

1  **FLORIDA LTC MANAGED CARE UPDATE**

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2  **SMMC STATEWIDE MANAGED CARE**

- Managed Medical Assistance Program (MMA) – provides medical services to infants, children and adults on Medicaid. Pinellas/Pasco providers: Amerigroup, Prestige, Staywell, and Sunshine. Hillsborough providers: Amerigroup, Better Health, Humana, Molina, Prestige, Staywell and Sunshine.
- Long Term Care (LTC) Program – provides nursing facility and home and community based services to adults who meet nursing home level of care. Pinellas/Pasco Providers: Humana American Elder Care, Molina, Sunshine and United Healthcare. Hillsborough providers: Humana American Elder Care, Coventry Health Care, Molina, Sunshine, and United Healthcare.

3  **LTC PROGRAM**

- Each Long Term Care managed care plan must, at a minimum, provide the following services:
 - Adult Companion
 - Assistive Care Services
 - Assisted Living Facility Services
 - Attendant Care
 - Behavior Management
 - Caregiver Training
 - Case Management
 - Home Accessibility Adaptation
 - Home Delivered Meals
 - Homemaker
 - Hospice

4  **LTC PROGRAM**

- Intermittent and Skilled Nursing
- Medical Equipment and Supplies
- Medication Administration
- Medication management
- Nursing Facility Care
- Nutritional Assessment and Risk Reduction
- Occupational, Physical, Respiratory and Speech Therapy
- Personal Care
- Personal Emergency Response System
- Respite Care
- Transportation

5  **MMA PROGRAM**

- Each Managed Medical Assistance Program, at a minimum, provide the following services:
 - ARNP Services
 - Ambulatory Surgical Treatment Center Services
 - Assistive Care Services
 - Birthing Center Services
 - Chiropractic Services
 - Dental Services
 - Early periodic screening diagnosis and treatment services for recipients under 21
 - Emergency Services
 - Family Planning Services and Supplies

- Healthy Start Services

6 **MMA PROGRAM**

- Hearing Services
- Home Health Agency Services
- Hospital inpatient and outpatient services
- Laboratory and imaging services
- Medical supply, equipment, prostheses and orthoses
- Mental Health Services
- Physician Services and Nursing Care
- Optical services and supplies, and Optometrist Services
- Physical, Occupational, Respiratory, and Speech Therapy
- Podiatric Services
- Prescription Drugs
- Renal Dialysis Services
- Substance Abuse Treatment Services
- Transportation to access covered Services

7 **WHO IS ELIGIBLE TO RECEIVE SERVICES UNDER SMMC LTC:**

- Age 65 and over and eligible for Medicaid
- Age 18 and over and eligible for Medicaid by reason of a disability
- Be determined by CARES unit at the DOEA to be at nursing home level of care and meet one or more established criteria.

8 **AHCA REPORTS: SMMC IS REACHING RECORD LEVELS AND CONSUMER SATISFACTION IS HIGH**

- Medicaid is serving the greatest number of people it has ever served, but, more efficiently than ever, with the highest quality services offered, at the lowest cost.
- Health Plan Report Cards are available online at FloridaHealthFinder.gov.
- Measures include Pregnancy Related Care, Keeping Kids Healthy, Keeping Adults Healthy, etc...

9 **LTC PROGRAM QUALITY AND PERFORMANCE**









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- Incentives are provided to ensure patients are able to reside in the least restrictive setting possible and have access to HCBS providers and services that meet their needs.
- https://ahca.myflorida.com/medicaid/statewide_mc/pdf/SMMC_Quality_and_Performance_Snapshot.pdf
- Goal is to have no more than 35% of the state's long-term care enrollees in nursing homes.
- In July 2014 43,948 eligible individuals were in nursing homes and 39,324 receiving HCBS. In July 2015, 42,400 were in nursing homes and 42,863 receiving HCBS.
- 77.4% report that their quality of life has improved since enrolling in their LTC plan
- 59.5% report that their overall health has improved since enrolling in their LTC plan
- The cost per person has dropped from \$6,564 to \$5,878.

10 **ALF'S TO PROVIDE HOME LIKE ENVIRONMENT**

- Provide residents opportunity to eat on own schedule, with basic kitchen utensils and food choices available 24/7.
- Offer private room to all residents, however resident must be able to afford. Opportunity must be presented on contract with facility.

11 **WHERE TO FILE YOUR COMPLAINTS**

- https://apps.ahca.myflorida.com/smmc_cirts/

- Contact Medicaid Representative by phone: 1.877.254.1055
- 12  **LONG TERM CARE MEDICAID FREQUENTLY ASKED QUESTIONS**
- http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/SMMC_LTC_FAQ.pdf
- 13  **THE WAITING LIST**
- Where can you find it?
- 14  **HEADS UP: NEED TO PLAN FOR WAITING LIST**
- DO NOT let your client think they are going to receive financial assistance for assisted living care.
 - REVIEW MONTHLY BUDGET – ensure they select facility within their budget.
- 15  **“NEW” HB 1335 – ENACTED BY FLORIDA LEGISLATURE**
- F.S. 409.962 Definitions. (16) “Screening” means the use of an information-collection tool to determine a priority score for placement on the wait list. (17) “Significant change” means change in an individual’s health status after an accident or illness, an actual or anticipated change in the individual’s living situation, a change in the caregiver relationship, loss of or damage to the individual’s home or deterioration of his or her home environment, or loss of the individual’s spouse or caregiver.
 - The DOEA shall maintain a statewide wait list for enrollment for HCBS
 - The DOEA shall prioritize for potential enrollment for HCBS services using a frailty based screening tool that results in a priority score. If identical scores, longest on the list gets the slot.
 - ADRC shall perform screenings annually or upon significant change of individual’s circumstances
 - Priority enrollment: An individual whos is 18,19,20 y/o with chronic debilitating disease or condition of one or more physiological or organ systems making the ind. Dependent upon 24 hour care; NF resident requesting HCBS with 60 day stay, individual referred by APS.
- 16  **PRIORITY SCORE AND 59G-4.193**
- http://elderaffairs.state.fl.us/doea/SMMCLTC/2014_Priority_Score_Calculation.pdf
 - Proposed Administrative Rule 59G-4.193
- 17  **PASSR REQUIREMENTS AND 3008 FORM UPDATED**
- Level I PASSR must be completed prior to admission to LTC facility, Level II required for individuals suspected of serious mental illness or an intellectual disability.
 - Who can complete 3008?
 - No credentials required except for Sections X and Y. X must be completed by minimum of BSW or LPN, Y must be completed by physician or ARNP.
 - All sections must be completed, and if not applicable N/A should be written.
- 18  **2016 LEGISLATURE REQUIRES AHCA TO CONVERT TO A PROSPECTIVE PAYMENT SYSTEM**
- During the 2016 Legislative Session, Legislation passes requiring AHCA to contract with an independent consultant to develop a plan to convert Medicaid payments for nursing home services from a cost based reimbursement methodology to a prospective payment system.
 - Prospective payment system - is a method of reimbursement in which a Medicaid payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service.
- 19  **MEDICARE CHANGES HIP AND KNEE REPLACEMENTS**
- Bundled payments-packaged pricing, is defined as the reimbursement of health care providers (such as hospitals and physicians) "on the basis of expected costs for clinically-defined episodes of care
 - Comprehensive Care for Joint Replacement (CJR) model, set to begin on April 1, 2016, which will hold hospitals accountable for the quality of care they deliver to Medicare fee-for-service

beneficiaries for hip and knee replacements and/or other major leg procedures from surgery through recovery. Through this payment model, hospitals in 67 geographic areas will receive additional payments if quality and spending performance are strong or, if not, potentially have to repay Medicare for a portion of the spending for care surrounding a lower extremity joint replacement (LEJR) procedure.

- The model's goal is to give hospitals a financial incentive to work with physicians, home health agencies, skilled nursing facilities, and other providers to make sure beneficiaries get the coordinated care they need. Today, beneficiaries receive care from many providers and suppliers, with each having their own coordination efforts. This can lead to confusion and in some cases, multiple care plans and instructions for beneficiaries that conflict and can lead to re-hospitalizations and complications. CMS will help hospitals improve care delivery and care coordination by providing spending and utilization data and facilitating the sharing of best practices.

20 **DOL HOME CARE GUIDE AND NEW EXEMPT EMPLOYEE REQUIREMENTS**

- https://www.dol.gov/whd/homecare/homecare_guide.htm
- Federal Companion Exemption is removed
- New DOL Overtime Rule
- Raise the salary threshold indicating eligibility from \$455/week to \$913 (\$47,476 per year).
- Automatically update the salary threshold every three years, based on wage growth over time, increasing predictability.