



AIDS WAIVER (0192) PROGRAM

Informational Booklet

WAIVER

A waiver is a process by which states may apply to the Centers for Medicare and Medicaid, formerly the Health Care Finance Administration (HCFA) for approval to implement a program to provide home and community-based services, not compensable in the State Plan to certain target groups.

Federal authority requires waiver services to be cost effective (lower than/ or equal to the costs of institutional care).

The Federal Government is waiving a portion of Federal regulations to enable Pennsylvania to pay for additional services to a specific portion of the population.

The term waiver does not apply to the recipient, nor does it imply the waiving of any of his/her rights under the Medical Assistance program.

AIDS WAIVER PROGRAM

Goal Of the Program:

- To offer additional home and community based services to clients living with symptomatic HIV or AIDS, in order to provide an alternative to hospitalization or institutional care.

Objectives:

- Provide Home and Community treatment options at the acute level of care.
- Provide Early Intervention at the ICF and SNF Levels of Care to reduce future hospitalizations, or placement in other institutions, such as Nursing Homes.
- Provide Post Hospital care to help reduce re-admissions.

AIDS WAIVER SERVICES

INTENT/LIMITATIONS

General Intent:

To supplement the regular State Plan services in order to help provide care and treatment in the home or community.

General Limitations:

The Waiver will not meet the needs of all clients.

Clients enrolled in managed Care Plans are not eligible unless deemed eligible using 300% of the Federal poverty Guidelines.

Effective July 1, 2003 clients with In-hospital insurance, including Medicare are now eligible to enroll in the 0192-AIDS Waiver.

The cost of all services may not exceed Hospital or Institutional Care costs.

AIDS WAIVER SERVICES

The following services are offered to persons with Symptomatic HIV or AIDS who qualify **

Supplemental Home Nursing Visits over the approved number of visits provided by the State Plan through Fee for Service or the Managed Care Plans. (\$67.00 per visit)

Supplemental Home Health Aide Visits, over the approved number of visits provided by the State Plan through Fee for Service or the Managed Care Plans (\$37.00 per visit)

Home Maker Visits (\$15.00 for the 1st hour/\$10.00 for subsequent hours per day)

Certain Durable Medical Equipment not covered through the State Plan. (Item Specific Listing)

Nutritional Consultations with a Licensed Registered Dietitian (\$11.00 per 15 minute unit, may not exceed 90 minutes per month)

NUTRITIONAL CONSULTATIONS

Assessments:

Initial visit must be done face to face

Include but limited to:

- Weight History
- Physical Assessment
- Intake Assessment
- Intake problems encountered
- Metabolic problems
- Diagnostic Tests performed with the results
- Medication side effects

Consultations:

Are tailored to the Individual Client

Topics to be discussed:

- Impact of Nutrition
- Current Diet and Proposed Diet
- Vitamin/Mineral Deficiencies
- Drugs/Alcohol
- Control of Nausea, Vomiting, Diarrhea, etc
- Food Management
- Food Preparation
- Monitoring of the Intervention Plan
- Special Needs of the Client

CLIENT ELIGIBILITY

Eligible for Medical Assistance prior to, or in conjunction with the AIDS Waiver Application

Client has been diagnosed with Symptomatic HIV or AIDS

Require the Level of Care provided in a Hospital, Skilled Nursing Facility, or an Intermediate Care Facility

Be in an Out Patient status while receiving waiver services

Be determined likely to benefit from Medically necessary Waiver services by his/her physician

May have In- Patient Insurance, and does not have to exhaust available In- Patient benefits

As of July 1, 2003 may be receiving Medicare, and have in- hospital insurance.

May not be enrolled in a Medical Assistance covered Managed Care Plan Prior to enrolling in the Waiver.

Be age 21 years of age or older

May not be enrolled in a Medical Assistance Hospice Program

Have a cost of care while on the Waiver which does not exceed the Department's estimated cost of alternative Medical Assistance Services without the Waiver

** If the client meets the above requirements, an application may be submitted. **

AIDS WAIVER PROVIDERS

Home Health Agency:

Must be a Medical Assistance Enrolled Provider

May be approved for Waiver Nursing, Aide, Homemaker Services, and Supplies

Home Care Agency:

Must be a Medical Assistance Enrolled Provider

May be approved for Waiver Nursing, Aide, and Homemaker Services

Homemaker Agency:

Must be a Medical Assistance Enrolled Provider

May be approved for Homemaker Services, and Supplies

Medical Suppliers:

Must be a Medical Assistance Enrolled Provider

Medical Supplies not covered through the State Plan

Nutritional Consultations

Must be a Registered Dietitian

Must be a Medical Assistance Enrolled Provider

