence to show that without care management for those living with HIV/AIDS, a significant number of whom are supported by the 1115 HIV Waiver, those statewide with AIDS-defining illnesses would show significant (and immediate) growth. The services provided by the 1115 waiver directly impact clients' capacity to remain engaged in healthcare and adherent to life-saving HIV medications, thereby drastically reducing the risk of transmitting the disease. With such clear evidence and such strong outcomes and indicators (and the fiscal benefits of operating below budget neutrality), we are delighted to testify in favor of the 5-year renewal application. For far too long, those at risk and living with HIV have had to fight for their rights to dignity, acceptance, understanding and, especially, quality health care. Living with HIV/AIDS and without access to quality care is a personal and public health issue. The renewal of the 1115 HIV waiver is a significant and reasonable step towards insuring access to and the guarantee of quality health care and care management in community-based and clinical settings statewide.

Commenter 19:
I am submitting this comment about Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS.

This waiver is vitally important to Maine and must be kept. A small state like Maine cannot afford to have an HIV outbreak in the middle of a rampant opioid crisis. The spread of HIV by unmedicated people is a real danger. The financial costs would be extreme to say nothing of human life. It has been proven that HIV drugs can eliminate the possibility of spreading the virus. Therefore this is not merely a waiver to help low-income people with HIV, it is also vital for general public health and safety. We must keep people with HIV medicated to reduce the spread of infection and this waiver pays for itself by doing this. HIV drugs are extremely expensive but every viral load kept "undetectable" today saves paying for many more treatments down the road. One only need google the phrase "HIV crisis in Indiana" to see what the devastating effect could be without safeguards like this waiver.
J.P.

Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS
Number:
11-W-00128/1

Interim Evaluation Report
May 24, 2018

In 2002, Maine's Medicaid program, MaineCare, was granted a five-year 1115 demonstration waiver from CMS to provide a broad range of healthcare services to Maine citizens living with HIV infection. Services include: physician services, outpatient laboratory and radiology, prescription medications, inpatient and outpatient hospital services, behavioral health and substance abuse services, transportation, and case management. The goal of this demonstration is to delay, prevent, or reverse the progress of HIV/AIDS by providing comprehensive and affordable access to treatment in the early stages of illness. This demonstration began on July 1, 2002 and is currently approved until December 31, 2018.

This interim evaluation of the demonstration will enable the Department of Health and Human Services the opportunity to review trends and disease stage progression to evaluate the hypotheses and determine if objectives were met.

The State will review:

- Demographic trends of HIV infection in Maine;
- Waiver enrollee and membership demographic trends;
- Disease status and progression trends;
- Per member cost trends;
- Comparison of actual experience to our projections; and
- Overall cost neutrality

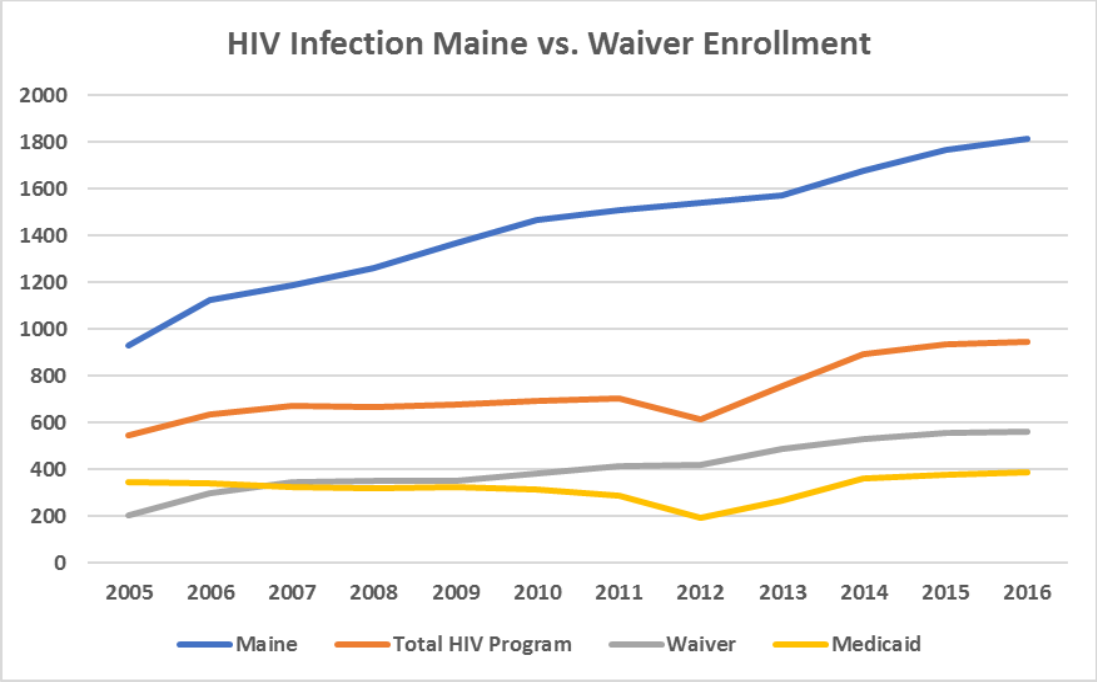
Demographic trends of HIV infection in Maine and for waiver enrollees

The Department of Health and Human Services, in collaboration with the Center for Disease Control and Prevention, will identify trends of HIV infection in Maine including: gender, race/ethnicity, age, exposure category/risk behavior, socioeconomic status, and clients served by Ryan White and the AIDS Drug Assistance Program.

The State will identify trends of MaineCare HIV demonstration enrollee counts by utilizing an algorithm based on diagnoses provided with healthcare service claims and prescriptions filled for anti-retroviral drugs. The State will monitor expenditures to ensure the waiver remains budget neutral while determining if a waiting list needs to be implemented.

HIV Infection in Maine 2005-2016

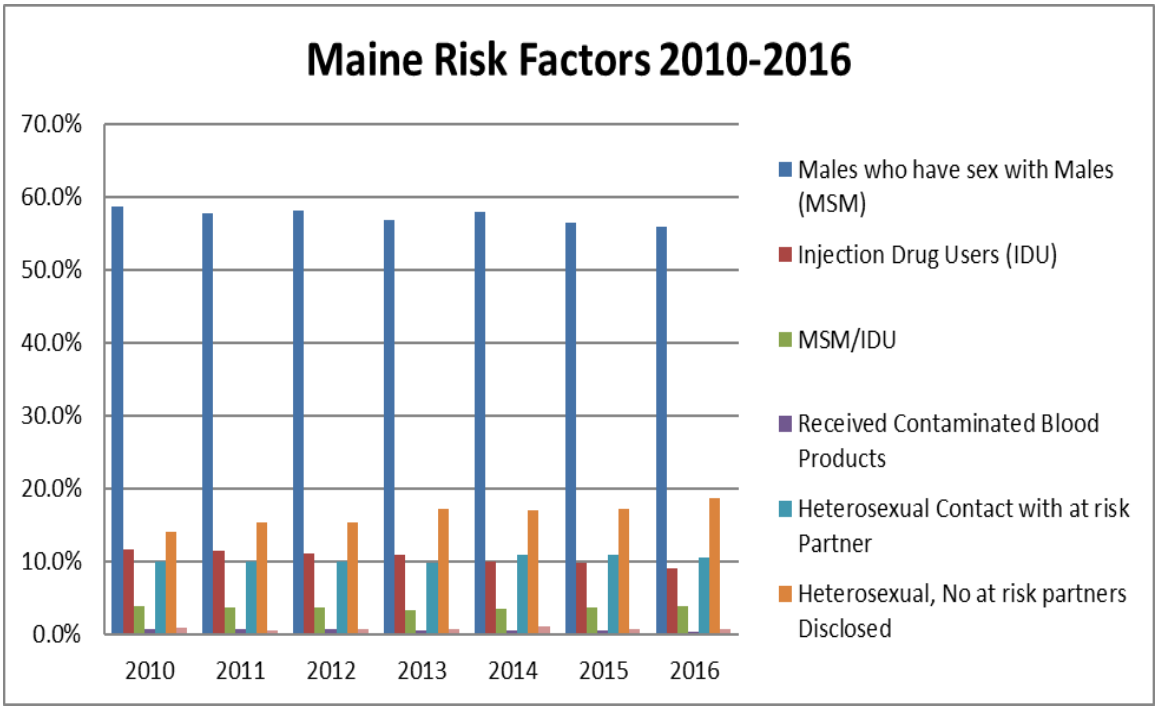
Year	Residents Living with HIV Infection	Growth Rate	Number of New Cases
2005	930		
2006	1,127	21.18%	197
2007	1,190	5.59%	63
2008	1,263	6.13%	73
2009	1,366	8.16%	103
2010	1,466	7.32%	100
2011	1,507	2.80%	41
2012	1,539	2.12%	32
2013	1,570	2.01%	31
2014	1,680	7.01%	110
2015	1,766	5.12%	86
2016	1,813	2.66%	47
9-year average	1,434.75	4.18%	69.2

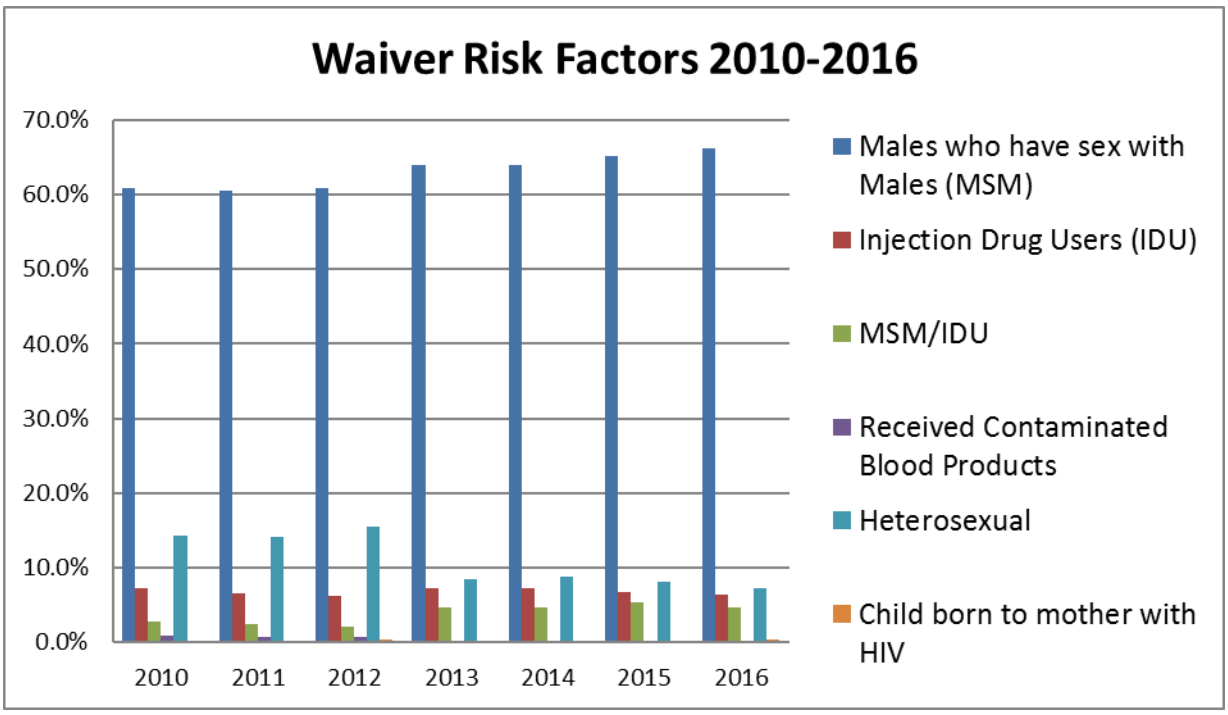


On average, the total MaineCare HIV program enrollment encompasses approximately 50% of the total residents living with HIV. The 1115 waiver covers approximately 28% of the total known infected, on average. Waiver enrollment continues to grow. Over the past five years, on average, waiver enrollment has grown by approximately 6% per year. The rate of known HIV positive people in Maine grew an average of approximately 4% per year.

Enrollment Totals	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Maine	930	1127	1190	1263	1366	1466	1507	1539	1570	1680	1766	1813
Waiver	203	298	344	349	353	381	415	417	488	530	556	561
Medicaid	344	338	326	317	325	313	290	195	269	361	378	386
Total HIV Program	547	636	670	666	678	694	705	612	757	891	934	947

Percent Change - Enrollment	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Maine		21.2%	5.6%	6.1%	8.2%	7.3%	2.8%	2.1%	2.0%	7.0%	5.1%	2.7%
Waiver		46.8%	15.4%	1.5%	1.2%	7.9%	8.9%	0.5%	17.0%	8.6%	4.9%	0.9%
Medicaid		-1.7%	-3.6%	-2.8%	2.5%	-3.7%	-7.4%	-32.8%	38.0%	34.2%	4.7%	2.1%
Total HIV Program		16.3%	5.4%	-0.6%	1.8%	2.4%	1.6%	-13.2%	23.7%	17.7%	4.8%	1.4%

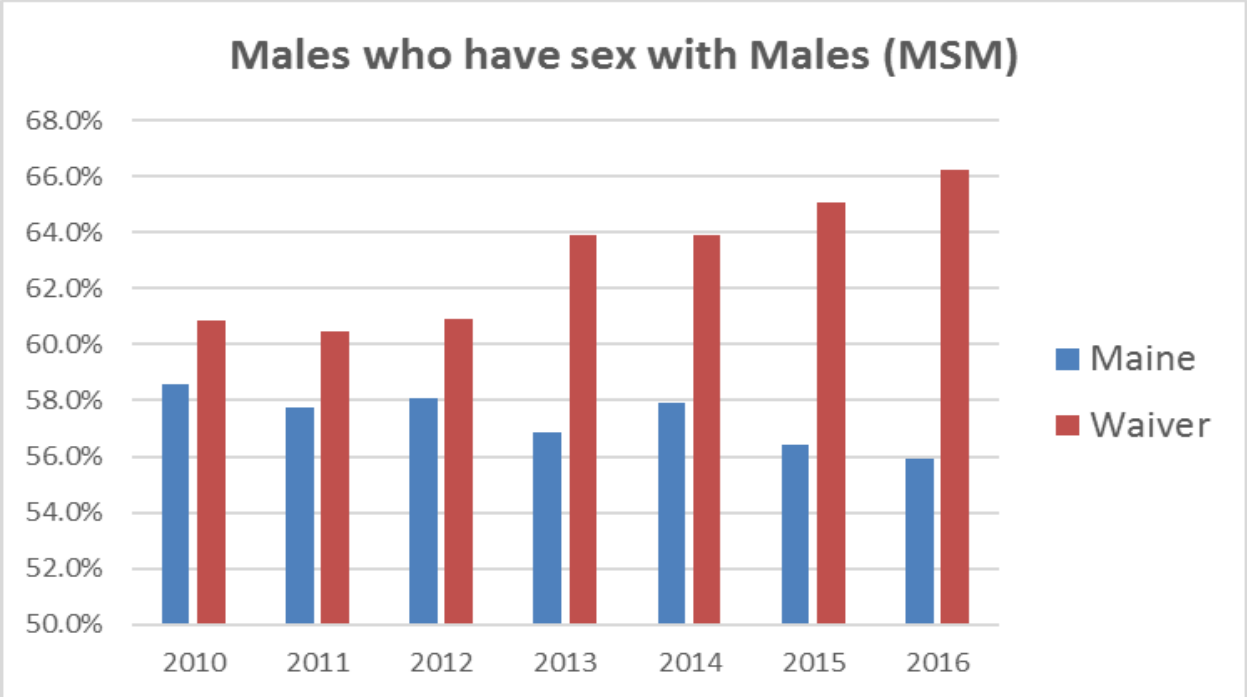




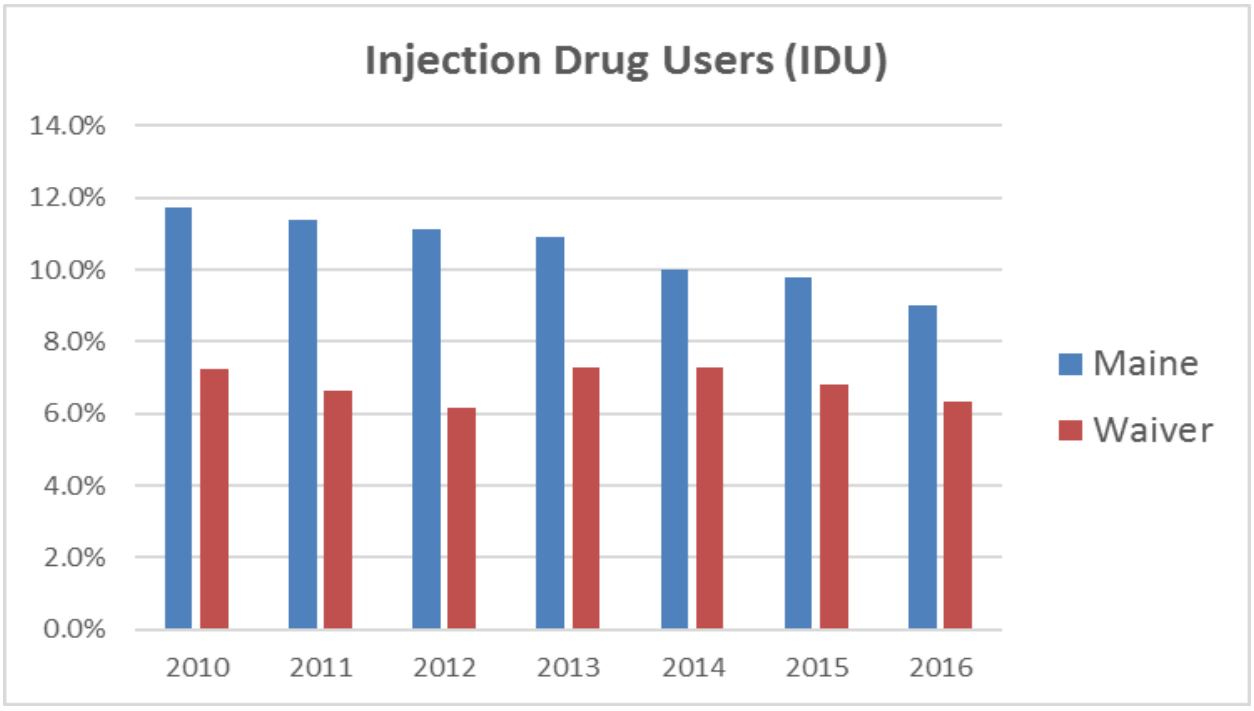
The Males who have Sex with Males (MSM) risk factor continues to be the leading cause of HIV infection for both HIV positive people living in Maine and waiver enrollees, accounting for over 50% of the infected. The next most common risk factor for both HIV positive people living in Maine and waiver enrollees, is heterosexual (with or without an at-risk partner) followed by Injection Drug Users (IDU). Other risk factors were present at very low levels.

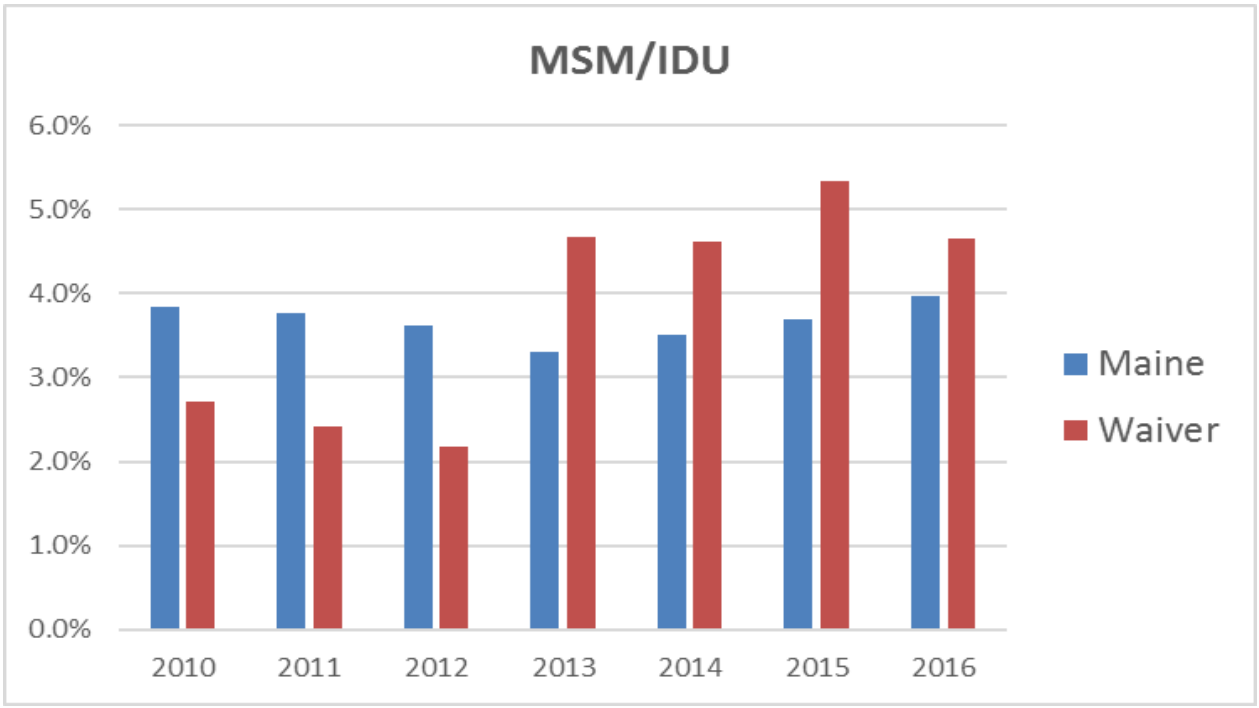
Maine	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Males who have sex with Males (MSM)	52.6%	55.1%	56.4%	58.2%	58.6%	57.7%	58.1%	56.9%	57.9%	56.4%	55.9%
Injection Drug Users (IDU)	12.6%	12.5%	12.3%	12.3%	11.7%	11.4%	11.1%	10.9%	10.0%	9.8%	9.0%
MSM/IDU	3.1%	3.4%	3.2%	3.8%	3.8%	3.8%	3.6%	3.3%	3.5%	3.7%	4.0%
Received Contaminated Blood Products	1.1%	1.0%	0.9%	0.8%	0.8%	0.7%	0.7%	0.6%	0.5%	0.5%	0.5%
Heterosexual Contact with at risk Partner	10.5%	10.4%	10.0%	10.3%	10.0%	10.0%	10.0%	9.9%	11.0%	10.9%	10.5%
Heterosexual, no at-risk partners Disclosed	7.7%	13.1%	16.2%	13.7%	14.0%	15.4%	15.4%	17.3%	17.0%	17.2%	18.8%
Heterosexual	18.2%	23.4%	26.2%	24.1%	24.1%	25.4%	25.5%	27.2%	28.0%	28.1%	29.2%
Child born to mother with HIV	0.9%	0.5%	0.5%	0.5%	0.9%	0.6%	0.7%	0.7%	1.1%	0.8%	0.8%
Undetermined	11.5%	4.1%	0.5%	0.3%	0.1%	0.4%	0.3%	0.4%	0.4%	0.7%	0.6%

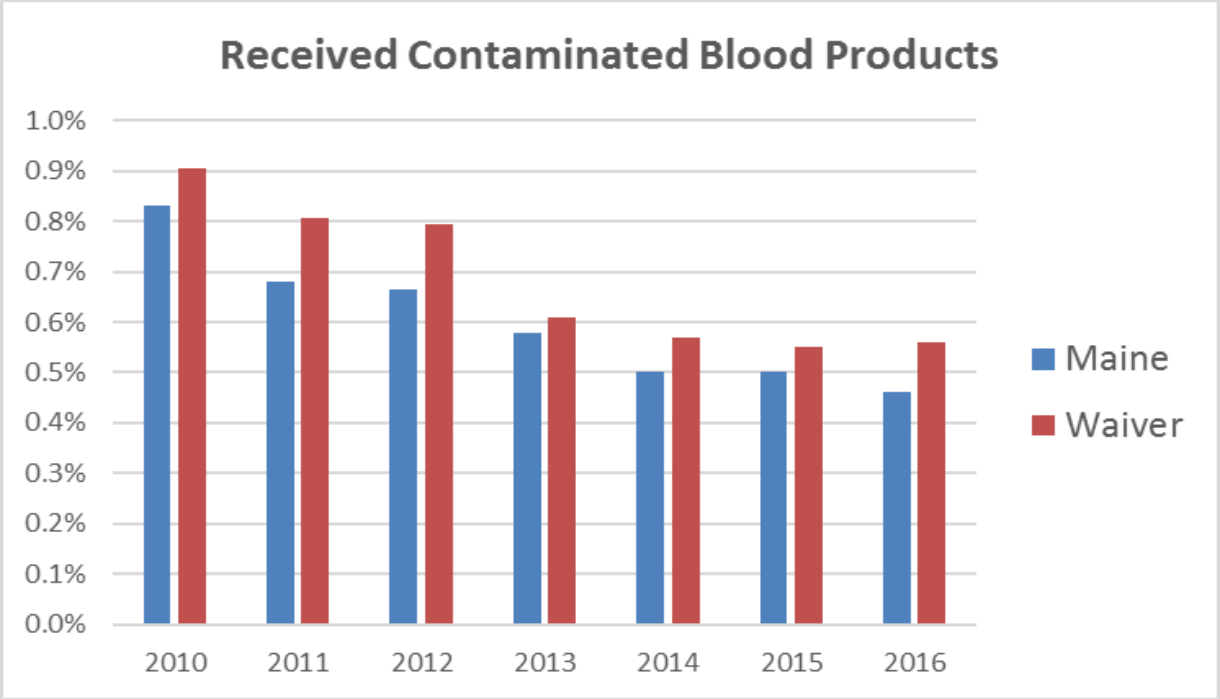
Waiver	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Males who have sex with Males (MSM)	54.5%	59.6%	61.9%	62.7%	60.9%	60.5%	60.9%	63.9%	63.9%	65.1%	66.2%
Injection Drug Users (IDU)	5.8%	5.5%	6.7%	7.5%	7.2%	6.7%	6.2%	7.3%	7.3%	6.8%	6.3%
MSM/IDU	2.0%	2.2%	2.2%	2.1%	2.7%	2.4%	2.2%	4.7%	4.6%	5.3%	4.7%
Received Contaminated Blood Products	0.9%	0.8%	0.8%	0.8%	0.9%	0.8%	0.8%	0.6%	0.6%	0.6%	0.6%
Heterosexual	12.1%	11.8%	12.9%	13.4%	14.3%	14.1%	15.5%	8.5%	8.8%	8.1%	7.3%
Child born to mother with HIV	0.0%	0.3%	0.3%	0.0%	0.0%	0.0%	0.4%	0.2%	0.2%	0.0%	0.4%
Undetermined	24.8%	19.8%	15.1%	13.6%	14.0%	15.5%	14.1%	14.8%	14.6%	14.2%	14.6%

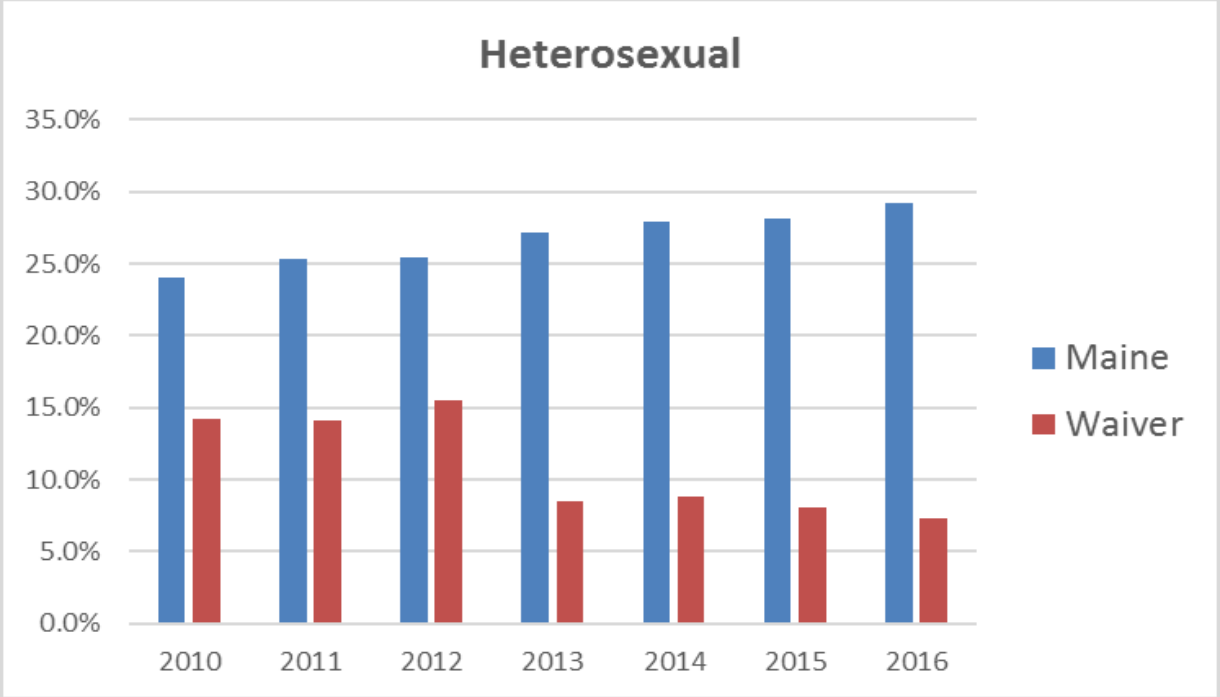


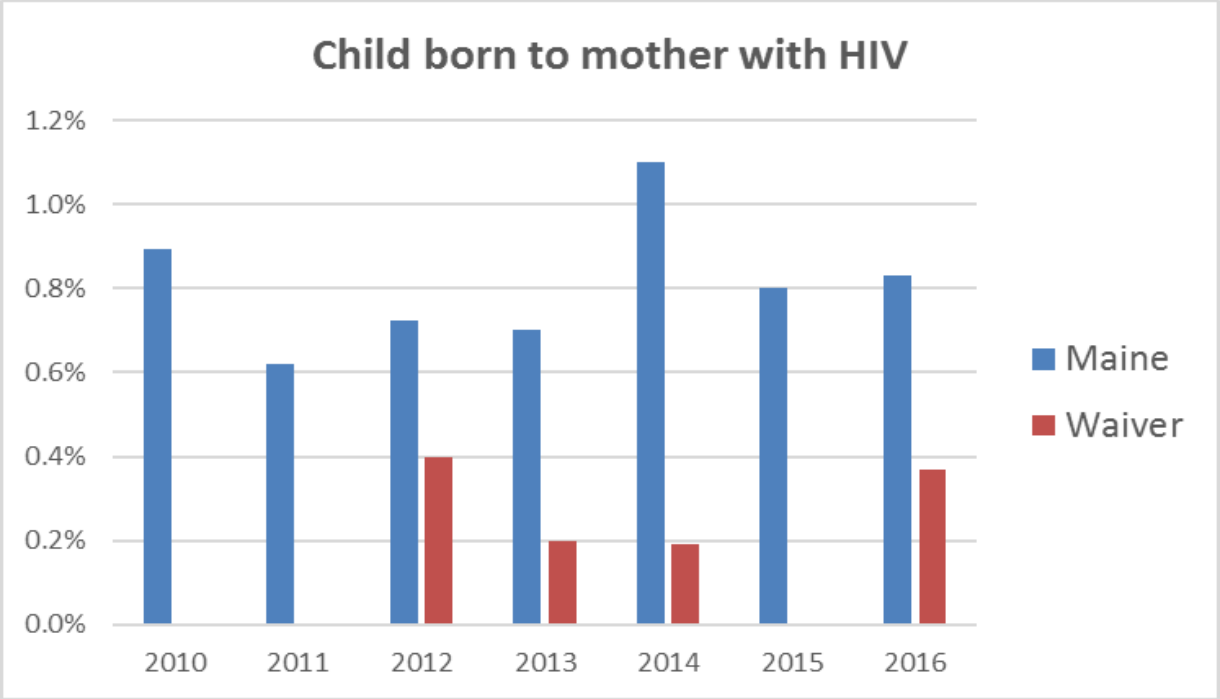
Over a six year time period (2010-2016), MSM has continued to be the most common risk factor for HIV positive people. On average, 63% of people on the waiver had an MSM risk factor, comparerd to approximatley 57% for all people living with HIV in Maine. The waiver has a slightly higher percetage of members with MSM risk factors than the total infected; therefore, the waiver has enrolled slightly more of the people with an MSM risk factor than people with different risk factors.

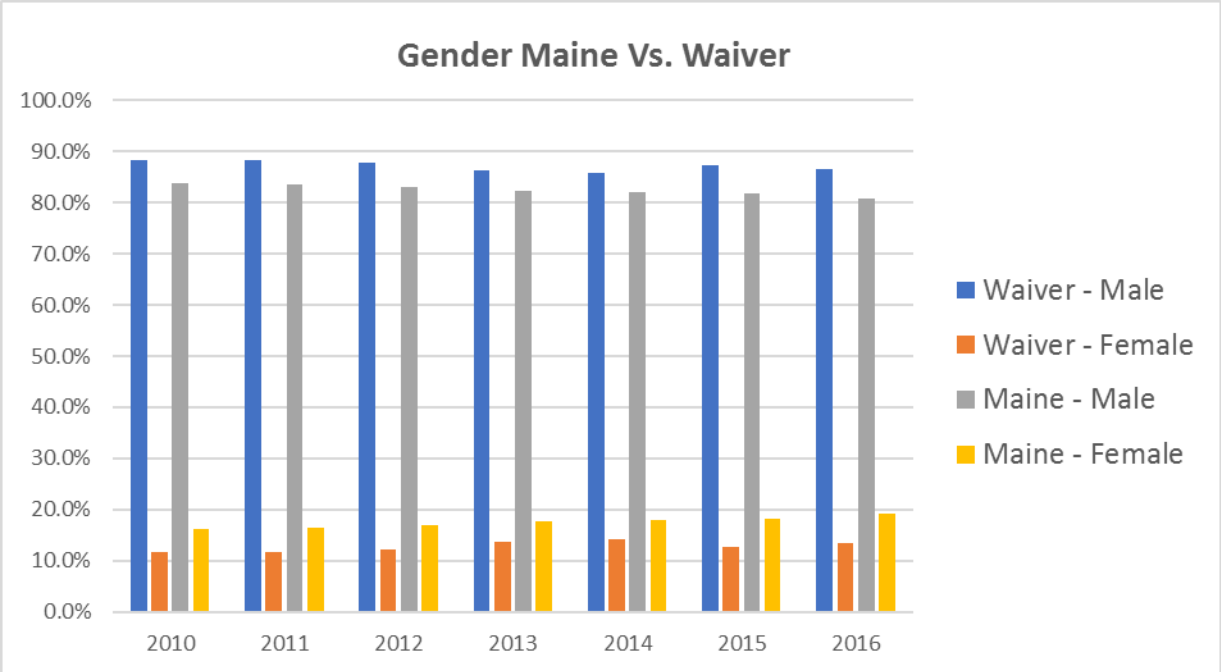

Injection Drug Users (IDU)
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver


MSM/IDU
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

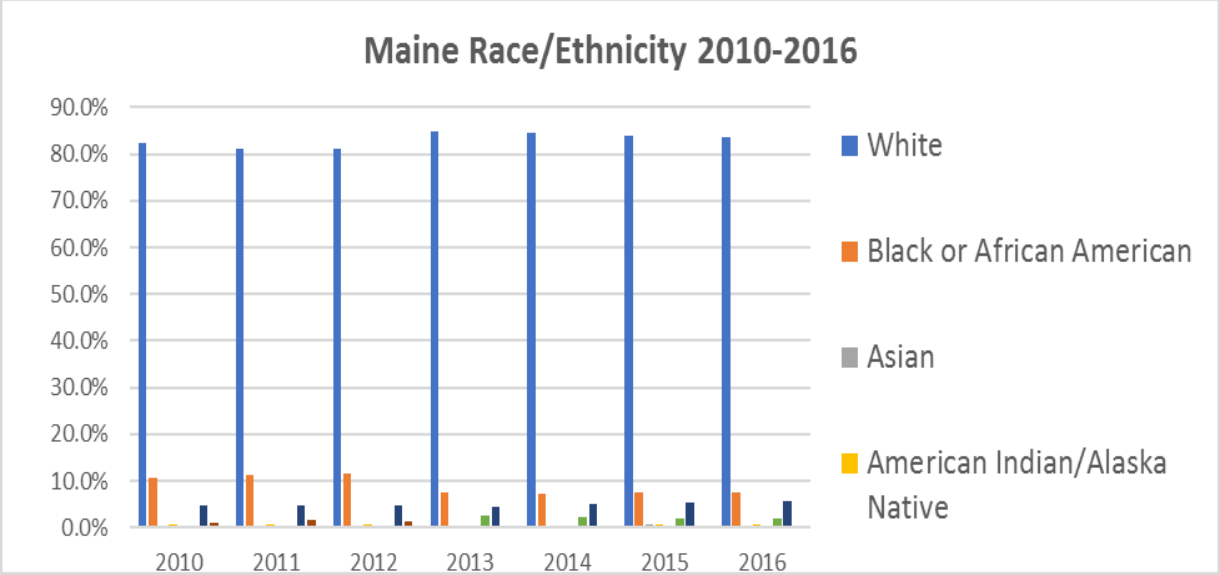

Received Contaminated Blood Products
1.0%
0.9%
0.8%
0.7%
0.6%
0.5%
0.4%
0.3%
0.2%
0.1%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

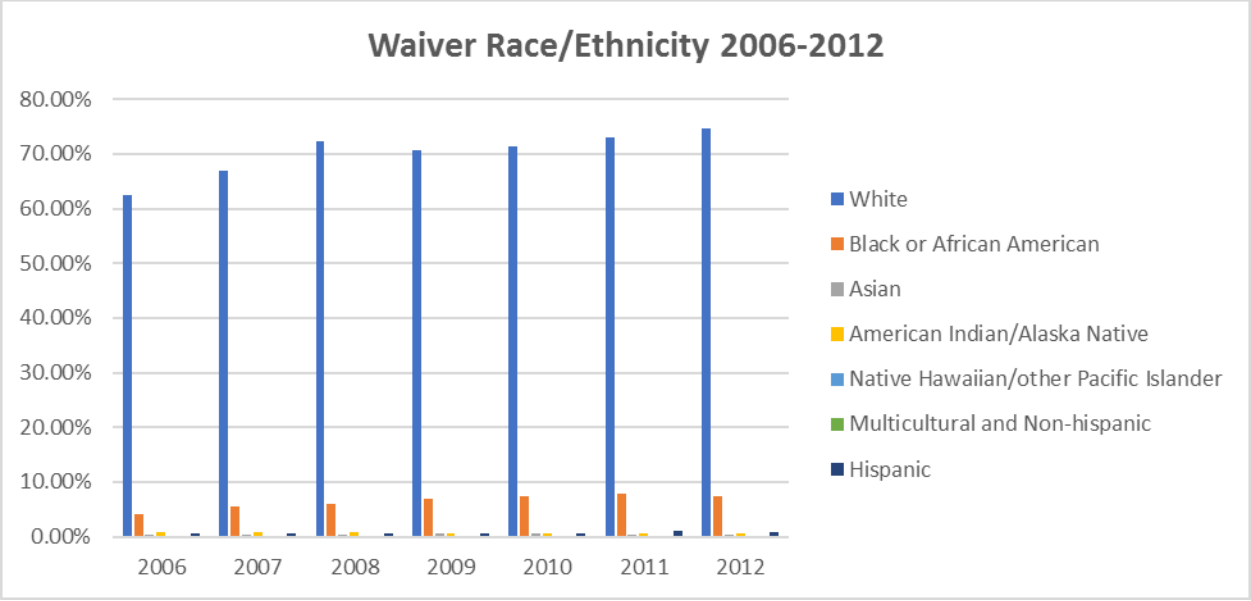

Heterosexual
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

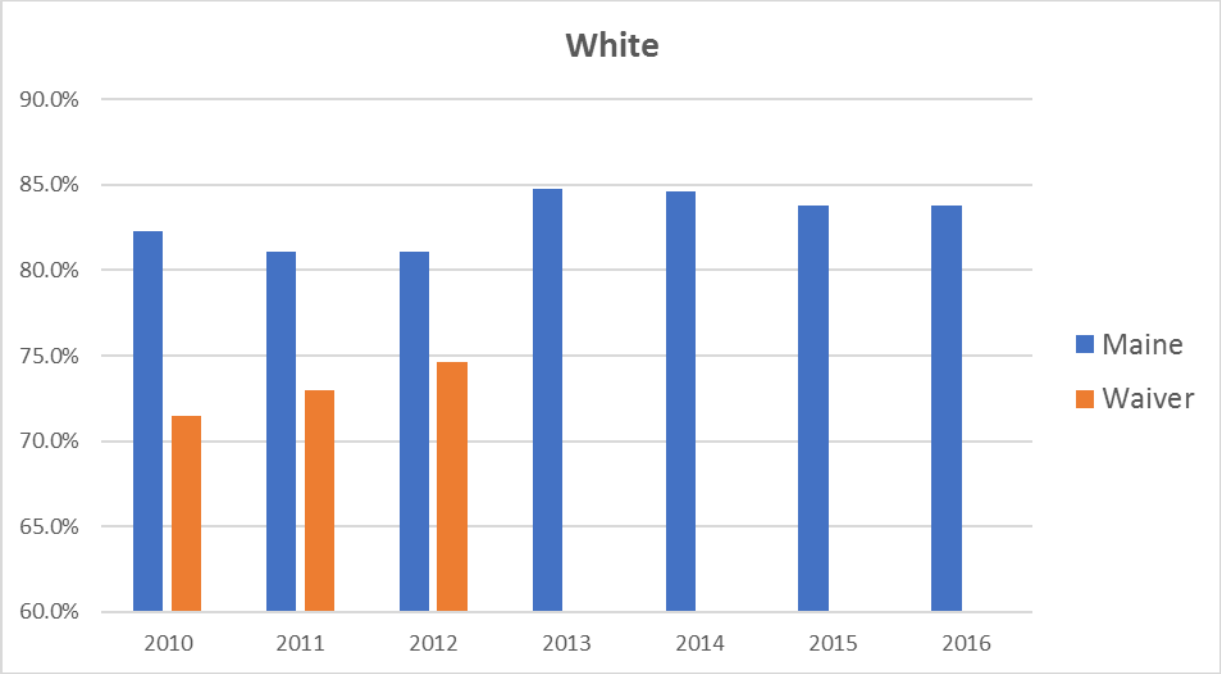

Child born to mother with HIV
1.2%
1.0%
0.8%
0.6%
0.4%
0.2%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

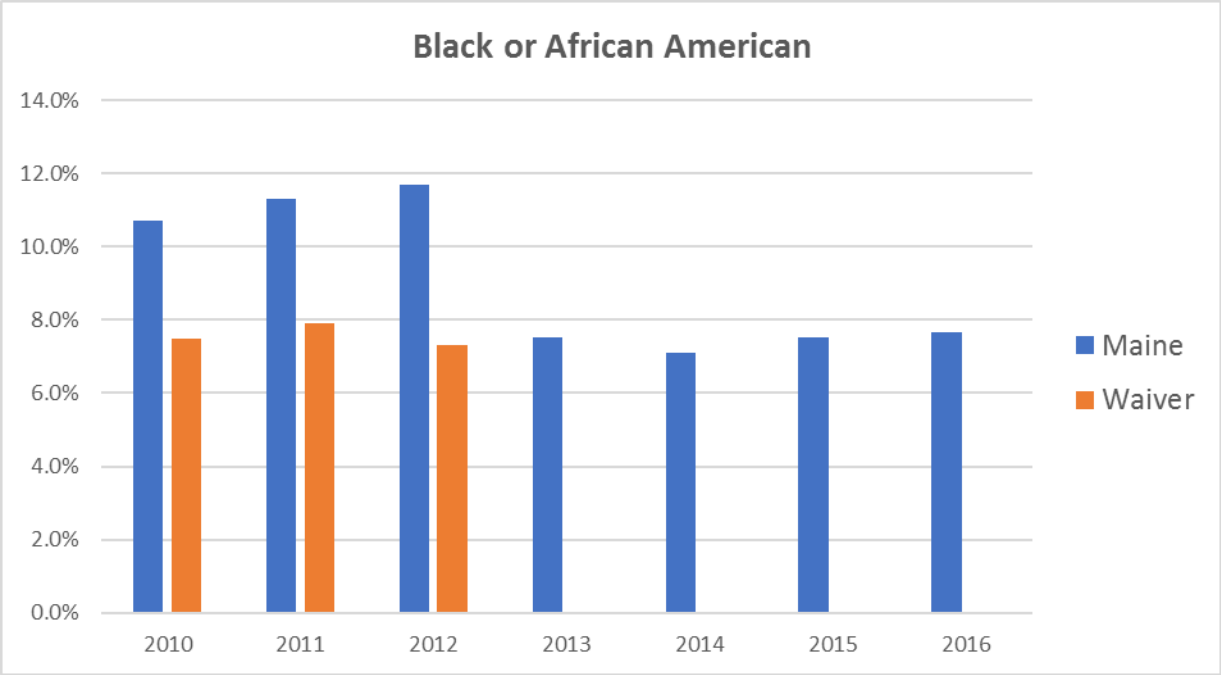

Gender Maine Vs. Waiver
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Waiver - Male
Waiver - Female
Maine - Male
Maine - Female

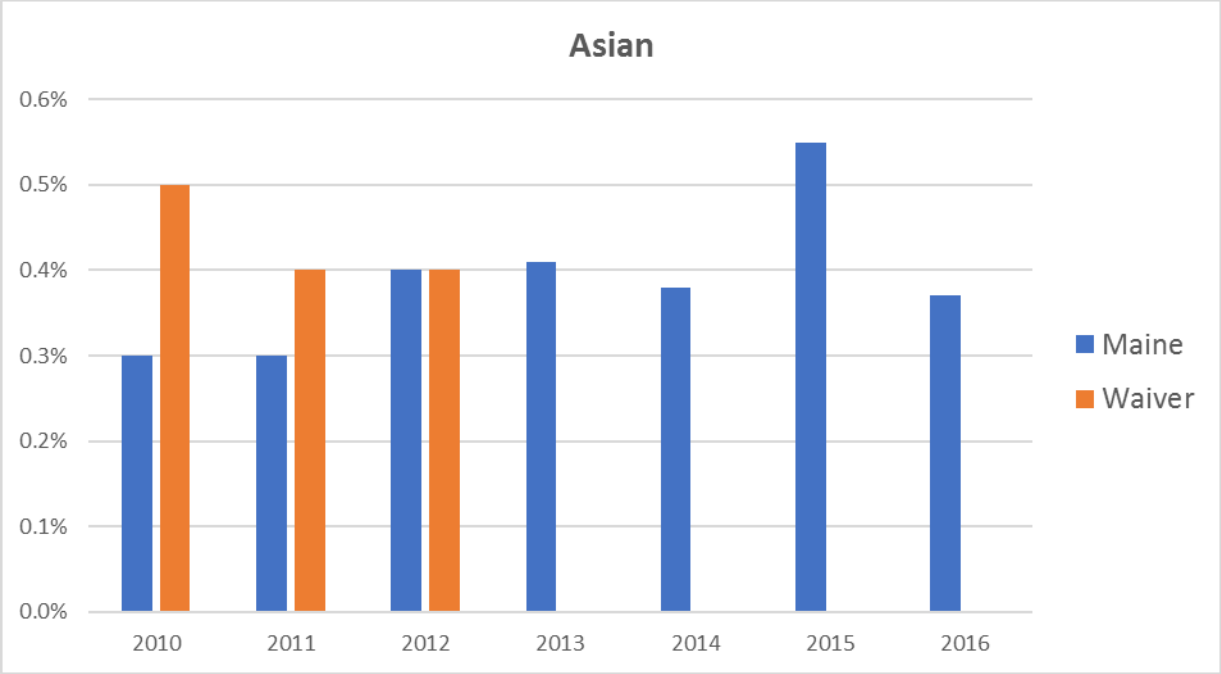
Gender	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Waiver - Male	90.2%	89.8%	89.1%	88.7%	88.2%	88.3%	87.9%	86.3%	85.7%	87.3%	86.6%
Waiver - Female	9.8%	10.2%	10.9%	11.3%	11.8%	11.7%	12.1%	13.7%	14.3%	12.7%	13.4%
Maine - Male	77.2%	80.2%	83.7%	83.4%	83.8%	83.5%	83.1%	82.3%	82.1%	81.8%	80.9%
Maine - Female	15.4%	15.8%	16.0%	16.2%	16.2%	16.5%	16.9%	17.7%	17.9%	18.2%	19.1%
Maine - Unknown	7.4%	4.0%	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

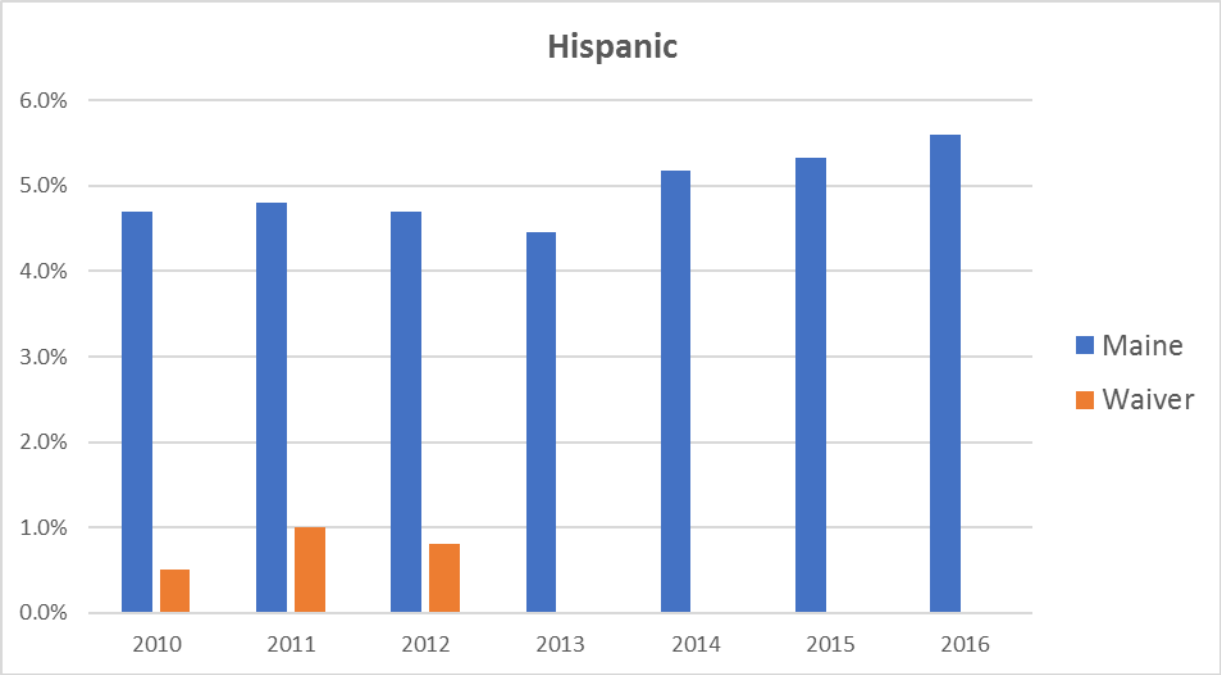


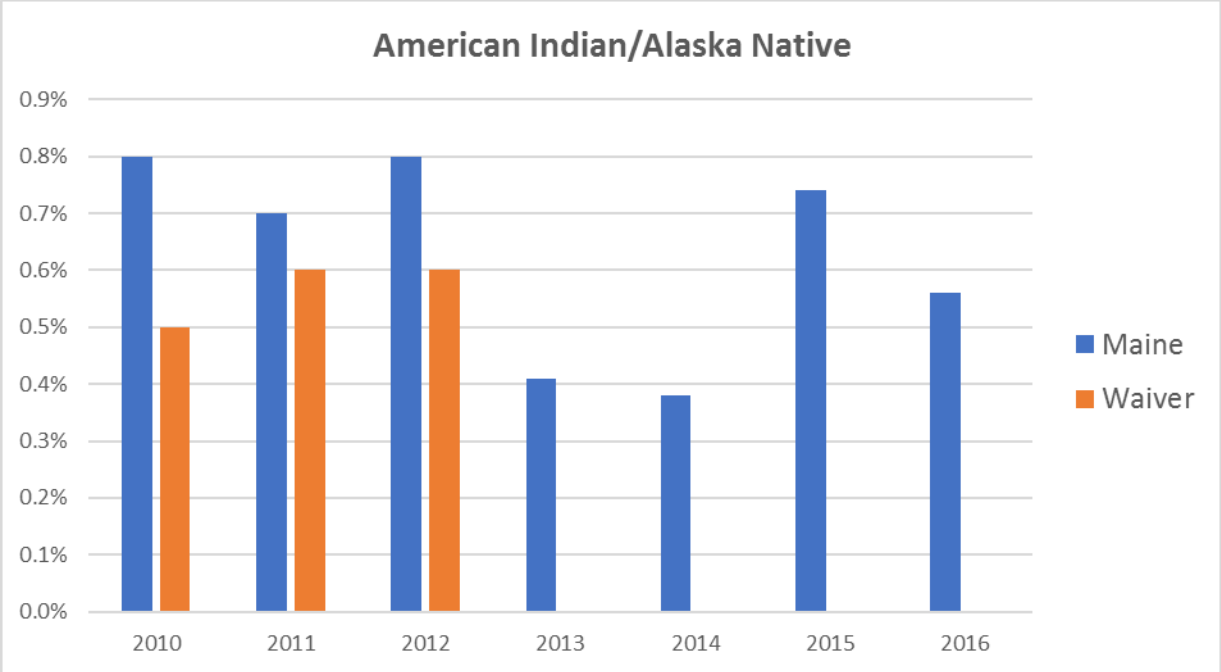



White
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver


Black or African American
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

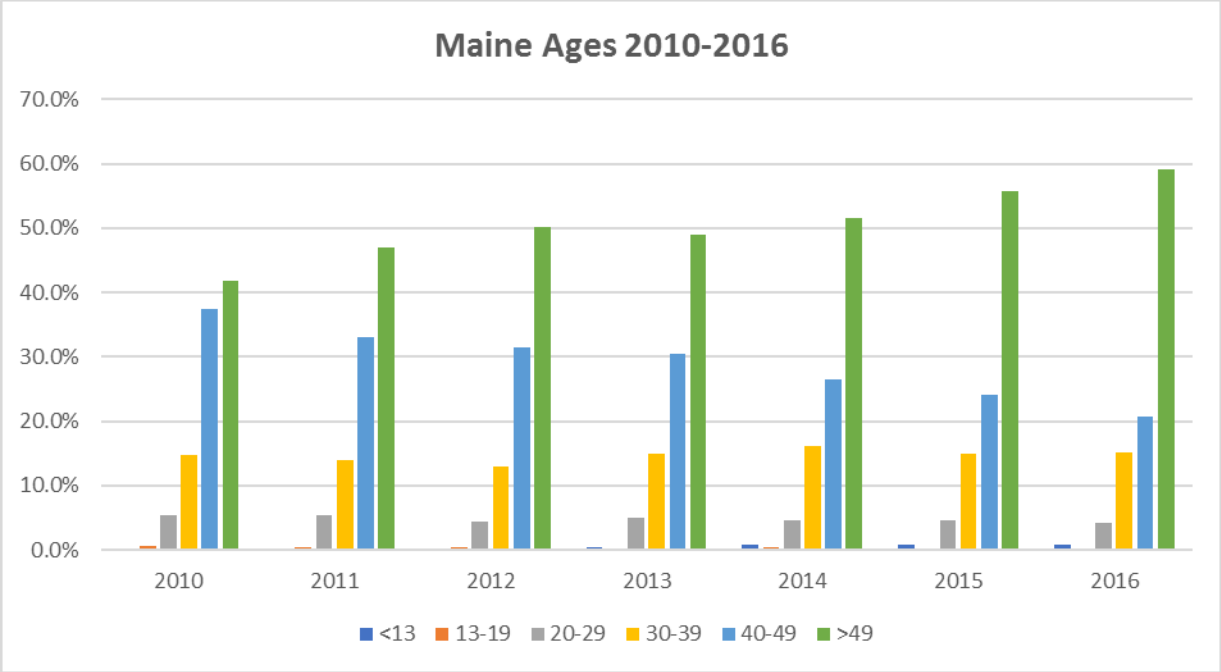

Asian
0.6%
0.5%
0.4%
0.3%
0.2%
0.1%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

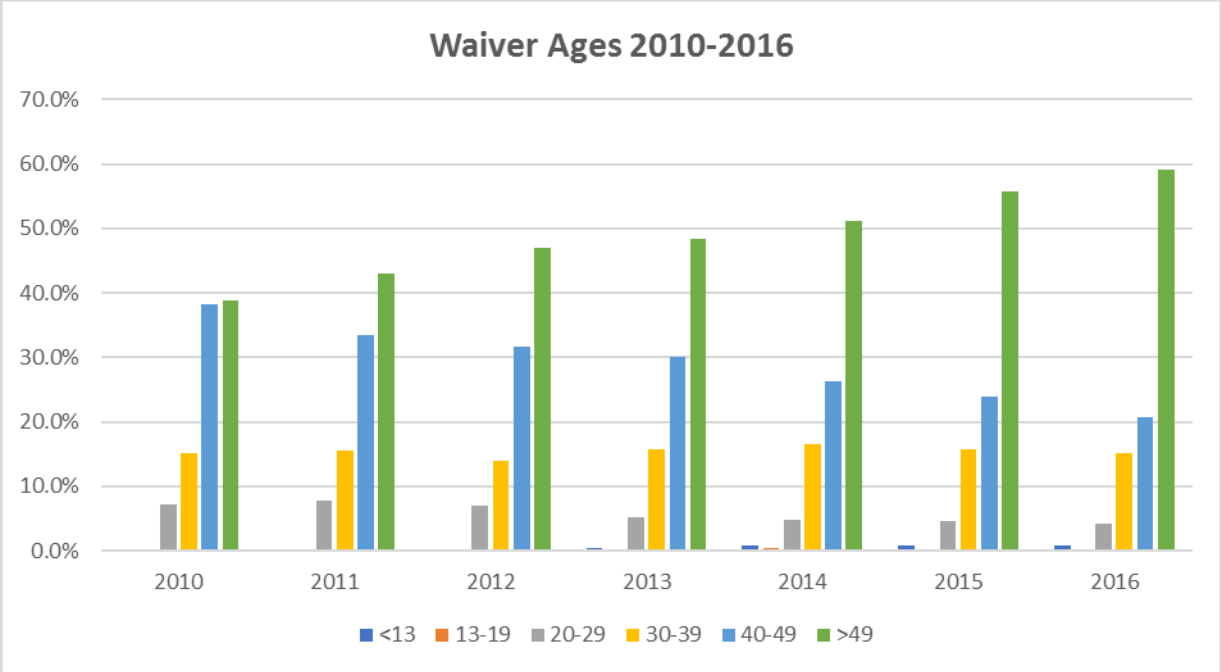

Hispanic
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

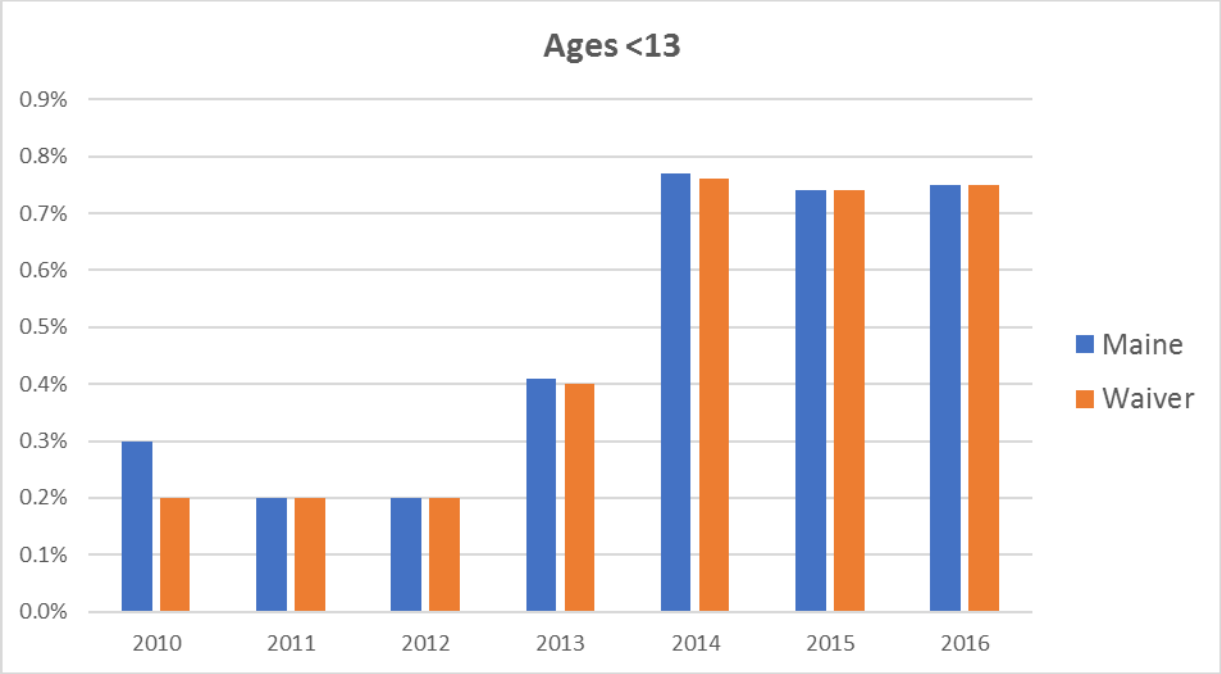


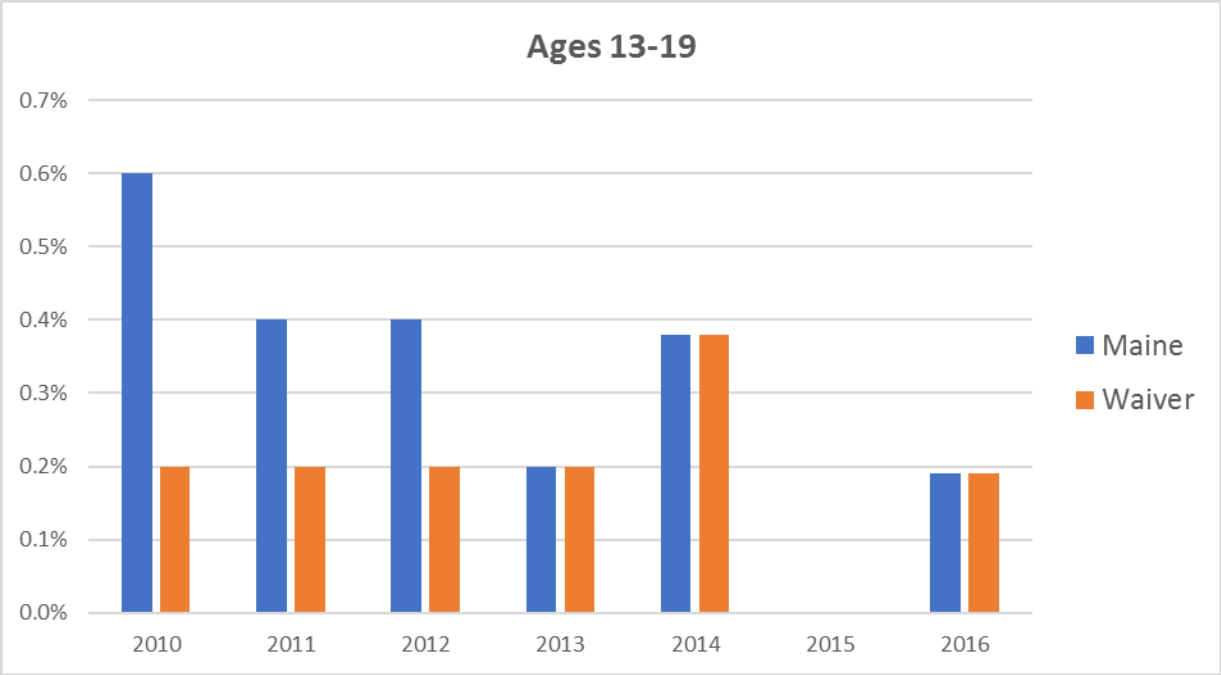
Maine	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
White	79.1%	81.7%	83.5%	83.1%	82.3%	81.1%	81.1%	84.8%	84.6%	83.8%	83.8%
Black or African American	8.0%	8.2%	8.7%	9.5%	10.7%	11.3%	11.7%	7.5%	7.1%	7.5%	7.7%
Asian	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.6%	0.4%
American Indian/Alaska Native	0.6%	0.6%	0.6%	0.7%	0.8%	0.7%	0.8%	0.4%	0.4%	0.7%	0.6%
Native Hawaiian/other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Multicultural and Non-hispanic	0.0%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	2.4%	2.3%	2.0%	2.1%
Hispanic	4.8%	5.4%	5.4%	5.1%	4.7%	4.8%	4.7%	4.5%	5.2%	5.3%	5.6%
Unknown	7.3%	3.7%	1.5%	1.4%	1.1%	1.7%	1.2%	0.0%	0.0%	0.0%	0.0%

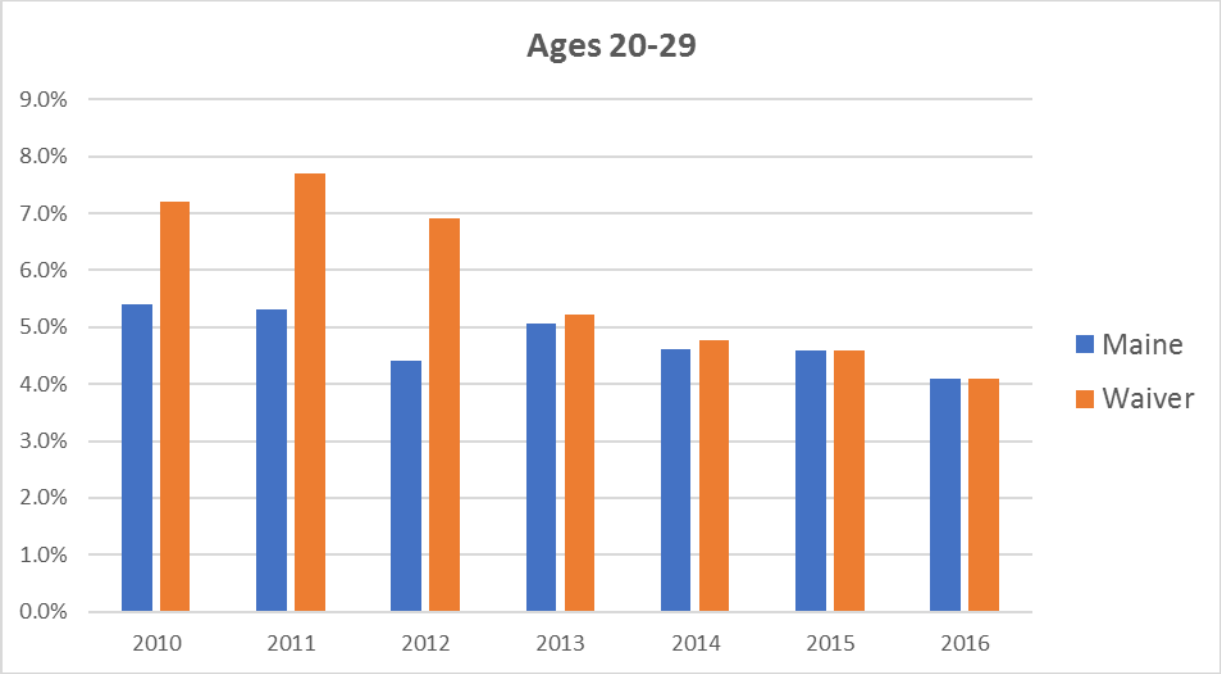
Waiver	2006	2007	2008	2009	2010	2011	2012
White	62.5%	67.0%	72.3%	70.7%	71.5%	73.0%	74.6%
Black or African American	4.0%	5.5%	5.9%	6.9%	7.5%	7.9%	7.3%
Asian	0.3%	0.3%	0.3%	0.5%	0.5%	0.4%	0.4%
American Indian/Alaska Native	0.9%	0.8%	0.8%	0.5%	0.5%	0.6%	0.6%
Native Hawaiian/other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Multicultural and Non-hispanic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hispanic	0.6%	0.5%	0.6%	0.5%	0.5%	1.0%	0.8%
Unknown	31.7%	25.8%	20.2%	20.8%	19.7%	17.1%	16.3%

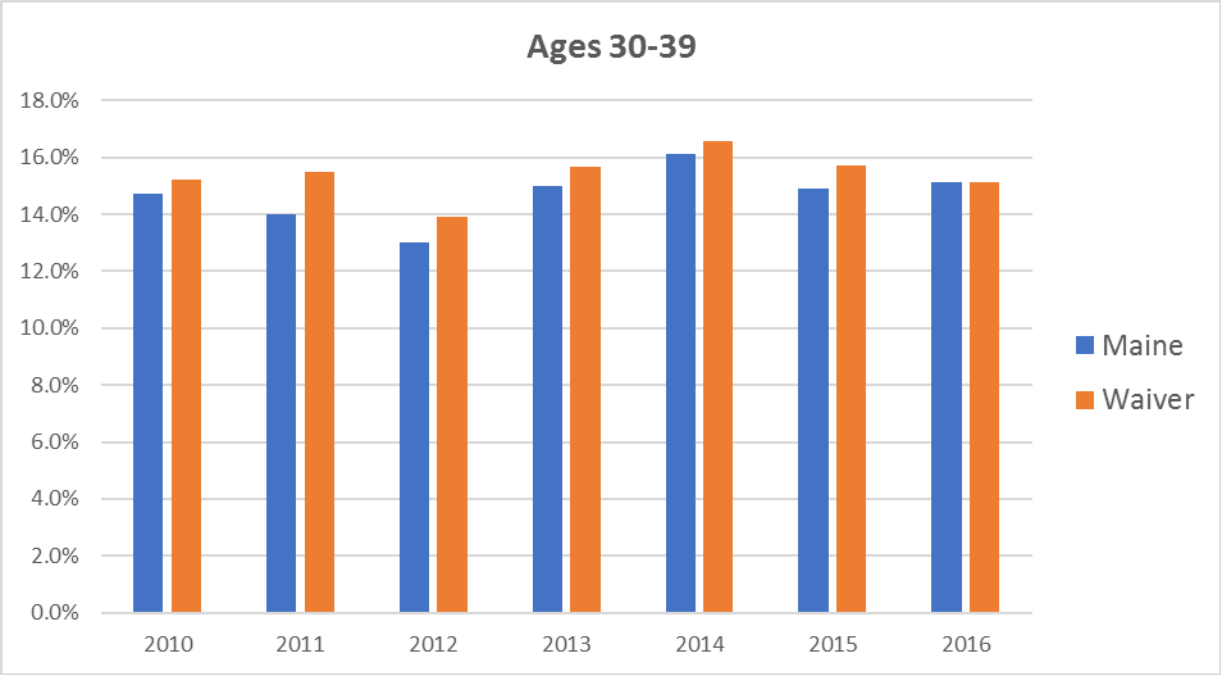

Maine Ages 2010-2016
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
<13
13-19
20-29
30-39
40-49
>49

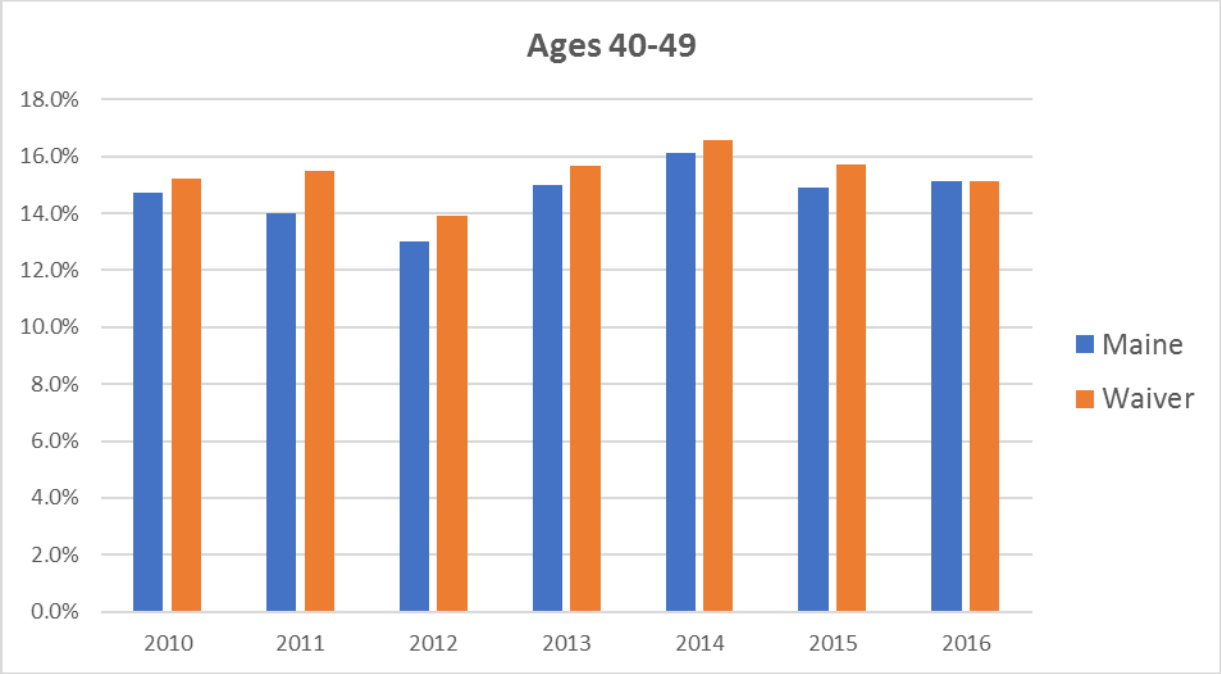

Waiver Ages 2010-2016
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
<13
13-19
20-29
30-39
40-49
>49

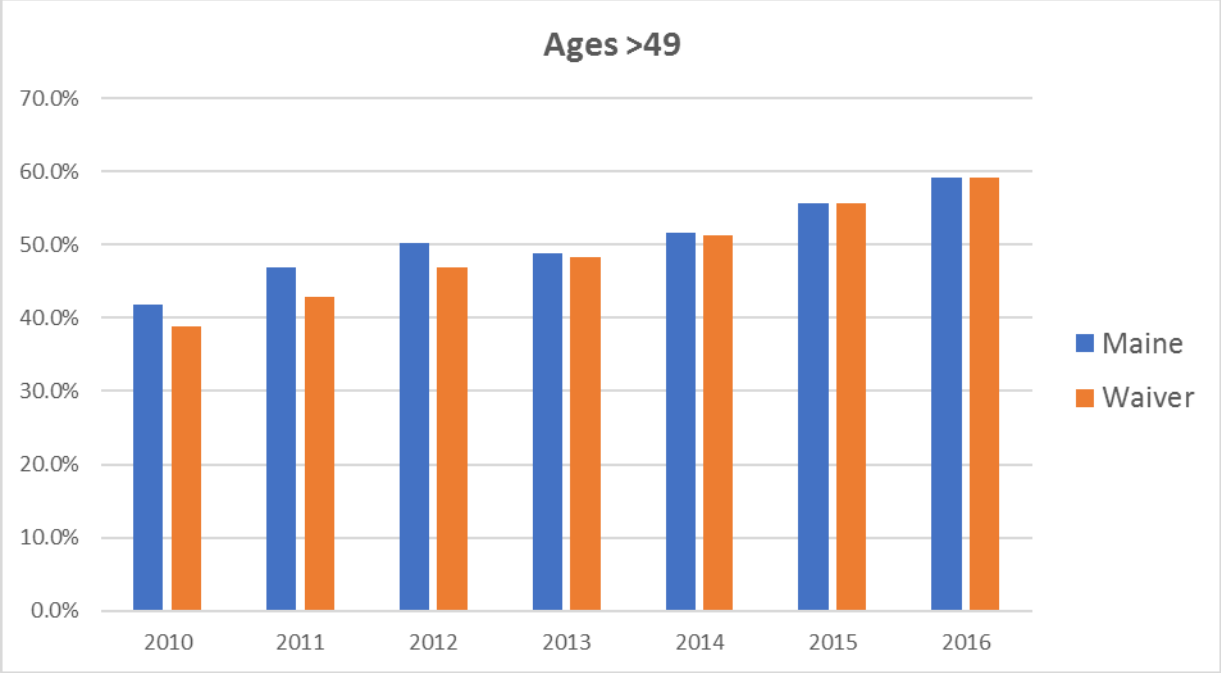

Ages <13
0.9%
0.8%
0.7%
0.6%
0.5%
0.4%
0.3%
0.2%
0.1%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver


Ages 13-19
0.7%
0.6%
0.5%
0.4%
0.3%
0.2%
0.1%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver


Ages 20-29
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver


Ages 30-39
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver


Ages 40-49
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver


Ages >49
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2010
2011
2012
2013
2014
2015
2016
Maine
Waiver

Maine Ages	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<13	0.7%	0.7%	0.8%	0.5%	0.3%	0.2%	0.2%	0.4%	0.8%	0.7%	0.8%
13-19	1.7%	1.5%	1.6%	0.4%	0.6%	0.4%	0.4%	0.2%	0.4%	0.0%	0.2%
20-29	18.0%	18.0%	19.3%	6.0%	5.4%	5.3%	4.4%	5.1%	4.6%	4.6%	4.1%
30-39	32.6%	32.8%	33.4%	13.7%	14.7%	14.0%	13.0%	15.0%	16.1%	14.9%	15.1%
40-49	24.8%	26.7%	26.2%	38.6%	37.4%	33.1%	31.4%	30.4%	26.5%	24.1%	20.7%
>49	9.7%	10.7%	10.3%	40.7%	41.8%	46.9%	50.2%	48.9%	51.6%	55.7%	59.1%
Unknown	12.4%	9.6%	8.4%	0.0%	0.0%	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%

Waiver Ages	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<13	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.4%	0.8%	0.7%	0.8%
13-19	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%	0.2%	0.4%	0.0%	0.2%
20-29	10.1%	9.6%	8.7%	7.5%	7.2%	7.7%	6.9%	5.2%	4.8%	4.6%	4.1%
30-39	16.4%	19.2%	17.9%	16.5%	15.2%	15.5%	13.9%	15.7%	16.6%	15.7%	15.1%
40-49	44.1%	40.9%	41.7%	41.1%	38.2%	33.5%	31.7%	30.1%	26.3%	23.9%	20.7%
>49	29.1%	29.9%	31.4%	34.7%	38.9%	42.9%	47.0%	48.4%	51.2%	55.7%	59.1%

Death rates among MaineCare's HIV Population	DY 01	DY 02	DY 03	DY 04	DY 05	DY 06	DY 07	DY 08	DY 09	DY 10
Demonstration Enrollees	3	2	3	0	5	6	2	4	8	10
Medicaid Members	12	9	14	11	13	17	6	5	10	7
Total	15	11	17	11	18	23	8	9	18	11

	DY 11	DY 12	DY 13	DY 14	DY 15
Demonstration Enrollees	10	5	6	3	13
Medicaid Members	5	3	6	9	10
Total	15	8	12	12	23

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Maine Deaths	16	19	23	24	18	18	19	16	24	10
Maine People Living with HIV/AIDS	930	1,127	1,190	1,263	1,366	1,466	1,507	1,539	1,570	1,680
Waiver Deaths	3	0	5	6	2	4	8	10	10	5
Waiver Members	203	298	344	349	353	381	415	417	488	530

*On average, 1.15% of waiver enrollees die each Demonstration Year.

AIDS Defining Illness Rates and Cost Data

The goal of care management services, provided by the waiver program, is to delay the progression of HIV to AIDS. Its success is reflected in the percentage of patients who do not develop AIDS defining illness, but rather remain HIV positive (asymptomatic). Achieving this goal also means that medical costs are lower than they would have been in the absence of the program.

The tables below show five years' worth of data about the Waiver and MaineCare members, the proportion with AIDS defining illness, and the costs per member per year. Over the five-year period, members with AIDS-defining illness cost significantly more, though in any single year, the cost difference may not be significant and may even show AIDS-defining illness members as less costly.

Historical Trends - Waiver					
	Oct 2012 - Sep 2013	Oct 2013 - Sep 2014	Oct 2014 - Sep 2015	Oct 2015 - Sep 2016	Oct 2016 - Sep 2017
Total enrolled	473	496	506	530	526
# w/ AIDS Defining Illness	36	30	28	52	41
Proportion w/ AIDS Def Illness	7.6%	6.0%	5.5%	9.8%	7.8%
Allowed Amount Avg/ w/out AIDS Def Illness	$16,843	$17,559	$17,730	$17,913	$19,264
Allowed Amount - Avg w/ AIDS Defining Illness	$19,796	$23,031	$33,406	$29,509	$33,028
w/ AIDS Defining Illness Allowed Amount Increment	18%	31%	88%	65%	71%

Allowed Amounts are net of Hepatitis C Drug Treatments

Historical Trends - MaineCare					
Total enrolled	287	380	390	390	398
# w/ AIDS Defining Illness	25	41	45	48	53
Proportion w/ AIDS Def Illness	8.7%	10.8%	11.5%	12.3%	13.3%
Allowed Amount Avg/ w/out AIDS Def Illness	$17,658	$16,826	$18,430	$20,407	$20,710
Allowed Amount - Avg w/ AIDS Defining Illness	$40,208	$41,298	$38,698	$29,562	$19,971
w/ AIDS Defining Illness Allowed Amount Increment	128%	145%	110%	45%	-4%

Allowed Amounts are net of Hepatitis C Drug Treatments

The table below shows the MaineCare allowed amount for Waiver members with and without AIDS defining illness per member per month. The table also includes MaineCare members who have HIV, but who are not enrolled in the Waiver. Note: the table uses Allowed Amount rather than MaineCare's actual paid claims; thus, the contributions of other payers such as an employer's health insurance plan, are not reflected.

PMPM Costs - Waiver/MaineCare Members

Waiver Members	2012	2013	2014	2015	2016
w/ AIDS Def Illness	$ 1,804.20	$ 2,008.49	$ 3,342.52	$ 2,578.94	$ 3,105.84
w/out AIDS Def Illness	$ 1,566.07	$ 1,560.28	$ 1,685.42	$ 1,699.99	$ 1,903.52
All Waiver members	$ 1,584.53	$ 1,587.85	$ 1,779.10	$ 1,788.01	$ 2,265.56

MaineCare HIV Members	2012	2013	2014	2015	2016
w/ AIDS Def Illness	$ 3,628.85	$ 3,520.21	$ 3,512.86	$ 2,754.16	$ 1,738.06
w/out AIDS Def Illness	$ 1,538.03	$ 1,514.73	$ 1,719.92	$ 1,873.16	$ 1,907.51
All HIV MaineCare members	$ 1,714.33	$ 1,736.53	$ 1,923.54	$ 1,979.31	$ 1,884.74

As of DY15, the waiver is $42,687,971 under the cumulative limit. The State has not had to implement a waiting list.

Demonstration Year and State Fiscal Year	Actual Costs (from quarterly financial shell)	Actual Savings
DY01 - SFY2003	$5,082,618.00	$3,623,438.00
DY02 - SFY2004	$7,737,499.00	$6,129,131.00
DY03 - SFY2005	$6,625,681.00	$11,262,149.00
DY04 - SFY2006	$5,139,905.00	$19,351,983.00
DY05 - SFY2007	$7,816,713.00	$26,169,140.00
DY06 - SFY2008	$8,068,145.00	$26,912,256.00
DY07 - SFY2009	$7,630,086.00	$30,865,147.00
DY08 - SFY2010	$5,531,591.00	$39,622,789.00
DY09 - SFY2011	$7,508,833.00	$43,295,450.00
DY10 - SFY2012	$7,693,637.00	$50,074,467.00
DY11 (2013)	$7,830,655.00	$64,481,413.00
DY12 (2014)	$8,251,656.00	$69,224,728.00
DY13 (2015)	$8,947,791.00	$60,276,937.00
DY14 (2016)	$9,258,778.00	$51,018,159.00
DY15 (2017)	$9,346,773.00	$41,671,386.00

Current Goals and Objectives

The State's goals for the current demonstration period are to improve the health status of individuals living with HIV/AIDS in Maine by:

1. Improving access to continuous healthcare services;
2. Arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency; and
3. Expanding coverage to additional low-income individuals living with HIV with the savings generated from disease prevention and the delayed onset of AIDS.

The table below summarizes the focus areas, the related goal, and recent statistics about performance.

Focus area	Goal	Background	Statistics
Opportunistic infections	2	Frequency of opportunistic infections is related to progression of disease.	Occurrences of OIs (% of members): DY14 9.14% Demo, 11.08% Medicaid DY15 9.87% Demo, 8.48% Medicaid
Women's healthcare	2	Screening for this population, which is at high risk for cancers, is cost efficient and improves quality of care.	Pap Smear (% of female members age 18+): DY14 37% Demo, 33% Medicaid DY15 33% Demo, 28% Medicaid Mammography screening (% of female members age 40+): DY14 39% Demo, 30% Medicaid DY15 26% Demo, 20% Medicaid
Emergency department and general inpatient services	2	Close management of the disease will minimize the need for emergency and Inpatient care.	ED visits (% of members with 1 + visit): DY14 37% Demo, 46% Medicaid DY15 30% Demo, 44% of Medicaid

			General inpatient (% of members with 1 + hospital admission): DY14 10% Demo, 14% Medicaid DY15 12% Demo, 19% Medicaid
Physician visits	1 & 2	Continuity of care is linked to outcomes.	Members seen by a physician for 1 + visits: DY14 85% Demo, 79% Medicaid DY15 83% Demo, 94% Medicaid
Adherence to therapy	1 & 2	High medication compliance is correlated with slowing disease progression; therefore, much of the care management is focused on monthly medication adherence and compliance calls.	DY15, medication adherence and compliance calls totaled 1,276.
Provider education	3	Ensuring community providers are aware of services available under the waiver and assisting individuals with applying.	2016 provider survey: Received a 40% response rate (an 11% increase), and 80 follow-up education letters were sent.
Member education	3	Ensuring demo and Medicaid members are aware of the services available to them under the waiver.	2016 member survey: Received a 48% response rate (a 7% increase). The Nurse Coordinator made 347 follow-up calls to members (or their case managers) who identified barriers or unmet needs on their survey.

Plans for Evaluation Activities during the Extension Period

The Maine HIV/AIDS 1115 Demonstration Waiver has become a vital part of HIV care in Maine as it provides healthcare coverage for approximately 28% of known HIV infected Maine residents.

The Department of Health and Human Services will review trends associated with demographics, waiver enrollment, disease status, and cost trends. The goal of this demonstration is to delay, prevent, or reverse the progress of HIV/AIDS by providing comprehensive and affordable access to treatment in the early stages of illness.

The State has developed, and continues to improve, strategies to obtain needed data, including enrollment, claims, utilization of services, laboratory results, and member and provider experience related to the waiver. The State will continue to collect data, complete analyses, and evaluate the waiver as applicable in subsequent demonstration years. The State will continue to collaborate with the Center for Disease Control and Prevention to collect State, Ryan White, and AIDS Drug Assistance Program (ADAP) data. In addition to the above-mentioned goals and focus areas, the State will also monitor the following in any subsequently approved demonstration years:

#	Hypothesis	Methodology	Data Source and Metrics
Goal 1: To improve access to continuous health care services for individuals enrolled in the waiver.			
1.1	The waiver shall ensure members know the covered services available to them	Maine will examine covered services and educate members and providers to ensure a sufficient knowledge base exists	Administrative data from DHHS Annul Member Satisfaction Survey
1.2	Provider knowledge is key to members getting available covered services	Maine will monitor and track percent of providers who are knowledgeable about covered services	Annual Provider Survey and Annual Member Satisfaction Survey
Goal 2: To arrest progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency.			
2.1	Care management can slow disease progression	Maine will track AIDS-defining illness frequency among waiver members	Administrative data from DHHS
2.2	The waiver will promote continuity of care, which helps to slow the progression of HIV/AIDS	Maine will use a pre-established continuity of care measure	Administrative data from DHHS

2.3	Nurse Care Management will support the goal of quality of care by effectively working with members	Maine will monitor member feedback on annual satisfaction survey	Annual Member Satisfaction Survey
2.4	Members who are compliant with their medication regimen will have slower disease progression	Maine will conduct an analysis of pharmaceutical claims looking at pick up dates and days' supply	Administrative data from DHHS
Goal 3: To expand coverage to additional low-income individuals living with HIV/AIDS.			
3.1	The waiver will ensure community providers are aware of services available under the waiver and assist individuals with applying	Maine will provide outreach and education to various MaineCare providers including case managers, physicians, and nurse practitioners	Annual Provider Survey