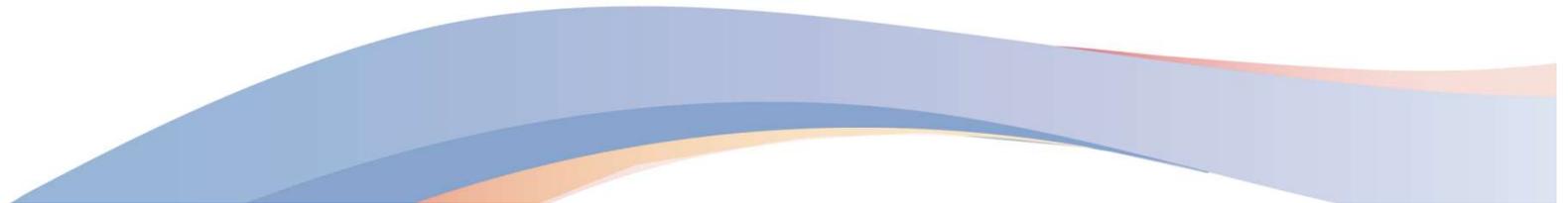


HCBS Waiver Consolidation Monthly Stakeholder Meeting

Project AIDS Care (PAC) Waiver
Tuesday, October 17th , 2017



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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:

- Recent developments in implementing the waiver consolidation project
- The Statewide Medicaid Managed Care (SMMC) Program
- Recent discussions with the managed care plans



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.



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.

- The 30-day public notice period was August 1, 2017 through August 30, 2017 and is now closed.
- In response to stakeholder feedback, the Agency is in the process of revising plan contracts, will review MMA case management protocols for individuals with AIDS who are not enrolled in LTC, and revised the 1115 MMA Waiver to include coverage for restorative massage and specialized medical equipment through MMA plans.
- The Agency submitted the amendments relevant to waiver consolidation on September 1st, 2017



The SMMC Program



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Benefits of SMMC

MMA

- Receive services through a managed care plan
- Access to services not covered by fee-for-service Medicaid
- Expanded provider networks
- Quality measures that ensure recipients receive the best care and are satisfied with the quality and service they are receiving.
- Comprehensive care coordination

LTC

- Receive services through a managed care plan
- Access to services not covered by fee-for-service Medicaid
- Expanded provider networks
- Quality measures that ensure recipients receive the best care and are satisfied with the quality and service they are receiving.
- Comprehensive care coordination
- Provides services for individuals in need of home and community-based services



SMMC Recipient Satisfaction

The SMMC program has health plan quality measures in place to ensure enrollees receive the highest quality of care. Since SMMC's implementation the Medicaid program has achieved its highest quality and satisfaction ratings in the program's 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.
- Enrollee satisfaction surveys show 86% of recipients in the MMA program rated their quality of care at an 8, 9, or 10.
- 76% of LTC enrollees surveyed said their life improved since enrolling in their LTC plan.

For more information on the advantages of the LTC program, please see the Long-term Care Snapshot on our website.

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/SMMC_LTC_Snapshot.pdf



Managed Care Plan Outreach



Managed Care Plan Outreach

In an effort to ensure a timely and smooth transition for individuals enrolled in the PAC Waiver, the Agency conducted an in-person meeting with managed care plans. The following topics were discussed:

- Continuity of Care/Care Plan Transfer
- Services
- Level of Care Determination
- Provider Network Adequacy
- Recipient Outreach



Continuity of Care

The Managed Care Plan shall reimburse non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of thirty (30) days, unless said provider agrees to an alternative rate.

- The contractual requirement to reimburse non-participating providers at their existing rate for the first 30 days of enrollment **will be extended to 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.
- Existing waiver rates were distributed to plans.



Continuity of Care

Care Plan Transfer:

- The Agency will transfer a copy of the current care plan for individuals transitioning to LTC to their chosen LTC plan.
- The Agency will transfer a copy of the current care plan for individuals with AIDS who receive massage therapy and/or specialized medical equipment and supplies who will not be transition to LTC to their MMA plan.
- Care plans will be transferred electronically when the enrollee information is transmitted to their chosen/existing plan. They will transmit throughout the enrollment month as plan choices are finalized.



Care Plan Transfer

- The Agency notified case management agencies which care plans it anticipated collecting at the end of September.
- In an effort to ensure all recipients were captured, the Agency developed its recipient transition list based on claims data, and included an overly broad set of individuals. The Agency asked the case management agencies to check the list, and identify:
 - Any individuals who would have receive home and community-based services if a provider were available
 - Newly enrolled recipients and what services they anticipate will be included in the care plan



Care Plan Transfer

- Case management agencies will be contacted shortly to schedule a care plan pick-up date and time.
- The Agency may need care plans for recipients that do not appear on the transition list.



Services

Waiver Consolidation is not an effort to reduce or eliminate access to Medicaid, or Medicaid services. All current services will continue to be available as medically necessary (there may be substitutions). Individuals will continue to receive sufficient case management support, including those who will not transition to LTC.

- Plans will coordinate with outgoing case management agencies.
- MMA plans will cover restorative massage and specialized medical equipment and supply services for individuals with AIDS as outlined in the recent 1115 MMA Waiver amendment.
- LTC and MMA specialty plans are contractually required to ensure that transitioning enrollees are adequately case managed and supported.



Level of Care Determination

All enrollees need to maintain a valid level of care (LOC), especially if their anniversary date is before the implementation date (Jan. 1, 2018).

- Once transitioned, recipients will have their level of care reassessed by the plans
- Individuals with AIDS who are eligible under section 409.904, F.S. (that is, those who are not receiving LTC services), will no longer be subject to annual LOC reassessments



Provider Network Adequacy

Pursuant to s. 409.967(2)(c)(1), Managed Care Plans must maintain a region wide network of providers in sufficient numbers to meet the access standards for specific medical services for all recipients enrolled in the plan.

- The SMMC program provides greater access to providers than fee-for-service.
- Provider network adequacy standards and expectations were reviewed
- Plans were provided with lists of current waiver providers and encouraged to incorporate those providers into their network to bolster continuity of care
- The Agency will monitor plan network changes



Recipient Outreach

- Individuals enrolled in the PAC Waiver will receive a letter from the Agency in November.
 - Pre-Welcome Letter:
 - Distributed to Case Management Agencies
 - Available on the Agency's website
- 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 at least 30 days prior to transition.



Medicaid 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 by contacting their local Aging and Disability Resource Center (ADRC). For more information and a list of ADRCs in Florida, please visit:
<http://elderaffairs.state.fl.us/doea/arc.php>
- Individuals with AIDS who are eligible under section 409.904, F.S. can submit a Medicaid application to the Department of Children and Families.



Resources/Contact Information



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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

