An Overview of Florida's Long-Term Care Managed Care Program

Beth Kidder

Bureau Chief for Medicaid Services

Long-Term Care Advisory Workgroup

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2011 Managed Care Legislation

- 2011 Florida Legislature passed House Bills 7107 and 7109
- Require AHCA to implement a Statewide Medicaid Managed Care Program
- Two key program components:
  - Managed Medical Assistance Program
  - Long-Term Care Managed Care Program
    - Implemented in partnership with the Department of Elder Affairs

Who Will Enroll in the Long-Term Care Managed Care Program?

Individuals who are:

- 65 years of age or older AND need nursing facility care
- 18 years of age or older AND are eligible for Medicaid by reason of a disability AND need nursing facility care

Who Will Enroll in the Long-Term Care Managed Care Program? (con't.)

- Individuals who live in a nursing facility;
- Individuals enrolled in:
  - Aged and Disabled Adult Waiver;
  - Consumer-Directed Care Plus for individuals in the A/DA waiver;
  - Adult Day Health Care Waiver;
  - Assisted Living Waiver;
  - Channeling Services for Frail Elders Waiver
  - Program of All-inclusive Care for the Elderly (PACE);
  - Nursing Home Diversion Waiver.

Enrollment Process

- Department of Elder Affairs' Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program will determine clinical eligibility.
- CARES will complete an assessment including:
  - What kinds of services an individual needs;
  - If a nurse or other health care professional is the best person to help with the individual's needs;
  - Whether a physician agrees that the individual is in need of nursing facility care; and
  - Whether the individual has any other way to receive care in the community.

Enrollment Process (cont.)

- Individuals have 30 days to choose one of the long-term care plans available in their region
- If they do not choose, they will be assigned to a plan
- Once enrolled, will have 90 days to choose a different plan
- After 90 days, individuals must remain in their plan for the rest of the year, unless they have good cause to change plans.
  - Examples of good cause include:
    - Poor quality of care
    - Cannot access necessary specialty services
    - Were unreasonably denied services

Required Services

Adult day care	Medical equipment and supplies, including incontinence supplies
Services provided in Assisted Living Facilities & Adult Family Care Homes	Medication administration
Attendant Care	Medication management
Behavior management	Nursing facility care
Caregiver training	Nursing, intermittent and skilled
Case management	Nutritional assessment and risk reduction
Companion	Personal care
Home accessibility adaptation	Personal emergency response system
Home-delivered meals	Respite care
Homemaker	Therapies (occupational, physical, respiratory, speech)
Hospice	Transportation to program services

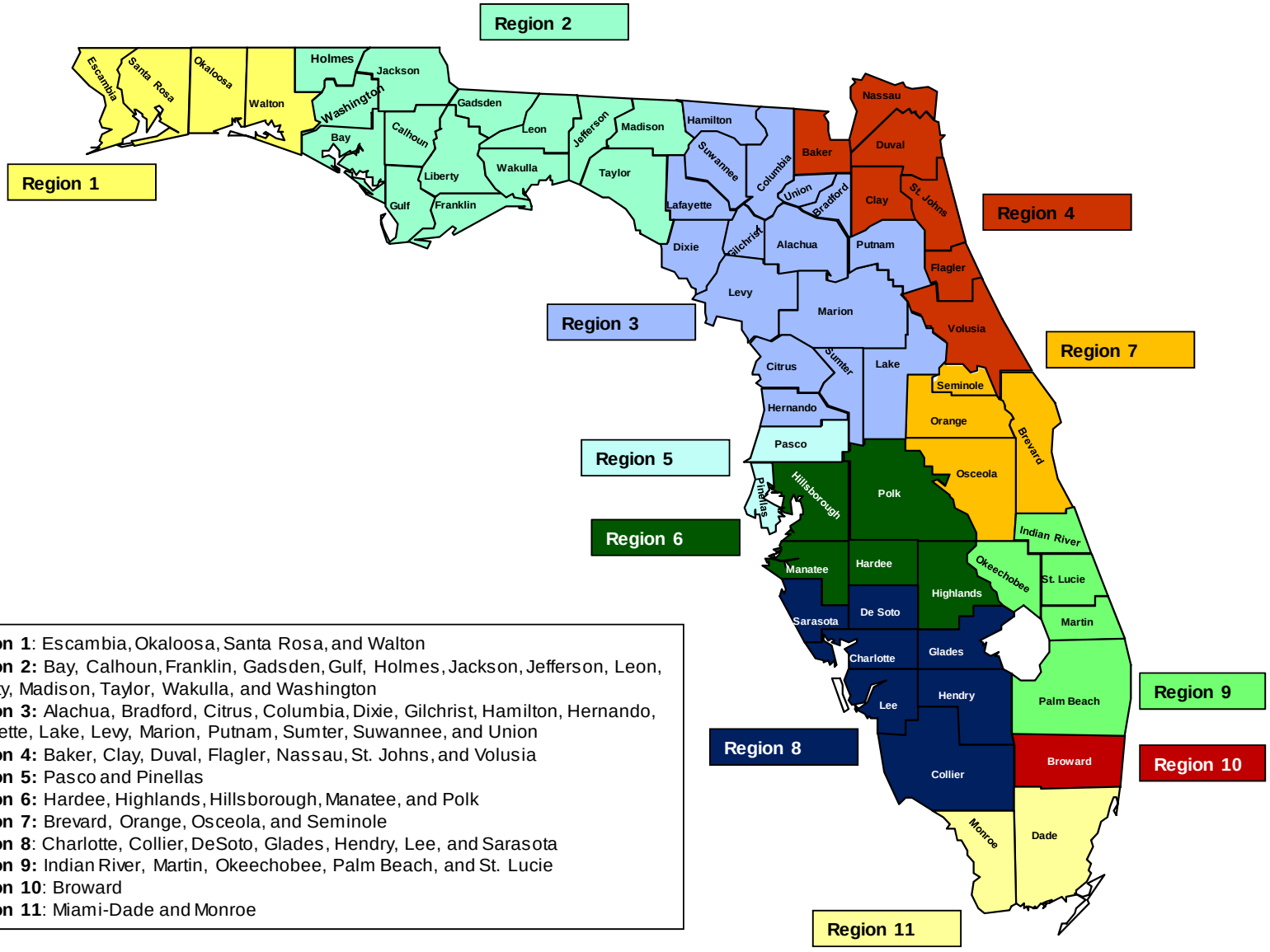
Provider Types

- At a minimum, the following providers must be available in each long-term care plan:
  - Adult day care centers;
  - Adult family care homes;
  - Assisted living facilities;
  - Community care for the elderly lead agencies;
  - Health care services pools;
  - Home health agencies;
  - Homemaker and companion services;
  - Hospices;
  - Nurse registries; and
  - Nursing homes.

Where Will the Long-Term Care Managed Care Program be Implemented?

- HB 7107 establishes 11 regions in the state
  - Aligns with the existing Medicaid regions
- AHCA will use competitive procurement to select long-term care managed care plans for each region
- Each recipient will have a choice of plans and may select any available plan

Regions



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe

Plans Per Region

Region	Number of Plans
1	2
2	2
3	3-5
4	3-5
5	2-4
6	4-7
7	3-6
8	2-4
9	2-4
10	2-4
11	5-10

What Types of Managed Care Plans Are Eligible to Participate?

- Health Maintenance Organizations;
- Long-Term Care Provider Service Networks (PSNs);
- Accountable Care Organizations;
- Exclusive Provider Organizations;
- Medicare Advantage Plans; and
- PACE providers (this is pursuant to a contract with the Agency and is not subject to the procurement requirements.)

What Kind of Federal Authority Is Needed?

- AHCA is requesting authority for 1915(b) and 1915(c) waivers.
- Waivers are requests by a state Medicaid program to create programs that waive certain provisions of the Social Security Act
- The type of waiver requested indicates which provisions of the Social Security Act are waived
- Waiver requests must be approved by the federal Centers for Medicare and Medicaid Services

1915 (c) Waivers

- Home and Community Based Services
  - Purpose: Allow state Medicaid programs to cover services traditionally viewed as "long-term care" and provide them in a community setting to individuals instead of nursing home, hospital, or ICF/DD care
  - Provisions waived:
    - Comparability: 1915(c) waiver services may be limited to a targeted group of individuals (e.g., elderly or disabled adults)
    - State-wideness: 1915(c) waiver services may be limited to particular geographic areas (e.g., county, region)

1915 (b) Waivers

Provisions waived: Any section of 1902 of the Social Security Act depending on the design of the waiver request. A waiver request can include any or all of these components:

1915(b)(1): Managed Care

1915(b)(2): Choice counseling for managed care plans

1915(b)(3): Additional services from cost savings

1915(b)(4): Require enrollees to use specified providers

Questions