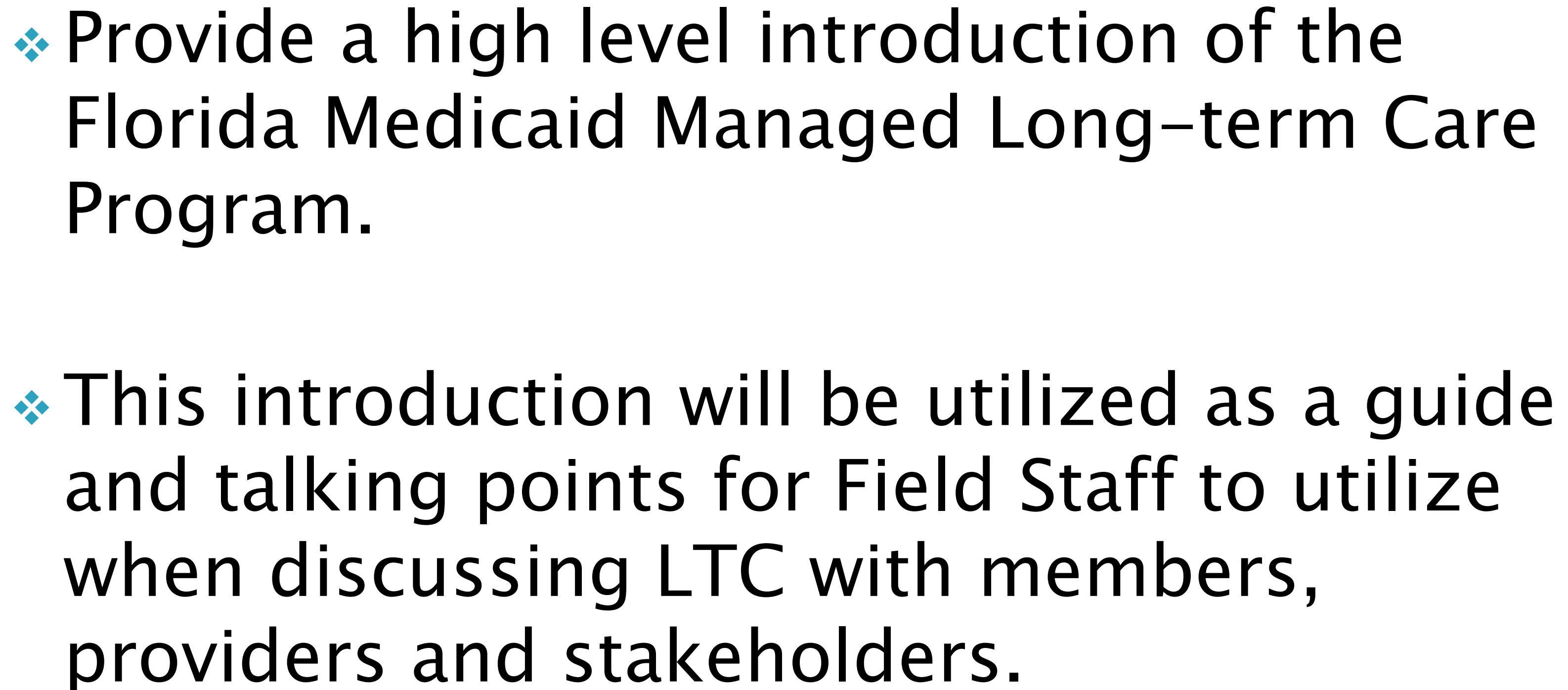
Long-term Care (LTC)

Statewide Medicaid Managed Care

Create Date: March 4, 2013

Objectives

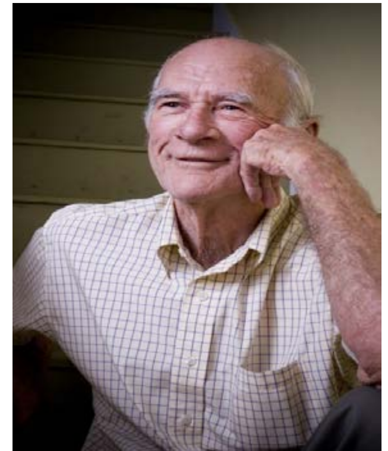


- Provide a high level introduction of the Florida Medicaid Managed Long-term Care Program.

- This introduction will be utilized as a guide and talking points for Field Staff to utilize when discussing LTC with members, providers and stakeholders.

Long-term Care Managed Care

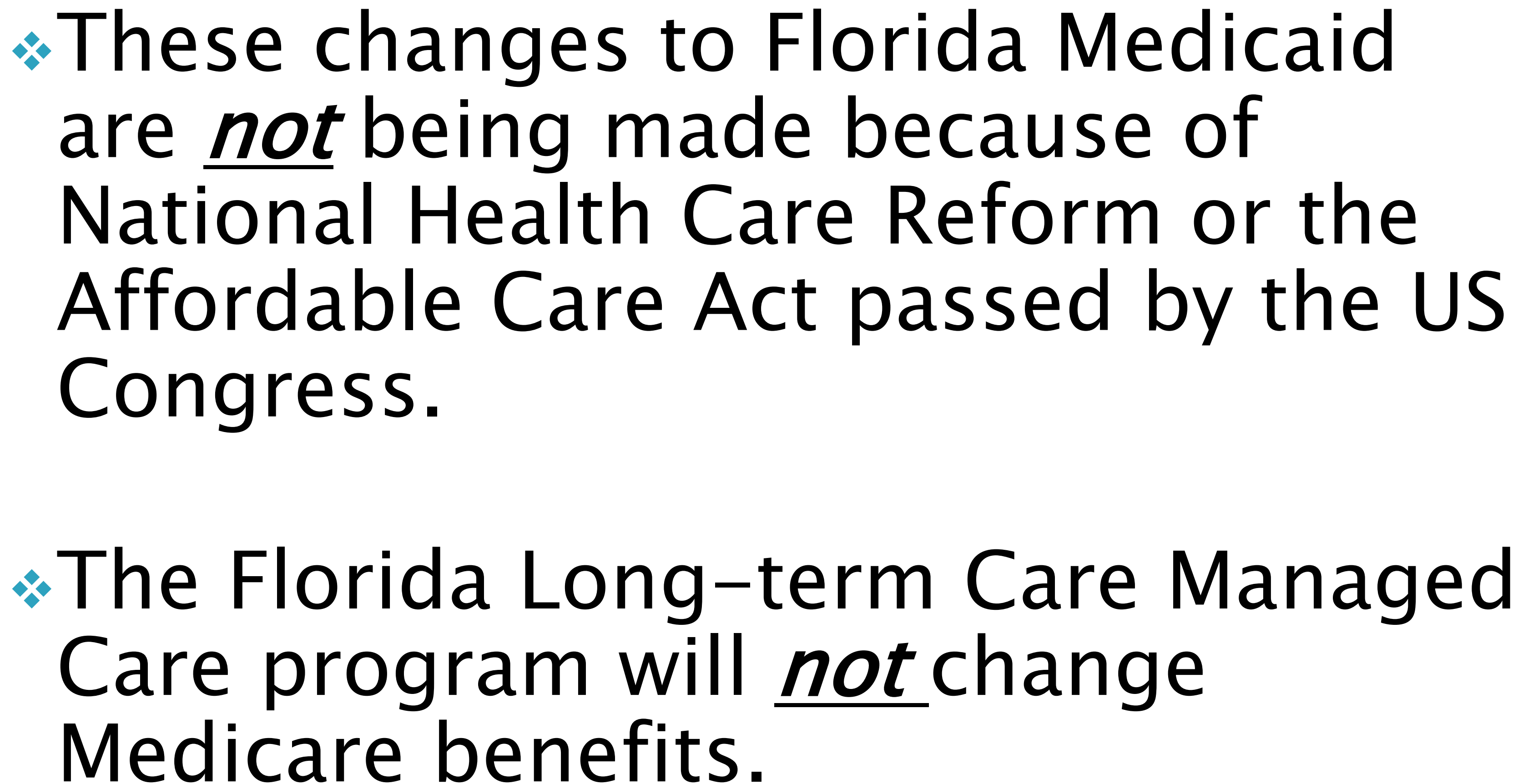
- Medicaid recipients *who qualify* and *become enrolled* in the Statewide Medicaid Managed Care Long-term Care Program will receive long-term care services from a long-term care managed care plan.



LTC Program Components: How are services changing?

- The SMMC program does not eliminate services:
  - Health plans will be required to provide services at a level equivalent to the Medicaid state plan.
  - New services never covered by plans will now be required covered services.
    - Case Management
    - Participant Directed Option
  - Plans can offer additional benefits.

Medicaid Managed Care *is not*



When will LTC Begin?

- The Long-term Care component will be implemented in stages starting with Region 7 which includes the following counties:

Brevard	Orange
Osceola	Seminole

- The Region 7 enrollment period is from May 20, 2013 to July 18, 2013.

- The first LTC plan effective date is August 1, 2013

Medicaid Application

- DCF or Social Security Administration will continue to determine financial eligibility

- Comprehensive Assessment and Review for Long-term Care Services (CARES) will make determinations of medical eligibility for Long-term Care Managed Care.

LTC Enrollment

- Recipients are mandatory for enrollment if they are:
  - 65 years of age or older AND need nursing facility level of care.
  - 18 years of age or older AND are eligible for Medicaid by reason of a disability, AND need nursing facility level of care.

LTC Enrollment

- A recipient cannot be enrolled to receive home and community based services until they
  - Have received proper Level of Care (LOC) from CARES
  - Been released from waiting list
  - Filed a Medicaid Application

LTC Enrollment

- A recipient currently residing in a nursing facility cannot be enrolled until they have
  - Received proper Level of Care (LOC) from CARES
  - Been approved for Medicaid

Who Must Enroll?

- Recipients must enroll in LTC Managed Care if they are 18 and older and enrolled in:
  - Nursing Facility
  - Aged and Disabled Adult Waiver
    - Consumer-Directed Care Plus for individuals in the A/DA waiver
  - Assisted Living Waiver
  - Channeling Services for Frail Elders Waiver
  - Nursing Home Diversion Waiver
  - Frail Elder Option

Who Cannot Enroll?

- Women who are eligible only for family planning services
- Women who are eligible through breast and cervical cancer services program
- Persons who are eligible for emergency Medicaid for aliens
- Children receiving services in a prescribed pediatric extended care center
- Medicaid recipients who do not need or do not meet the criteria for Long-Term Care services
- Medicaid recipients under age 18

*This is not an inclusive list

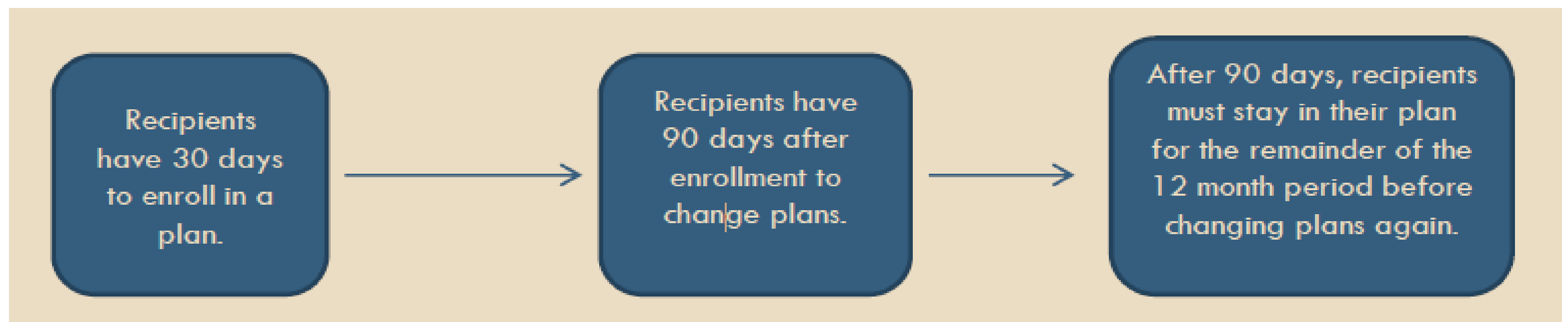
When to Enroll

- Eligible recipients will have at least 30 days to choose a long-term care managed care plan from the plans available in their region. If no plan is chosen by date provided on the notification letter, AHCA will automatically assign the recipient a long-term care managed care plan.

90 Days to Change

- Recipients will have 90 days after their enrollment to choose a different plan.

- After the 90 days, recipients will be locked in and cannot change without a state approved Good Cause reason.



Open Enrollment

- One year from the anniversary date (start date), recipients will have a 60 day open enrollment period to change plans for any reason, without cause.

Mandatory Recipient Notification

- Mandatory recipients will receive at minimum:
  - The name of the managed care plan that will be assigned to the recipient known as an "auto assignment"
  - Guidance about obtaining more information
  - Steps and ways to enroll

3 Ways to Enroll

- Enroll Online at www.flmedicaidmanagedcare.com
- Call our call center and speak to a choice counselor
- Call the call center to request a meeting with a choice counselor in person or selecting "schedule an appointment" on the website above

3 Categories of Eligibility

- Fully Eligible for Medicaid
- Medicaid Application Pending (Med Pending)
- Pending Managed Care Plan Choice

Fully Eligible for Medicaid LTC

- When a recipient has completed the Medicaid application and are deemed eligible for LTC Medicaid by DCF

- After the CARES assessment is completed and a Level of Care (LOC) has been determined

Medicaid Application Pending

- Medicaid (Med Pending) is an option for receiving services without having to wait until the DCF completes and approves the Medicaid long-term care application.
- If the application is not approved, a recipient will be financially responsible for any services received.

Pending Managed Care Plan Choice

- Recipients who have a pending Medicaid application and have a Level of Care
- May make a pending managed care plan choice, but elect not to begin services until Medicaid eligibility has been approved

Long-term Care Services

- Once a recipient is deemed eligible for LTC, they can choose their service and provider(s)
- All of the plans offer the same basic services, but each has its own network of providers.
- A provider network is made up of health practitioners, or entities approved to provide services to Medicaid enrollees.

LTC SERVICES

Adult Day Care
Behavior Management
Case Management
Home Accessibility Adaptation
Homemaker
Intermittent and Skilled Nursing
Medication Administration
Medication Management
Medical Equipment and Supplies
Nursing Facility Care
Nutritional Assessment and Risk Reduction
Personal Emergency Response System
Services Provided in Assisted Living Facilities
Transportation to Program Services

Attendant Care
Caregiver Training
Companion Care
Home Delivered Meals
Hospice
Occupational Therapy
Personal Care
Respite Care
Speech Therapy

LTC Direct Service Providers

All plans must have a sufficient network of providers and include the following providers:

- Adult companion care
- Adult day health care
- Assisted living
- Assistive care services
- Attendant care
- Behavioral management
- Care coordination/Case management
- Caregiver training

LTC Direct Service Providers (continued)

- Home accessibility adaptation
- Home-delivered meals
- Homemaker
- Hospice
- Intermittent and skilled nursing
- Medical equipment and supplies
- Medication administration
- Medication management

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LTC Direct Service Providers (continued)

- Nursing facility
- Nutritional assessment/Risk reduction
- Personal care
- Personal emergency response system (PERS)
- Respite care
- Therapies (occupational, physical, respiratory, and speech)
- Transportation, non-emergency

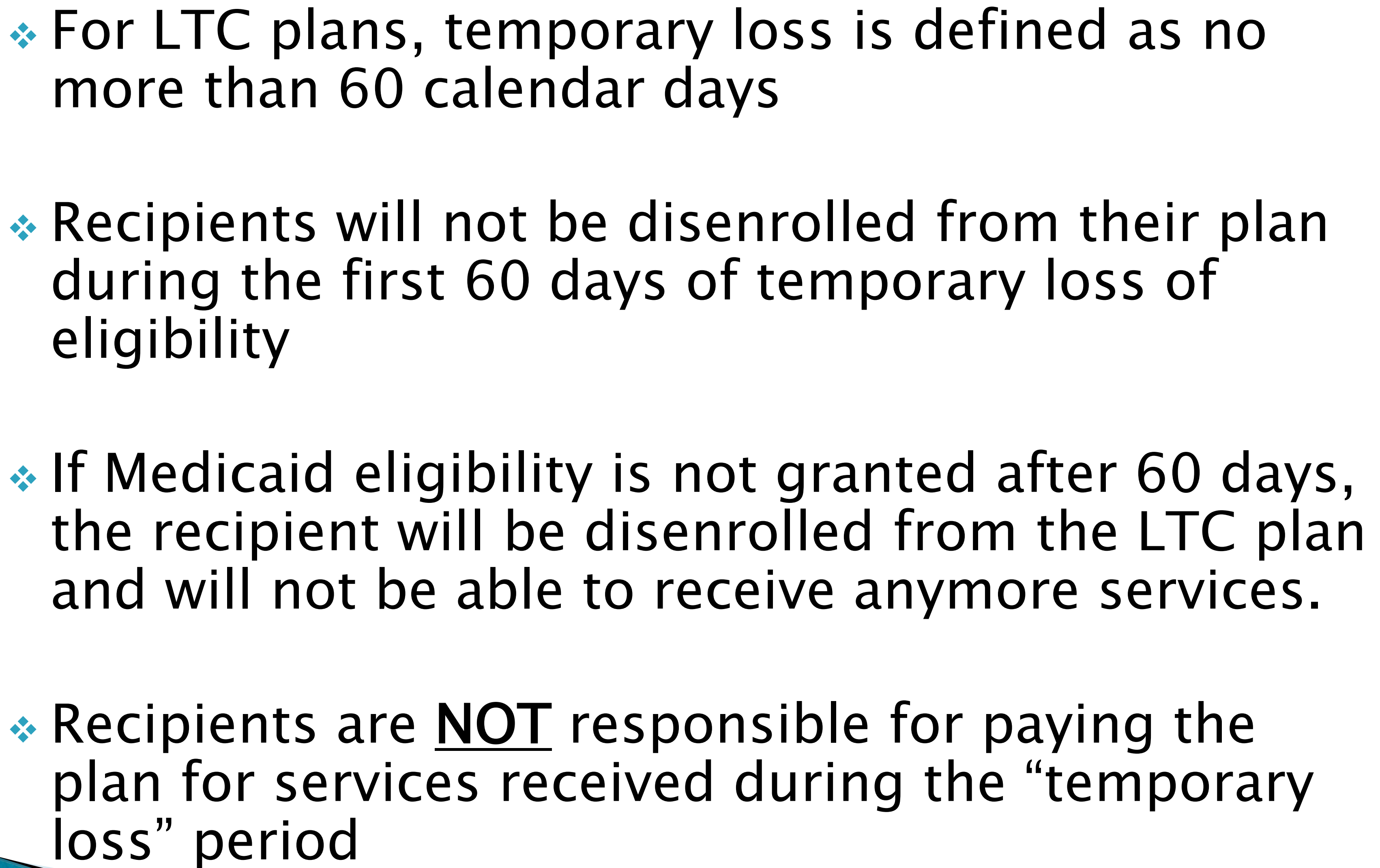
Selecting a LTC Direct Service Provider

- Consider the following:
  - What services do you think you need (Assisted Living, Home Health, Home Modification, etc)?
  - Which plan has the providers I currently use or think I will need?
  - Are the providers a part of the plan?

Changing Providers

- Recipients may change long term care direct service providers within their plan at any time.
- Recipients can choose their long-term care provider and can request a nursing facility or assisted living facility in their managed care plan with a specific cultural or religious affiliation.

Temporary Loss of Eligibility

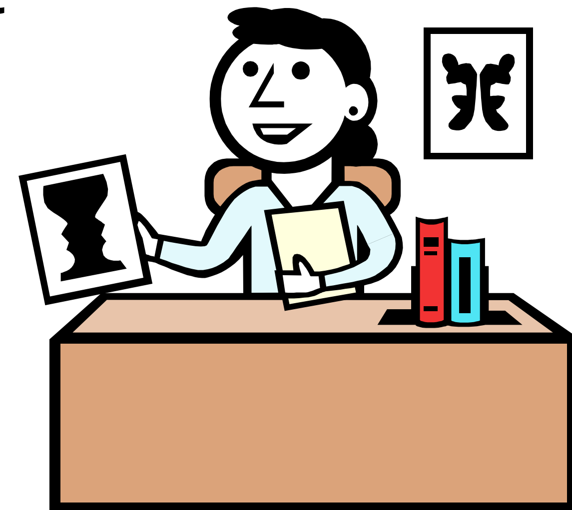


Disenroll

- Mandatory recipients may disenroll from the Long-term care program all together at any time.
- This means a recipient will no longer receive LTC services
- Recipients may not use Fee-for-Service Medicaid for Long-term care services
- Once disenrolled, a recipient will need to contact ADRC to go back through the eligibility process

Choice Counseling

- Choice Counselors will educate recipients on which plan may work the best for them and make sure they know how to access the services and benefits available under each plan
- Complete the enrollment
- Become a source of support



Partnership

- We want to work with you to help the recipients you serve. You can…
  - Host Private Sessions and allow us to come to your location and help the people served by you
  - Refer recipients who need help choosing a plan to our local staff
  - Allow us to provide training for your staff on what choice counseling does, how we can help and ways we can work together
  - Help us coordinate special events
  - Work with us to develop customized solutions based on your needs

Additional Resources

- Updates about the Statewide Medicaid Managed Care Program are posted at: http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml#tab1

- You can sign up to receive email updates about the program at this website.

How to Stay Informed

- Participate in conference calls and Webinars that are being established to educate and communicate with plans and plan network providers regarding implementation activities.

- Send your questions to: FLMedicaidManagedCare@ahca.myflorida.com

  - AHCA will post answers on the website and/or answer them on provider Webinars

QUESTIONS