Roadmap to Florida's LTC Medicaid Program

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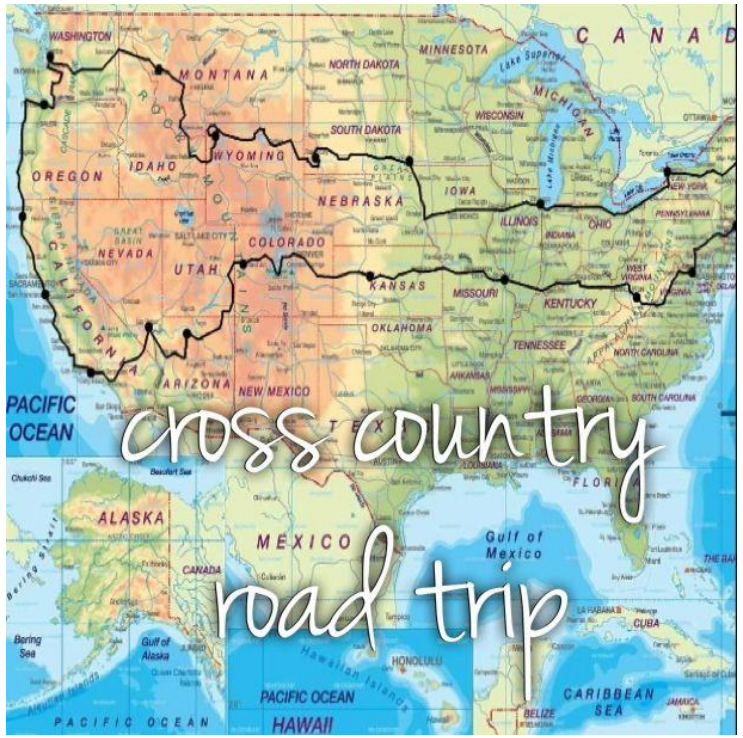
February 19, 2019

Welcome to the first of the Florida SMMC webinar presentations!

A long & winding road



Let's start by getting from point A to point B

2011: Medicaid Expansion was a No - Go…..

SMMC Long-term Care program implemented August 2013 – March 2014

MMA Managed Medical Assistance program implemented between May – August 2014

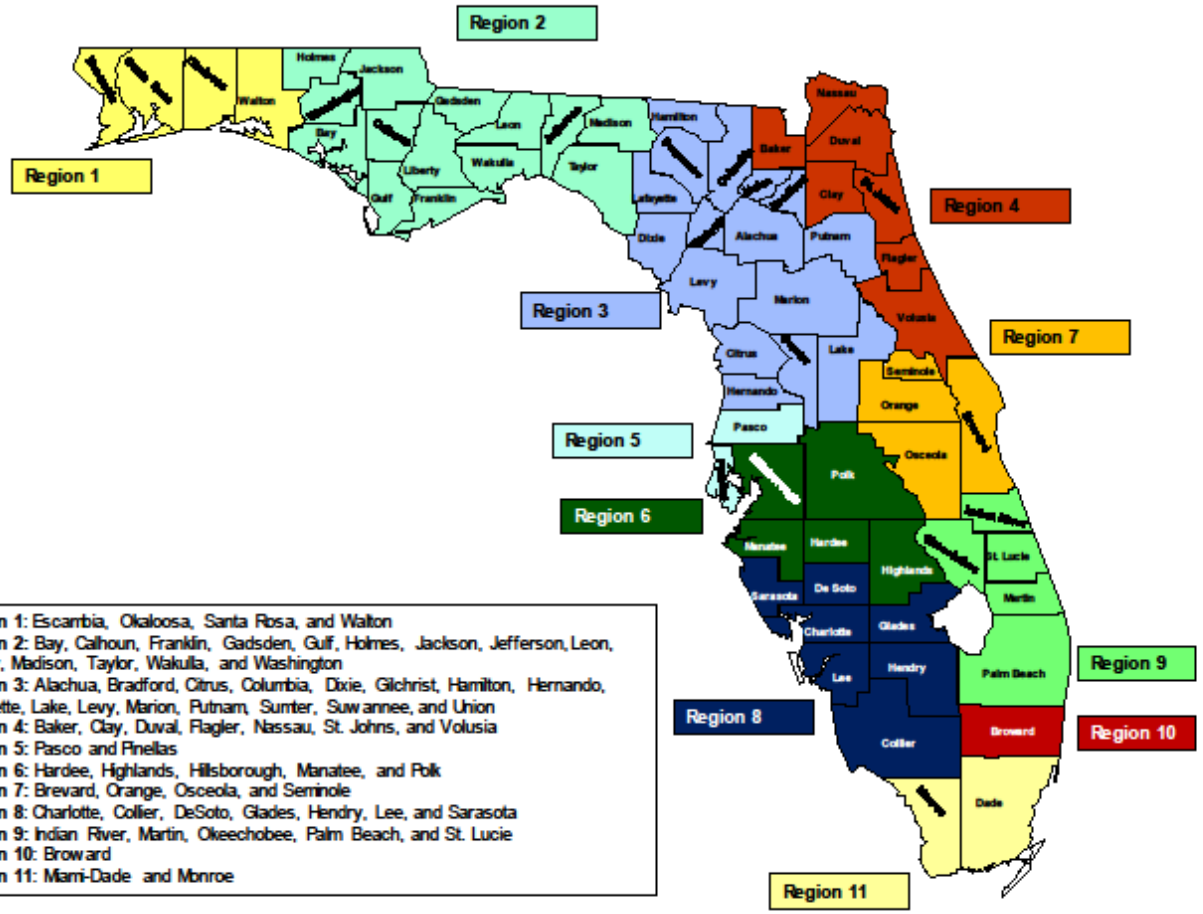
In 2011, the Florida Legislature created a new program called the Statewide Medicaid Managed Care (SMMC) program. Because of this program, the Agency for Health Care Administration (AHCA) and Department of Elder Affairs changed how some individuals receive their long-term care from the Florida Medicaid Program.
There were two different Statewide Medicaid Managed Care programs:

The Long-Term Care (LTC) Managed Care Program

The Managed Medical Assistance (MMA) Program

Florida's 11 PSA's: Provider Service Areas align with the SMMC region map.

Statewide Medicaid Managed Care Region Map



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe

SMMC under construction and continually growing…….

Competitive procurement by region for contracted services with managed care plans.

Five-year contracting periods.

FLORIDA MEDICAID
A Division of the Agency for Health Care Administration

2018: The 1st re-procurement process, also changes to RME via waiver requests

Shaping the next 5 years…..

How do consumers access the LTC SMMC program?

There are 3 primary doorways

Door #1 – The ADRC: Aging & Disability Resource Center

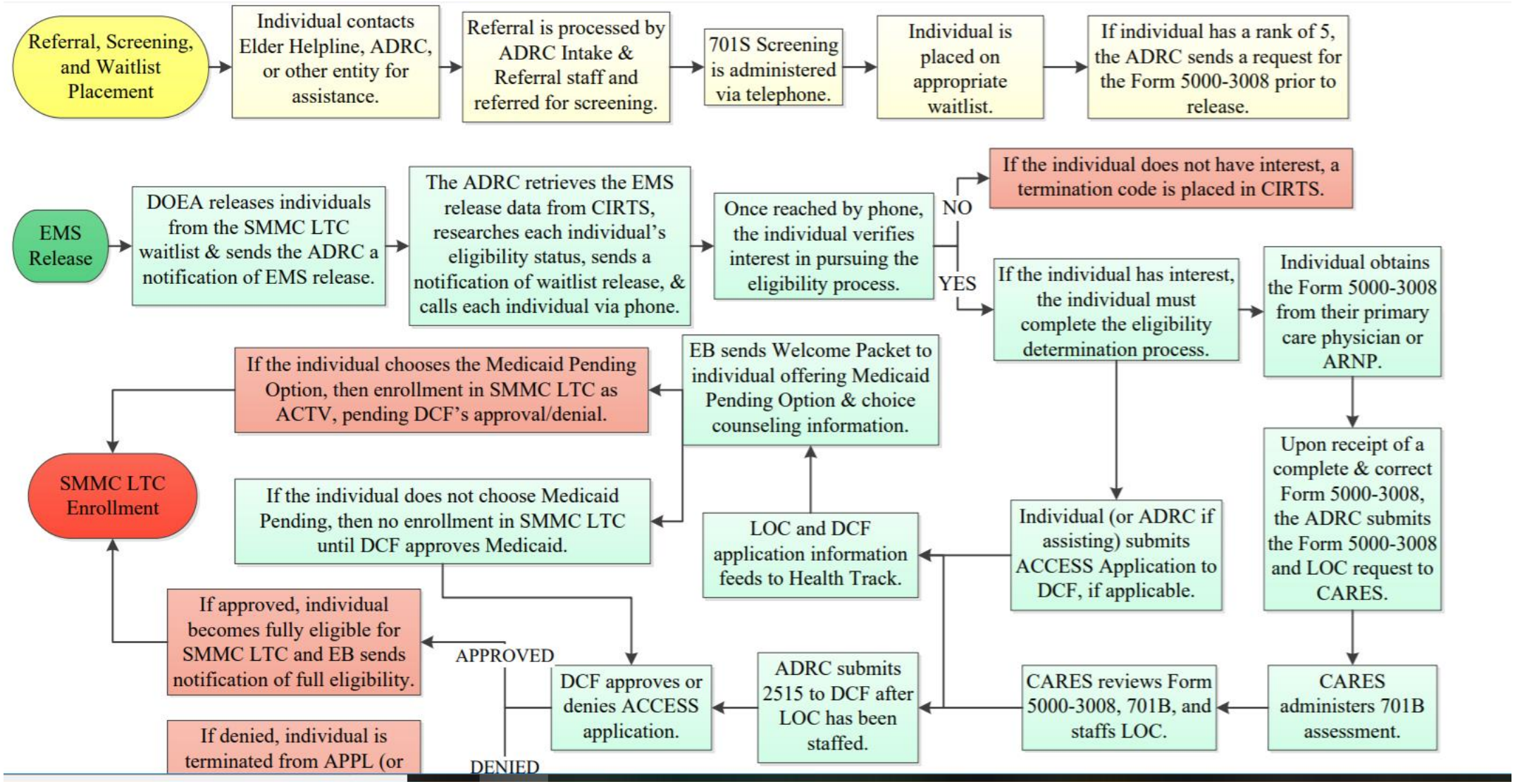
This is the doorway for anyone living in the "community", (not in a skilled nursing facility) community includes those residing in an assisted living facility. It begins with a call or referral made to the ADRC , within 3 days the ADRC must attempt contact for screening, this is the 701S assessment for placement on "waitlist" aka priority list.

Department of
ELDER AFFAIRS
STATE OF FLORIDA

Statewide Medicaid Managed Care Long-term Care Program

Enrollment Management System Procedures Manual

December 2016


Referral, Screening, and Waitlist Placement
Individual contacts Elder Helpline, ADRC, or other entity for assistance.
Referral is processed by ADRC Intake & Referral staff and referred for screening.
701S Screening is administered via telephone.
Individual is placed on appropriate waitlist.
If individual has a rank of 5, the ADRC sends a request for the Form 5000-3008 prior to release.
EMS Release
DOEA releases individuals from the SMMC LTC waitlist & sends the ADRC a notification of EMS release.
The ADRC retrieves the EMS release data from CIRTS, researches each individual's eligibility status, sends a notification of waitlist release, & calls each individual via phone.
Once reached by phone, the individual verifies interest in pursuing the eligibility process.
NO
If the individual does not have interest, a termination code is placed in CIRTS.
YES
If the individual has interest, the individual must complete the eligibility determination process.
Individual obtains the Form 5000-3008 from their primary care physician or ARNP.
Upon receipt of a complete & correct Form 5000-3008, the ADRC submits the Form 5000-3008 and LOC request to CARES.
CARES administers 701B assessment.
CARES reviews Form 5000-3008, 701B, and staffs LOC.
ADRC submits 2515 to DCF after LOC has been staffed.
DCF approves or denies ACCESS application.
APPROVED
DENIED
If approved, individual becomes fully eligible for SMMC LTC and EB sends notification of full eligibility.
If denied, individual is terminated from APPL (or
SMMC LTC Enrollment
If the individual does not choose Medicaid Pending, then no enrollment in SMMC LTC until DCF approves Medicaid.
If the individual chooses the Medicaid Pending Option, then enrollment in SMMC LTC as ACTV, pending DCF's approval/denial.
EB sends Welcome Packet to individual offering Medicaid Pending Option & choice counseling information.
LOC and DCF application information feeds to Health Track.
Individual (or ADRC if assisting) submits ACCESS Application to DCF, if applicable.

701S Screening Process

The DOEA Form 701S is the only DOEA approved screening instrument to be used when screening for potential Medicaid eligibility and placement on the SMMC LTC waitlist.

The 701S screening may only be administered by certified ADRC staff for SMMC LTC waitlist placement. In addition, only designated ADRC staff may place potentially Medicaid eligible individuals on the assessed priority consumer list (APCL) for SMMC LTC, which is accomplished by opening an LTCC APCL enrollment span in CIRTS.

All individuals with an open LTCC APCL1 enrollment span must have a current 701S screening in CIRTS that was completed by a certified ADRC staff member.

For an annual rescreening, or a rescreening for significant change, a new 701S screening must be completed in CIRTS by designated ARDC staff. The ADRC staff should not alter or update any previous screening

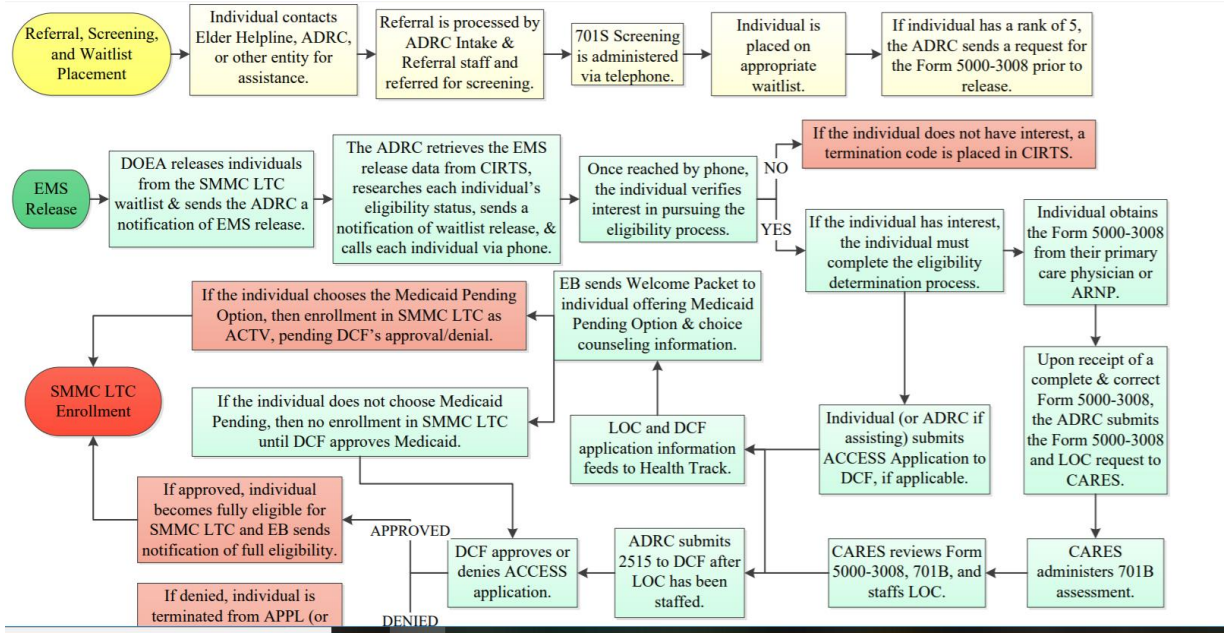
The ADRC must attempt to contact all individuals for whom they received a request for screening for waitlist placement or significant change within three business days of receipt of the referral.

The ADRC must make at **least three telephonic attempts within three business days** to contact an individual to complete the screening process. If the 701S screening cannot be completed at contact, the ADRC may schedule the 701S screening for a future date, **not to exceed 14 business days** from the date of the initial referral per the DOEA Programs and Services Handbook.

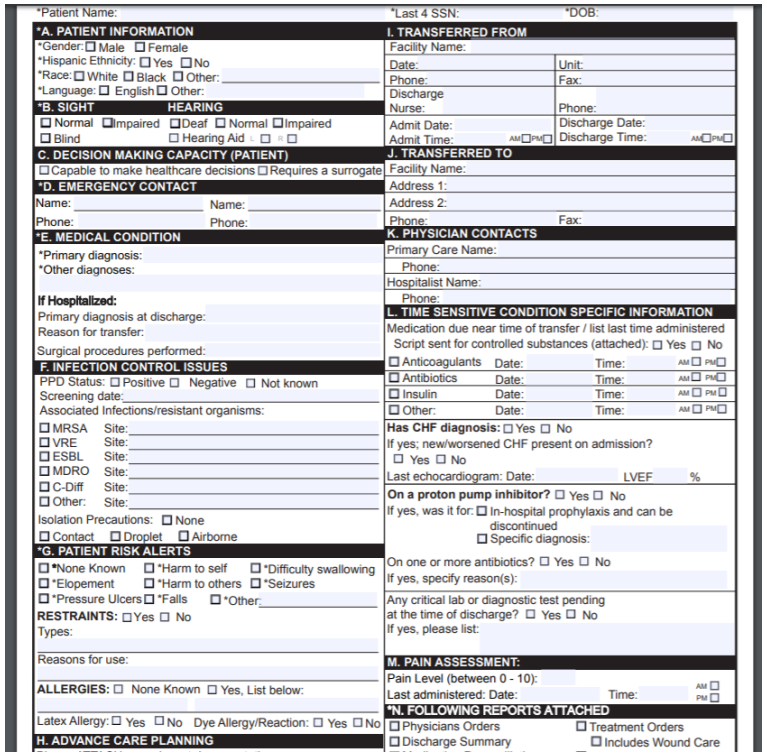
If the ADRC is unable to make contact with an individual within three business days, the ADRC will send written correspondence to the last known address of the individual, and to any authorized representative2 listed for that individual, requesting the individual or their authorized representative contact the ADRC within 60 calendar days of the date of the notice.

The notice must indicate that failure to complete the screening or rescreening will result in his or her termination from the screening process and/or the SMMC LTC waitlist. The requirement to send a 30-day notice also applies to individuals who fail to keep screening appointments with the ADRC.

YOU ARE HERE



Arrival: Placement on the waitlist aka priority list



*Patient Name: *Last 4 SSN: *DOB:

***A. PATIENT INFORMATION**
*Gender: ☐ Male ☐ Female
*Hispanic Ethnicity: ☐ Yes ☐ No
*Race: ☐ White ☐ Black ☐ Other:
*Language: ☐ English ☐ Other:

***B. SIGHT** **HEARING**
☐ Normal ☐ Impaired ☐ Deaf ☐ Normal ☐ Impaired
☐ Blind ☐ Hearing Aid

C. DECISION MAKING CAPACITY (PATIENT)
☐ Capable to make healthcare decisions ☐ Requires a surrogate

***D. EMERGENCY CONTACT**
Name: Name:
Phone: Phone:

***E. MEDICAL CONDITION**
*Primary diagnosis:
*Other diagnoses:

If Hospitalized:
Primary diagnosis at discharge:
Reason for transfer:
Surgical procedures performed:

F. INFECTION CONTROL ISSUES
PPD Status: ☐ Positive ☐ Negative ☐ Not known
Screening date:
Associated Infections/resistant organisms:
☐ MRSA Site:
☐ VRE Site:
☐ ESBL Site:
☐ MDRO Site:
☐ C-Diff Site:
☐ Other: Site:
Isolation Precautions: ☐ None
☐ Contact ☐ Droplet ☐ Airborne

***G. PATIENT RISK ALERTS**
☐ *None Known ☐ *Harm to self ☐ *Difficulty swallowing
☐ *Elopement ☐ *Harm to others ☐ *Seizures
☐ *Pressure Ulcers ☐ *Falls ☐ *Other:
RESTRAINTS: ☐ Yes ☐ No
Types:
Reasons for use:
ALLERGIES: ☐ None Known ☐ Yes, List below:
Latex Allergy: ☐ Yes ☐ No Dye Allergy/Reaction: ☐ Yes ☐ No

H. ADVANCE CARE PLANNING

I. TRANSFERRED FROM
Facility Name:
Date: Unit:
Phone: Fax:
Discharge Nurse: Phone:
Admit Date: Discharge Date:
Admit Time: AM ☐ PM ☐ Discharge Time: AM ☐ PM ☐

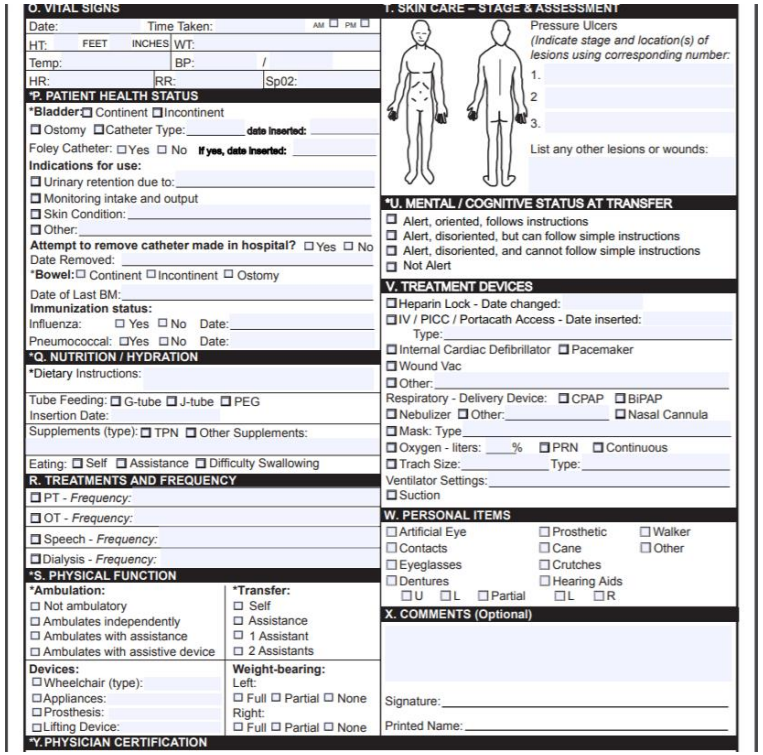
J. TRANSFERRED TO
Facility Name:
Address 1:
Address 2:
Phone: Fax:

K. PHYSICIAN CONTACTS
Primary Care Name:
Phone:
Hospitalist Name:
Phone:

L. TIME SENSITIVE CONDITION SPECIFIC INFORMATION
Medication due near time of transfer / list last time administered
Script sent for controlled substances (attached): ☐ Yes ☐ No
☐ Anticoagulants Date: Time: AM ☐ PM ☐
☐ Antibiotics Date: Time: AM ☐ PM ☐
☐ Insulin Date: Time: AM ☐ PM ☐
☐ Other: Date: Time: AM ☐ PM ☐
Has CHF diagnosis: ☐ Yes ☐ No
If yes; new/worsened CHF present on admission?
☐ Yes ☐ No
Last echocardiogram: Date: LVEF %
On a proton pump inhibitor? ☐ Yes ☐ No
If yes, was it for: ☐ In-hospital prophylaxis and can be discontinued
☐ Specific diagnosis:
On one or more antibiotics? ☐ Yes ☐ No
If yes, specify reason(s):
Any critical lab or diagnostic test pending at the time of discharge? ☐ Yes ☐ No
If yes, please list:

M. PAIN ASSESSMENT:
Pain Level (between 0 - 10):
Last administered: Date: Time: AM ☐ PM ☐

***N. FOLLOWING REPORTS ATTACHED**
☐ Physicians Orders ☐ Treatment Orders
☐ Discharge Summary ☐ Includes Wound Care



O. VITAL SIGNS
Date: Time Taken: AM ☐ PM ☐
HT: FEET INCHES WT:
Temp: BP: /
HR: RR: Sp02:

***P. PATIENT HEALTH STATUS**
***Bladder:** ☐ Continent ☐ Incontinent
☐ Ostomy ☐ Catheter Type: **date inserted:**
Foley Catheter: ☐ Yes ☐ No **If yes, date inserted:**
Indications for use:
☐ Urinary retention due to:
☐ Monitoring intake and output
☐ Skin Condition:
☐ Other:
Attempt to remove catheter made in hospital? ☐ Yes ☐ No
Date Removed:
***Bowel:** ☐ Continent ☐ Incontinent ☐ Ostomy
Date of Last BM:
Immunization status:
Influenza: ☐ Yes ☐ No Date:
Pneumococcal: ☐ Yes ☐ No Date:

***Q. NUTRITION / HYDRATION**
*Dietary Instructions:
Tube Feeding: ☐ G-tube ☐ J-tube ☐ PEG
Insertion Date:
Supplements (type): ☐ TPN ☐ Other Supplements:
Eating: ☐ Self ☐ Assistance ☐ Difficulty Swallowing

R. TREATMENTS AND FREQUENCY
☐ PT - *Frequency:*
☐ OT - *Frequency:*
☐ Speech - *Frequency:*
☐ Dialysis - *Frequency:*

***S. PHYSICAL FUNCTION**
***Ambulation:**
☐ Not ambulatory
☐ Ambulates independently
☐ Ambulates with assistance
☐ Ambulates with assistive device
***Transfer:**
☐ Self
☐ Assistance
☐ 1 Assistant
☐ 2 Assistants
Devices:
☐ Wheelchair (type):
☐ Appliances:
☐ Prosthesis:
☐ Lifting Device:
Weight-bearing:
Left:
☐ Full ☐ Partial ☐ None
Right:
☐ Full ☐ Partial ☐ None

Y. PHYSICIAN CERTIFICATION

T. SKIN CARE – STAGE & ASSESSMENT
Pressure Ulcers
(Indicate stage and location(s) of lesions using corresponding number:
1.
2.
3.
List any other lesions or wounds:

***U. MENTAL / COGNITIVE STATUS AT TRANSFER**
☐ Alert, oriented, follows instructions
☐ Alert, disoriented, but can follow simple instructions
☐ Alert, disoriented, and cannot follow simple instructions
☐ Not Alert

V. TREATMENT DEVICES
☐ Heparin Lock - Date changed:
☐ IV / PICC / Portacath Access - Date inserted:
Type:
☐ Internal Cardiac Defibrillator ☐ Pacemaker
☐ Wound Vac
☐ Other:
Respiratory - Delivery Device: ☐ CPAP ☐ BiPAP
☐ Nebulizer ☐ Other: ☐ Nasal Cannula
☐ Mask: Type
☐ Oxygen - liters: % ☐ PRN ☐ Continuous
☐ Trach Size: Type:
Ventilator Settings:
☐ Suction

W. PERSONAL ITEMS
☐ Artificial Eye ☐ Prosthetic ☐ Walker
☐ Contacts ☐ Cane ☐ Other
☐ Eyeglasses ☐ Crutches
☐ Dentures ☐ Hearing Aids
☐ U ☐ L ☐ Partial ☐ L ☐ R

X. COMMENTS (Optional)
Signature:
Printed Name:

Individual's that score high on the assessment will be asked to submit a completed 3008 form. *This is good news, most likely they will be able to move forward with the application process with the upcoming "release".*

Everyone else…

Annual Rescreening All individuals on the waitlist for SMMC LTC must have a 701S screening completed and recorded in CIRTS at least once every 13 months. The ADRC must also make up-to three telephone contact attempts followed by written correspondence as listed in paragraph three of the pervious section for individuals requiring an annual 701S rescreening.

Instructed to call if there is a "significant change", this means a 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.

Door # 2 ICP – Institutional Care Program

This is for an individual admitted to / or residing in a skilled nursing facility (aka:nursing home) who requires a long term stay.

Private Pay Rates range from $225 - $350 per day…..quickly exhausting $$ resources.

The long term stay, often referred to as custodial care in a nursing home setting, is triggered when "traditional" rehabilitation / therapy services days have ended under Medicare or the patients health plan.

If unable to return home safely or to coordinate a safe discharge plan, private pay rates become the patient responsibility. Medicaid eligible patients then become "Medicaid Pending" with an application submitted to DCF

Door #3

APS: Adult Protective Services

High Risk Referral

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- Who Should Report Abuse?»
  - What Information Do I Need to Provide for a Report?»
  - What Are My Rights?»
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Adult Protective Services

REPORT ADULT ABUSE - IT'S A CRIME!
Call: 1-800-962-2873 | Online at: ReportAbuse.dcf.state.fl.us»

MISSION: We are dedicated to protecting vulnerable adults from further abuse, neglect, exploitation, or self-neglect and enabling adults with disabilities to remain in the community.

Florida law requires the reporting of known or suspected abuse, neglect, exploitation, or self-neglect of vulnerable adults (elderly or disabled). the Florida Abuse Hotline receives reports 24 hours a day. call 1-800-962-2873 or 1-800-96-ABUSE. report online at https://reportabuse.dcf.state.fl.us». If you suspect or know of a vulnerable adult in immediate danger, call 911.

RESPONSIBILITIES:
PROTECTING VULNERABLE ADULTS»
SERVICES FOR PERSONS AGED 18-59 WITH DISABILITIES»

For more information about Services, please contact the APS Program in your area».

Regardless of the door you entered, to receive services under SMMC LTC, applicants must meet all the following criteria:

- Be legal Florida residents
- Be a minimum of 65 years of age OR be between 18 and 64 years old and designated as disabled by the Social Security Administration
- **Need "nursing facility level of care"**
- **Meet the financial requirements for Florida Medicaid**

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Many families often misunderstand exactly what the state means when they use **the term "nursing facility level of care."**

This does not necessarily mean that the care recipient requires nursing or skilled medical services. Florida uses a standardized in-person exam to understand the degree to which the applicant needs assistance or partial assistance to complete two or more of activities of daily living.

Examples include bathing, personal hygiene, eating, and mobility. In the case of Alzheimer's and dementia care patients who do not have any physical limitations, the state also recognizes the need for supervision of individuals who have several memory impairments.

Financial eligibility is complicated. The state considers both the applicant's income and assets.

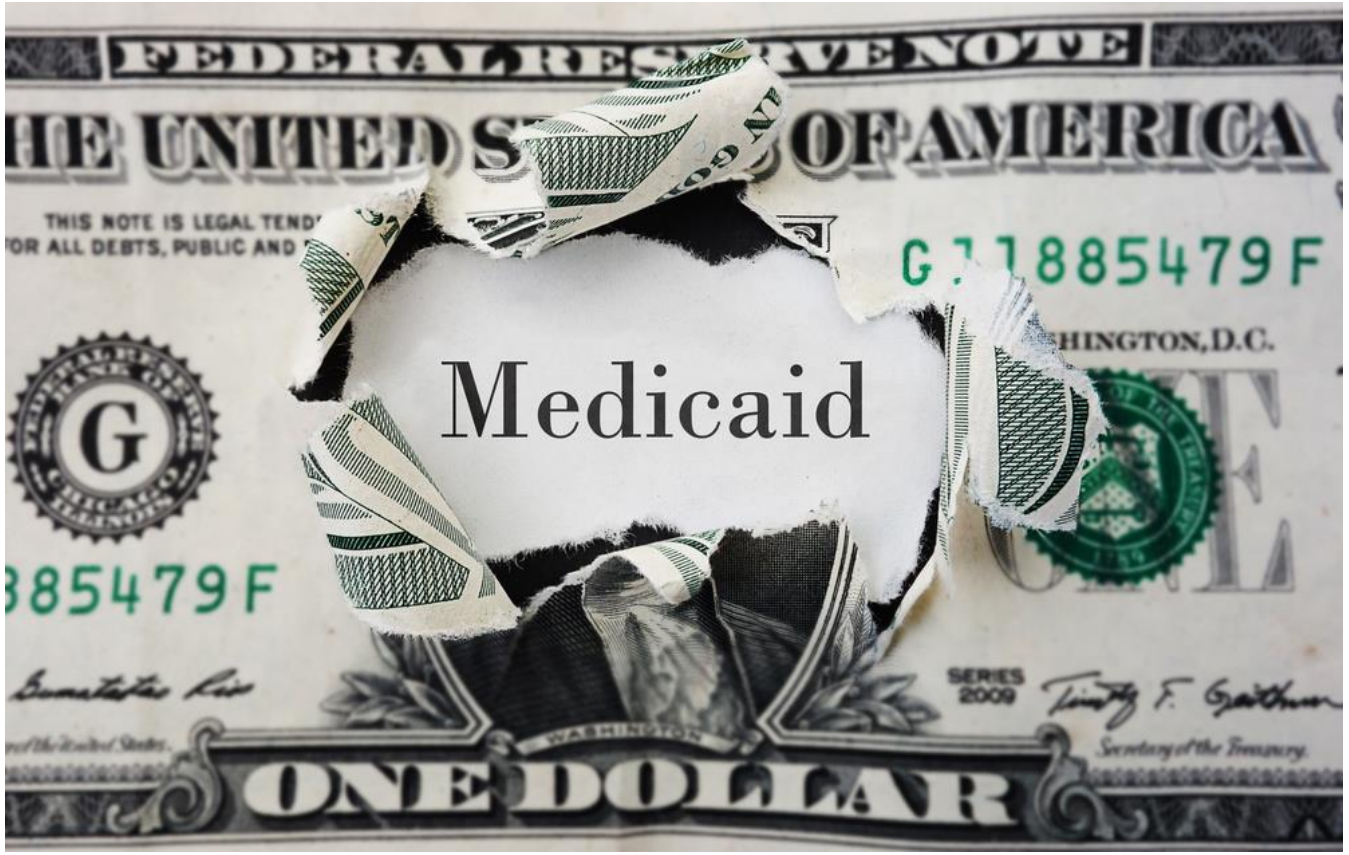
In 2019, the individual limit for an applicant is $2,313 per month. For couples, when both parties are applying, the joint income limit is $4,626 / month.

The asset limit for a single applicant is $2,000, and the limit for a married couple, with both spouses applying, is $3,000.

In situations where there is both an applicant spouse and a non-applicant spouse, different rules apply.

As of 2019, a non-applicant spouse can retain up to $126,420 of the couples joint assets. This is called the **community spouse resource allowance** and is also intended to prevent the healthy spouse from becoming impoverished.

Essentially being a dollar over these figure means you are ineligible and/or need to seek assistance with *Medicaid planning*.



Now consider the population making this Medicaid trek…….Aged 65 to 100+.

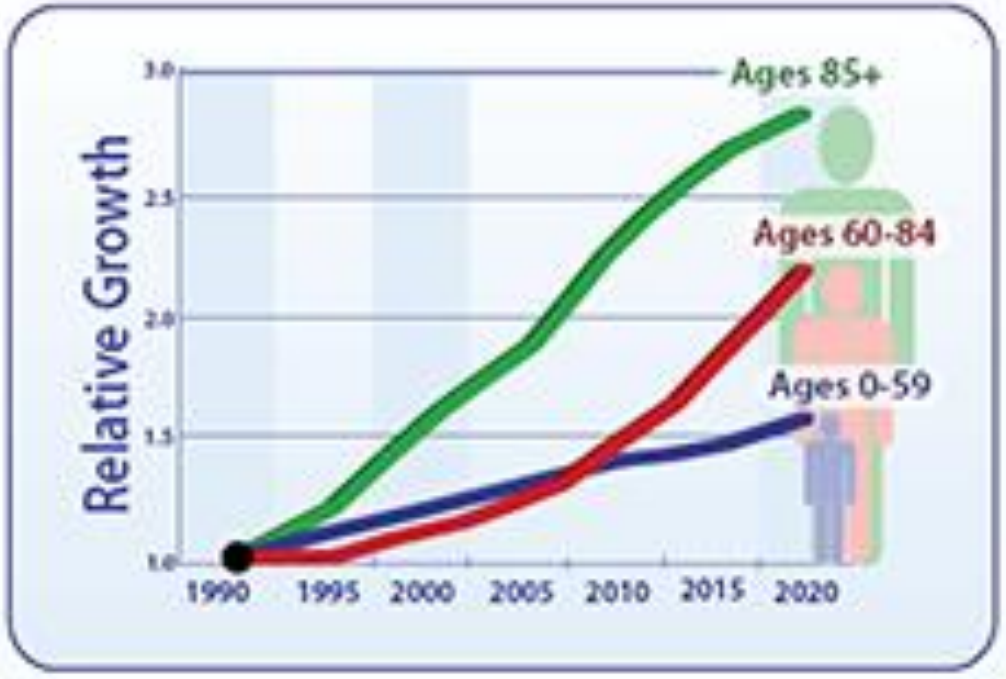
In a crisis situation?

Perhaps a gradual decline, diagnosed with Alzheimer's.

Family members out of state or no family at all.

Florida's Growth by Age Group 1990-2020

In the year 2010, the baby boomer population will begin turning 65.



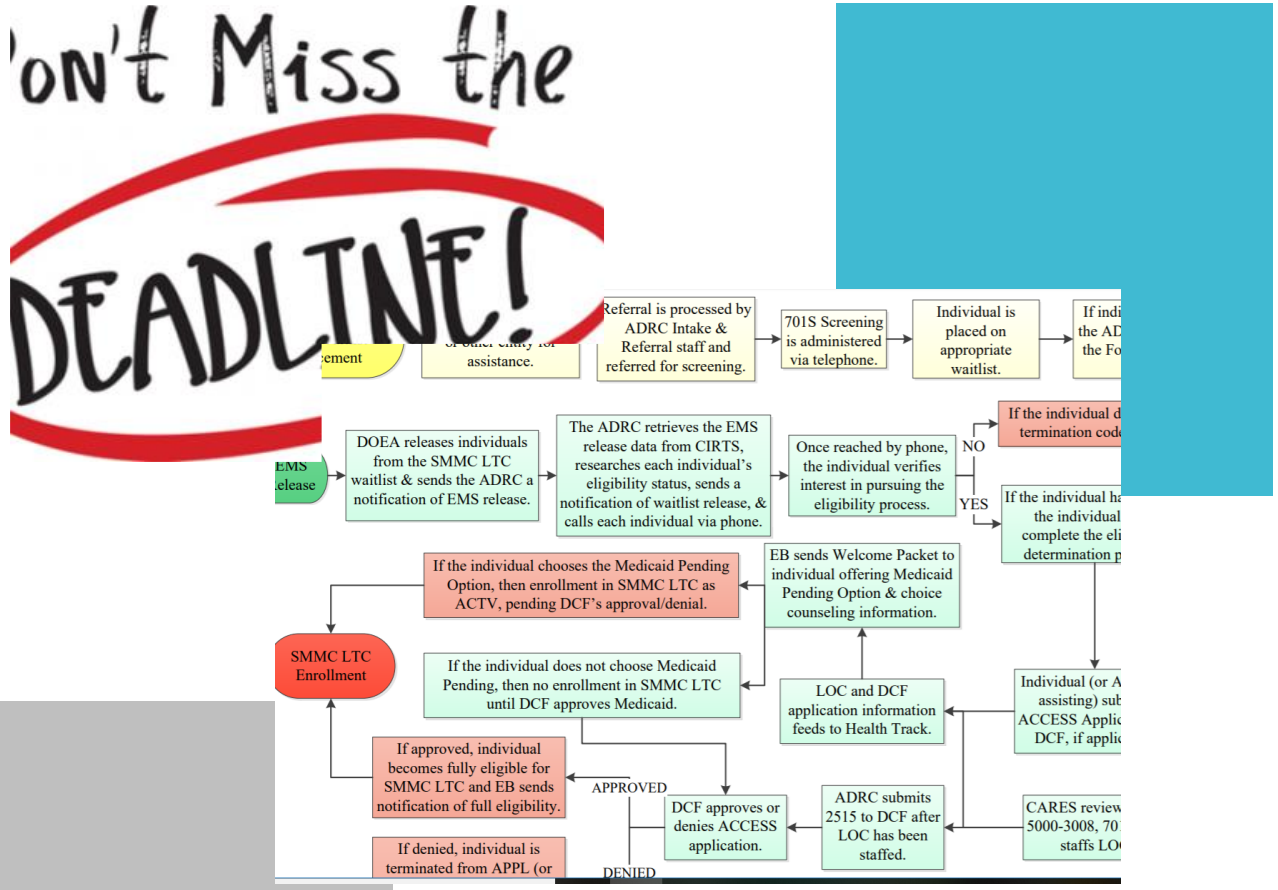
2007 Population by Age Group	
Age 0-59	14,631,951
Age 60-84	3,734,595
Age 85+	459,127

2020 Population by Age Group	
Age 0-59	16,897,436
Age 60-84	5,924,112
Age 85+	733,736

Sources: "Florida Census Day Population 1970-2020." Office of Economic and Demographic Research. The Florida Legislature. "2006 Population by Age Group." Office of Planning and Evaluation. Florida Department of Elder Affairs.

Whether "fast tracked" or in line for months, sometimes years before your name is "called off" the waitlist, the stop watch is now running!

Timelines, document requirements and multiple agencies are involved in the approval process. This is where folks can get stuck on the side of the road.



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NEXT TIME