Long-Term Services and Supports Savings and Reforms

August 22, 2016



SNP: Current Waivers

ARChoices

- Services based on assessed need to allow physicallydisabled adults and the frail elderly to remain home.
- 7,626 clients.

Living Choices

- Places physically-disabled adults and the frail elderly in assisted living facilities.
- 1,200 clients.

SNP: LTSS Savings & Reforms

Waivers for Home and Community-Based Services

- The ARChoices waiver, approved by CMS effective January 1, 2016, combines the Alternatives for Adults with Physical Disabilities and ElderChoices waivers.
- The Living Choices Assisted Living waiver was approved by CMS with effective date as February, 1, 2016. Legislative approval was completed Friday, August 19.
 - Increased waiver slots from 1,000 to 1,200.
- Both waivers base eligibility, level of care, and allocation of resources and services to an independent assessment to ensure the services provided appropriately match the recipient's assessed needs (TSG Rec.).

SNP: LTSS Savings & Reforms

DHS/LTSS Memorandum of Understanding

- Details specific agreement on reforms designed to improve long term services and supports service system.
- Meet Governor's directive for savings of \$250M over a five-year period.
- Encourages a smart re-balancing of services by increasing access to, strengthening and providing more options of choice in home- and community-based services (TSG Rec.).
- Creates a tiered-based, person-centered plan of care, tied to an independent assessment, to ensure beneficiaries are served in the most appropriate setting (TSG Rec.).
- Elimination of the provisional rate.
- Places a cap on the current number of licensed nursing home beds.

SNP: LTSS Savings & Reform

Long Term Care Savings & Reform Timeline*

June - August 2016

- Project planning
- Ongoing stakeholder input
- Initial implementation planning
- Research & data analysis
- Options refinement
- Federal consultations

September - December 2016

- Waiver application process - including public notices
- Other state plan & rule changes
- Public & stakeholder input on above
- Initial implementation

January - March 2017

- Federal negotiations begin
- Develop policies
- Develop implementation plan

April - July 2017

- Initial implementation period
- Waiver approval
- Promulgate policies

AHCA HEALTH CARE ASSOCIATION



^{*} Timeline subject to change based on federal negotiations, legislative process and stakeholder input.

Elimination of Provisional Rates

- Rule drafting complete by mid-September.
- Public Comment from mid-September to mid-October.
- Promulgate in November.

Moratorium and Cap on Population-Based Certificates of Need for new NH Beds

- Rule drafting complete by mid-September.
- Public Comment from mid-September to mid-October.
- Promulgate in November.

Reduce Cap in NH Rate Methodology for Liability Insurance

- Rule drafting complete by mid-September; submit to CMS for amendment to state plan and NH rate methodology.
- Public Comment from mid-October to mid-November.
- Promulgate in December.

Implement Reforms to Comply with Objectives in MOU and Savings Commitment to Include Drafting And/Or Amendments to Waivers/State Plans

- Review data/costs—Fall 2016.
- Draft state plan/waiver applications and/or amendments—Fall 2016/January 2017.
- Stakeholder input Fall 2016—January 2017.
- CMS Review and approval February-May 2017.
- Promulgation June-July 2017.

Personal Care—Add Independent Assessment and Prior Authorization of Services (Address and consider short-term reforms to address OMIG concerns while developing a long-term reform path for personal care to match objectives in MOU.)