

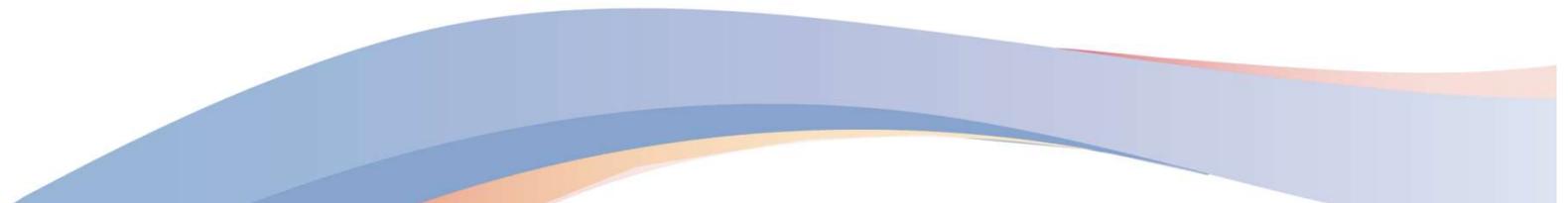
HCBS Waiver Consolidation

Post-Transition Stakeholder Meeting

Tuesday, January 23, 2018



Better Health Care for All Floridians
AHCA.MyFlorida.com



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.



As we have entered the statutory blackout period as described in s. 287.057(23), F.S., due to the upcoming competitive procurements relating to the Statewide Medicaid Managed Care Program, we will not have any discussions relating to the scope, evaluation, or negotiation of those procurements.



Transition

All eligible recipients receiving home and community-based services (HCBS) enrolled in the following waivers were successfully transitioned to the Long-term Care (LTC) Waiver on January 1, 2018:

- Adults with Cystic Fibrosis
- Traumatic Brain and Spinal Cord Injury
- Project AIDS Care

Additionally, recipients enrolled in the Project AIDS Care Waiver that utilized only case management, restorative massage, and/or specialized medical equipment and supply services maintained Florida Medicaid coverage through the Managed Medical Assistance (MMA) program.



Transition Success

- During the weekend of transition (December 30, 2017 – January 1, 2018), the Agency received no complaints or concerns regarding transition.
- To date, the Agency has received 29 consolidation-related complaints or concerns. This represents approximately 0.4% of the transitioning waiver population.



Transition Success

- The Agency mailed approximately 11,000 letters related to waiver consolidation. Only 57 welcome letters were returned as undeliverable.
- The Agency and its operational partners contacted, or attempted to contact, all transitioning individuals by phone.
- The Agency helped individuals enroll in a LTC plan. It provided choice counseling by telephone and in-person.



Continuity of Care

The Agency has stressed the importance of continuity of care throughout the transition process. The following is a reminder of the protections that apply to any transitioned recipients:

- Health care providers should not cancel appointments with current patients.
 - Health plans must honor any ongoing treatment that was authorized or scheduled prior to the recipient's enrollment into the new plan for up to 60 days after the recipient enrolls in the plan.
- Providers will be paid.
 - Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Plans must pay providers for previously authorized services for up to 60 days, and must pay non-network providers at the rate previously received for up to 30 days.
- Continuity of care provider alerts are available at:
http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ProviderSupport_ProviderAlerts/tabId/48/Default.aspx



Adults with Cystic Fibrosis: Enrollment

- The Department of Elder Affairs (DOEA) administers programs and services for elders across the State of Florida through 11 Area Agencies on Aging, which operate as Aging and Disability Resource Centers (ADRCs). These ADRCs function as a single, coordinated, system for information and access to services for all Floridians seeking LTC resources.
- Individuals over the age of 18 years who are diagnosed with cystic fibrosis who require HCBS should contact the ADRCs to begin the LTC enrollment process.
- To ensure the most efficient processing, individuals with cystic fibrosis should advise the ADRCs of their diagnosis **at the start of the application process**.
- These individuals will be assessed for enrollment into the LTC program by the DOEA for clinical eligibility and the Department for Children and Families (DCF) for financial eligibility.



Traumatic Brain & Spinal Cord Injury and Individuals with AIDS who require HCBS: Enrollment

- Individuals over the age of 18 years with a traumatic brain or spinal cord injury or AIDS who require HCBS should contact the ADRCs to begin the LTC application process.
- Once released from the LTC waitlist, these individuals will be assessed for enrollment into the LTC program by the DOEA for clinical eligibility and the DCF for financial eligibility.



ADRCs

<http://elderaffairs.state.fl.us/doea/arc.php>



AREA AGENCIES ON AGING OFFICES

PSA 1

Northwest Florida Area Agency on Aging, Inc.
5090 Commerce Park Circle
Pensacola, FL 32505
(850) 494-7101
www.nwflaaa.org

PSA 2

Area Agency on Aging for North Florida, Inc.
2414 Mahan Drive
Tallahassee, FL 32308
(850) 488-0055
www.aaanf.org

PSA 3

Elder Options
100 SW 75th Street, #301
Gainesville, FL 32607
(352) 378-6649
www.agingresources.org

PSA 4

ElderSource,
The Area Agency on Aging of Northeast Florida
10688 Old St Augustine Road
Jacksonville, FL 32257
(904) 391-6600
www.myeldersource.org

PSA 5

Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Boulevard,
Gadsden Bldg., Suite 100
St. Petersburg, FL 33702
(727) 570-9696
www.agingcarefl.org

PSA 6

Senior Connection Center, Inc.
8928 Brittany Way
Tampa, Florida 33619
(813) 740-3888
www.seniorconnectioncenter.org

PSA 7

Senior Resource Alliance
988 Woodcock Road, Suite 200
Orlando, FL 32803
(407) 514-1800
www.seniorresourcealliance.org

PSA 8

Area Agency on Aging for Southwest Florida
15201 North Cleveland Avenue
Suite 1100
North Fort Myers, FL 33903
(239) 652-6900
www.aaswfl.org

PSA 9

Area Agency on Aging of Palm Beach/Treasure Coast,
4400 N. Congress Avenue
West Palm Beach, FL 33407
(561) 684-5885
www.youragingresourcecenter.org

PSA 10

Aging and Disability Resource Center of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
(954) 745-9567
www.adrcbroward.org

PSA 11

Alliance for Aging, Inc.
760 NW 107th Avenue
Suite 214, 2nd Floor
Miami, FL 33172
(305) 670-6500
www.allianceforaging.org

PSA - Planning and Service Area



Individuals with AIDS who do not require HCBS: Enrollment

- Individuals with AIDS who do not require HCBS should select “Medicaid Waiver” on the DCF Medicaid application during the application process. This application is available at: <https://dcf-access.dcf.state.fl.us/access/index.do>
 - These individuals will be evaluated for clinical and financial eligibility by the DCF.
 - The AIDS Physician Referral for Individuals at Risk of Hospitalization (607) form should be submitted to the DCF. This form is available at: <http://ahca.myflorida.com/medicaid/review/index.shtml>



LTC Services

Individuals who transitioned to LTC, or enroll in LTC in future, have access to the following services, based on medical necessity:

Service
Adult Day Health Care
Case Management
Homemaker
Respite
Attendant Care
Intermittent and Skilled Nursing
Medical Equipment and Supplies
Occupational Therapy
Personal Care
Physical Therapy
Respiratory Therapy
Speech Therapy
Transportation
Adult Companion
Assisted Living
Behavior Management
Caregiver Training
Home Accessibility Adaptations
Home Delivered Meals
Medication Administration
Medication Management
Nutritional Assessment and Risk Reduction
Personal Emergency Response System (PERS)



MMA Services for Individuals with AIDS

- Individuals with AIDS who only utilized case management, restorative massage, and/or specialized medical equipment and supply services prior to transition, or do not require HCBS in future, will continue to receive services through their MMA plan.
- Restorative massage services will be provided through MMA plans, regardless of whether an individual is also enrolled in a LTC plan.



MMA Services for Individuals with AIDS

- Case management will be provided by the MMA plans. The plans are contractually required to provide case management support.
- The contract specifies (Attachment II, Exhibit II-A, Section V.4):

“The Managed Care Plan shall be responsible for the management and continuity of medical and behavioral health care for all enrollees.

The Managed Care Plan shall maintain written care coordination/case management and continuity of care protocols that include the following minimum functions:

Appropriate referral and scheduling assistance for enrollees needing specialty health care or transportation services...

Determination of the need for non-covered services and referral of the enrollee for assessment and referral to the appropriate service setting...

*A mechanism for direct access to specialists for enrollees identified as having special health care needs
...*

Documentation of referral services in enrollee medical/case records, including reports resulting from the referral”



MMA Services for Individuals with AIDS

- MMA plans are required to provide additional support to recipients with complex medical conditions such as AIDS:

“The Managed Care Plan shall maintain written protocols for identifying, assessing and implementing interventions for enrollees with complex medical issues, high service utilization, intensive health care needs, or who consistently access services at the highest level of care...”

Developing different types of interventions and specifying minimum touch frequency for each severity and/or risk level...

Determining maximum caseloads for each case manager and support staff and managing and monitoring caseloads...

Specifying experience and educational requirements for case managers and case management support staff...

Conducting comprehensive assessments that identify enrollee needs across multiple domains, including current health conditions, current providers, caregiver or other supports available, transportation barriers, medications, behavioral health conditions, and preferences for treatment...

Developing treatment plans that incorporate the health risk issues identified during the assessment and incorporate the treatment preferences of the enrollee. The treatment plan shall contain goals that are outcomes based and measurable and include the interventions and services to be provided to obtain goals. Interventions should include community service linkage, improving support services and lifestyle management as appropriate based on the enrollee’s identified issues. Treatment plans shall be updated at least every six (6) months when there are significant changes in enrollee’s condition...

Assessing enrollees for literacy levels and other hearing, vision or cognitive functions that may impact an enrollee’s ability to participate in his/her care and implementing interventions to address the limitations...

Assessing enrollees for community, environmental or other supportive services needs and referring enrollees to get needed assistance...”



Service Providers

- LTC and MMA plans are still assessing contracting needs. Providers who wish to continue rendering services to recipients through these programs will need to contract with a health plan. Visit http://ahca.myflorida.com/Medicaid/statewide_mc/providers.shtml for plan contact information.



Reimbursement

- Pre-transition:
 - Providers should submit claims for reimbursement to Florida Medicaid directly **for all dates of service through December 31, 2017 as soon as possible.**
 - Claim submission timeframes and requirements will not change as a result of this transition.
- Post-transition:
 - Providers who render services to individuals who are enrolled in an LTC or MMA plan must submit claims for reimbursement in accordance with the specific plan's requirements **for all dates of service on, or after, January 1, 2018.**



Recordkeeping and Documentation

- “Providers must retain all records related to services rendered to Florida Medicaid recipients for a period of at least five years from the date of service” in accordance with Rule 59G-1.054, Florida Administrative Code (F.A.C.), Recordkeeping and Documentation Requirements. This rule is available at:
http://ahca.myflorida.com/medicaid/review/General/59G_1054_Recordkeeping_Documentation_Requirements_FINAL.pdf
- Rule 59G-13.080, F.A.C., Home and Community-Based Services Waivers, specifies providers must “...ensure that program, administrative, and financial information is maintained for a period of at least five years after termination of participation as a waiver service provider.” This rule is available at:
<https://www.flrules.org/gateway/ruleno.asp?id=59G-13.080>



Resources

- For questions or concerns related to transition, please submit your request at: https://apps.ahca.myflorida.com/smmc_cirts/
- Contact Choice Counseling at **1-877-711-3662** for assistance with Florida Medicaid Managed Care plan enrollment questions or concerns, or to switch plans.
- 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, please visit: <https://www.flmedicaidmanagedcare.com/>
- This presentation 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 and at: http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/TBI_SCI-ACF_changes.shtml
- To apply for Florida Medicaid, please visit DCF's web site at: <https://dcf-access.dcf.state.fl.us/access/index.do>



Questions?

