

Florida Medicaid's TBI/SCI and ACF Waiver Changes

The 2017 Legislature amended the law to transition individuals enrolled in the TBI/SCI and ACF waivers into the Statewide Medicaid Managed Care Long-term Care (LTC) program to continue receiving home and community-based services. The LTC program provides services and supports through LTC health plans to eligible individuals with disabilities ages 18-64 and elderly individuals age 65 or older. **This transition is anticipated to occur on December 1, 2017.**

Individuals enrolled in the TBI/SCI Waiver are currently eligible for the LTC program. Individuals age 18 or older with Cystic Fibrosis will be eligible to enroll in the LTC program under the same criteria as the ACF Waiver. This means there will be no loss in services – both groups will continue to have access to Medicaid services.

The LTC program offers services consistent with those currently available through the TBI/SCI and ACF Waivers. The Agency will provide these individuals with an opportunity to choose an LTC plan that can best meet their needs. The LTC program offers a more robust benefit package than the TBI/SCI and ACF waivers, including enhanced case management standards and expanded benefits. The LTC program also offers recipients an opportunity to receive care/services through a program with enhanced quality outcome measures.

Most individuals enrolled in the TBI/SCI and ACF Waivers currently receive their medical, pharmaceutical, and acute care services from MMA health plans. There will be no change to how these individuals receive MMA services unless they choose to change plans.

The Agency will use a number of different methods to maintain open lines of communication throughout the transition. Individuals enrolled in these waivers will begin to receive written notification approximately 90 days before the transition date of December 1, 2017. In addition, the Agency is hosting monthly web-based meetings for interested stakeholders (TBI/SCI and ACF providers, recipients, etc.) to share information on the transition efforts.

Florida Medicaid's PAC Waiver Changes

The 2017 Legislature amended the law to allow individuals who are diagnosed with AIDS to obtain and maintain Medicaid coverage without the need for enrollment in the PAC Waiver. **This transition is anticipated to occur on January 1, 2018.** In order to qualify, an individual must meet the criteria currently used for the PAC Waiver:

- Have an income at or below 222% of the federal poverty level (or 300% of the federal benefit rate), and
- Meet hospital level of care, as determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long-term Care Services (CARES)

Most recipients enrolled in the PAC Waiver currently receive their medical, prescribed drugs, and acute care services from a Statewide Medicaid Managed Care - Managed Medical Assistance (MMA) health plan. There will be no change in how these individuals receive MMA services unless they choose to change plans. 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. As such, the recipients in the PAC Waiver who are only receiving case management services and do not need home and community-based services in order to safely remain in the community, will be dis-enrolled from the PAC Waiver, but will keep their Medicaid coverage. This means there will be no loss in services – they can continue to have access to their medications, see their doctors, and will receive case management from their current MMA plan.

The recipients in the PAC Waiver who have been receiving more than case management services through the PAC Waiver and who continue to need home and community-based services 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. These recipients will continue to maintain Medicaid eligibility and have access to their prescribed drugs and doctors through their current MMA plan. They will also continue to receive home and community-based services, which will be provided through an LTC plan. The Agency will provide these individuals with an opportunity to choose an LTC plan that can best meet their needs. The LTC program offers a more robust benefit package than the PAC Waiver, including enhanced case management standards and expanded benefits. The LTC program also offers recipients an opportunity to receive care/services through a program with enhanced quality outcome measures.

The Agency will use a number of different methods to maintain open lines of communication throughout the transition. We have already begun to reach out to recipients by telephone to ensure they understand what this transition means for them. We are also talking with PAC case management agencies and other stakeholder groups. The Agency is hosting monthly web-based meetings for interested stakeholders (PAC providers, recipients, etc.) to share information on the transition efforts.