1 A bill to be entitled
2 An act relating to long-term care prioritization;
3 amending s. 409.962, F.S.; defining terms; amending s.
4 409.979, F.S.; providing a process for waitlist
5 prioritization and enrollment in the long-term care
6 managed care program; requiring the Agency for Health
7 Care Administration and the Department of Elderly
8 Affairs to implement a screening and prioritization
9 process; requiring the department to send written
10 correspondence under certain circumstances;
11 authorizing the department to terminate an individual
12 from the waitlist under certain circumstances;
13 requiring individuals to be financially and clinically
14 eligible before enrollment in the program; providing
15 exemptions from the screening or waitlist process;
16 providing an effective date.
17
18 Be It Enacted by the Legislature of the State of Florida:
19
20 Section 1. Section 409.962, Florida Statutes, is amended
21 to read:
22 409.962 Definitions.—As used in this part, except as
23 otherwise specifically provided, the term:
24 (1) "Accountable care organization" means an entity
25 qualified as an accountable care organization in accordance with
26 federal regulations, and which meets the requirements of a

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27 provider service network as described in s. 409.912(2).
28 (2) "Agency" means the Agency for Health Care
29 Administration.
30 (3) "Aging network service provider" means a provider that
31 participated in a home and community-based waiver administered
32 by the Department of Elderly Affairs or the community care
33 service system pursuant to s. 430.205 as of October 1, 2013.
34 <u>(4) "APPL" means the assessed priority pipeline list,</u>
35 <u>maintained by the Department of Elderly Affairs, which lists</u>
36 <u>individuals who have been released from the waitlist for</u>
37 <u>potential enrollment in the long-term care managed care program.</u>
38 <u>(5) "Authorized or designated representative" means an</u>
39 <u>individual who has the legal authority to make decisions on</u>
40 <u>behalf of a Medicaid enrollee or potential Medicaid enrollee in</u>
41 <u>matters related to the screening process, the eligibility</u>
42 <u>process, or the managed care plan.</u>
43 <u>(6)</u>~~(4)~~ "Comprehensive long-term care plan" means a managed
44 care plan, including a Medicare Advantage Special Needs Plan
45 organized as a preferred provider organization, provider-
46 sponsored organization, health maintenance organization, or
47 coordinated care plan, <u>which</u> ~~that~~ provides services described in
48 s. 409.973 and also provides the services described in s.
49 409.98.
50 <u>(7)</u>~~(5)~~ "Department" means the Department of Children and
51 Families.
52 <u>(8)</u>~~(6)~~ "Eligible plan" means a health insurer authorized

53 under chapter 624, an exclusive provider organization authorized
54 under chapter 627, a health maintenance organization authorized
55 under chapter 641, or a provider service network authorized
56 under s. 409.912(2) or an accountable care organization
57 authorized under federal law. For purposes of the managed
58 medical assistance program, the term also includes the
59 Children's Medical Services Network authorized under chapter 391
60 and entities qualified under 42 C.F.R. part 422 as Medicare
61 Advantage Preferred Provider Organizations, Medicare Advantage
62 Provider-sponsored Organizations, Medicare Advantage Health
63 Maintenance Organizations, Medicare Advantage Coordinated Care
64 Plans, and Medicare Advantage Special Needs Plans, and the
65 Program of All-inclusive Care for the Elderly.
66 (9) ~~(7)~~ "Long-term care plan" means a managed care plan
67 that provides the services described in s. 409.98 for the long-
68 term care managed care program.
69 (10) ~~(8)~~ "Long-term care provider service network" means a
70 provider service network a controlling interest of which is
71 owned by one or more licensed nursing homes, assisted living
72 facilities with 17 or more beds, home health agencies, community
73 care for the elderly lead agencies, or hospices.
74 (11) ~~(9)~~ "Managed care plan" means an eligible plan under
75 contract with the agency to provide services in the Medicaid
76 program.
77 (12) ~~(10)~~ "Medicaid" means the medical assistance program
78 authorized by Title XIX of the Social Security Act, 42 U.S.C.

79 ss. 1396 et seq., and regulations thereunder, as administered in
80 this state by the agency.
81 (13) ~~(11)~~ "Medicaid recipient" or "recipient" means an
82 individual who the department or, for Supplemental Security
83 Income, the Social Security Administration determines is
84 eligible pursuant to federal and state law to receive medical
85 assistance and related services for which the agency may make
86 payments under the Medicaid program. For the purposes of
87 determining third-party liability, the term includes an
88 individual formerly determined to be eligible for Medicaid, an
89 individual who has received medical assistance under the
90 Medicaid program, or an individual on whose behalf Medicaid has
91 become obligated.
92 (14) ~~(12)~~ "Prepaid plan" means a managed care plan that is
93 licensed or certified as a risk-bearing entity, or qualified
94 pursuant to s. 409.912(2), in the state and is paid a
95 prospective per-member, per-month payment by the agency.
96 (15) "Priority score" means a number that indicates an
97 individual's need for services and that is used to prioritize an
98 individual's enrollment in the long-term care managed care
99 program.
100 (16) ~~(13)~~ "Provider service network" means an entity
101 qualified pursuant to s. 409.912(2) of which a controlling
102 interest is owned by a health care provider, or group of
103 affiliated providers, or a public agency or entity that delivers
104 health services. Health care providers include Florida-licensed

105 health care professionals or licensed health care facilities,
106 federally qualified health care centers, and home health care
107 agencies.
108 (17) "Rescreening" means the use of a screening tool by
109 staff of the Department of Elderly Affairs to conduct a
110 recurring annual screening of an individual or a screening due
111 to a significant change in the individual's condition. The
112 Department of Elderly Affairs shall conduct the annual screening
113 within 13 months after the previous screening.
114 (18) "Screening" means the use of a screening tool by
115 Department of Elderly Affairs staff for initial screenings,
116 which must occur prior to placement on the waitlist.
117 (19) "Significant change in the individual's condition"
118 means, in relation to screening or rescreening for long-term
119 care services, a change in the individual's health status after
120 an accident or illness; a change in his or her living situation;
121 a change in his or her caregiver relationship; the loss, damage,
122 or deterioration of his or her home environment; or the loss of
123 his or her spouse or caregiver.
124 (20) ~~(14)~~ "Specialty plan" means a managed care plan that
125 serves Medicaid recipients who meet specified criteria based on
126 age, medical condition, or diagnosis.
127 (21) "Waitlist" means the statewide assessed priority
128 consumer list, maintained by the Department of Elderly Affairs,
129 which lists in priority order individuals who have completed the
130 scoring and placement process before enrollment in the home and

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131 community-based services portion of the long-term care managed
132 care program.
133 Section 2. Subsection (3) of section 409.979, Florida
134 Statutes, is amended, and subsections (4) through (10) are added
135 to that section, to read:
136 409.979 Eligibility.—
137 (3) The Department of Elderly Affairs shall prioritize
138 individuals for enrollment in the long-term care managed care
139 program using a frailty-based screening that provides a priority
140 score that is used to place individuals on the waitlist. The
141 Department of Elderly Affairs shall make offers for enrollment
142 to eligible individuals based on the assigned priority score ~~a~~
143 ~~wait-list prioritization~~ and subject to the availability of
144 funds. Before making enrollment offers, the department must
145 ~~shall~~ determine that sufficient funds exist to support
146 additional enrollment into plans.
147 (4) The Department of Elderly Affairs shall maintain the
148 waitlist, which is the only waitlist for the long-term care
149 managed care program and, with the agency, may limit enrollment
150 in the program so as not to exceed:
151 (a) The number of Medicaid recipients who may be enrolled,
152 or who are projected to be enrolled, in the long-term care
153 managed care program under the total long-term care managed care
154 program allocation in the General Appropriations Act.
155 (b) The available funding to serve the total number of
156 individuals on the APPL.

157 (5) A person certified by the Department of Elderly
158 Affairs shall complete the screening for each individual
159 requesting enrollment in the long-term care managed care
160 program. The individual requesting long-term care services, or
161 the individual's authorized or designated representative, must
162 participate in an initial screening. The screening must be
163 completed in its entirety before an individual may be placed on
164 the waitlist for the program.
165 (6) The Department of Elderly Affairs shall generate a
166 priority score upon completion of the screening, which shall be
167 used to prioritize an individual's order of enrollment into the
168 program. Upon completion of the scoring and waitlist placement
169 process, the Department of Elderly Affairs shall provide the
170 individual, or his or her authorized or designated
171 representative, with notification of waitlist placement and
172 shall make publicly available on its website the specific
173 methodology used to calculate an individual's priority score.
174 The individual, or his or her authorized or designated
175 representative, may request a rescreening due to a significant
176 change in the individual's condition. The Department of Elderly
177 Affairs shall perform a rescreening annually so that an
178 individual may remain on the waitlist.
179 (7) If the Department of Elderly Affairs is unable to
180 contact the individual to schedule an initial screening, a
181 significant change rescreening, or an annual rescreening, it
182 shall send written correspondence to the last documented address

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183 of the individual or to the authorized or designated
184 representative listed for that individual. The written
185 correspondence shall request that the individual contact the
186 Department of Elderly Affairs within 10 business days after the
187 date of the notice and notify the individual that he or she may
188 be terminated from the screening process or waitlist due to the
189 Department of Elderly Affairs' inability to successfully make
190 contact and perform the screening or rescreening.
191 (8) The Department of Elderly Affairs may terminate an
192 individual from the waitlist if he or she meets any of the
193 following criteria:
194 (a) Does not have a current priority score.
195 (b) Wishes to be removed from the waitlist.
196 (c) Does not keep an appointment to complete the
197 rescreening without rescheduling beforehand.
198 (d) Is no longer eligible to receive services because he
199 or she has not completed or met clinical or financial
200 eligibility requirements.
201 (e) Begins the eligibility process for the long-term care
202 managed care program.
203 (f) Begins receiving home and community-based services
204 through the long-term care managed care program.
205 (9) Before enrollment in the program, individuals must be
206 determined financially and clinically eligible. The Department
207 of Elderly Affairs shall determine clinical eligibility, and the
208 Department of Children and Families shall determine financial

209 eligibility, for Medicaid pursuant to s. 409.919.
210 (10) The following individuals have priority for
211 enrollment in the long-term care managed care program and are
212 exempt from participating in the screening or waitlist process
213 if all other program eligibility requirements are met:
214 (a) Individuals who are at least 18 years, but younger
215 than 21 years, of age who have chronic debilitating diseases or
216 conditions of one or more physiological or organ systems which
217 generally make them dependent on 24-hour-a-day medical, nursing,
218 or health supervision or intervention.
219 (b) Individuals determined to be at high risk and referred
220 by the adult protective services program within the Department
221 of Children and Families.
222 (c) Nursing facility residents who wish to transition into
223 the community and who have resided in a skilled nursing facility
224 licensed in this state for at least 60 consecutive days.
225 Section 3. This act shall take effect July 1, 2016.