



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

DATE: January 4, 2018 **TRANSMITTAL NO.:** P-18-01-0001

TO: Economic Self-Sufficiency Operations Managers
Economic Self-Sufficiency Program Offices

FROM: Tonyaleah Veltkamp, Chief, Program Policy
Suzanne Poirier, Chief, Technology & Project Management
(Signatures on File)

SUBJECT: Waiver Consolidation for Traumatic Brain and Spinal Cord Injury
(TBI/SCI) and Adult Cystic Fibrosis (ACF) Recipients

EFFECTIVE: January 1, 2018

This transmittal provides staff with information on the Agency for Health Care Administration's (AHCA) waiver consolidation project. The consolidation project includes the Traumatic Brain and Spinal Cord Injury (TBI/SCI), Adult Cystic Fibrosis (ACF), and Project AIDS Care (PAC) recipients. Instructions for PAC will be issued separately.

Background

AHCA received legislative authority during the 2017 legislative session to consolidate the Traumatic Brain and Spinal Cord Injury (TBI/SCI), Adult Cystic Fibrosis (ACF), and Project AIDS Care (PAC) Waivers into the Statewide Medicaid Managed Care Long-Term Care (SMMC-LTC) Program.

The transition for TBI/SCI and ACF individuals into the SMMC-LTC will be effective January 1, 2018. There will be no changes to an individual's services or case manager prior to transition, unless their care plan is updated, the individual chooses to change their case manager, or their case manager is no longer providing Florida Medicaid services.

Policy

There is no change in the eligibility criteria for the SMMC-LTC program and all existing policies will apply to individuals transitioning from TBI/SCI and ACF waivers to SMMC-LTC waiver. It is important for staff to enroll individuals appropriately in the SMMC-LTC Waiver for the transitioned Waivers.

Current Recipients Transitioning to SMMC-LTC

Individuals enrolled in the TBI/SCI and ACF waivers as of December 9, 2017 were transitioned to the SMMC-LTC waiver effective January 2018. The eligibility criteria for SMMC-LTC will be applied to these individuals at the next renewal, when a change is reported or when EDBC is run.

FLORIDA Instructions

Headquarters used a one-time ad hoc report to identify current TBI/SCI and ACF recipients in the FLORIDA System and updated the following fields:

- AIIA – Change “FLAG” field indicator from “WT” or “WY” to “MC” Statewide Medicaid Managed Care. Note: Staff should no longer use the “WT” and “WY” FLAG codes
- AIMC – Enter “AF” in the VR field for the Waiver Type Verification field
- AFBA – Enter a “?” in the STATUS field when an application for other benefits must be completed. Enter a “?” only if it has been more than 12 months since the last federal SSA denial for disability or there is a pending disability application
- CLRC – Enter “SPECIAL PROJECT – WAIVER CONSOLIDATION COMPLETED CHANGED FROM ‘CURRENT WAIVER NAME’ TO SMMC-LTC WAIVER. AT RENEWAL OR REPORTED CHANGE PLEASE ASSESS FOR FINANCIAL AND POST ELIGIBILITY CRITERIA PER MEMO **ENTER THIS MEMO**”

Note: The requirement to apply for other benefits continues to apply (i.e. Annuities, VA pensions and retirement, disability benefits, railroad retirement and unemployment compensation).

At Renewal or Reported Changes

Staff will re-determine eligibility based on the criteria for SMMC-LTC for renewals and changes effective January 2018 using the policy for SMMC-LTC. The Department will be notified of individuals transitioning to SMMC-LTC and changes by The Certification of Enrollment Status Home and Community Based Services, (CF-ES 2515) form.

For **recipients transitioned to SMMC-LTC** waiver, check the following:

- AIIA – Living Arrangement Type (01 or 14).
 - If “14-Assisted Living Facility”, then:
 - AFDP – Code Type “AL-Assisted Living” and list Room and Board Rate amount in “Ordered Amount” field
- Pend for proof of any application for any benefits for which the individual is potentially eligible
- Spousal impoverishment policies are now applicable. Pend for spouse’s income and assets

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- Individuals residing in the community with income equal to or greater than 300% of the Federal Benefit Rate (FBR) may now have a patient responsibility
- Uncovered Medical Expense Deduction (UMED) policies are now applicable

Please see Attachment 1 for the Waiver Comparison Chart.

For policy-related questions, region offices may contact Nathan Lewis at Nathan.Lewis@myflfamilies.com. For system-related questions, region offices may contact Ron Hardcastle at Ron.Hardcastle@myflfamilies.com.

Attachment

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Statewide Medicaid Managed Care Long Term Care and Modified Project Aids Care Program Comparison Chart

REQUIREMENT	Modified Project Aids Care (MPAC) Effective January 1, 2018	Statewide Medicaid Managed Care – Long Term Care (SMMC-LTC)	FLORIDA INSTRUCTIONS (for all transitioning assistance groups)
AGE	No age limit (if under age 18, test for child’s coverage group)	18 or older	<p><u>AIIA Screen FLAGS Field:</u> “MC” = SMMC-LTC “WP” = MPAC</p> <p><u>AIIIC Screen:</u> 01-Community 14-Assisted Living Facility (ALF) Note: Enter ALF Room and Board Charges on AFBP Screen.</p> <p><u>AIMC Screen/Waiver TYPE:</u> Waiver TYPE: “A” VR: “WP”</p> <p><u>AIMN Screen LOC Field</u> SMMC-LTC indicated on CF-ES 2515 MPAC; “RH”/EFF BEGIN DATE: Physician’s Signature</p> <p><u>AFBA Screen:</u> Enter a “?” in the STAUS field, pend for benefits potentially eligible for, i.e. disability (SSDI) if under 65</p> <p><u>Budgeting</u> System determines based on eligibility requirements for SMMC-LTC or MPAC</p> <p><u>CLRC Screen</u> Enter appropriate comments</p>
DISABILITY DETERMINATION	Yes if under 65 – if not determined disabled by SSA pend for application	Yes under 65 – if not determined disabled by SSA pend for application	
LIVING ARRANGEMENT	Community (01)	Community (01) Assisted Living Facility (14)	
LEVEL OF CARE (LOC)	Yes Note: Receipt of AHCA Form 5000-0607, Acquired Immune Deficiency Syndrome (AIDS), Physician Referral for Individuals at Risk of Hospitalization	Yes – Risk of Institutionalization Note: LOC provided on CF-ES 2515, Certification of Enrollment for Home and Community Based Services (HCBS)	
ENROLLMENT	N/A	CF-ES 2515 - Certification of enrollment for Home and Community Based Services (HCBS)	
REFERRING ENTITY	Not Required (May self-refer or another entity)	Aging and Disability Resource Center (ADRC)	
APPLY FOR OTHER BENEFITS	Yes, (Potential SS, VA, etc.)	Yes, (Potential SS, VA, etc.)	
ASSETS	\$2,000 – individual or \$3,000 -couple, or If income within the MEDS-AD limit: \$5,000 - individual or \$6,000 - couple	\$2,000 – individual or \$3,000 -couple, or If income within the MEDS-AD limit: \$5,000 - individual or \$6,000 - couple	
INCOME	300% FBR	300% FBR	
PERSONAL NEED ALLOWANCE (PNA)	DOES NOT APPLY	Yes 01 = PNA is 300% of the Federal Benefit Rate. 14=ALF BASIC MONTHLY RATE (three meals per day and a semi-private room), plus 20% of the Federal Poverty level.	
SPOUSAL ALLOWANCE	DOES NOT APPLY	Yes, If Applicable	
UMED	DOES NOT APPLY	Yes, (Medical Expenses)	
PATIENT RESPONSIBILITY	DOES NOT APPLY	Income Remaining After Allowable Deductions	

Effective January 1 2018