

1.20 AIDS PROGRAM

A. APPLICATION FORMS

An OFS-2 is completed.

B. COMPLETE APPLICATION

The application is complete when the client or his representative signs an OFS-5 or OFS-2 which contains, at a minimum, his name and address.

C. DATE OF APPLICATION

The date the client or his representative signs the OFS-2 or OFS-5, or, when the client previously applied for Medicaid and is pending spenddown, the date the client inquires about the AIDS program coverage.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the OFS-2, Form OFS-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed OFS-2. The OFS-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when the OFS-5 has been signed.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The client or his representative must be interviewed.

F. WHO MUST SIGN

The client or his representative must sign the OFS-2.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the following must be discussed in the interview:

- The applicant must be informed that his application is forwarded to BMS for an eligibility determination.
- All notifications and services are provided by BMS.

H. DUE DATE OF ADDITIONAL INFORMATION

The Worker and the client or his representative decide on a reasonable time for the information to be returned.

I. AGENCY TIME LIMITS

The Worker must forward a copy of the client's most recent Medicaid application upon receipt.

J. AGENCY DELAYS

When the Department fails to request necessary verification of information, the Worker must immediately send form ES-6 to request it. He must inform the client that the application is being held pending.

Applications for AIDS programs are processed by BMS. When a Worker discovers he has not forwarded the eligibility information to BMS, he must forward it immediately upon discovery.

K. PAYEE

The AIDS patient is the payee for services. BMS handles payment for all services.

L. REPAYMENT AND PENALTIES

This does not apply to AIDS patients.

M. BEGINNING DATE OF ELIGIBILITY

Eligibility begins on a date determined by BMS.

N. REDETERMINATION SCHEDULE

No redetermination schedule is set. The Worker must notify BMS immediately if the client meets his spenddown or becomes eligible under another coverage group.

O. EXPEDITED PROCESSING

There is no expedited processing requirement.

P. CLIENT NOTIFICATION

BMS notifies the client about all benefits and services.

Q. DATA SYSTEM ACTION

No data system action is required. BMS manages the provision of services.

R. REDETERMINATION VARIATIONS

No redetermination is completed.

S. THE BENEFIT

1. Special Pharmacy Program

There is no medical card issued.

2. HIV GRANT PROGRAM

There is no medical card issued.

3. Ending Date Of Eligibility

If the client becomes eligible under any other coverage group or meets his spenddown, the Worker must notify BMS immediately by memorandum and specify the beginning date of Medicaid eligibility. Some of the services provided may be paid for with the medical card.

Otherwise, BMS determines when eligibility ends.