

AIDS Waiver Program Questions and Answers

What is a waiver?

A process by which states may apply to the [Centers for Medicare and Medicaid Services](#) (CMS) for approval to implement a program (s) to provide [Home and Community Based](#) services, not compensable in the regular Medical Assistance (MA) Program, to certain targeted groups of Medical Assistance recipients.

What is the AIDS Waiver?

The AIDS Waiver is a home and community-based waiver that provides expanded services to Medical Assistance recipients who meet the following requirements:

- Eligible for Medical Assistance prior to or in conjunction with the waiver application (except State Blind Pension)
- Diagnosed with AIDS or symptomatic HIV
- Require the level of care that would usually be provided in the hospital, skilled nursing facility, or intermediate care facility (as determined by the Department)
- Be in outpatient status while receiving waiver services
- Be determined likely to benefit from medically necessary waiver services
- Have not inpatient insurance or must have exhausted available inpatient benefits
- 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.

What Services are covered by the AIDS Waiver?

- Supplemental skilled nursing visits
- Supplemental home health aide visits
- Homemaker services
- Supplies not covered by the State Plan
- Nutritional consultations by registered dietitians

What are supplemental skilled nursing visits?

Supplemental home nursing visits consists of home nursing visits beyond the maximum number of visits permitted through the regular Medical Assistance program. The regular Medical Assistance program generally restricts the maximum number of monthly home health visits to 15 per month, all of which must be prior authorized. Additional visits may be authorized through the waiver. Nursing visits provided through the waiver can only be authorized by the Case Management (Waiver) Section when the client has been prior authorized for the maximum number of regular home health visits.

What are supplemental home health aide visits?

Supplemental home health aide visits consist of home health aide visits beyond the maximum number of visits permitted through the regular Medical Assistance program. The regular Medical Assistance program generally restricts the maximum number of monthly home health visits to 15 per month, all of which must be prior authorized. Additional visits may be authorized through the waiver. Home health aide visits provided through the waiver can only be authorized by the Case Management (Waiver) Section when the client has been prior authorized for the maximum number of regular home health visits.

What are homemaker services?

Homemaker services are non-medical services for the recipient who has lost daily functioning abilities, i.e., bathing, dressing, light housekeeping, preparing meals, washing dishes, grocery shopping, instructional services (nutrition) and care giver relief. This service will be provided through enrolled home health agencies. Homemaker visits will be authorized by the Case Management (Waiver) Section in hourly blocks of time per day with a minimum visit of one (1) hour.

What are the supplies covered by the waiver?

The following items are the supplies covered under the waiver:

- Disposable eye shield
- Sterile Gloves (for use by informal caregivers only)
- Non-Sterile Gloves
- Disposable Gowns
- Rental of Enteral Nutritional Infusion Pump (with or without an alarm)
- Disposable Masks

Are nutritional supplements covered by the waiver?

The waiver does not provide for coverage of five categories of Medicare approved nutritional supplements. They are part of the State Plan and are covered through Medical Assistance for Eligible Clients. If a client without Medical Assistance requires supplements, he/she may apply to the 0192-AIDS Waiver , and if found eligible for Medical Assistance they may receive the supplements using their Access card.

What are nutritional consultations?

A nutritional consultation may be an initial nutritional assessment, a reassessment, or nutritional counseling provided to a waiver client.

This service is reimbursable to registered dietitians enrolled as a Medical Assistance provider. Services are to be provided in 15-minute blocks with each waiver client limited to 90 minutes of nutritional consultations per calendar month.

What happens if, during the term of this waiver, one or more of these services are included in our Medical Assistance Program?

If any of our waiver services become a part of our regular Medical Assistance program, the service will no longer be considered a waiver service and the client will be able to receive the service under the Medical Assistance Fee Schedule.

PROMISe™ Provider Type PROMISe™ Provider Specialty

23 - Nutritionist	230 - Registered Nutritionist
43 - Homemaker Agency	430 - Homemaker Agency
36 - Personal Care Services	361 - Personal Care - Agency
05 - Home Health	361 - Personal Care - Agency
05 - Home Health	430 - Homemaker Agency
05 - Home Health	250 - DME / Medical Supplies
05 - Home Health	50 - Home Health Agency

24 - Pharmacy	242 - Chain
24 - Pharmacy	240 - Independent
24 - Pharmacy	241 - Institutional Independent
24 - Pharmacy	243 - Institutional

How will providers be paid for rendering waiver services?

The providers must participate in the Medical Assistance program and will receive payment for waiver services through our Medical Assistance Management Information System (MAMIS).

How does a client gain access to AIDS Waiver services?

A client gains access to AIDS Waiver services by requesting and completing an AIDS Waiver application form. The form may be obtained from the Department's Office of Medical Assistance Programs, Case Management Section, local [County Assistance Office](#), a case manager, or the local AIDS service organization. All information entered on the application must be certified by the attending physician. A completed application represents the client's plan of care. The application must be returned to the Department for a determination of eligibility. Clients should seek assistance with completing the application from a Medical Assistance case- manager, AIDS service organization case manager, discharge planner, etc.

Is participation in the AIDS Waiver Program required for all clients who are certified for acute hospital, skilled nursing or intermediate level of care?

No, participation is optional. A client's physician and/or case manager will inform the client of the treatment alternatives. The client will be given the choice of being treated in an institution or applying for home and community-based services through the AIDS Waiver. To receive services the client must meet the criteria outlined in question number two.

What do you mean by cost effective?

Cost effective means that the annual cost of all Medical Assistance services while on the waiver cannot exceed the average annual cost of services for a comparable group of clients not participating the waiver.

If a client is certified for one of the required levels of care, how long is the level of care certification valid?

The level of care must be re-certified by the physician at least once every twelve months. Every 30 days the case manager must evaluate the need for continued waiver services, when reviewing the Services Coordination Plan.

What happens after the Department determines the client eligible for the AIDS Waiver Program?

The Department will send an approval letter to the client and a copy to the client's case manager and physician. Clients applying for the Waiver are encouraged to participate in the Medical Assistance [Targeted Case Management Program](#). If the client is not enrolled in the Case Management Program, the client will be informed of the program,

offered an opportunity to enroll, and provided with a list of case managers in the local area to select one of his/her choice.

Is case management a waiver service?

No, case management is not a waiver service. However, all clients that are on the waiver are also eligible to be in the Case Management Program and will be encouraged to participate. The case manager can assist recipients to obtain needed care and can monitor the client's condition to ensure timely access to needed care.

Who can the client contact for more information on the AIDS Waiver Program?

Additional information may be obtained from the AIDS Waiver Program at the following address:

PA Department of Public Welfare
Office of Long Term Living
AIDS Waiver Program
P.O. Box 2675
1401 N. 7th Street
Harrisburg, Pennsylvania 17105-2675

Telephone: 1-800-922-9384
or local (717) 787-8091