Florida Senate - 2004

By Senator Fasano

11-1441-04 A bill to be entitled 1 2 An act relating to long-term care; amending s. 430.205, F.S.; requiring the Department of 3 4 Elderly Affairs to develop a model service 5 system to transfer services provided to persons 6 60 years of age or older into a managed, 7 integrated long-term-care delivery system; requiring the service system to be supervised 8 9 by a single resource center on aging in each 10 service area; providing responsibilities for a 11 resource center on aging; directing the 12 department to supervise each resource center on 13 aging; requiring a local service area choosing to become a model service area to submit a 14 request for approval from the department; 15 16 setting a deadline for applications for approval; establishing criteria for 17 departmental approvals; establishing duties of 18 19 service providers in the model service area; authorizing the department and the Agency for 20 21 Health Care Administration to develop 22 capitation rates for certain long-term-care 23 service packages; authorizing future 24 negotiations for additional capitation rates; directing the department to conduct or contract 25 for an evaluation of the model delivery system; 26 27 requiring the evaluation to report on 2.8 integrating additional services into the model 29 delivery system; requiring the evaluation 30 report to be submitted to the Governor and 31

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1 Legislature by a certain date; providing an 2 effective date. 3 Be It Enacted by the Legislature of the State of Florida: 4 5 б Section 1. Subsection (6) of section 430.205, Florida 7 Statutes, is amended to read: 430.205 Community care service system.--8 9 (6) Notwithstanding other requirements of this 10 chapter, the department of Elderly Affairs and the Agency for 11 Health Care Administration shall develop a model system to transfer transition all state-funded services for elderly 12 individuals in model one of the department's planning and 13 service areas to a managed, integrated long-term-care delivery 14 system under the direction of a single resource center on 15 aging in each area. The Agency for Health Care Administration 16 17 shall assist the department in developing the model system 18 described in this subsection entity. 19 (a) The resource center on aging shall act as the single point of entry in each designated area for persons 60 20 21 years of age or older who seek a service listed in paragraph 22 (b). Each resource center on aging must integrate the staff of the department's local CARES Medicaid nursing home 23 24 preadmission screening unit, sufficient staff from the Department of Children and Family Services' Economic Self 25 Sufficiency unit as necessary to determine the financial 26 27 eligibility for a person 60 years of age or older who seeks 28 Medicaid services in the designated area, and the staff of the 29 local area agency on aging. The resource center on aging 30 shall: 31

1	1. Provide an initial screening for any person who
2	requests a service through the resource center on aging to
3	determine if the person is more appropriately served through a
4	federally-funded, state-funded, or locally-funded program, or
5	through a community volunteer program or by paying for his or
6	her own service.
7	2. Provide information and referral service for
8	community resources and state-funded, long-term-care programs.
9	3. Develop strong community partnerships necessary to
10	ensure that a person seeking assistance will receive the
11	service that meets his or her need with the least difficulty
12	or confusion.
13	4. Develop referral agreements with local community
14	service organizations, such as senior centers, to better
15	assist a person who does not need or does not choose to enroll
16	in a state-funded, long-term-care program.
17	5. Determine eligibility for the programs and services
18	listed in paragraph (b).
19	6. Manage the availability of financial resources for
20	the programs and services listed in paragraph (b).
21	7. When appropriate, negotiate contracts with
22	providers for services that are administered by the resource
23	center on aging.
24	8. If financial resources become available, refer a
25	person to the most appropriate entity to begin receiving
26	services.
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28	The department shall supervise the administrative operations
29	of each authorized resource center on aging. The department
30	shall, by rule or through contract, develop quality assurance
31	standards and outcome measures to ensure that a person

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1 receiving service through a model system is receiving the appropriate care that he or she requires and that each 2 3 contractor and subcontractor complies with contract terms and acts in the best interests of the persons being served. The 4 5 duties of the model system shall include organizing and 6 administering service delivery for the elderly, obtaining 7 contracts for services with providers in the area, monitoring 8 the quality of services provided, determining levels of need and disability for payment purposes, and other activities 9 10 determined by the department and the agency in order to 11 operate the model system. 12 (b) The department must ensure that any person 60 years of age or older who receives a service listed in this 13 paragraph is screened and enrolled through the resource center 14 on aging. The programs and services administered through the 15 resource center on aging agency and the department shall 16 integrate all funding for services to individuals over the age 17 of 65 in the model planning and service areas into a single 18 19 per-person per-month payment rate, except that funds for Medicaid behavioral health care services are exempt from this 20 21 section. The funds to be integrated shall include: 22 Services to provide community care for the elderly 1. 23 Community-care-for-the-elderly funds; 24 2. Services to provide home care for the elderly 25 Home-care-for-the-elderly funds; 26 3. Local services programs program funds; 27 Services for the aged and disabled under the 4. Medicaid waiver program Contracted services funds; 28 29 5. Assisted-living services for the frail elderly 30 under the Medicaid waiver program; and Alzheimer's disease 31 initiative funds;

1 6. Services provided under the Older Americans Act. 2 Medicaid home and community-based waiver services funds; 3 7. Funds for all Medicaid services authorized in ss. 409.905 and 409.906, including Medicaid nursing home services; 4 5 and 6 8. Funds paid for Medicare premiums, coinsurance and 7 deductibles for persons dually eligible for Medicaid and 8 Medicare as prescribed in s. 409.908(13). 9 10 The department and the agency may shall not make payments for 11 services for the listed services for a person residing in a model area people age 65 and older except through the model 12 13 delivery system. 14 (c) The entity selected to administer the model system shall develop a comprehensive health and long-term-care 15 service delivery system through contracts with providers of 16 17 medical, social, and long-term-care services sufficient to 18 meet the needs of the population age 65 and older. The entity 19 selected to administer the model system shall not directly 20 provide services other than intake, assessment, and referral 21 services. 22 (c) (d) The department shall publicize to the statewide 23 elder services network the benefits of using a model delivery 24 system. A local area that chooses to transfer to a model 25 delivery system must submit a request for approval to the department. The department may set a deadline by which a 26 27 request for approval must be submitted. However, the deadline may not extend beyond January 1, 2005. determine which of the 28 29 department's planning and services areas is to be designated 30 as a model area by means of a request for proposals. The 31 department shall review all requests and select the an area or 5

1 areas to be designated as a model area, and the entity to 2 administer the model system based on demonstration of capacity 3 of the local area agency on aging to effectively assist a resource center on aging to perform the functions described in 4 5 paragraph (a) and the ability of the service providers in the 6 designated area to perform the functions described in 7 paragraph (d).entity to: 8 1. Develop contracts with providers currently under 9 contract with the department, area agencies on aging, or 10 community-care-for-the-elderly lead agencies; 11 2. Provide a comprehensive system of appropriate medical and long-term-care services that provides high-quality 12 medical and social services to assist older individuals in 13 remaining in the least restrictive setting; 14 15 3. Demonstrate a quality assurance and quality 16 improvement system satisfactory to the department and the 17 agency; 18 4. Develop a system to identify participants who have 19 special health care needs such as polypharmacy, mental health 20 and substance abuse problems, falls, chronic pain, nutritional 21 deficits, and cognitive deficits, in order to respond to and meet these needs; 22 23 5. Use a multidisciplinary team approach to 24 participant management which ensures that information is 25 shared among providers responsible for delivering care to a participant; 26 27 6. Ensure medical oversight of care plans and service 28 delivery, regular medical evaluation of care plans, and the 29 availability of medical consultation for case managers and

30 service coordinators;

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1 7. Develop, monitor, and enforce quality-of-care 2 requirements; 3 8. Secure subcontracts with providers of medical, nursing home, and community-based long-term-care services 4 5 sufficient to assure access to and choice of providers; 6 9. Ensure a system of case management and service 7 coordination which includes educational and training standards 8 for case managers and service coordinators; 9 10. Develop a business plan that considers the ability 10 of the applicant to organize and operate a risk-bearing 11 entity; 11. Furnish evidence of adequate liability insurance 12 coverage or an adequate plan of self-insurance to respond to 13 claims for injuries arising out of the furnishing of health 14 care; and 15 12. Provide, through contract or otherwise, for 16 periodic review of its medical facilities as required by the 17 18 department and the agency. 19 The department shall give preference in selecting an area to 20 21 be designated as a model area to that in which the administering entity is an existing area agency on aging or 22 community-care-for-the-elderly lead agency demonstrating the 23 24 ability to perform the functions described in this paragraph. (d) Each service provider in a model area shall: 25 26 Develop strong community partnerships necessary to 1. 27 ensure that a person seeking assistance will receive the service that meets his or her needs with the least difficulty 28 29 or confusion. 30 31

1 2. Conduct a comprehensive assessment of each person 2 who has been determined eligible and develop a care plan to 3 ensure that the needs of the person are met. Coordinate or provide each service listed in 4 3. 5 paragraph (b) which is needed by the person. 6 (e) The department in consultation with the selected 7 entity shall develop a statewide proposal reqarding the 8 long-term use and structure of a program that addresses a risk pool to reduce financial risk. 9 10 (e)(f) Prior to implementing the project, the 11 department and the agency are encouraged to shall develop capitation rates for service packages based on the historical 12 cost experience of the state in providing the services listed 13 in paragraph (b) to persons 60 years of age or older in each 14 model area. The department shall pay the service providers the 15 16 capitated rates for service packages when appropriate. The 17 department and the agency may develop capitated rates for each program administered by the resource center on aging. The 18 19 department and the agency may also develop a capitated rate for case management services which is separate from the 20 21 capitated rate for the direct service packages. Each capitated rate may vary between counties and model areas acute and 22 long-term-care services to the population over 65 years of age 23 24 in the area served. 25 26 Capitated payment rates for service packages that are not 27 developed before implementing the model delivery system may be 28 negotiated in future years 29 1. Payment rates in the first 2 years of operation 30 shall be set at no more than 100 percent of the costs to the 31 state of providing equivalent services to the population of 8

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1 the model area for the year prior to the year in which the model system is implemented, adjusted forward to account for 2 3 inflation and population growth. In subsequent years, the rate shall be negotiated based on the cost experience of the model 4 5 system in providing contracted services, but may not exceed 95 6 percent of the amount that would have been paid by the state 7 for those same services in each model in the model planning 8 and service area absent the model integrated service delivery 9 system. 10 2. The agency and the department may develop 11 innovative risk-sharing agreements that limit the level of custodial nursing home risk that the administering entity 12 assumes, consistent with the intent of the Legislature to 13 reduce the use and cost of nursing home care. Under 14 risk-sharing arrangements, the agency and the department may 15 reimburse the administering entity for the cost of providing 16 17 nursing home care for Medicaid-eligible participants who have 18 been permanently placed and remain in nursing home care for 19 more than 1 year. 20 (g) The department and the Agency for Health Care 21 Administration shall seek federal waivers necessary to 22 implement the requirements of this section. 23 (h) The Department of Children and Family Services 24 shall develop a streamlined and simplified eligibility system and shall outstation a sufficient number and quality of 25 eligibility-determination staff with the administering entity 26 27 to assure determination of Medicaid eliqibility for the 28 integrated service delivery system in the model planning and 29 service area within 10 days after receipt of a complete 30 application. 31

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1	(i) The Department of Elderly Affairs shall make
2	arrangements to outstation a sufficient number of nursing home
3	preadmission screening staff with the administering entity to
4	assure timely assessment of level of need for long-term-care
5	services in the model area.
6	<u>(f)</u> The department of Elderly Affairs shall conduct
7	or contract for an evaluation of the model delivery system
8	pilot project . The department shall submit the evaluation to
9	the Governor and the Legislature by January 1, 2006 2005 . The
10	evaluation must address the effects of the pilot project on
11	the effectiveness of each resource center on aging and the
12	agencies with which it contracts in providing the entity
13	providing a comprehensive system of appropriate and
14	high-quality <u>managed and integrated</u> medical and long-term-care
15	services to elders in the least restrictive setting and in the
16	most cost-effective manner possible. If the evaluation
17	determines that the model delivery system is successful in
18	meeting its stated goals, the evaluation must include, or be
19	accompanied by, a plan to expand the model delivery system to
20	additional long-term-care services and to expand the model
21	delivery system to other areas of the state which may benefit
22	from the system. The plan must address the feasibility of
23	integrating the following services into the model system
24	beginning July 1, 2006:
25	1. Contracted services;
26	2. Services for an Alzheimer's disease initiative;
27	3. Services for a long-term-care community diversion
28	project;
29	4. Nursing home services for Medicaid recipients;
30	5. Transportation services for Medicaid recipients;
31	6. Hospice care services for Medicaid recipients;
⊥٤	b. Hospice care services for Medicaid recipients;

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1	7. Intermediate care services for Medicaid recipients;
2	8. Prescribed drug services for Medicaid recipients;
3	and
4	9. Assistive care services for Medicaid recipients.
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6	The plan must also address the appropriateness of integrating
7	the state's Medicaid waivers into fewer programs that serve a
8	broader population of persons 60 years of age or older. make
9	recommendations on a phased-in implementation expansion for
10	the rest of the state.
11	Section 2. This act shall take effect July 1, 2004.
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14	SENATE SUMMARY
15	Requires the Department of Elderly Affairs to develop a
16	model service system to transfer the services provided to persons 60 years of age or older into a managed, integrated long-term-gare delivery system. Beguirog the
17	integrated, long-term-care delivery system. Requires the service system to be supervised by a single resource center on aging in each service area. Provides
18	responsibilities for a resource center on aging. Requires a local service area choosing to become a model service
19	area to submit a request for approval from the department. Establishes criteria for departmental
20	approvals. Provides duties of service providers in the model service area. Authorizes the department and the
21	Agency for Health Care Administration to develop capitation rates for service packages. Directs the
22	department to conduct or contract for an evaluation of the model delivery system. Requires the evaluation report
23	to be submitted to the Governor and the Legislature by a certain date.
24	Certain date.
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