

HCBS Waiver Consolidation Monthly Stakeholder Meeting

Project AIDS Care (PAC) Waiver

Tuesday, August 15th, 2017



Webinar Housekeeping

- Attendee lines will be muted for the duration of the webinar to minimize disruption.
- To submit text questions to today's presenter, type your questions into the "Questions" pane of the control panel located in the top-right corner of your screen.
 - You may send in your questions at any time during the presentation. Questions will be addressed during the Q&A session at the end of today's presentation.



Project AIDS Care Waiver

- Florida's 1915(c) Project AIDS Care (PAC) Waiver operates statewide and was designed to promote, maintain, and optimize the health of persons living with AIDS through the provision of home and community-based services (HCBS), in order to delay or prevent institutionalization.
- Recipients enrolled in the PAC Waiver currently receive their Florida Medicaid acute care services (medical, dental, behavioral health, and prescribed drug services) through the Florida's Managed Medical Assistance (MMA) program or through a Medicare Advantage Fully Liable Dual Eligible Special Needs Plan (D-SNP).



Waiver Consolidation

- With the advances that have been made over the last decade in the treatment of HIV and AIDS, the majority of the people on the PAC Waiver do not use or need the home and community-based services offered through the waiver; they are currently only receiving case management services consistently through the PAC Waiver.
- During the 2017 legislative session, the Agency was directed to consolidate the PAC waiver into the Statewide Medicaid Managed Care program by January 1, 2018.

*This initiative does not impact the Florida Medicaid Developmental Disabilities Individual Budgeting (iBudget) Waiver.



Waiver Consolidation

- Current PAC recipients who continue to need HCBS in order to live safely in the community will transition into the Statewide Medicaid Managed Care Long-term Care (LTC) program for their home and community-based service needs and will continue to receive HCBS from an LTC plan.
- Current PAC recipients who are only receiving case management, therapeutic massage and/or specialized medical equipment and supplies through the PAC Waiver will continue to receive their medical, dental, behavioral health, and prescribed drug services from the same program they do now (mostly from an MMA plan).



Assurances

The legislative change ensures:

- Individuals with AIDS will maintain Florida Medicaid eligibility and access to medically necessary services.
- Individuals with AIDS will continue to be eligible for Florida Medicaid under the same criteria they are now.
- Individuals with AIDS who require HCBS and who meet the eligibility requirements for the LTC program will continue to have access to HCBS through the LTC program.
- Individuals with AIDS who do not receive HCBS will continue receiving their current Florida Medicaid services in the same manner they do now.
- Individuals with AIDS enrolled in a D-SNP will continue to receive their Medicare or Medicaid benefits.



Eligibility



Transition Eligibility

- Individuals who **only** receive case management, restorative massage, and/or specialized medical equipment and supply services through the PAC Waiver will continue to receive these services in the same manner they do now (largely through MMA plans) unless they choose to change plans or provider.

Note: This initiative will not impact a recipient's level of care reassessment date, or their financial eligibility redetermination date. Recipients will need to maintain Florida Medicaid clinical and financial eligibility in order to continue to receive Florida Medicaid services just as they do now under the PAC waiver.



Post-Transition Eligibility

In order for an individual with AIDS to qualify for MMA post transition, they must meet the criteria currently used for the PAC Waiver:

Demonstration Eligible Groups	Qualifying Criteria
MEG 4: AIDS	<ul style="list-style-type: none">• Confirmed diagnoses of AIDS• Income at or below 222% FPL• Assets that do not exceed \$2,000 (individual) or \$3,000 (couple)• Meet hospital level of care, as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long-term Care Services

Individuals who also meet the eligibility criteria for the LTC Waiver will also have access to HCBS.



PAC Recipient Experience



Acute Care Service-Only Recipients

- Individuals who use the PAC Waiver solely for access to case management, restorative massage, and/or specialized medical equipment and supply services will continue to receive these services in the same manner they do now (largely through an MMA plan) unless they choose to change plans or provider.
- Individuals with AIDS enrolled in a D-SNP will continue to receive their Medicare or Medicaid benefits.

*The Agency is reviewing its contractual requirements for MMA health plans to ensure individuals with AIDS continue to be supported.



HCBS Recipients

- Individuals with AIDS who require HCBS and who meet the eligibility requirements for the LTC Waiver will continue to have access to HCBS through the LTC program.
- The LTC program offers a more robust benefit package than the PAC Waiver, including quarterly face-to-face visits, monthly telephone contact, and expanded benefits. The LTC program also offers recipients an opportunity to receive care/services through a program with enhanced quality outcome measures.
- All health plans will offer services that exceed Florida Medicaid service limits, or are not currently available to PAC Waiver recipients. These service offerings vary by plan.



Transition Planning and Continuity of Care

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 Agency is working with all of its operational partners to ensure a timely and smooth transition for individuals enrolled in the PAC Waiver.

- Health plan contracts require that individuals be allowed to receive 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.
- Current waiver care plans will be securely transferred current LTC plans to help with the care planning process.
- The LTC program offers services consistent with those currently received through the PAC Waiver.



Transition Planning and Continuity of Care

- The Agency will send written notification to request a copy of recipient care plans and any additional information specified. The Agency anticipates it will send a preliminary list of recipients to the requisite case management agency by September 15 so the Agency can begin to collect the files.
- The Agency will send a final list approximately 7-10 days prior to the arranged pick up time. An Agency representative will collect all requested care plan copies on the date specified. The Agency anticipates completing the collection process by October 16, 2017.

Note: The Agency will only collect information it has requested. Case management agencies must continue to comply with all document retention requirements.



Care Coordination

Recipients will continue to be case managed through their health plan. The plans are required to coordinate services with any additional community or natural supports a recipient may have. This would include programs such as Ryan White.

For additional information on Ryan White case management requirements. Please contact your area Ryan White program directly.



Level of Care Determination

- Individuals with AIDS who are receiving the additional HCBS will be transitioned by the Agency into the LTC program using their current level of care. All level of care reassessments will continue on the same reassessment schedule.
- Once transitioned, recipients will have their level of care reassessed for a nursing facility level of care by the anniversary date.

*Note: Individuals need to maintain a valid level of care if anniversary date before January 1, 2018.



LTC Enrollment



Current PAC Recipients

To ensure a seamless transition, it is recommended that PAC recipients wait to be transitioned into the LTC program by the Agency.



Post-Transition

- Floridians diagnosed with AIDS who are newly interested in pursuing Medicaid eligibility will have two options for obtaining Medicaid benefits:
 - Those needing home and community-based services can apply for enrollment in the LTC program through the normal processes. For more information, please visit:
<http://elderaffairs.state.fl.us/doea/arc.php>
 - Those only needing access to medical benefits provided through Medicaid can submit a Medicaid application to the Department of Children and Families.



Recipient Outreach



Outreach and Notification

- Individuals enrolled in the PAC Waiver will receive a letter from the Agency approximately 90-120 days prior to the transition date.
- Recipients who are transitioning to the LTC Waiver will receive additional letters welcoming them to the LTC program and letting them know how to pick an LTC plan.
- Individuals who are transitioning to LTC will be able to choose a LTC plan at least 30 days prior to transition. The Agency will provide choice counselling to help them choose a plan that best meets their needs.
- The Agency has begun to reach out to all PAC Waiver recipients, and has contacted all PAC case management agencies.
- The Agency will continue to post information as it becomes available on its Web site at http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/PAC_waiver_changes.shtml



Resources/Contact Information



Public Notice and Comment Period

- Prior to submitting an application to the Centers for Medicare and Medicaid Services (CMS) for a new demonstration project or an extension of a previously approved demonstration project, the State must provide at least a **30-day** public notice and comment period.
- Florida is required to publish a public notice document for at least 30 days prior to submitting the waiver extension request. The public notice document must include a comprehensive description of the program.
- The public notice document is available at the following link for review and comment from **August 1, 2017 though August 30, 2017:**
http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/index.shtml
- Written comments with the subject “Proposed Amendment to 1915(c) PAC Waiver” can be e-mailed to FLMedicaidWaivers@ahca.myflorida.com or mailed to:

Agency for Health Care Administration
Bureau of Medicaid Policy
2727 Mahan Drive, MS #20
Tallahassee, Florida 32308



Final Public Meeting

MMA/MEDS-AD Amendment Public Meetings		
Location	Date	Time
Tampa Agency for Health Care Administration 6800 N. Dale Mabry Highway, Suite 220 Main Training Conference Room Tampa, FL 33614 Conference Line: 1-877-309-2071 Participant Code: 536-371-224	August 18, 2017	1:00 p.m. – 3:00 p.m.



Resources

- By Phone: Contact the Recipient and Provider Assistance (RPA) line at 1-877-254-1055.
- For additional information about waiver consolidation visit the Agency's Web site at:
http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/waiver_changes.shtml
- For additional information about the Statewide Medicaid Managed Care program visit the Agency's Web site at:
http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml
- All presentations will be made available following the scheduled webinar date at
http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/PAC_waiver_changes.shtml



Questions

