

# **Medical Care Advisory HIV/AIDS Subcommittee**

**October 18, 2016  
MHC Conference Room**

## **Team Leads:**

Sophia Whaley  
Karin Jacobson

## **Attendees:**

Jessie Fry, Member  
Scott Brock, Bristol Meyer  
Rocio Mejia, Positive Health Care

## **By Phone**

Dr. Elicia Coley, AHCA  
Dr. Beal, DOH

## **Discussion:**

The committee reviewed minutes from the last meeting, which included a discussion about mail-in order pharmacies and the Medicaid complaint process.

- PAC Waiver was discussed –
  - 2 handouts were provided; 2014 data of utilization and the physician referral form for the waiver
  - Sophia Whaley gave an overview, stating that approximately 8,000 recipients are currently on waiver, which has a capacity of 8,400. She also summarized each service utilized in the waiver.
  - Ms. Whaley mentioned that the Agency is conducting a cross walk of the services in the waiver to services offered in LTC and identifying duplicative services.
  - Jesse Fry pointed out that we may want to revisit the pest control data and suggested that if plans don't offer this service then it should remain as a service in the waiver.
  - Rocio Mejia, Positive Health Care stated that pest control, substance abuse and day health care are not covered by Positive Health Care.
  - Restorative Massage was compared to chiropractic services. Dr. Beal mentioned that they are similar, but restorative massage is much more expensive. Sophia Whaley stated that these services are being prescribed by providers regardless of the acuity or level of need. Sophia will look further into restorative massage, specifically pricing and onset.
  - Dr. Beal asked about acuity level, as he was unaware of it and never marked one on the physician referral form. Ms. Whaley stated that there's an acuity scoring in the handbook that describe the level of need for services.
  - Discussion related to when the opportunistic infection is no longer present or if the recipient needs to be reevaluated, as they no longer qualify. The recipients level of care should be completed annually and if the opportunistic infection is no longer and this is a requirement to be on the waiver, then what? The committee will continue to discuss this issue.

- Dr. Beal asked what the goal and purpose of this waiver is and was advised that it is to provide home and community-based services that will allow the recipient to remain safely in the community and to avoid institutionalization.
- Dr. Beal asked if we could redefine the process to get people on the waiver. He was advised that the criteria is defined in the waiver and the Handbook. Any changes would require a rule change. However, the committee can recommend changes for consideration.
- Dr. Beal asked if we have collected data from other states' PAC Waivers. Ms. Whaley stated that waivers were not designed the same across states, but that she would bring other examples next time for comparison purposes.

**Adjourn**