

Florida Statewide Medicaid Managed Care: Long-term Care Managed Care Program

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Overview of 2011 Legislation

- In 2011, the Florida Legislature created a new program, Statewide Medicaid Managed Care (SMMC) in Part IV of Chapter 409, Florida Statutes.
- Statewide Medicaid Managed Care has two program components:
 - Long-term Care Managed Care Program
 - Will begin in the fall of 2013
 - Only provides long-term care services
 - Managed Medical Assistance Program
 - Will begin in the fall of 2014
 - Provides all health care services other than long-term care services to eligible recipients

Current Status of SMMC Implementation: Long-term Care Managed Care

- In order to implement the Long-term Care portion of the SMMC program, the Agency is seeking a 1915 b/c combination waiver:
 - To identify and allow qualified individuals to receive home and community based care services in lieu of nursing home care services; and
 - To enroll individuals in managed care plans statewide, and to allow for selective contracting of those plans.

Current Status of SMMC Implementation: Long-term Care Managed Care (cont.)

- The Long-term Care Managed Care Invitation to Negotiate was released June 29, 2012*.

Activity	Date/Time
Deadline for Receipt of Written Inquiries	July 6, 2012
Vendor Conference for Regions 1 – 11	July 19, 2012
Anticipated Date for Agency Response to Written Inquiries	July 26, 2012
Deadline for Receipt of Responses	August 28, 2012
Public Opening of Responses	August 29, 2012
Publish List of Respondents for Provider Comments	August 31, 2012
Anticipated Dates for Negotiation	November 13, 2012 – January 4, 2013
Anticipated Posting of Notice of Intent to Award	January 15, 2013

Who will enroll in the Long-term Care Managed Care Program?

- Individuals who are:
 - 65 years of age or older AND need nursing facility level of care; or
 - 18 years of age or older AND are eligible for Medicaid by reason of a disability AND need nursing facility level of care.

AND

- Live in a nursing facility; or
- Are enrolled in one of the following programs:
 - 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.

Long-term Care Managed Care Required Services

Adult Day Care	Medical equipment and supplies, including incontinence supplies
Services provided in Assisted Living Facilities & Adult Family Care Home	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

Long-term Care Managed Care Program Enhancements

- Increased access to quality providers:
 - Selection of the most qualified plans
 - Expanding services available in rural areas
- Increased access to quality services:
 - Increased access to participant direction
 - Plans can offer expanded benefits
 - Increase opportunity for integration between Medicaid and Medicare through participation of special needs plans (SNPs)

Long-term Care Managed Care Program Enhancements (*cont.*)

- Increased emphasis on Home and Community Based (HCB) Services:
 - Integration of financing for nursing home and HCB services to facilitate nursing home transition
 - Plan incentives for community based care
 - Increased care coordination and case management across care settings—more integrated care/case management
 - Individuals have choice of receiving services in HCB settings while financial eligibility is pending

Long-term Care Managed Care Program Enhancements (*cont.*)

- Increased accountability:
 - Enhanced quality measures
 - Enhanced access to encounter data for long-term care services
 - Enhanced contract compliance tools, including liquidated damages, sanctions and statutorily provides penalties and terminations
 - Increased tools to monitor plan service expenditures

Long-term Care Managed Care Program Enhancements (*cont.*)

- Increased predictability for recipients and providers:
 - Five year contracting period - less confusions for providers and recipients
 - Penalties for plan withdrawals
 - Maintenance of role of critical community based providers (ADRCs and Aging Network providers)
 - Parameters for payments to certain providers (nursing homes, hospice)

Questions?

