



Florida Statewide Medicaid Managed Care Long Term Care Program

House Health & Human Services Committee

February 16, 2023



What is Medicaid?

Medicaid is a federal program through which states partner with the federal government to provide health care coverage to low-income children, families, elders, and people with disabilities.

The federal government establishes basic mandatory program requirements.

States choose whether to participate.

Jointly financed: federal and state governments share the cost.

Each state develops a unique Medicaid program based on federal rules – subject to federal Centers for Medicare and Medicaid Services (CMS) approval.





Federal Authorization and Long-Term Care Services

- Each state is required to have a “Medicaid State Plan,” approved by the federal Centers for Medicare and Medicaid Services (CMS), which establishes the basis of each state’s Medicaid program.
- Under the state plan, Medicaid programs are allowed to cover nursing home care, but not home and community-based services.
- To implement programs which deviate from a State Plan (to vary by geographic areas, amount, duration and scope), the state must request a waiver.





Managed Care Waiver and Long-Term Care Services

- A waiver - requested by a state and approved by CMS - waives provisions of the federal Social Security Act that define Medicaid coverage – including the lack of coverage for home and community-based services.
- 1915(c) waivers, known as “Home and Community-Based Services Waivers” allow state Medicaid programs to cover Long-Term Care services, *and* provide them in a community setting instead of nursing homes or hospitals.
- Florida obtained a 1915(c) waiver as part of the Statewide Medicaid Managed Care Program (SMMC), which allows Medicaid to cover home- and community-based care in the Long-Term Care component.





SMMC Long-Term Care

Managed Medical Assistance (MMA)

COVERAGE:

Preventative, acute, behavioral, and therapeutic services, including pharmacy and transportation services.

ENROLLMENT:

Most Medicaid recipients must enroll

Long-Term Care (LTC)

COVERAGE:

Nursing facility, assisted living, and Home- and Community-Based services.

ENROLLMENT:

65 years of age or older, or age 18 or older and eligible for Medicaid by reason of a disability.

Requires Nursing Facility level of care or Hospital level of care for individuals diagnosed with cystic fibrosis

Dental

COVERAGE:

Preventative and therapeutic dental services.

ENROLLMENT:

All Medicaid recipients in managed care and all fully Medicaid eligible fee-for-service





Who is Required to Enroll in LTC Plans?



MANDATORY

To enroll in the LTC program, a Medicaid enrollee must be:

- 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 OR hospital level of care for individuals diagnosed with cystic fibrosis.



VOLUNTARY

Medicaid enrollees who are eligible for one of the programs below and also eligible for LTC can choose to enroll in LTC.

- Program of All-Inclusive Care for the Elderly (PACE) plan members.
- Familial Dysautonomia waiver.
- Model waiver (ages 18-20).
- MEDS AD enrolled in DD HCBS waiver.
- Recipients with other creditable coverage excluding Medicare.



EXCLUDED

All Medicaid enrollees who do not meet the criteria for mandatory enrollment.

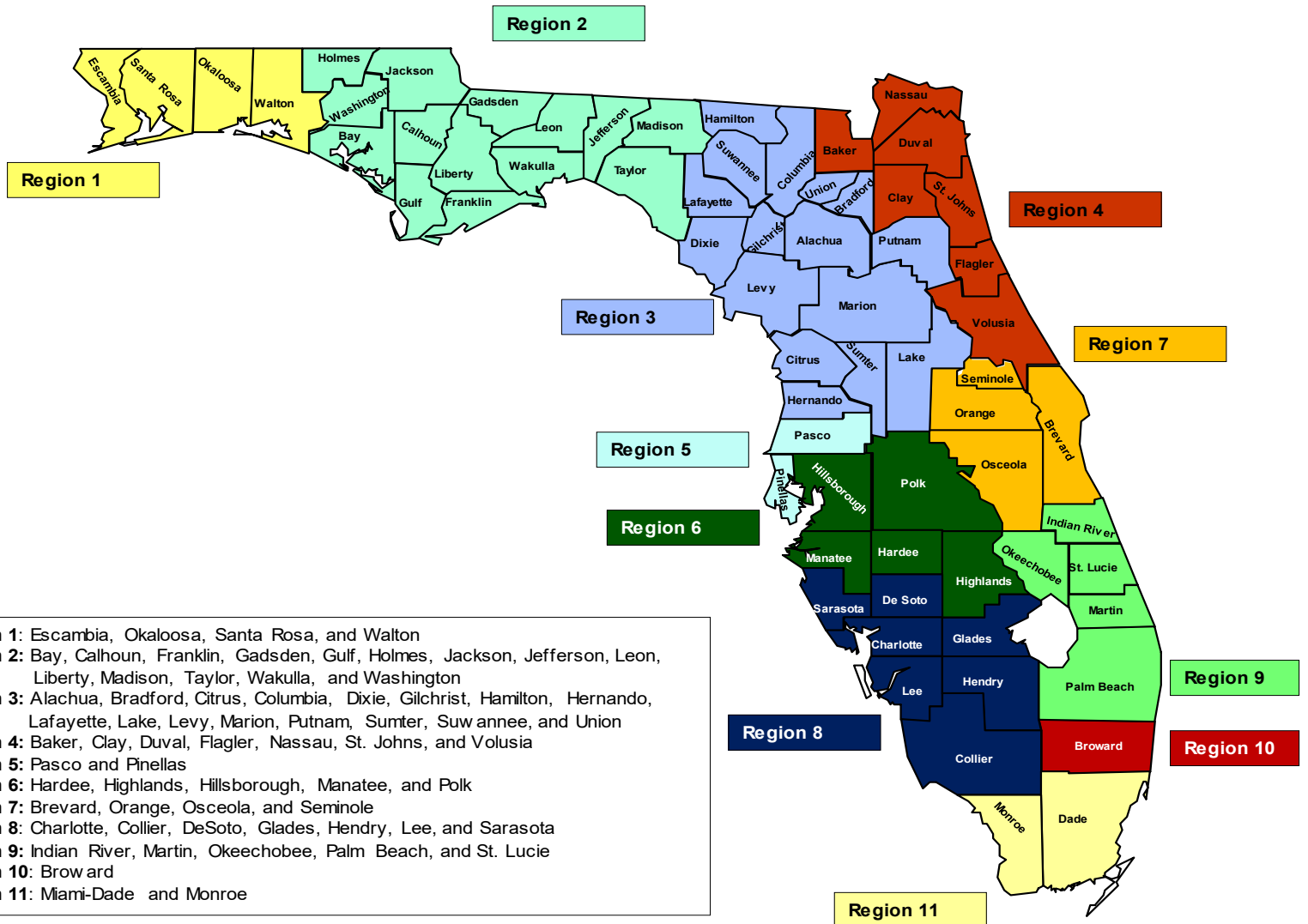




LTC Enrollment by Region

LTC Enrollment by Region as of December 31, 2022

Region 1	3,391
Region 2	3,738
Region 3	9,022
Region 4	9,761
Region 5	11,027
Region 6	14,487
Region 7	10,586
Region 8	7,149
Region 9	12,051
Region 10	10,700
Region 11	34,709
Total	126,621





LTC ENROLLMENT BY PLAN

LTC Enrollment by Plan as of December 31, 2022

Molina	4,400	Regions: 8, 11
Aetna	5,065	Regions: 6, 7, 11
United Healthcare	13,180	Regions: 3, 4, 6, 11
Simply	17,087	Regions: 5, 6, 7, 10, 11
FCC	22,426	Regions: All
Humana	31,003	Regions: All
Sunshine	33,460	Regions: All
TOTAL	126,621	

Participating Health Plans:
7





LTC Covered Services

LTC covered services include but are not limited to:

Care coordination	Behavior and medication management
Caregiver training and respite care	Transportation
Home care, including nursing, companion and other	Hospice Care
Nursing and Personal care	Occupational, physical, respiratory and speech therapy
Nursing facility and assisted living	Home accessibility adaptation





LTC Expanded Benefits

Long-Term Care Services

(these services are only available for LTC enrollees)

ALF Move-in Basket

Assisted Living Facility/Adult Family Care Home - Bed Hold Days

Caregiver Transportation

Healthy Living Benefit

Individual Therapy Sessions for Caregivers

Nursing Facility to Community Setting Transition Assistance





LTC Program Participant Direction Option (PDO)

- A service delivery model in which participants hire, train, supervise, and dismiss their direct service worker(s).
- Available to Long-Term Care (LTC) enrollees receiving Home and Community-based Services (HCBS) in their own home or family home.
- Available to all enrollees receiving any of the five PDO services on their plan of care.





The Five PDO Services

PDO Services	Licensure or Certification	General Training
Adult Companion Care	For adult companion, homemaker, or personal care services, certification or licensure is not required.	✓ Universal Precautions ✓ HIPAA Privacy Standards ✓ CPR Certification ✓ First Aid Certification
Attendant Care		
Homemaker		
Intermittent and Skilled Nursing	For attendant care of intermittent/skilled nursing services, licensure as a Registered Nurse or Licensed Practical Nurse is required.	
Personal Care		





PDO Direct Service Workers

Direct service workers:

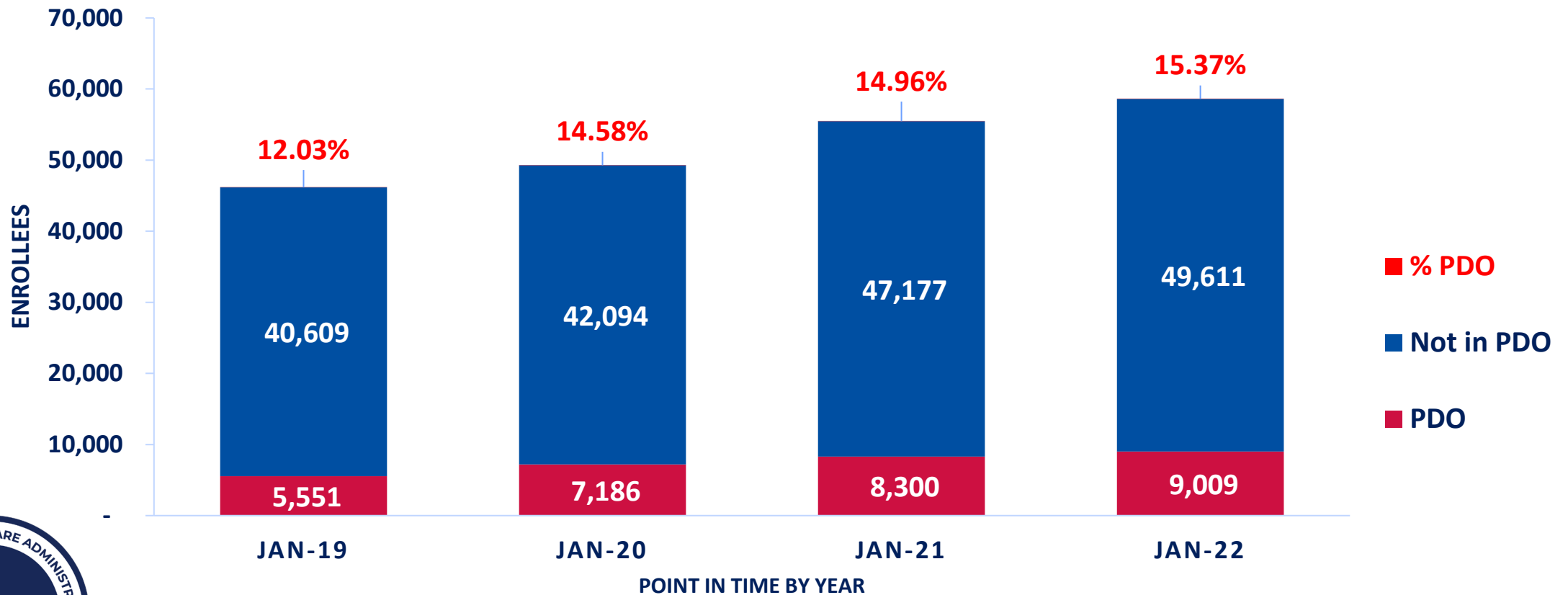
- Trained in universal precautions and HIPAA privacy standards and certified in CPR and First Aid.
- Are paid by the health plan based on a set rate.
- Receive payment for the approved hours and approved PDO services.
- Do not have to be in the health plan's provider network.





Growth of the PDO Program

NUMBER AND PERCENT OF HCBS ENROLLEES IN PDO





LTC Performance Measures

Measure Type	LTC	Description
HEDIS	✓	<ul style="list-style-type: none"> Comprehensive Assessment and Update Comprehensive Care Plan and Update Shared Care Plan with Primary Care Practitioner Reassessment/Care Plan Update after Inpatient Discharge
CAHPS	✓	Home and Community Based Services (HCBS) CAHPS Survey
CMS Adult & Child Core Set	✗	N/A
CMS 416	✗	N/A
PIP	✓	Combined with MMA
Agency Defined	✗	N/A
Other	✓	CMS/Mathematica measures: <ul style="list-style-type: none"> Screening, Risk Assessment, and Plan of Care to Prevent Future Falls Admission to an Institution from the Community Minimizing Institutional Length of Stay Successful Transition after Long-Term Institutional Stay

Focused Medicaid Program Goals



IMPROVE CARE TRANSITIONS

Increase the percentage of enrollees receiving long-term care services in their own home or the community to 75%.

Reduce the percentage of enrollees receiving long-term care services in a nursing facility to 25%.





Incentive to Transition to Community-Based Care

- The law requires that base rates be adjusted to provide an incentive for plans to transition enrollees from nursing facilities (NF) to the community (HCBS).

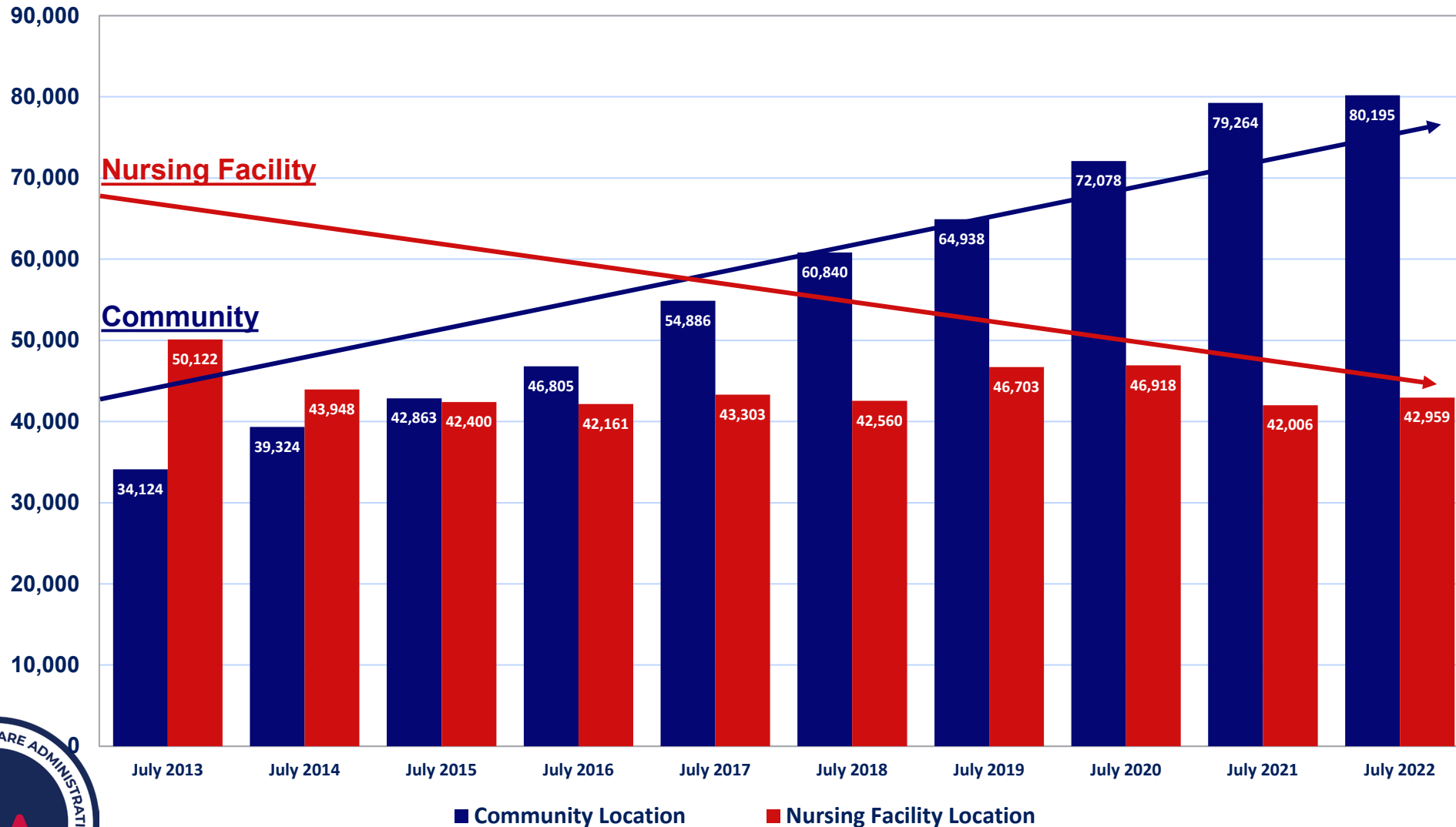


- An enrollee who starts the year in a nursing facility is treated as NF for rate blending for the entire year, even if they are transitioned to the community. A similar situation applies for enrollees starting the year in the community.
- Plans benefit financially if they beat the target transition percentage.





LTC Improved Care Transitions



Prior to the SMMC program, 40% were in the community.

As of July 2022, 65% are in the community.





LTC Quality Measures



Care Management

- **Comprehensive Assessment and Update**
- **Comprehensive Care Plan and Update**
- **Shared Care Plan with Primary Care Practitioner**
- **Reassessment/Care Plan Update after Inpatient Discharge**

- HEDIS and CMS Mathematica Measures for LTC were added to the contract in 2019.
- No national means exist at this time.
- Based on data reported for CY 2021, SMMC LTC plans performance improved from CY 2019 to CY 2021 on Care Management measures.



Avoiding Institutionalization

- **Assessment, and Plan of Care to Prevent Future Falls**
- **Admission to an Institution from the Community**
- **Minimizing Institutional Length of Stay**
- **Successful Transition after Long-Term Institutional Stay**

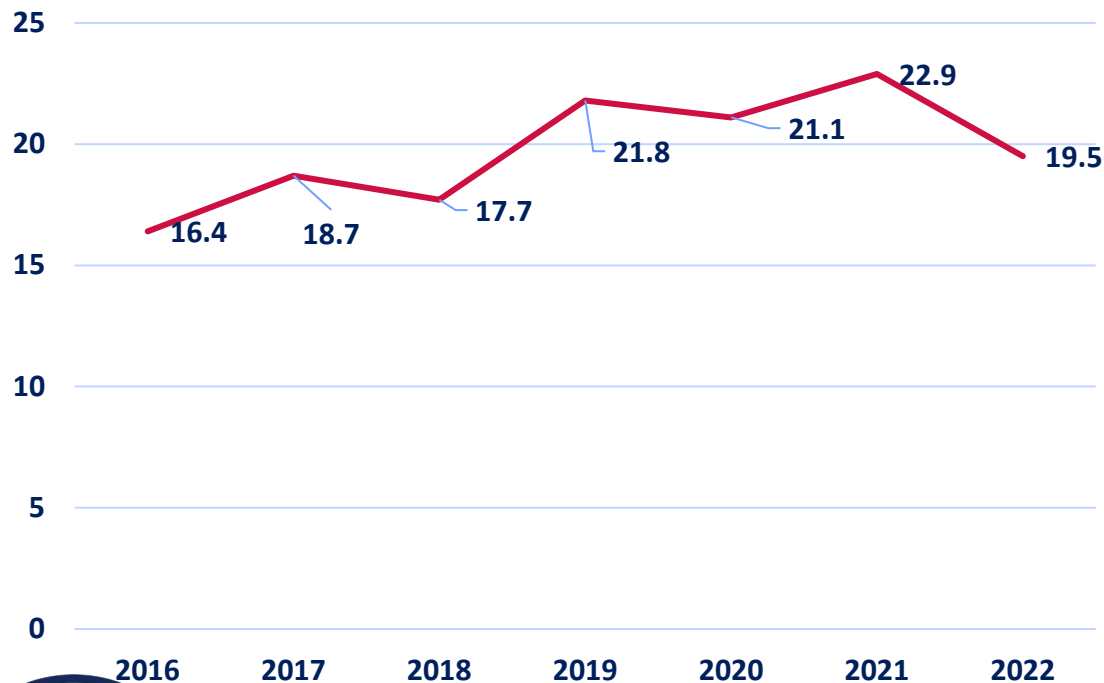




LTC Consumer Satisfaction

- The Agency tracks complaints received about LTC services.

Average LTC Complaints per 10,000



- Plans are required to survey their members on their experiences with care on an annual basis.
- Plans are required to use the Home and Community Based-Services (HCBS) CAHPS Survey for their LTC members.
- In 2021, patients or their family/caregivers rated their LTC as a 9 or 10 (on a scale of 1-10) as

Survey Item	Respondents
Staff are reliable, helpful	82%
Rating of case manager	80%
Case Manager is helpful	88%
Ratings of personal assistance staff	85%

- The HCBS CAHPS Survey was suspended in 2020 due to the pandemic. The 2022 survey results were reported to the Agency in the fall and are under review.





Questions?

