

Facts about the 2017 Florida Medicaid Waiver Consolidation



Overview

During the 2017 Legislative Session, the Agency was directed to consolidate three waivers that offer similar services into the Statewide Medicaid Managed Care program. The three waivers are: Project AIDS Care (PAC), Traumatic Brain Injury and Spinal Cord Injury (TBI/SCI), and Adult Cystic Fibrosis (ACF).

The Statewide Medicaid Managed Care (SMMC) program includes two components – the Managed Medical Assistance and the Long-term Care (LTC) program. The Managed Medical Assistance program provides a comprehensive medical benefit package including primary and preventive care and prescription drugs. The Long-term Care program provides services for individuals in need of home and community based services or nursing facility services. Between these two components, the program is more than capable of providing the services offered by the previously mentioned waivers.

The Agency is aggressively planning and conducting targeted outreach to ensure recipients and providers are prepared for this transition. The Agency has extensive experience in transitioning recipients into the SMMC program. In fact, in 2013-2014, we transitioned millions of recipients into the SMMC program, including 40,000 individuals with complex care needs. This transition will involve about 7,500 people (PAC – 7,000; TBI/SCI – 350; ACF – 150).

The Agency anticipates a January 1, 2018, transition date for TBI/SCI, ACF, and PAC Waiver recipients.

SMMC Program Offers High Quality Services and Recipient Satisfaction is High

The SMMC program has health plan quality measures in place to ensure our recipients are receiving the highest quality of care. Since the implementation of the program, the Agency has seen the highest quality ratings in program history. For calendar year 2016 there is an overall 6% improvement over 2015 quality scores and an 18% increase over quality ratings prior to the SMMC program.

Individuals enrolled in the SMMC program have been highly satisfied with the program. Enrollee satisfaction surveys show 86% of recipients in the MMA program rated their quality of care at an 8, 9, or 10. With regard to the LTC program, 76% of LTC recipients surveyed said their life improved since enrolling in their LTC plan.

No Recipient Will Lose Medicaid Eligibility or Services

No recipient will lose Medicaid eligibility because of this change.

There has been speculation that recipients will lose services because of this change. This is not accurate. Recipients will continue to be eligible for Medicaid services and will continue to have access to medical services including primary and preventive care and prescription drugs. All recipients will continue to have access to all of the services they have been utilizing.

In addition, we guarantee that recipients will not be placed in nursing facilities as a result of this change. In fact, the Long-term Care program is designed to ensure that recipients who want to live in their homes or the community, rather than in a nursing facility, have all of the supports that they need to do so. The LTC program has, for the first time in Medicaid history, reduced the number of Medicaid recipients in nursing facilities.

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Recipients Will Receive Extra Benefits

Recipients will now have access to services that are not offered by their current waiver program. These are called expanded benefits, and they are offered by the health plans at no cost to the State. Expanded benefits include a monthly stipend for over-the-counter products and expanded vision care & hearing services (e.g., additional pairs of glasses and hearing aids). Individuals will also have improved access to services through more robust provider networks and strong case management.

Ensuring a Smooth Transition

The Agency successfully transitioned millions of recipients into the Statewide Medicaid Managed Care program in 2013-2014. This includes the smooth transition of approximately 40,000 individuals with disabilities and frail elders from five waivers into the LTC program with no interruption in services.

The health plan contract requires that individuals be allowed to get services from their existing providers during the first 60 days of enrollment, or until the new plan has assessed their needs, the person has chosen service providers, and those providers are ready to provide care. The Agency will arrange for the secure transfer of individual's current waiver care plans to their LTC plan to help with the care planning process.

Outreach Has Been Extensive and Aggressive

The Agency has conducted extensive and aggressive outreach to stakeholders to ensure they are aware that recipients will not lose eligibility or services or be forced into nursing facilities.

State staff are calling all affected individuals, and have called all PAC case management agencies. Each person will receive at least three letters with details about the transition, prior to any action being taken. In addition, there are monthly conference call/web-based meetings to share information with individuals and providers on the transition efforts. Below are dates and times for the meetings and links to register for the meetings.

Date	Time	Waiver(s)
August 15, 2017	2:00 – 3:00 pm	PAC
August 15, 2017	3:30 - 4:30 pm	TBI/SCI, ACF
September 19, 2017	2:00 – 3:00 pm	PAC
September 19, 2017	3:30 - 4:30 pm	TBI/SCI, ACF
October 17, 2017	2:00 – 3:00 pm	PAC
October 17, 2017	3:30 - 4:30 pm	TBI/SCI, ACF
November 14, 2017	2:00 – 3:00 pm	PAC
November 14, 2017	3:30 - 4:30 pm	TBI/SCI, ACF
December 12, 2017	2:00 – 3:00 pm	PAC
December 12, 2017	3:30 - 4:30 pm	TBI/SCI, ACF

PAC Webinar Series Link: <https://attendee.gotowebinar.com/register/3695496349975650051>

TBI/SCI and ACF Webinar Series Link: <https://attendee.gotowebinar.com/register/4208893513356467971>