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Governor

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## MEMORANDUM

**DATE:** September 8, 2005 **TRANSMITTAL NO.:** C-05-09-0010

**TO:** District Economic Self-Sufficiency Services  
Program Administrators (1-4, 7-15)  
Suncoast Region Economic Self-Sufficiency Services  
Program Administrator

**FROM:** Jennifer Lange, Chief, Program Policy (**Signature on File**)  
Kara Jenkins, Chief, FLORIDA Operations (**Signature on File**)

**SUBJECT:** Preparing for the End of the MEDS-AD Program

The purpose of this memorandum is to provide staff with information regarding the end of the MEDS-AD program and actions necessary to prepare for this change. This is a follow up to information provided during recent program administrator conference calls. Additional information on the elimination of the MEDS-AD program will be provided as soon as it becomes available and will also be discussed on conference calls.

### **Background:**

As the result of legislation passed during the 2005 session the MEDS-AD program will end effective January 1, 2006. Individuals with Medicare eligibility will have their pharmacy needs covered by Medicare Part D which will be effective the same date (refer to transmittals P-05-07-0019 and P-05-03-0006). The Agency for Health Care Administration (AHCA) has submitted an 1115 waiver to the Centers for Medicare and Medicaid Services (CMS) which, if approved, would allow the state to provide Medicaid to those not eligible for Medicare, as well as those enrolled in the Home and Community Based Services (HCBS), Hospice, Institutional Care (ICP), and PACE programs. In an effort to prepare for the end of the MEDS-AD program, the department must evaluate those currently covered under the program to see if they may qualify for services under another Medicaid program administered by ESS.

### **Impact**

If the 1115 waiver is not approved the entire MEDS-AD program (MM S, MH-M and MI M) will end effective January 1, 2006. Individuals covered by this program will be exported to the Medically Needy program, and if appropriate a Medicare Savings Program (QMB, SLMB QI1). Individuals covered by MEDS-AD who are receiving nursing home, hospice or HCBS services may be eligible for Medicaid under the Hospice, ICP or

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The mission of the department is to protect the vulnerable, strengthen families and promote individual and family economic self-sufficiency.

HCBS waiver programs (MH H, MI I or MW A) if they meet the eligibility requirements for those programs.

If the 1115 waiver is approved, elderly or disabled individuals not eligible for Medicare as well as those receiving ICP, hospice or HCBS services (without regard to their Medicare status) may continue to be eligible for coverage in the MEDS-AD program. Individuals receiving ICP, hospice or HCBS services should be authorized for coverage in the hospice and institutional care Medicaid supplemental groups (MH M and MI M) as well as MM S. All other recipients will be ex parte to the Medically Needy program and if appropriate the Medicare Savings Programs (QMB, SLMB and QI1).

The Information System and FLORIDA design units are working to develop power tools that will provide automated support for evaluation for the Medicare Savings Programs as well as the ex parte of the MEDS-AD recipients, if necessary.

### **Actions**

To minimize the impact of this change, staff must consider all possible coverage groups that MEDS-AD recipients may be eligible for at the point of application and each time eligibility is reviewed thereafter. Particular attention should be paid to the following:

- **Hospice or HCBS waiver programs:** Individuals known to be in receipt of or requesting consideration for these services must be evaluated for eligibility in these programs and authorized on the FLORIDA system under the appropriate coverage groups. To better identify PACE or HCBS waiver recipients, staff should enter the appropriate type in the "flag" field on AIA. Individuals directly enrolled into the Hospice or HCBS waiver programs may be considered to have met the programs technical eligibility criteria and benefits authorized if all other conditions of eligibility are met.

### **Current Direct Enrollees**

As all direct enrollees are not known to the FLORIDA system the department is working with AHCA to contact hospice, PACE and HCBS case management agencies to obtain lists of all Medicaid eligible individuals currently receiving waiver or hospice services. The case management agencies are being asked to provide these lists to DCF Central office for completion into a statewide file. The plan is to load this data onto the FLORIDA system so that the appropriate coverage group will be built the next EDBC is run. (This could be in the course of normal work or in conjunction with the ex parte review.)

### **Note:**

Eligibility for Hospice, waiver and Institutional Care Program coverage group is based on asset limits of \$2000/\$3000 rather than the MEDS-AD asset limit of \$5000/\$6000.

### New Direct Enrollees

AHCA is instructing the case management providers to send waiver packets for new enrollees to the local DCF offices. However enrollment will not be delayed while eligibility is being reviewed. When requests for HCBS, Hospice or PACE enrollment are received for Medicaid recipients, ESS must take the following actions:

- 1) Confirm the client's Medicaid coverage and return Form CF-AA 2516 to the case manager within two working days, indicating the case may be directly processed for services. (If the individual is not a Medicaid recipient, proceed in determining the individual's eligibility.)
  - 2) Determine eligibility for MWA (or MWC) and any other Medicaid coverage for which the individual may qualify when the case manager provides the CARES Form 603 (Level of Care decision) and form 2515, or other program specific forms, indicating the individual is enrolled in the waiver. If the forms are not provided, request that they be forwarded via the 2516 form. Build and authorize eligibility, as appropriate on FLORIDA.
- **Medicare Savings Programs (QMB, SLMB and Q11):** Individuals with Medicare receiving MEDS-AD may also be eligible for a Medicare Savings Program, usually QMB, which provides assistance with Medicare premiums, deductibles and coinsurance. All Medicaid applicants and recipients must have their eligibility for the Medicare Savings Programs evaluated and entered on the FLORIDA system. Data exchanges usually provide sufficient information to complete the Medicare eligibility screens on the FLORIDA system. In preparation for the end of the MEDS-AD program, staff must review the information on the Medicare eligibility screen for Medicare beneficiaries to ensure accuracy. Particular attention should be paid to cases for those age 65 or older and those claiming a disability.

The FLORIDA system is currently being programmed to complete a data match on open Medicaid eligible individuals with the Medicare Enrollment Data Base (EDB) file from the federal agency for Centers for Medicare & Medicaid Services (CMS). It will auto update AIMM with the correct Medicare number and special verification code or create an AIMM screen if FLORIDA does not have a Medicare number for the individual. If AIMM is updated or created, the information will be sent in the nightly batch file to FMMIS.

- **Disabled Children:** Children should only be included in MEDS-AD coverage if they are not eligible for full Medicaid coverage in a family track coverage group or in a Protected Medicaid coverage group. Continuous Medicaid policy applies to children losing Medicaid under the MM S coverage group. Arrangements are being made with Florida Healthy Kids to ensure children who may lose Medicaid eligibility are considered for coverage in the KidCare program.

- **Protected Medicaid groups (COLA increase, Widows 1-3 and Disabled Adult Children):** Individuals losing their SSI-cash assistance due to increases in SSA or changes in widow's benefits or the definition of disability must be accurately reflected on the ASPV. Refer to manual passages 2040.0804.01 through 2040.0809 for additional information regarding these programs.

*If district program office staff has questions regarding this memorandum please contact Virginia Hardcastle at SunCom 291-6962. For questions regarding FLORIDA instructions contact Pat Brennan at SC 291-2307.*

cc: Program Policy (Lewis, Schilling, Grignon )  
FLORIDA Operations (Anderson, Poirier)  
Office of Appeal Hearings (Pritchard)  
Office of General Counsel (Minnis)  
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Agency for Health Care Administration (McAuley, Kidder, Hudson)  
Department of Elder Affairs (Taylor, Fante)  
Florida Legal Services (C. Huddleston)

## ATTACHMENT

FLORIDA Actions Needed to Evaluate Eligibility for Waiver, Hospice and PACE  
Recipients

STEP	ACTION
1	AIIA – Enter in the FLAG field the appropriate waiver code from the TRFL table, if a waiver (or PACE) case.
2	AIMC – <ul style="list-style-type: none"> <li>✓ Enter "Y" in the Medicare field, if the individual has Medicare.</li> <li>✓ If Hospice case, enter information regarding Hospice questions, including ESRD (End Stage Renal Disease), if appropriate.</li> <li>✓ Enter the "A" in the Waiver field for Waiver case (including PACE), or "C" if a "channeling waiver".</li> </ul>
3	AIMM - Enter or verify Medicare information already entered, if "Y" in Medicare field on AIMC. NOTE: Use DEBB or SOLQ to verify Medicare information.
4	Run AABC. <ul style="list-style-type: none"> <li>✓ If the individual FAILS MWA or MWC, Go to Step 5.</li> <li>✓ If the individual PASSES MWA or MWC, Go to Step 6.</li> </ul>
5	AWAA – <ul style="list-style-type: none"> <li>✓ Deny the MWA or MWC category</li> <li>✓ If not currently Medicaid eligible, send the denial notice on FLORIDA</li> <li>✓ If already Medicaid eligible in another category, suppress the MWA/MWC denial notice.</li> </ul>
6	AWAA – <ul style="list-style-type: none"> <li>✓ OPEN <u>ALL</u> categories for the individual that are built for which eligibility is determined, including <u>MMS</u> and <u>MWA</u> or <u>MWC</u>, and <u>QMB</u> or <u>SLMB</u>.</li> <li>✓ The flag code on AIIA will identify new "direct enrollees." NOTE: This will allow the individual to be identified as a waiver case allowing appropriate automated action to be taken later.</li> </ul>