HB 0887 2004 A bill to be entitled

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An act relating to the aging resource center; amending s. 430.205, F.S.; revising the development requirements of the community care service system; requiring the Department of Elderly Affairs to provide for transitioning certain elder services to a certain long-term care delivery system under the direction of an aging resource center; providing that the center shall be the entry point for service for certain persons; providing for staffing of the center; providing duties and responsibilities of the center; establishing administrative oversight with the department; requiring the department to establish quality assurance standards and outcome measures; requiring the department to ensure screening and enrollment of certain persons at such centers; providing a screening and enrollment process; specifying programs and services offered at centers; limiting payments for services for certain persons; revising administration of the model program; requiring the department to publicize certain model system benefits to the statewide elder services network; requiring proposals to be submitted for transition; providing that the department may set a deadline for such proposals; requiring the department to review all proposals and select the areas to designate as model areas; providing criteria; redistributing duties and responsibilities to the aging resource center; deleting certain model area requirements; providing duties and responsibilities of service providers; providing for elective development of capitation rates; removing certain

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restrictions; removing authority to develop risk-sharing agreements; deleting requirement to seek federal waivers; deleting requirement to develop an eligibility system; deleting requirement to outstation certain nursing home staff; extending the date for submitting an evaluation; revising the contents of said evaluation; providing for possible expansion of the program; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Subsection (6) of section 430.205, Florida Statutes, is amended to read:

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430.205 Community care service system.--

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the department of Elderly Affairs and the Agency for Health Care

Administration shall develop a model system to transition all

state-funded services for elderly individuals in model one of

Notwithstanding other requirements of this chapter,

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the department's planning and service areas to a managed,

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integrated long-term-care delivery system under the direction of

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Health Care Administration shall assist the department in

a single aging resource center in each area. The Agency for

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developing the model system described in this subsection entity.

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(a)

point of entry for all persons age 60 and older in each

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designated area who are seeking the services listed in paragraph

The aging resource center shall act as the single

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(b). The aging resource center shall integrate the staff of the

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department's local CARES Medicaid nursing home preadmission

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screening unit, a sufficient number of staff from the Department

of Children and Family Services Economic Self-Sufficiency
Services Program Office necessary to determine the financial
eligibility for all persons age 60 and older seeking Medicaid
services in each designated area, and the staff of the local
area agency on aging. The duties and responsibilities of the
aging resource center shall be to:

- 1. Provide an initial screening of each client who requests services through the aging resource center to determine whether the person would be most appropriately served through federally funded programs, state-funded programs, or locally funded or community volunteer programs, or by privately paying for the services.
- 2. Provide information and referral services for community resources and state-funded long-term-care programs.
- 3. Develop strong community partnerships necessary to ensure that elders seeking assistance will receive services that meet their needs with the least amount of strain and confusion possible.
- 4. Develop referral agreements with local community service organizations, such as senior centers, to better assist clients who do not need, or do not wish to enroll in, state-funded long-term-care programs.
- 5. Determine eligibility for the programs and services listed in paragraph (b).
- 6. Manage the availability of financial resources for the programs and services listed in paragraph (b).
- 7. When appropriate, negotiate contracts with providers to provide the services that are administered through the aging resource center.

8. When financial resources become available, refer a client to the most appropriate entity to begin receiving services.

The department shall retain ultimate administrative oversight over the operations of all aging resource centers it authorizes. The department shall, by rule or through contracts, develop quality assurance standards and outcome measures to ensure that clients receiving services through all model systems are receiving the appropriate care and that contractors and subcontractors are adhering to the terms of their contracts and are acting in the best interests of the clients they are serving The duties of the model system shall include organizing and administering service delivery for the elderly, obtaining contracts for services with providers in the area, monitoring the quality of services provided, determining levels of need and disability for payment purposes, and other activities determined by the department and the agency in order to operate the model system.

and older who receive the services listed in this paragraph in each model area are screened and enrolled through the aging resource center. The programs and services to be administered through the aging resource center The agency and the department shall integrate all funding for services to individuals over the age of 65 in the model planning and service areas into a single per-person per-month payment rate, except that funds for Medicaid behavioral health care services are exempt from this section. The funds to be integrated shall include:

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1. Community-care-for-the-elderly services. funds;

- 2. Home-care-for-the-elderly services. funds;
- 3. Local services programs. program funds;
- 4. Aged and Disabled Adult Medicaid waiver services.

 Contracted services funds;
- 5. Assisted Living for the Elderly Medicaid waiver services. Alzheimer's disease initiative funds;
- 6. Older Americans Act services. Medicaid home and community-based waiver services funds;
- 7. Funds for all Medicaid services authorized in ss.
 409.905 and 409.906, including Medicaid nursing home services;
 and
- 8. Funds paid for Medicare premiums, coinsurance and deductibles for persons dually eligible for Medicaid and Medicare as prescribed in s. 409.908(13).

The department and the agency shall not make payments for the above-listed services for persons residing in a model area services for people age 65 and older except through the model delivery system.

(c) The entity selected to administer the model system shall develop a comprehensive health and long-term-care service delivery system through contracts with providers of medical, social, and long-term-care services sufficient to meet the needs of the population age 65 and older. The entity selected to administer the model system shall not directly provide services other than intake, assessment, and referral services.

(c)(d) The department shall publicize the benefits of the model delivery system to the statewide elder services network.

146 Those local areas that wish to transition to the model delivery 147 system shall submit a proposal to the department requesting 148 approval for such a transition. The department may set the 149 deadline by which a proposal must be submitted for consideration; however, the deadline may not extend beyond 150 151 January 1, 2005 The department shall determine which of the 152 department's planning and services areas is to be designated as 153 a model area by means of a request for proposals. The department 154 shall review all submitted proposals and shall select the an 155 area or areas to be designated as a model area and the entity to 156 administer the model system based on demonstration of capacity 157 of the local area agency on aging to effectively assist an aging 158 resource center to perform the functions described in paragraph 159 (a), as well as the ability of the service providers within the

- 1. Develop contracts with providers currently under contract with the department, area agencies on aging, or community-care-for-the-elderly lead agencies;
- 2. Provide a comprehensive system of appropriate medical and long-term-care services that provides high-quality medical and social services to assist older individuals in remaining in the least restrictive setting;

designated area to perform the functions described in paragraph

- 3. Demonstrate a quality assurance and quality improvement system satisfactory to the department and the agency:
- 4. Develop a system to identify participants who have special health care needs such as polypharmacy, mental health and substance abuse problems, falls, chronic pain, nutritional

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(d). the entity to:

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174 deficits, and cognitive deficits, in order to respond to and 175 meet these needs; 176 5. Use a multidisciplinary team approach to participant 177 management which ensures that information is shared among providers responsible for delivering care to a participant; 178 179 6. Ensure medical oversight of care plans and service 180 delivery, regular medical evaluation of care plans, and the 181 availability of medical consultation for case managers and 182 service coordinators; 183 7. Develop, monitor, and enforce quality-of-care 184 requirements; 8. Secure subcontracts with providers of medical, nursing 185 186 home, and community-based long-term-care services sufficient to 187 assure access to and choice of providers; 188 9. Ensure a system of case management and service 189 coordination which includes educational and training standards 190 for case managers and service coordinators; 191 10. Develop a business plan that considers the ability of 192 the applicant to organize and operate a risk-bearing entity; 193 11. Furnish evidence of adequate liability insurance 194 coverage or an adequate plan of self-insurance to respond to claims for injuries arising out of the furnishing of health 195 196 care; and 197 12. Provide, through contract or otherwise, for periodic 198 review of its medical facilities as required by the department 199 and the agency. 200 2.01 The department shall give preference in selecting an area to be designated as a model area to that in which the administering 202

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entity is an existing area agency on aging or community-care-

204 <u>for-the-elderly lead agency demonstrating the ability to perform</u>
205 <u>the functions described in this paragraph.</u>

(d) The duties and responsibilities of the service providers within each model area shall be to:

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- 1. Develop strong community partnerships necessary to ensure that elders seeking assistance will receive services that meet their needs with the least amount of strain and confusion possible.
- 2. Conduct comprehensive assessments of clients that have been determined eligible and develop a care plan to ensure that the unique needs of each client are met.
- 3. Coordinate or provide the services listed in paragraph (b).
- (e) The department in consultation with the selected entity shall develop a statewide proposal regarding the long-term use and structure of a program that addresses a risk pool to reduce financial risk.
- (e)(f) Prior to implementation of the project, the department and the agency are encouraged to shall develop capitation rates for service packages based on the historical cost experience of the state in providing the services listed in paragraph (b) to the population age 60 or older in each model area and to pay the service providers the capitation rate for service packages when appropriate. The department and the agency may develop capitation rates for each program administered by the aging resource center and may develop a capitation rate for case management services that is separate from the capitation rate for the direct service packages. Each capitation rate may

vary between counties or model areas acute and long-term-care services to the population over 65 years of age in the area served.

- 1. Payment rates in the first 2 years of operation shall be set at no more than 100 percent of the costs to the state of providing equivalent services to the population of the model area for the year prior to the year in which the model system is implemented, adjusted forward to account for inflation and population growth. In subsequent years, the rate shall be negotiated Capitation rates for service packages that are not developed prior to implementation of the model delivery system should be negotiated in future years based on the cost experience of the model system in providing the contracted services, but may not exceed 95 percent of the amount that would have been paid by the state for those same services in each model area in the model planning and service area absent the model integrated service delivery system.
- 2. The agency and the department may develop innovative risk-sharing agreements that limit the level of custodial nursing home risk that the administering entity assumes, consistent with the intent of the Legislature to reduce the use and cost of nursing home care. Under risk-sharing arrangements, the agency and the department may reimburse the administering entity for the cost of providing nursing home care for Medicaid-eligible participants who have been permanently placed and remain in nursing home care for more than 1 year.
- (g) The department and the Agency for Health Care

 Administration shall seek federal waivers necessary to implement the requirements of this section.

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(h) The Department of Children and Family Services shall develop a streamlined and simplified eligibility system and shall outstation a sufficient number and quality of eligibility-determination staff with the administering entity to assure determination of Medicaid eligibility for the integrated service delivery system in the model planning and service area within 10 days after receipt of a complete application.

(i) The Department of Elderly Affairs shall make arrangements to outstation a sufficient number of nursing home preadmission screening staff with the administering entity to assure timely assessment of level of need for long-term-care services in the model area.

(f)(j) The department of Elderly Affairs shall conduct or contract for an evaluation of the model delivery system pilot project. The department shall submit the evaluation to the Governor, the President of the Senate, and the Speaker of the House of Representatives the Legislature by January 1, 2006 2005. The evaluation must address the effectiveness of each aging resource center and the agencies with which it contracts in effects of the pilot project on the effectiveness of the entity providing a comprehensive system of appropriate and highquality managed, integrated medical and long-term-care services to elders in each model area in the least restrictive setting and in the most cost-effective manner possible. If the evaluation determines that the model delivery system was successful in meeting its stated goals, the evaluation must include, or be accompanied by, a plan to expand the model delivery system to include additional long-term-care services, as well as to expand the model delivery system to other areas of

290	HB 0887 the state that may benefit from such a system. The plan must
291	address the feasibility of integrating the following services
292	into the model system beginning July 1, 2006: make
293	recommendations on a phased-in implementation expansion for the
294	rest of the state.
295	1. Contracted services.
296	2. Alzheimer's disease initiative services.
297	3. Long-term-care community diversion project services.
298	4. Medicaid nursing home services.
299	5. Medicaid transportation services.
300	6. Medicaid hospice care services.
301	7. Medicaid intermediate care services.
302	8. Medicaid prescribed drug services.
303	9. Medicaid assistive care services.
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305	The plan must also address the appropriateness of integrating
306	the state's various Medicaid waivers into fewer programs that
307	serve a broader population of elders.
308	Section 2. This act shall take effect July 1, 2004.