

A Snapshot of the Florida Medicaid Long-term Care Program

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) program

- ❖ The Florida Medicaid program is in the process of implementing a new system through which Medicaid enrollees will receive long-term care services. This program is called the Statewide Medicaid Managed Care Long-term Care Program.
- ❖ The Long-term Care program is comprised of two types of health plans:
 - Health Maintenance Organizations (HMOs)
 - Provider Service Networks (PSNs)

Who is required to participate?

- ❖ Individuals are required to be enrolled in the Long-term Care Managed Care Program 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 disability AND need nursing facility level of care
 - Individuals enrolled in the Aged and Disabled Adult (A/DA) Waiver
 - Individuals who are enrolled in the Consumer-Directed Care Plus for individuals in the A/DA waiver
 - Individuals enrolled in the Assisted Living Waiver
 - Individuals enrolled in the Nursing Home Diversion Waiver
 - Individuals who are enrolled in the Frail Elder Option
 - Individuals enrolled in the Channeling Services Waiver.

Who is NOT required to Participate?

- ❖ Individuals who are enrolled in the following programs are NOT required to enroll, although they may enroll if they choose to:
 - Developmental Disabilities Waiver program
 - Traumatic Brain & Spinal Cord Injury (TBI) Waiver
 - Project AIDS Care (PAC) Waiver
 - Adult Cystic Fibrosis Waiver
 - Program of All-Inclusive Care for the Elderly (PACE)
 - Familial Dysautonomia Waiver
 - Model Waiver

What Services are provided under the Long-term Care program?

SMMC LTC Minimum Covered Services	
Adult companion care	Intermittent and skilled nursing
Adult day health care	Medical equipment and supplies
Assisted living	Medication administration
Assistive care services	Medication management
Attendant care	Nursing facility
Behavioral management	Nutritional assessment/ risk reduction
Care coordination/ Case management	Personal care
Caregiver training	Personal emergency response system
Home accessibility adaptation	Respite care
Home-delivered meals	Therapies, occupational, physical, respiratory and speech
Homemaker	Transportation, Non-emergency
Hospice	

What providers will be included in the Long-term Care plans?

- ❖ Long-term Care managed care plans may limit the providers in their networks based on credentials, quality indicators, and price – But they must include a minimum number of all of the providers listed in the chart below.
- ❖ In addition, Long-term Care managed care plans must offer initial contracts to certain providers within their region, including: nursing facilities, hospices and aging network services providers in their region.

SMMC LTC Minimum Network Providers	
Adult day care centers	Homemaker and companion services
Adult family-care homes	Hospices
Assisted living facilities	Community care for the elderly lead agencies
Health care service pools	Nurse registries
Home health agencies	Nursing home

- ❖ Other qualified providers under the LTC program include: Alarm System Contractors, Case Managers and Case Management agencies, Centers for Independent Living, Clinical Social Workers, Community Mental Health Centers, Community Transportation Coordinators, Dietician/ Nutrition Counselors, Homemaker/ Companion Agencies, Durable Medical Equipment and Home Medical Equipment providers, Licensed Practical Nurses, Mental Health Counselors, Occupational, Physical, Respiratory and Speech Therapists, Psychologists and Registered Nurses.
- ❖ Plans must have a sufficient provider network to serve the needs of their plan enrollees.

When will the Long-term Care program begin?

- ❖ The Long-term Care Program will be implemented on a regional basis, for the first region enrolling on August 1, 2013 and the final region enrolling on March 1, 2014.



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What Region am I in?

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

When will I be notified and be required to enroll?

Region	First Notification letter	Final Notification Letter	Date Enrolled in LTC Plans
1	11/1/2013	1/20/2014	3/1/2014
2	7/1/2013	9/16/2013	11/1/2013
3	11/1/2013	1/20/2014	3/1/2014
4	11/1/2013	1/20/2014	3/1/2014
5	10/1/2013	12/16/2013	2/1/2014
6	10/1/2013	12/16/2013	2/1/2014
7	4/1/2013	6/24/2013	8/1/2013
8	5/1/2013	7/22/2013	9/1/2013
9	5/1/2013	7/22/2013	9/1/2013
10	7/1/2013	9/16/2013	11/1/2013
11	8/1/2013	10/21/2013	12/1/2013

What do I have to do to choose a Long-term Care plan?

- ❖ Prior to implementation in your region, you will receive plan selection materials from the choice counselor by mail. The dates for these mailings are listed above.
- ❖ All Medicaid recipients receiving services in a nursing facility, or through the Nursing Home Diversion Waiver, Aged and Disabled Adult Waiver, Assisted Living Waiver, Channeling Waiver, or the Frail Elder Option will have the opportunity to receive choice counseling prior to enrollment into the Long-term Care program.
- ❖ If a recipient is currently receiving services from a LTC health plan that will also be a long-term care health plan in the region where the recipient resides, the recipient can choose to remain with the original plan, or the recipient can choose to enroll with a different plan.
- ❖ A counselor will assist you in selecting the plan in your region that best meets your needs.
- ❖ You can request an in person visit from a Choice Counselor as well.
- ❖ The Aging and Disability Resource Center (ADRC) is also available to assist with any questions you may have.

What Long-term Care Plans are available in my Region?

	American Elder Care	Ameri-group	Coventry	Humana	Molina	Sunshine	United
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

Can I change health plans once I make a selection?

- ❖ Recipients are encouraged to work with their choice counselor to choose the managed care plan that best meets their needs.
- ❖ After joining a plan, the recipient has 90 days to change to another plan offered within their region.
- ❖ After the 90-day deadline, recipients may only change plans for “good cause” reasons.
- ❖ After the initial 12-month period, recipients may change plans during an open enrollment period.

Will my health plan continue the services I am receiving now?

- ❖ The new plan is required to continue existing services unabated for up to 60 days, OR until the recipient receives a comprehensive assessment and a new plan of care is developed.

Where can I find additional information on this program?

- ❖ Information on the plans available in each region and on how to choose a health plan will be available on the Choice Counseling website ahead of when recipients will need to make a choice: www.flmedicaidmanagedcare.com.
- ❖ Questions about the program can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- ❖ Updates about the Statewide Medicaid Managed Care program are posted at: <http://ahca.myflorida.com/SMMC>
- ❖ Keep up to date on information by signing up to receive program updates by visiting the SMMC website through the following link <http://ahca.myflorida.com/SMMC> and clicking the red “Sign Up for Program Updates” box on the right hand side of the page.