

**From:** [Stephen Schlager](#)  
**To:** [solicitation.questions](#)  
**Cc:** [Jim Fetzner](#); [LTCMI](#)  
**Subject:** Response to RFI 014-21/22 - Procurement of the Statewide Medicaid Managed Care Program  
**Date:** Monday, May 23, 2022 9:27:14 AM  
**Attachments:** [FL RFI Response FINAL 0522.docx](#)

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Attn: Cody Massa

Dear Cody:

Attached please find LTCMI's response to the RFI listed in the subject line. This response serves as both our official and redacted copy of the response.

If there is difficulty in your receipt of this document, please contact me so that we might resolve it. We look forward to your feedback on our response, working with the MCOs and with AHCA in the State of Florida.

Sincerely,  
Steve

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Stephen Schlager  
Vice President of Community Health Choices  
(814) 969-5474



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**RESPONDENT**

Name: Long Term Care & Medicaid Innovations (LTCMI)  
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Erie, Pennsylvania 16501

Website: <https://ltcmi.com>

Contact name: James Fetzner, CEO  
Contact number: (814) 864-1323  
Contact e-mail: JFetzner@LTCMI.com

Long Term Care & Medicaid Innovations (LTCMI) is a portfolio of companies focused on, and experienced in, creating substantive improvement in housing and services for those with limited access due to condition or circumstance. LTCMI’s motivation is to promote deinstitutionalization of low income seniors and adults with disabilities through superior ideation, development, implementation, and operations.

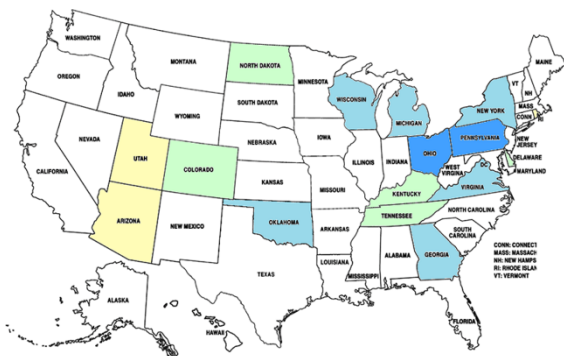
With over 20 years of experience LTCMI’s portfolio has successfully developed and implemented its shared housing model and home care solutions in multiple states. LTCMI’s shared housing solution, which increases access and affordability to fully integrated community based housing leverages local capital, resources, and stakeholders in to order create housing options where none currently exist.

LTCMI’s service and housing solutions are supported by a proprietary technology platform which monitors care delivery, staff interaction/workflow and provides electronic visit verification (EVV) in conjunction with billing and claims systems.



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Our success in developing, implementing, and operating these enterprises positions LTCMI to provide a unique perspective in assisting managed care plans and government agencies to define underlying housing and service gaps and, more importantly, help solve these issues through application of a coordinated process of community and organizational initiatives.

**RESPONSE**

In preparation for the upcoming Statewide Medicaid Managed Care Program Re-procurement, the Florida Agency for Health Care Administration, through this RFI (REQUEST FOR INFORMATION RFI 014-21/22) has solicited information from organizations with vast experience, such as **LTCMI**, to identify new models and/or innovations in delivery of services to Medicaid managed care beneficiaries.

LTCMI, with its vast experience in developing, implementing, operating, and consulting in areas of housing, home care service provision, and technological support, is compelled to contribute its thoughts and efforts to the State of Florida and contracted managed care organizations in order to:

- “Enhance specialty health plans services to improve outcomes for recipients...to address target populations with specific health conditions or needs”; and
- “Maximize home and community-based placement and services through proactive aging-in-place strategies, metrics and outcomes in alignment with Florida’s State Health Improvement Plan,” specifically
  - “Strategy HE3.4 to promote fiscal, environmental and policy approaches that increase affordable housing, improve neighborhood safety and access to healthy foods, and encourage community design and development that enhances access to and availability of physical activity opportunities to improve health outcomes.”

*Source: AHCA RFI 014-21/22, Page 3 of 8)*

**CHALLENGE**

In order to understand how to enhance service provision, improve outcomes and access with appropriate fiscal stewardship, there is a need to address one of the major issues facing Florida: a lack of community-based housing options/capacity.

Prior to the pandemic, there was a significant shift toward avoidance of traditional and institutional housing. The reasons for this were varied. However, the pandemic served to exacerbate and solidify this trend with the further complication that institutions are now facing immediate difficulties with occupancy levels.

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The crisis now facing states, Florida in particular, is that occupancy percentages in nursing homes have drastically decreased. National occupancy rates are hovering between 70 and 80 percent, among the lowest ever measured. In a recent survey of 460 nursing homes, 72 percent of the facilities said they would be unable to sustain operations at current levels for 12 months and 40 percent responded that they would be unlikely to survive for six months.

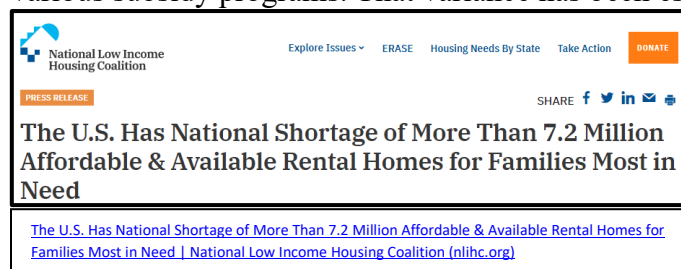
This is similar to what is being seen in other institutional settings as well. Assisted living facilities have also experienced double-digit percentage decreases in occupancy rates.



This decrease in occupancy levels has shifted demand from institutionalized care to the community. In turn, this has created vast increased demand volume for community-based services to provide care. While that shift is rife with challenges such as staffing and coordination, by far the biggest issue is that in order for beneficiaries and members to obtain home and community-based services (HCBS), they must have a suitable *home*.

Even if housing can be identified, there is often a requirement for modifications to allow for mobility impairment. In many cases, even without the expense of modifications, affordability for those with low or limited income is suspect, and as a result housing access becomes an almost impenetrable barrier to HCBS.

This barrier is evidenced in a housing gap, which is the differential between the percentage of low-income renters in need of support and those who are actually able to access it through the various subsidy programs. That variance has been estimated at a shocking 79% ([The Gap | National Low Income Housing Coalition \(nlihc.org\)](#)), creating extraordinarily long wait lists.



The gulf becomes deeper for those trying to access housing when there are additional barriers such as income and ADL (activities of daily living) impairment. Less than one percent of

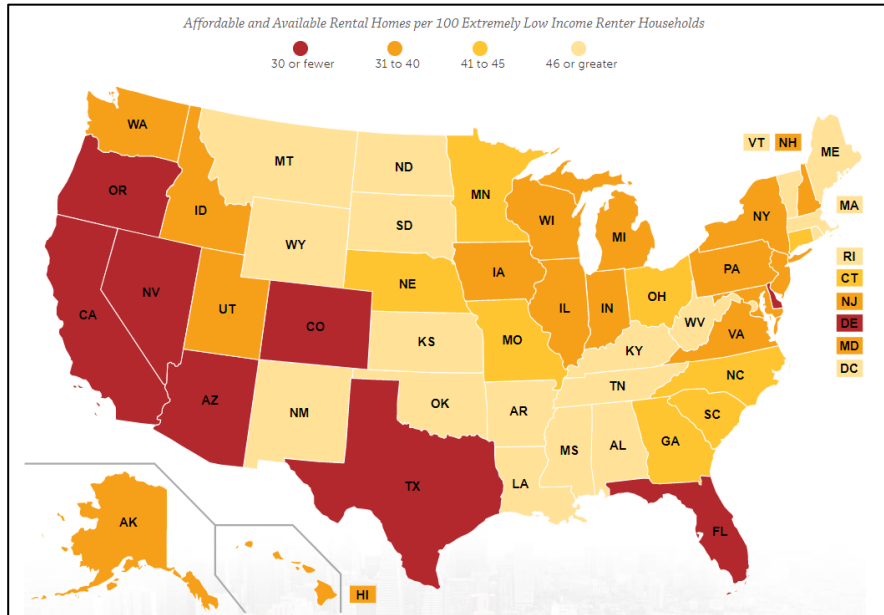
available units are suitable for those who are wheelchair bound (<https://www.vhfa.org/news/blog/less-one-percent-us-housing-wheel-chair-accessible>).

While no state seems to have an adequate solution to this crisis, several states seem to have a greater dearth of available housing for low-income individuals. Florida is one of the seven states with the least amount of access to housing for those with low income.

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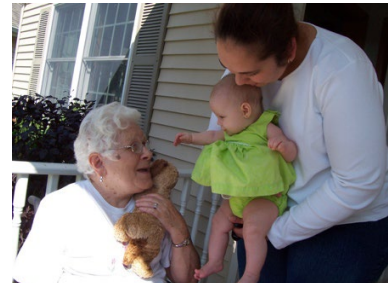
According to the National Low Income Housing Coalition, Florida has less than 30 affordable and available rental homes per 100 low income households.



SOURCE: NLIHC: [The Gap](https://www.nlihc.org/) | National Low Income Housing Coalition ([nlihc.org](https://www.nlihc.org/))

**SOLUTION**

LTCMI’s solution to this crisis is to maximize home and community-based placement and services through the application of its shared housing and services model. This shared housing model consists of co-locating unrelated individuals together in a private residence. In addition to dramatically reducing costs and increasing the inventory of available housing to low income consumers, this model also improves quality of life and access to care services. The structure also facilitates increased connectedness among participants, who come to feel more like family than roommates in a dynamic that has come to be called a “cooperative family.”





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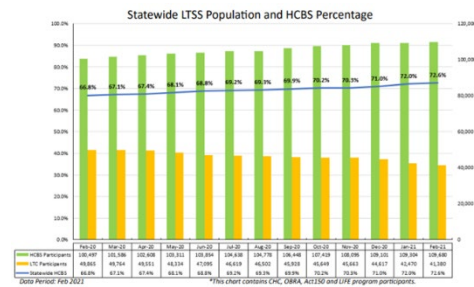
LTCMI would propose the development of a statewide capacity building initiative aimed at educating and empowering various stakeholders to develop and deploy alternative housing models to address the housing gap.

This solution is executed over several phases with a focus on increasing the knowledge, skills and abilities of staff and resources in the community, the MCOs, and the departmental staff. The phases of this solution implementation incorporate Landscape Review and Capacity Building through stakeholder development and support.

Phase I - Landscape Review

The LTCMI landscape review launches with a population analysis which utilizes analytics to determine the demographics, inventories and housing capacities of specific geographies. This review will look to define the population through typical demographic factors such as age and income level. These statistics will be layered with additional evaluations around morbidity/functionality levels, HCBS utilization, and surveys around transition patterns between levels of care as well as service locations.

Simultaneously, this review incorporates investigation of housing within these geographies. Specifically, it will look to identify qualified residential inventories, utilization and effectiveness of subsidy and voucher programs as well as a general analysis of zoning and regulatory issues.



This data will dovetail with the appraisal of institutional capacities and their level of available service and volume.

Phase II – Capacity Building

The final stage of the LTCMI solution is intensive education and training of all stakeholders, leveraging all of the resources garnered in Phase I of the program, in order to create actual housing access and capacity to provide HCBS. These stakeholders’ engagements will incorporate the staff noted in Phase I, as well as the real estate community, CBOs (community-based organizations), health care providers, and LTSS providers.

This phase will result in a legion of engaged stakeholders able to source housing, modify units, understand needs, barriers, solutions and, in the end create increased capacity.

These stakeholders will be able to work both independently and in concert to develop access concurrently, allowing for exponential growth.

**IMPACT**

The impact of **LTCMI** projects demonstrate incredible mental health, physical well-being, and general health outcomes. The model is premised on a shared residence fully integrated within a neighborhood setting.

The construct can be augmented with the staffing and technological solutions espoused and perfected by **LTCMI** to create a fully interoperable housing solution which will allow for cross-trained redundant coverage systems, acute management, and oversight as well as a cloud-based system to track patient care and ensure EVV claims match.



While the operational model is worth touting and will lessen potential stresses on the system, the true impact of the **LTCMI** model is felt in its ability to increase access and improve clinical outcomes. One of the most significant indicators of a consumer’s well-being in a particular setting is the rate of transition, especially hospitalization rates and emergency department (ED) utilization. The **LTCMI** design and approach promotes a stability which cannot be replicated in traditional settings.

Data shows that residents served through the **LTCMI** model are significantly (300-500%) less likely to experience unnecessary admissions and ED visits.

EVENT	NH RESIDENTS	COMMUNITY-BASED ELDERLY	OUR CLIENTS
AVOIDABLE HOSPITALIZATIONS	33.8%	25.0%	5.7%
POTENTIALLY AVOIDABLE ED VISITS	24.8%	29.6%	8.6%

On the surface this is a positive influence on the system as it reduces costs and more effectively utilizes resources. However, it also is a strong indicator that the design and care delivered under this model is superior and allows for less acute clinical episodes.

Similar impacts can be seen in analyses of quality indicators such as falls leading to major injury and clients experiencing major weight loss. The settings promoted and created in this model lessen these risks to negligible rates.

EVENT	NH RESIDENTS	SHARED HOUSING CLIENTS
FALLS LEADING TO MAJOR INJURY	22.5%	.6%
LONG-STAY CLIENT EXPERIENCING MAJOR WEIGHT LOSS	5.9%	0%

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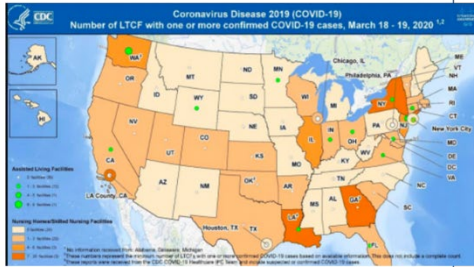
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Quality of life standards are also influenced by the LTCMI housing and home care design. Through the efforts to integrate staff and clients with each other, and as the solution is residential based, the opportunity to interact increase significantly, which in turn creates incredible uptick in social interaction while reducing loneliness.

SETTING	REPORTING LONELINESS	IMPACT ON LONELINESS
OUR CLIENTS	20 %	24 % REDUCTION
NATIONAL AVERAGE	43 %	76 % INCREASE

The pandemic of the last several years dramatically demonstrated the negative impact of institutional settings and the incredible benefit of community-based solutions as espoused under this program. Florida data indicated that more than 40 percent of nursing home residents, more than 30,000 people, contracted COVID and more than 16 percent of those residents died.

- Five to 11 times greater likelihood for NH resident to contract COVID  
[MAP: Pennsylvania coronavirus cases in nursing homes in each county - The Morning Call | mc.ai.com/](#)
- ~ 41 percent of NH admissions contracted COVID
- ~ 30,541 COVID cases associated with NH and PC homes
- ~ 16 percent of those contracting COVID died  
[COVID-19 Nursing Home Resident and Staff Deaths - AARP Nursing Home Dashboard](#)



In contrast, the clients served by the LTCMI model, experienced far superior outcomes throughout the entire pandemic. The infection rate for clients served by the model was less than 2½ percent and the mortality rate was infinitesimal.

	FL-NH RESIDENTS		OUR CLIENTS	
	RATE	PER 100	RATE	PER 100
COVID – POSITIVE	40.38 %	40	2.2%	2
COVID – ATTRIBUTED DEATHS	16.01%	16	.2 %	.2





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### **CONCLUSION**

The impact analysis above indicates that, where the LTCMI model was in service during the pandemic, lives were saved, especially for target populations such as those with limited incomes and ADL limitations. It further shows that the implementation of this model significantly and proactively increases affordable housing, safety, and access to food while encouraging community development, which aligns directly with one of the strategies of the State Health Improvement Plan.

LTCMI would be honored to have the opportunity to present their program and services to agency leadership or any organization who would like to partner in improving HCBS capacity, efficiency, and member outcomes.