

BNEADL01 LAS/PBS SYSTEM
BUDGET PERIOD: 2006-2017
STATE OF FLORIDA

SCHEDULE VIIIC
PRIORITY LISTING FOR POSSIBLE
REPRIORITIZATION FOR REQUEST YEAR

SP 09/12/2015 16:31 PAGE: 1
ERROR REPORT

BUDGET ENTITY	D3A ISSUE CODE	COLUMN NUMBERS	CODE	ERROR MESSAGE	PAGE
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THERE WERE 0 ERRORS DETECTED

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID SERV/INDIVIDUALS</u>							68501400
HEALTH AND HUMAN SERVICES							13
<u>HEALTH SVCS/INDIVIDUALS</u>							<u>1301.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - ADD							3D00270
SPECIAL CATEGORIES							100000
PREPAID HEALTH PLAN							102673
GENERAL REVENUE FUND -MATCH				3,385,063			1000 2
MEDICAL CARE TRUST FUND -FEDERL				5,337,077			2474 3
TOTAL APPRO.....				8,722,140			

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:
 PRIORITY #3

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Project AIDS Care Waiver Funding - ADD

ISSUE SUMMARY: This issue requests to redirect funds from the Home and Community Based Services Waiver to the Prepaid Health Plan category to streamline waiver administration by creating a specialty population group for the recipients of the Project AIDS Care (PAC) waiver in the Managed Medical Assistance (MMA) program.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) has federal authority to administer and operate the 1915(c) PAC waiver for recipients who have an income of no more than 300 percent of the Federal Poverty Level (FPL), meet specific diagnosis requirements, and meet hospital level of care. The AHCA also has federal authority to administer the MMA program, which provides comprehensive acute, preventative and behavioral health care services to Medicaid recipients, through a 1115 Demonstration waiver. PAC waiver recipients can also be enrolled in a MMA standard plan or HIV/AIDS Specialty Plan under the MMA program. Services provided by the PAC waiver and by the MMA plan do not duplicate each other.

Due to medical advances and improved health outcomes for people with AIDS, service utilization has changed resulting in recipients using less of the PAC waiver services, but still needing access to Medicaid, particularly to receive the necessary prescribed drugs which are important in effectively managing the disease. Recipients primarily receive the following services through the PAC waiver: Case Management, Home Delivered Meals, Restorative Massage, Homemaker, and Specialized Medical Equipment and Supplies.

The AHCA will seek to amend the 1115 MMA Waiver to include a specialty population group with eligibility criteria consistent with the criteria for the current PAC waiver. The amendment will include a home and community based service package that reflects services utilized by PAC recipients if such services are not otherwise available under the MMA program. The amendment is subject to approval from the Centers for Medicare and Medicaid Services (CMS). The AHCA will phase out the PAC waiver as enrollees transition into MMA, which will also require CMS approval. Consolidating waiver operations will allow recipients to continue receiving critical services while receiving better care coordination and

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID SERV/INDIVIDUALS</u>							68501400
HEALTH AND HUMAN SERVICES							13
<u>HEALTH SVCS/INDIVIDUALS</u>							<u>1301.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - ADD							3D00270

service options through managed care.

BUDGET SUMMARY: This issue redirects \$3,385,063 in General Revenue (1000) and \$5,337,077 in Medical Care Trust Fund (2474) for a total transfer amount of \$8,722,140 from the Home and Community Based Services Waiver category (101554) in the Medicaid Long Term Care budget entity (68501500) to the Prepaid Health Plan category (102673) in the Medicaid Services for Individuals budget entity (68501400).

	RECURRING FY 2016-17	NON-RECURRING FY 2016-17	TOTAL FY 2016-17	ANNUALIZATION FY 2017-2018
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	\$3,385,063	\$0	\$3,385,063	\$0
Medical Care Trust Fund (2474 - 3)	\$5,337,077	\$0	\$5,337,077	\$0
Issue Total	\$8,722,140	\$0	\$8,722,140	\$0

TOTAL: HEALTH SVCS/INDIVIDUALS					<u>1301.00.00.00</u>
BY FUND TYPE					
GENERAL REVENUE FUND	3,385,063				1000
TRUST FUNDS	5,337,077				2000
TOTAL PROG COMP.....	8,722,140				
	=====	=====	=====		

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF TRAUMATIC BRAIN							
INJURY/SPINAL CORD WAIVER FUNDING -							
DEDUCT							3D00220
SPECIAL CATEGORIES							100000
HOME & COMMUNITY BA							101554
MEDICAL CARE TRUST FUND -MATCH				3,688,811-			2474 2

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:
 PRIORITY #1

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Traumatic Brain Injury/Spinal Cord Waiver Funding - DEDUCT

ISSUE SUMMARY: This issue requests to redirect funds to transition Brain Injury/Spinal Cord Injury (TBI/SCI) waiver recipients to the Long Term Care (LTC) component of the Statewide Medicaid Managed Care (SMMC) program. The LTC program offers comparable services as those offered in the TBI/SCI waiver and is currently successfully serving former waitlisted TBI/SCI recipients. This transition would allow the TBI/SCI waiver to be phased out and eventually terminated.

ISSUE DETAIL: Currently, the DOH is operating the TBI/SCI waiver for 394 recipients age 18 and older who meet nursing facility level of care. Waiver administration includes determination of eligibility, enrollment, case management, service authorization, and quality assurance monitoring. The current LTC program serves individuals 18 and older who meet nursing facility level of care and offers services comparable to those offered in the TBI/SCI waiver. The LTC program offers special expanded services suitable for this population. Many former waitlisted TBI/SCI recipients are being successfully served by the LTC waiver. Therefore, the current TBI/SCI waiver recipients would be well served in the LTC Managed Care program and any waitlisted TBI/SCI waiver recipients would move to the LTC waiver waitlist. The AHCA would use a similar transition process for this population as the one used to successfully transition five home and community based Medicaid waiver populations for aged and disabled adults into the LTC program during the implementation of the SMMC. By transitioning the TBI/SCI population to the LTC program, the TBI/SCI waiver could be phased out and eventually terminated.

The Centers for Medicare and Medicaid Services' (CMS's) approval will be required to terminate the TBI/SCI waiver. TBI/SCI Waiver recipients are currently voluntary for LTC managed care, therefore no change would be needed to the LTC program waiver to implement this change. Once legislative authority is received for this change, the AHCA would develop and submit a waiver phase out plan to CMS. CMS then has 90 days to approve, deny, or request additional information. If any additional information is needed, CMS has 90 days from the date the information is received to approve or deny.

The earliest this transition could be implemented would be late 2016 or early 2017. Waiver administration would continue at the DOH until CMS approval has been granted. However, the AHCA seeks authorization to transfer the state share of funding for TBI/SCI waiver from the DOH to AHCA's Home and Community Based Services waiver category to streamline the

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF TRAUMATIC BRAIN							
INJURY/SPINAL CORD WAIVER FUNDING -							
DEDUCT							3D00220

billing process for Medicaid expenditures. Once approval is granted, AHCA, in conjunction with the DOH, would start to transition the TBI/SCI waiver population to the LTC component of the SMMC program. In addition, the AHCA also seeks authorization to submit a budget amendment to transfer funding from the Home and Community Based Services waiver category to the Prepaid Plan/Long Term Care appropriation category as individuals transition to the LTC program.

BUDGET SUMMARY: This issue redirects \$3,688,811 in General Revenue (1000) from the DOH to the AHCA's Medicaid Long Term Care budget entity (68501500) in the Home and Community Based Services category (101554).

	RECURRING FY 2016-17	NON-RECURRING FY 2016-17	TOTAL FY 2016-17	ANNUALIZATION FY 2017-2018
Home and Community Based Services (101554)				
General Revenue (1000 - 2)	(\$3,688,811)	(\$0)	(\$3,688,811)	(\$0)
Issue Total	(\$3,688,811)	(\$0)	(\$3,688,811)	(\$0)

REPRIORITIZATION OF TRAUMATIC BRAIN							
INJURY/SPINAL CORD WAIVER FUNDING -							
ADD							3D00230
SPECIAL CATEGORIES							100000
HOME & COMMUNITY BA							101554
GENERAL REVENUE FUND							
-MATCH							
		3,688,811					1000 2

AGENCY ISSUE NARRATIVE:
 SCHED VIIIIC REPRIORTIZN NARRATIVE:
 PRIORITY #1

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Traumatic Brain Injury/Spinal Cord Waiver Funding - ADD

ISSUE SUMMARY: This issue requests to redirect funds to transition Brain Injury/Spinal Cord Injury (TBI/SCI) waiver recipients to the Long Term Care (LTC) component of the Statewide Medicaid Managed Care (SMMC) program. The LTC program offers comparable services as those offered in the TBI/SCI waiver and is currently successfully serving former waitlisted TBI/SCI recipients. This transition would allow the TBI/SCI waiver to be phased out and eventually terminated.

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	
REPRIORTIZN	N/R 2016-17	ANZ 2016-17	ANZ 2016-17	ANZ 2016-17	ANZ 2016-17	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HEALTH CARE SERVICES						68500000
<u>MEDICAID LONG TERM CARE</u>						68501500
HEALTH AND HUMAN SERVICES						13
<u>LONG-TERM CARE</u>						<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS						3D00000
REPRIORITIZATION OF TRAUMATIC BRAIN						
INJURY/SPINAL CORD WAIVER FUNDING -						
ADD						3D00230

ISSUE DETAIL: Currently, the DOH is operating the TBI/SCI waiver for 394 recipients age 18 and older who meet nursing facility level of care. Waiver administration includes determination of eligibility, enrollment, case management, service authorization, and quality assurance monitoring. The current LTC program serves individuals 18 and older who meet nursing facility level of care and offers services comparable to those offered in the TBI/SCI waiver. The LTC program offers special expanded services suitable for this population. Many former waitlisted TBI/SCI recipients are being successfully served by the LTC waiver. Therefore, the current TBI/SCI waiver recipients would be well served in the LTC Managed Care program and any waitlisted TBI/SCI waiver recipients would move to the LTC waiver waitlist. The AHCA would use a similar transition process for this population as the one used to successfully transition five home and community based Medicaid waiver populations for aged and disabled adults into the LTC program during the implementation of the SMMC. By transitioning the TBI/SCI population to the LTC program, the TBI/SCI waiver could be phased out and eventually terminated.

The Centers for Medicare and Medicaid Services' (CMS's) approval will be required to terminate the TBI/SCI waiver. TBI/SCI Waiver recipients are currently voluntary for LTC managed care, therefore no change would be needed to the LTC program waiver to implement this change. Once legislative authority is received for this change, the AHCA would develop and submit a waiver phase out plan to CMS. CMS then has 90 days to approve, deny, or request additional information. If any additional information is needed, CMS has 90 days from the date the information is received to approve or deny.

The earliest this transition could be implemented would be late 2016 or early 2017. Waiver administration would continue at the DOH until CMS approval has been granted. However, the AHCA seeks authorization to transfer the state share of funding for TBI/SCI waiver from the DOH to AHCA's Home and Community Based Services waiver category to streamline the billing process for Medicaid expenditures. Once approval is granted, AHCA, in conjunction with the DOH, would start to transition the TBI/SCI waiver population to the LTC component of the SMMC program. In addition, the AHCA also seeks authorization to submit a budget amendment to transfer funding from the Home and Community Based Services waiver category to the Prepaid Plan/Long Term Care appropriation category as individuals transition to the LTC program.

BUDGET SUMMARY: This issue redirects \$3,688,811 in General Revenue (1000) from the DOH to the AHCA's Medicaid Long Term Care budget entity (68501500) in the Home and Community Based Services category (101554).

	RECURRING FY 2016-17	NON-RECURRING FY 2016-17	TOTAL FY 2016-17	ANNUALIZATION FY 2017-2018
Home and Community Based Services (101554)				
General Revenue (1000 - 2)	\$3,688,811	\$0	\$3,688,811	\$0
Issue Total	\$3,688,811	\$0	\$3,688,811	\$0

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF ADULT CYSTIC FIBROSIS WAIVER FUNDING - DEDUCT							3D00240
SPECIAL CATEGORIES							100000
HOME & COMMUNITY BA							101554
MEDICAL CARE TRUST FUND -MATCH				959,039-			2474 2

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:
 PRIORITY #2

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Adult Cystic Fibrosis Waivers Funding - DEDUCT

ISSUE SUMMARY: This issue requests to redirect funds to consolidate three waivers into one specialty group waiver to serve recipients of the Adult Cystic Fibrosis (ACF), Familial Dysautonomia (FD), and Model waivers. The Department of Health (DOH) is currently operating the ACF waiver and would transfer \$959,039 in General Revenue to the Agency for Health Care Administration (AHCA) to streamline waiver administration.

ISSUE DETAIL: The DOH is currently operating the ACF waiver for 137 Medicaid recipients age 18 and older who meet a hospital level of care with a diagnosis of cystic fibrosis. Waiver administration performed by the DOH includes determination of eligibility, enrollment, case management, waiver service authorization, and waiver quality assurance monitoring.

Currently, the AHCA operates two small Home and Community Based Services waivers: the FD Waiver with eight recipients and the Model waiver with five recipients. Both waivers require recipients to meet a hospital level of care. Maintaining and operating waivers are resource-intensive, as there are significant oversight and reporting requirements for each waiver approved by the Centers for Medicare and Medicaid Services (CMS). Combining the three waivers into one specialty group waiver would create administrative efficiencies in the waiver oversight and reporting requirements.

Approval from CMS will be required for several aspects of this proposal, including but not limited to amending the waiver service package to ensure the needs of all three populations are covered, changing eligibility criteria to accommodate three populations, and changing the administering agency for the ACF waiver. Once legislative authority is received, the AHCA will develop and submit waiver amendments and transition plans to CMS. CMS then has 90 days to approve, deny, or request additional information. If any additional information is needed, CMS has 90 days from the date the information is received to approve or deny.

The earliest the three waivers could be consolidated into one specialty group waiver would be late 2016 or early 2017. Waiver administration would continue at the DOH until CMS approval has been granted. However, the AHCA requests the transfer of the state share of funding for ACF waiver from the DOH to AHCA's Home and Community Based Services waiver category to streamline the billing process for Medicaid expenditures. Once approval is granted, AHCA, in conjunction with the DOH, would start to transition the ACF waiver population to the newly authorized specialty group waiver.

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF ADULT CYSTIC FIBROSIS WAIVER FUNDING - DEDUCT							3D00240

BUDGET SUMMARY: This issue redirects \$959,039 in General Revenue (1000) from the DOH to the AHCA's Medicaid Long Term Care budget entity (68501500) in the Home and Community Based Services category (101554).

	RECURRING FY 2016-17	NON-RECURRING FY 2016-17	TOTAL FY 2016-17	ANNUALIZATION FY 2017-2018
Home and Community Based Services (101554)				
General Revenue (1000 - 2)	(\$ 959,039)	(\$0)	(\$ 959,039)	(\$0)
Issue Total	(\$ 959,039)	(\$0)	(\$ 959,039)	(\$0)

REPRIORITIZATION OF ADULT CYSTIC FIBROSIS WAIVER FUNDING - ADD					3D00250
SPECIAL CATEGORIES					100000
HOME & COMMUNITY BA					101554
GENERAL REVENUE FUND -MATCH	959,039				1000 2

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 PRIORITY #2

ISSUE TITLE: Reprioritization of Adult Cystic Fibrosis Waivers Funding - ADD

ISSUE SUMMARY: This issue requests to redirect funds to consolidate three waivers into one specialty group waiver to serve recipients of the Adult Cystic Fibrosis (ACF), Familial Dysautonomia (FD), and Model waivers. The Department of Health (DOH) is currently operating the ACF waiver and would transfer \$959,039 in General Revenue to the Agency for Health Care Administration (AHCA) to streamline waiver administration.

ISSUE DETAIL: The DOH is currently operating the ACF waiver for 137 Medicaid recipients age 18 and older who meet a hospital level of care with a diagnosis of cystic fibrosis. Waiver administration performed by the DOH includes determination of eligibility, enrollment, case management, waiver service authorization, and waiver quality assurance monitoring.

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF ADULT CYSTIC FIBROSIS WAIVER FUNDING - ADD							3D00250

Currently, the AHCA operates two small Home and Community Based Services waivers: the FD Waiver with eight recipients and the Model waiver with five recipients. Both waivers require recipients to meet a hospital level of care. Maintaining and operating waivers are resource-intensive, as there are significant oversight and reporting requirements for each waiver approved by the Centers for Medicare and Medicaid Services (CMS). Combining the three waivers into one specialty group waiver would create administrative efficiencies in the waiver oversight and reporting requirements.

Approval from CMS will be required for several aspects of this proposal, including but not limited to amending the waiver service package to ensure the needs of all three populations are covered, changing eligibility criteria to accommodate three populations, and changing the administering agency for the ACF waiver. Once legislative authority is received, the AHCA will develop and submit waiver amendments and transition plans to CMS. CMS then has 90 days to approve, deny, or request additional information. If any additional information is needed, CMS has 90 days from the date the information is received to approve or deny.

The earliest the three waivers could be consolidated into one specialty group waiver would be late 2016 or early 2017. Waiver administration would continue at the DOH until CMS approval has been granted. However, the AHCA requests the transfer of the state share of funding for ACF waiver from the DOH to AHCA's Home and Community Based Services waiver category to streamline the billing process for Medicaid expenditures. Once approval is granted, AHCA, in conjunction with the DOH, would start to transition the ACF waiver population to the newly authorized specialty group waiver.

BUDGET SUMMARY: This issue redirects \$959,039 in General Revenue (1000) from the DOH to the AHCA's Medicaid Long Term Care budget entity (68501500) in the Home and Community Based Services category (101554).

	RECURRING FY 2016-17	NON-RECURRING FY 2016-17	TOTAL FY 2016-17	ANNUALIZATION FY 2017-2018
Home and Community Based Services (101554)				
General Revenue (1000 - 2)	\$ 959,039	\$0	\$ 959,039	\$0
Issue Total	\$ 959,039	\$0	\$ 959,039	\$0

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - DEDUCT							3D00260
SPECIAL CATEGORIES							100000
HOME & COMMUNITY BA							101554
GENERAL REVENUE FUND -MATCH				3,385,063-			1000 2
MEDICAL CARE TRUST FUND -FEDERL				5,337,077-			2474 3
TOTAL APPRO.....				8,722,140-			

AGENCY ISSUE NARRATIVE:
 SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 PRIORITY #3

ISSUE TITLE: Reprioritization of Project AIDS Care Waiver Funding - DEDUCT

ISSUE SUMMARY: This issue requests to redirect funds from the Home and Community Based Services Waiver to the Prepaid Health Plan category to streamline waiver administration by creating a specialty population group for the recipients of the Project AIDS Care (PAC) waiver in the Managed Medical Assistance (MMA) program.

ISSUE DETAIL: The Agency for Health Care Administration (AHCA) has federal authority to administer and operate the 1915(c) PAC waiver for recipients who have an income of no more than 300 percent of the Federal Poverty Level (FPL), meet specific diagnosis requirements, and meet hospital level of care. The AHCA also has federal authority to administer the MMA program, which provides comprehensive acute, preventative and behavioral health care services to Medicaid recipients, through a 1115 Demonstration waiver. PAC waiver recipients can also be enrolled in a MMA standard plan or HIV/AIDS Specialty Plan under the MMA program. Services provided by the PAC waiver and by the MMA plan do not duplicate each other.

Due to medical advances and improved health outcomes for people with AIDS, service utilization has changed resulting in recipients using less of the PAC waiver services, but still needing access to Medicaid, particularly to receive the necessary prescribed drugs which are important in effectively managing the disease. Recipients primarily receive the following services through the PAC waiver: Case Management, Home Delivered Meals, Restorative Massage, Homemaker, and Specialized Medical Equipment and Supplies.

The AHCA will seek to amend the 1115 MMA Waiver to include a specialty population group with eligibility criteria consistent with the criteria for the current PAC waiver. The amendment will include a home and community based service package that reflects services utilized by PAC recipients if such services are not otherwise available under the MMA program. The amendment is subject to approval from the Centers for Medicare and Medicaid Services (CMS). The AHCA will phase out the PAC waiver as enrollees transition into MMA, which will also require CMS approval. Consolidating waiver operations will allow recipients to continue receiving critical services while receiving better care coordination and

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 POS	COL A25 SCH VIIIIC ANZ 2016-17 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - DEDUCT							3D00260

service options through managed care.

BUDGET SUMMARY: This issue redirects \$3,385,063 in General Revenue (1000) and \$5,337,077 in Medical Care Trust Fund (2474) for a total transfer amount of \$8,722,140 from the Home and Community Based Services Waiver category (101554) in the Medicaid Long Term Care budget entity (68501500) to the Prepaid Health Plan category (102673) in the Medicaid Services for Individuals budget entity (68501400).

	RECURRING FY 2016-17	NON-RECURRING FY 2016-17	TOTAL FY 2016-17	ANNUALIZATION FY 2017-2018
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	(\$3,385,063)	(\$0)	(\$3,385,063)	(\$0)
Medical Care Trust Fund (2474 - 3)	(\$5,337,077)	(\$0)	(\$5,337,077)	(\$0)
Issue Total	(\$8,722,140)	(\$0)	(\$8,722,140)	(\$0)

TOTAL: LONG-TERM CARE				<u>1303.00.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND	1,262,787			1000
TRUST FUNDS	9,984,927-			2000
TOTAL PROG COMP.....	8,722,140-			
=====	=====	=====	=====	
TOTAL: AGENCY/HEALTH CARE ADMIN				68000000
BY FUND TYPE				
GENERAL REVENUE FUND	4,647,850			1000
TRUST FUNDS	4,647,850-			2000
TOTAL DEPARTMENT.....				
=====	=====	=====	=====	

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* NEADLP01                               STATISTICAL INFORMATION                09/12/2015 16:31 *
* BUDGET PERIOD: 2006-2017                EXHIBIT A, D AND D-3A LIST REQUEST        KST 68 SP *
*                                                                                     PAGE: 1 *
*****
*
*          SAVE INITIALS:          SAVE DEPARTMENT: 07      SAVE TITLE: SCHEDULE VIIIC **LBR FORMAT**
* -----
* ** DATA SELECTIONS **
* =====
*   REPORT OPTION 1 - Exhibit A, D and D-3A
*   SCHEDULE VIIIA ISSUE SPREADSHEET:       
* =====
*   COLUMN: A23      A24      A25      _____      CODES
*   CALCULATE DIFFERENCE ONLY (Y/N): N THAT EXCEED: _____
*   INCLUDE (Y/N) FTE: Y                SALARY RATE: Y POSITION DATA: Y
*   REPORT TOTAL:
*   REPORT: NO TOTAL
* =====
*   BUDGET ENTITY OR GROUP/ACCUMULATION LEVEL (0=MERGE, 1=LEVEL 1, 2=LEVEL 2, 3=LEVEL 3, 4=LOWEST LEVEL)
*   1-7:      4      _____      _____      _____      _____      _____
*   8-14:     _____      _____      _____      _____      _____      _____
*   15-21:    _____      _____      _____      _____      _____      _____
*   22-27:    _____      _____      _____      _____      _____      _____
*   EXCLUDE: _____      _____      _____      _____      _____      _____
*
*   BUDGET ENTITY TOTALS:
*
*   LEVEL 1: BY FUND TYPE
*   LEVEL 2: NO TOTAL
*   LEVEL 3: NO TOTAL
*   LOWEST LEVEL: BY FUND TYPE
* =====
*   PROGRAM COMPONENT/ACCUMULATION LEVEL (1, 2, 3, 4 OR 5 FOR 2, 4, 6, 8 OR 10 DIGITS, 0=MERGED):
*   PROGRAM COMPONENT:      5      _____      _____      _____
*   PROGRAM COMPONENT TOTAL:
*   POLICY AREA: NO TOTAL
*   PROGRAM COMPONENT: BY FUND TYPE
* =====
*   ISSUE CODE OR GROUP/ACCUMULATION LEVEL (1, 2 OR 3 FOR 1, 3 OR 7 CHARACTERS, 0=MERGED):
*   ISSUE CODE OR GROUP:      3      _____      _____      _____
*   ISSUE TOTAL:
*   SUMMARY: NO TOTAL
*   DETAIL: LINE TOTAL
* =====
*   APPROPRIATION CATEGORY OR GROUP/ACCUMULATION LEVEL (1=MAJOR, 2=MINOR, 0=MERGED):
*   2      _____      _____      _____      _____
*   INCLUDE FCO (Y/N): Y      APPROPRIATION CATEGORY TITLE (S=SHORT, L=LONG): S
*   APPROPRIATION CATEGORY TOTAL:
*   MAJOR: NO TOTAL
*   MINOR: BY DETAIL FUND
* =====
*   ITEMIZATION OF EXPENDITURE: _____
*   ACCUMULATION LEVEL (1=OPE/FCO, 2=IOE, 0=MERGE): 0
*   ITEMIZATION OF EXPENDITURE TOTAL:
*   ITEMIZATION OF EXPENDITURE: NO TOTAL
* =====

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* NEADLP01                                STATISTICAL INFORMATION                                09/12/2015 16:31 *
* BUDGET PERIOD: 2006-2017                EXHIBIT A, D AND D-3A LIST REQUEST                KST 68 SP *
*                                                                                                     PAGE: 2 *
*****
* FUND GROUPS SET: _____ OR FUND: _____ *
* FUNDING SOURCE IDENTIFIER: _ _ _ _ _ *
* REPORT BY FSI (Y/N): Y *
* ===== *
* DEPARTMENT NARRATIVE SET: _____ *
* BUDGET ENTITY NARRATIVE SET: _____ *
* ISSUE/ACTIVITY NARRATIVE SET: A6 _ _ _ _ _ *
* *
* INCLUDE PROGRAM COMPONENT NARRATIVE (Y/N): N *
* ===== *
* ** FORMATTING ** *
* ===== *
* REPORT HEADING: SCHEDULE VIIIC *
* PRIORITY LISTING FOR POSSIBLE *
* REPRIORITIZATION FOR REQUEST YEAR *
* ===== *
* PAGE BREAKS: LOWEST LEVEL PRC *
* (LEVEL 1, LEVEL 2, LEVEL 3, LOWEST LEVEL, *
* IOE, GRP, PRC, SIS, ISC) *
* ===== *
* COLUMN CODES (Y/N): Y FORMAT (L=LANDSCAPE, P=PORTRAIT): L *
* SORT OPTIONS: DEPARTMENT/BUDGET ENTITY (C=CODE, T=TITLE): C *
* PROGRAM COMPONENT (C=CODE, T=TITLE): C *
* ===== *
* TOTAL RECORDS READ FROM SORT: 8 *
* TOTAL RECORDS READ FROM CARD: 44 *
* TOTAL RECORDS READ FROM PAF: 0 *
* TOTAL RECORDS READ FROM OAF: 0 *
* TOTAL RECORDS READ FROM IEF: 0 *
* TOTAL RECORDS READ FROM BGF: 0 *
* TOTAL RECORDS READ FROM BEF: 6 *
* TOTAL RECORDS READ FROM PCF: 4 *
* TOTAL RECORDS READ FROM ICF: 8 *
* TOTAL RECORDS READ FROM INF: 261 *
* TOTAL RECORDS READ FROM ACF: 3 *
* TOTAL RECORDS READ FROM FCF: 3 *
* TOTAL RECORDS READ FROM FSF: 10 *
* TOTAL RECORDS READ FROM PCN: 0 *
* TOTAL RECORDS READ FROM BEN: 0 *
* TOTAL RECORDS READ FROM DPC: 0 *
* TOTAL RECORDS IN ERROR: 0 *
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* NEADLP01                               STATISTICAL INFORMATION           09/12/2015 16:31 *
* BUDGET PERIOD: 2006-2017              EXHIBIT A, D AND D-3A LIST REQUEST       KST 68   SP   *
*                                                                                       PAGE:    3 *
*****
*
* BUDGET ENTITIES SELECTED:
*   1-9: 68 _____
*  10-18: _____
*  19-27: _____
*
*****
```