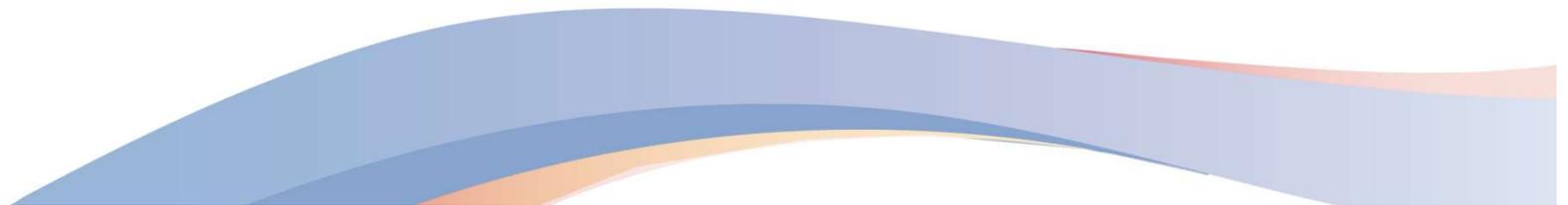


# HCBS Waiver Consolidation Monthly Stakeholder Meeting

Project AIDS Care (PAC) Waiver  
Tuesday, December 12<sup>th</sup>, 2017



Better Health Care for All Floridians  
[AHCA.MyFlorida.com](http://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.**



# Presentation Focus

This month we will focus on:

- Transition milestones and next steps
- Post transition issues
- Reimbursement and recordkeeping protocols



# 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.



# Federal Authority

- The Agency received federal approval for the following waiver amendments in November 2017:
  - Project AIDS Care Waiver
  - Long-term Care Waiver
- This means the Agency can serve individuals with AIDS who require home and community-based services through the LTC Waiver.
- The Agency is finalizing its amendment to the 1115 MMA Waiver with CMS. We anticipate receiving approval in time for the January 1, 2018 transition date.



# Recipient Outreach

- Welcome letters were mailed to individuals who will transition to the LTC Waiver in November. These letters included:
  - Instructions on how to select a LTC plan
  - How to access choice counseling services
- Recipients who do not select a LTC plan will receive an additional letter reminding them to do so in December.



# Transition Milestones

- The Agency and its operational partners have completed the following transition milestones:
  - Recipient identification
  - Recipient outreach
  - Stakeholder outreach (ongoing)
  - Plan outreach/expectation setting/logistical planning
  - Care plan collection and distribution to plans
  - Recipient notification letters (recipients who will transition to LTC are currently in the process of choosing their LTC plan)
  - Federal approval (2/3 required amendments)
  - Necessary systems changes



# Transition Next Steps

- The Agency, and its operational partners will conduct the following activities during December in preparation for transition January 1, 2018:
  - Continue to support recipients making LTC plan choices
  - Continue to work with plans on transition activities



# Transition Next Steps – LTC Plan Choice

- Recipients who are transitioning to LTC received a plan assignment in their welcome letter. However, the Agency encourages all recipients to make an active plan choice based on their needs and preferences.
- Recipients have until **December 31, 2017** to change their Agency assigned plan in time for January 1, 2018.
  - Recipients may review plan choices and make a selection online at <http://www.flmedicaidmanagedcare.com/>
  - Recipients may contact a choice counselor line for additional help choosing an LTC plan at 1-877-711-3662

Note: Recipients who are not transitioning to LTC will stay enrolled in their current MMA plan unless they choose to change plans.



# Transition Next Steps – Continuity of Care

- LTC plans will continue to provide all services at current authorized levels, and through current authorized providers, for up to 60-days post transition.
- LTC plans will work with recipients and providers to ensure all necessary services continue after the continuity of care period.
- The continuity of care period applies to MMA plans when a recipient received restorative massage and specialized medical equipment and supplies also.



# Transition Next Steps – LTC Plans

- Recipients will begin to hear from their selected or assigned LTC plan, and receive welcome materials.
- An LTC plan case manager will go and meet the recipient face-to-face, and complete an assessment to learn about the recipient's needs.
- The LTC plan case manager will work with the recipient, their representative, family, and any other supports to develop a person centered plan of care.



# Post-Transition - Case Management

- Individuals who would otherwise be enrolled in the PAC Waiver will continue to receive case management support post transition.
- Case management includes coordinating with natural supports and other community resources, and helping individuals maintain Florida Medicaid eligibility.
- LTC plans are required to provide at least monthly contact, and quarterly face-to-face visits.
- MMA plans are required to offer case management to enrollees who have AIDS. Individuals with AIDS will need to opt-out of the case management program in future.



# Post-Transition - Case Management

- The Agency reviewed MMA plan case management protocols for this population:
  - Recipients will be automatically enrolled in case management/disease management programs
  - Recipients will continue to receive telephonic and face-to-face contact. A number of plan protocols exceed the current PAC Waiver requirements
  - All plan protocols include provisions for additional case management activities as needed or when a significant change occurs
  - All plan protocols include provisions to regularly review care plans to ensure they are reflective of the recipient's needs



# Post Transition - Services

- Post transition, MMA plans will cover restorative massage and specialized medical equipment and supply services for individuals who otherwise would have been enrolled in the PAC Waiver:
  - Restorative Massage will be a new MMA service for this population
  - Specialized medical equipment and supply services will be available via the Durable Medical Equipment and Medical Supply (DME) Service



# Reimbursement

- Pre transition:
  - Providers who render services to recipients enrolled in the PAC Waiver should continue to submit claims for reimbursement to Florida Medicaid directly **for all dates of service through December 31, 2017.**
  - 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' requirements **for all dates of service on, or after, January 1, 2018.**

**Note: The Agency will not process any claims for services rendered to a former PAC recipient for any date(s) 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, Recordkeeping and Documentation Requirements, Florida Administrative Code (F.A.C)  
[http://ahca.myflorida.com/medicaid/review/General/59G\\_1054\\_Recordkeeping\\_Documentation\\_Requirements\\_FINAL.pdf](http://ahca.myflorida.com/medicaid/review/General/59G_1054_Recordkeeping_Documentation_Requirements_FINAL.pdf)
- Rule 59G-13.080, Home and Community-Bases Services Waivers, F.A.C., 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.”



# 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](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](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](http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/PAC_waiver_changes.shtml)
- To apply for Florida Medicaid, visit DCF's web site at <https://dcf-access.dcf.state.fl.us/access/index.do>



# Questions

