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## HIV, STD, Viral Hepatitis Program Policy Notice

**Effective Date:** July 1, 2014

**SUBJECT:** Ryan White Part B Financial Assistance

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- Purpose of This Notice:** This notice describes the eligibility requirements, program limitations, and caps in place to ensure equitable distribution of limited Ryan White Part B financial assistance to low-income people living with HIV/AIDS in Maine.
- Audience:** Low-income people living with HIV/AIDS in Maine; case managers who serve low-income people living with HIV/AIDS in Maine.
- Background:** The Ryan White HIV/AIDS Program was enacted through federal legislation and provides HIV-related services for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The program fills gaps in care not met by other payers specifically for HIV-related needs of clients, including access to oral health care, food/nutrition services, and housing-related services.
- Policy:** Maine's Ryan White Part B Program has allocated funds to assist with oral health care, housing/utilities, and food/nutrition. These funds are subject to availability from the federal government.

Funds are available to people living with HIV/AIDS in Maine who have provided documented proof of HIV infection, current residency in the state, and current household income at or below 300% of the federal poverty level.

As Ryan White funds are to be the payer of last resort in all situations, clients must demonstrate that they have been denied assistance from all other sources prior to applying for Ryan White financial assistance.

Individuals receiving assistance in any of these categories are limited to a cumulative total among all categories of \$750 per contract year (April-March).

Food/nutrition assistance is granted in the form of pre-paid grocery store cards which prohibit the purchase of non-food items, particularly alcohol or tobacco products. Food cards are issued in \$50 increments and may be accessed up to once per month. The Ryan White Part B Program is not responsible for lost or stolen cards and will not replace them.

Funds may not be used for alcohol, tobacco, or non-food items, including but not limited to:

- Household appliances
- Pet foods
- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems
- Other non-essential products

Oral health funds may be used to purchase dental insurance or for allowable diagnostic, preventative, and therapeutic services. A complete list of allowable services is included in Appendix A. Funds may not be used for orthodontic or cosmetic services (e.g. whitening, veneers).

Clients who access help with dental insurance must attend at least two cleaning appointments within the year. Continued insurance assistance may be jeopardized if the client does not use the insurance for these preventative services.

Requests for oral health assistance must include a treatment plan or estimate signed by a licensed oral health services provider. If services have already been rendered, documentation of

those services, including date, procedure, and cost must be provided. Bills or statements of charges must be no more than 90 days old. Funds may not be used for outstanding service balances beyond that timeframe. Payments may not be made directly to clients.

Housing assistance funds may be used for rent or security deposits or to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing funds cannot be used for mortgage payments. Applications must include a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation. Short-term emergency assistance is also available for heat and electricity. Bills or statements of charges must include the client name and be no more than 90 days old. Funds may not be used for outstanding service balances beyond that timeframe. Payments may not be made directly to clients.

5. **Implementation:** Eligibility is determined by Ryan White Part B Program staff. Applications are approved on the basis of documentation provided, status of caps, and availability of funds. Clients who violate program rules may forfeit eligibility for future assistance.
  
6. **Related Policies:** HIV/AIDS Bureau Policy Notice 10-02: Eligible Individuals & Allowable Uses of Funds for Discretely Defined Categories of Services; HIV/AIDS Bureau Policy Notice 11-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs (See <http://hab.hrsa.gov/manageyourgrant/policiesletters.html> for copies of policy notices)
  
7. **For more information on this policy, contact:** Jamie Cotnoir, Ryan White Part B Program Coordinator, [jamie.cotnoir@maine.gov](mailto:jamie.cotnoir@maine.gov), 207-287-5539

## Ryan White Part B Financial Assistance Policy

### Appendix A

<b>Preventative/Diagnostic Services</b>	
D0120	Periodic Oral Evaluation
D0140	Limited Oral Evaluation (Problem Focused)
D0150	Comprehensive Oral Evaluation
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report
D0170	Re-evaluation – Limited, Problem Focused, (established patient, not post-operative visit)
D0210	Intraoral - Complete Series, (including bitewings)
D0220	Intraoral - Periapical, First Film
D0230	Intraoral - Periapical, Each Additional Film
D0240	Intraoral - Occlusal Film
D0250	Extraoral - First Film
D0260	Extraoral - Each Additional Film
D0270	Bitewing - Single Film
D0272	Bitewings - Two Films
D0273	Bitewings - Three Films
D0274	Bitewings - Four Films
D0277	Vertical Bitewings – 7-8 Films
D0330	Panoramic Film
D1110	Prophylaxis – Adult
D1120	Prophylaxis – Child
D1203	Topical Application of Fluoride - Child (prophylaxis not included)
D1204	Topical Application of Fluoride - Adult (prophylaxis not included)
<b>Restorative Services</b>	
D2140	Amalgam - One Surfaces, Primary or Permanent
D2150	Amalgam - Two Surfaces, Primary or Permanent
D2160	Amalgam - Three Surfaces, Primary or Permanent
D2161	Amalgam - Four or More Surfaces, Primary or Permanent
D2330	Resin-Based Composite - One Surface, Anterior
D2331	Resin-Based Composite - Two Surfaces, Anterior
D2332	Resin-Based Composite - Three Surfaces, Anterior
D2335	Resin-Based Composite, - Four or More Surfaces or Involving Incisal Angle (Anterior)
D2751	Crown - Porcelain Fused to Predominantly Base Metal
D2752	Crown – Porcelain Fused to Noble Metal
D2791	Crown - Full Cast Predominantly Base Metal
D2792	Crown - Full Cast Noble Metal
D2920	Recement Crown
D2930	Prefabricated Stainless Steel Crown - Primary Tooth
D2940	Sedative Filling
D2950	Core Buildup, Including Any Pins
D2954	Prefabricated Post & Core in Addition to Crown
D3310	Anterior (excluding final restoration)
D3320	Bicuspid (excluding final restoration)
D3330	Molar (excluding final restoration)
D3430	Retrograde Filling – Per Root
D3450	Root Amputation - Per Root
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant
D4211	Gingivectomy or Gingivoplasty – One to Three Teeth contiguous or bounded teeth spaces, Per Quadrant
D4240	Gingival Flap Procedure, Including Root Planing Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant
D4341	Periodontal Scaling and Root Planing – Four or More Teeth Per Quadrant

D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis
D4910	Periodontal Maintenance
D5110	Complete Denture - Maxillary
D5120	Complete Denture - Mandibular
D5130	Immediate Denture - Maxillary
D5140	Immediate Denture – Mandibular
D5211	Maxillary Partial Denture-Resin Base (including any conventional clasps, rests and teeth)
D5212	Mandibular Partial Denture-Resin Base (including any conventional clasps, rests and teeth)
D5213	Maxillary Partial Denture-Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)
D5214	Mandibular Partial Denture-Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)
D5281	Removable Unilateral Partial Denture - One Piece Case Metal (including clasps and teeth)
D5410	Adjust Complete Denture - Maxillary
D5411	Adjust Complete Denture - Mandibular
D5421	Adjust Partial Denture - Maxillary
D5422	Adjust Partial Denture – Mandibular
D5510	Repair Broken Complete Denture Base
D5520	Replace Missing or Broken Teeth-Complete Denture (each tooth)
D5610	Repair Resin Denture Base
D5620	Repair Cast Framework
D5630	Repair or Replace Broken Clasp
D5640	Replace Broken Teeth - Per Tooth
D5650	Add Tooth to Existing Partial Denture
D5660	Add Clasp to Existing Partial Denture
D5710	Rebase Complete Maxillary Denture
D5711	Rebase Complete Mandibular Denture
D5720	Rebase Maxillary Partial Denture
D5721	Rebase Mandibular Partial Denture
D5730	Reline Complete Maxillary Denture (chairside)
D5731	Reline Complete Mandibular Denture (chairside)
D5740	Reline Maxillary Partial Denture (chairside)
D5741	Reline Mandibular Partial Denture (chairside)
D5750	Reline Complete Maxillary Denture (laboratory)
D5751	Reline Complete Mandibular Denture (laboratory)
D5760	Reline Maxillary Partial Denture (laboratory)
D5761	Reline Mandibular Partial Denture (laboratory)
D5850	Tissue Conditioning, Maxillary
D5851	Tissue Conditioning, Mandibular
D7140	Extraction, Erupted Tooth or exposed Root (elevation and/or forceps removal)
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth
D7220	Removal of Impacted Tooth - Soft Tissue
D7230	Removal of Impacted Tooth - Partially Bony
D7240	Removal of Impacted Tooth – Completely Bony
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)
D7286	Biopsy of Oral Tissue – Soft
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant
D7410	Excision of Benign Lesion Up to 1.25 Cm
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue
D7970	Excision of Hyperplastic Tissue - Per Arch
D9110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure

D9220	Deep Sedation/General Anesthesia – First 30 Minutes
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes