

1 A bill to be entitled
2 An act relating to long-term care managed care
3 prioritization; amending s. 409.962, F.S.; providing
4 definitions; amending s. 409.979, F.S.; requiring the
5 Department Elderly Affairs to maintain a statewide
6 wait list for enrollment for home and community-based
7 services through the Medicaid long-term care managed
8 care program; requiring the department to prioritize
9 individuals for potential enrollment using a frailty-
10 based screening tool that provides a priority score;
11 providing for determinations regarding offers of
12 enrollment; requiring screening and certain
13 rescreening by aging resource center personnel of
14 individuals requesting long-term care services from
15 the program; requiring the department to adopt by rule
16 a screening tool; requiring the department to make a
17 specified methodology available on its website;
18 requiring the department to notify applicants of
19 placement on the wait list; requiring the department
20 to document attempts to contact an individual to
21 schedule a screening or rescreening; requiring the
22 department to send a letter to an individual who it is
23 unable to contact to schedule an initial screening or
24 rescreening; requiring the department to conduct
25 prerelease assessments upon notification by the agency
26 of available capacity; authorizing certain individuals

27 to enroll in the long-term care managed care program;
 28 authorizing the department to terminate an individual
 29 from the wait list under certain circumstances;
 30 providing for priority enrollment for home and
 31 community-based services for certain individuals;
 32 authorizing the department and the Agency for Health
 33 Care Administration to adopt rules; providing an
 34 effective date.

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

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 38 Section 1. Subsections (4) through (13) of section
 39 409.962, Florida Statutes, are renumbered as subsections (5)
 40 through (14), respectively, present subsection (14) is
 41 renumbered as subsection (18), and new subsections (4), (15),
 42 (16), and (17) are added to that section to read:

43 409.962 Definitions.—As used in this part, except as
 44 otherwise specifically provided, the term:

45 (4) "Authorized representative" means an individual who
 46 has the legal authority to make decisions on behalf of a
 47 Medicaid recipient or potential Medicaid recipient in matters
 48 related to the managed care plan or the screening or eligibility
 49 process.

50 (15) "Rescreening" means the use of a screening tool to
 51 conduct annual screenings or screenings due to a significant

52 change which determine an individual's placement and
 53 continuation on the wait list.

54 (16) "Screening" means the use of an information-
 55 collection tool to determine a priority score for placement on
 56 the wait list.

57 (17) "Significant change" means change in an individual's
 58 health status after an accident or illness, an actual or
 59 anticipated change in the individual's living situation, a
 60 change in the caregiver relationship, loss of or damage to the
 61 individual's home or deterioration of his or her home
 62 environment, or loss of the individual's spouse or caregiver.

63 Section 2. Section 409.979, Florida Statutes, is amended
 64 to read:

65 409.979 Eligibility.—

66 (1) PREREQUISITE CRITERIA FOR ELIGIBILITY.—Medicaid
 67 recipients who meet all of the following criteria are eligible
 68 to receive long-term care services and must receive long-term
 69 care services by participating in the long-term care managed
 70 care program. The recipient must be:

71 (a) Sixty-five years of age or older, or age 18 or older
 72 and eligible for Medicaid by reason of a disability.

73 (b) Determined by the Comprehensive Assessment Review and
 74 Evaluation for Long-Term Care Services (CARES) preadmission
 75 screening program to require nursing facility care as defined in
 76 s. 409.985(3).

77 (2) ENROLLMENT OFFERS.—Subject to the availability of
 78 funds, ~~Medicaid recipients who, on the date long-term care~~
 79 ~~managed care plans become available in their region, reside in a~~
 80 ~~nursing home facility or are enrolled in one of the following~~
 81 ~~long-term care Medicaid waiver programs are eligible to~~
 82 ~~participate in the long-term care managed care program for up to~~
 83 ~~12 months without being reevaluated for their need for nursing~~
 84 ~~facility care as defined in s. 409.985(3):~~

85 ~~(a) The Assisted Living for the Frail Elderly Waiver.~~

86 ~~(b) The Aged and Disabled Adult Waiver.~~

87 ~~(c) The Consumer-Directed Care Plus Program as described~~
 88 ~~in s. 409.221.~~

89 ~~(d) The Program of All-inclusive Care for the Elderly.~~

90 ~~(e) The Channeling Services Waiver for Frail Elders.~~

91 ~~(3)~~ the Department of Elderly Affairs shall make offers
 92 for enrollment to eligible individuals based on a wait-list
 93 prioritization and ~~subject to availability of funds.~~ Before
 94 making enrollment offers, the agency and the Department of
 95 Elderly Affairs ~~department~~ shall determine that sufficient funds
 96 exist to support additional enrollment into plans.

97 (3) WAIT LIST, RELEASE, AND OFFER PROCESS.—The Department
 98 of Elderly Affairs shall maintain a statewide wait list for
 99 enrollment for home and community-based services through the
 100 long-term care managed care program.

101 (a) The Department of Elderly Affairs shall prioritize
 102 individuals for potential enrollment for home and community-

103 based services through the long-term care managed care program
104 using a frailty-based screening tool that results in a priority
105 score. The priority score is used to set an order for releasing
106 individuals from the wait list for potential enrollment in the
107 long-term care managed care program. If capacity is limited for
108 individuals with identical priority scores, the individual with
109 the oldest date of placement on the wait list shall receive
110 priority for release.

111 1. Pursuant to s. 430.2053, aging resource center
112 personnel certified by the Department of Elderly Affairs shall
113 perform the screening for each individual requesting enrollment
114 for home and community-based services through the long-term care
115 managed care program. The Department of Elderly Affairs shall
116 request that the individual or the individual's authorized
117 representative provide alternate contact names and contact
118 information.

119 2. The individual requesting the long-term care services,
120 or the individual's authorized representative, must participate
121 in an initial screening or rescreening for placement on the wait
122 list. The screening or rescreening must be completed in its
123 entirety before placement on the wait list.

124 3. Pursuant to s. 430.2053, aging resource center
125 personnel shall administer rescreening annually or upon
126 notification of a significant change in an individual's
127 circumstances.

128 4. The Department of Elderly Affairs shall adopt by rule a
129 screening tool that generates the priority score, and shall make
130 publicly available on its website the specific methodology used
131 to calculate an individual's priority score.

132 (b) Upon completion of the screening or rescreening
133 process, the Department of Elderly Affairs shall notify the
134 individual or the individual's authorized representative that
135 the individual has been placed on the wait list.

136 (c) If the Department of Elderly Affairs is unable to
137 contact the individual or the individual's authorized
138 representative to schedule an initial screening or rescreening,
139 and documents the actions taken to make such contact, it shall
140 send a letter to the last documented address of the individual
141 or the individual's authorized representative. The letter must
142 advise the individual or his or her authorized representative
143 that he or she must contact the Department of Elderly Affairs
144 within 30 calendar days after the date of the notice to schedule
145 a screening or rescreening and must notify the individual that
146 failure to complete the screening or rescreening will result in
147 his or her termination from the screening process and the wait
148 list.

149 (d) After notification by the agency of available
150 capacity, the CARES program shall conduct a prerelease
151 assessment. The Department of Elderly Affairs shall release
152 individuals from the wait list based on the priority scoring
153 process and prerelease assessment results. Upon release,

154 individuals who meet all eligibility criteria may enroll in the
155 long-term care managed care program.

156 (e) The Department of Elderly Affairs may terminate an
157 individual's inclusion on the wait list if the individual:

158 1. Does not have a current priority score due to the
159 individual's action or inaction;

160 2. Requests to be removed from the wait list;

161 3. Does not keep an appointment to complete the
162 rescreening without scheduling another appointment and has not
163 responded to three documented attempts by the Department of
164 Elderly Affairs to contact the individual;

165 4. Receives an offer to begin the eligibility
166 determination process for the long-term care managed care
167 program; or

168 5. Begins receiving services through the long-term care
169 managed care program.

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171 An individual whose inclusion on the wait list is terminated
172 must initiate a new request for placement on the wait list, and
173 any previous priority considerations must be disregarded.

174 (f) Notwithstanding this subsection, the following
175 individuals are afforded priority enrollment for home and
176 community-based services through the long-term care managed care
177 program and do not have to complete the screening or wait-list
178 process if all other long-term care managed care program
179 eligibility requirements are met:

180 1. An individual who is 18, 19, or 20 years of age who has
181 a chronic debilitating disease or condition of one or more
182 physiological or organ systems which generally make the
183 individual dependent upon 24-hour-per-day medical, nursing, or
184 health supervision or intervention.

185 2. A nursing facility resident who requests to transition
186 into the community and who has resided in a Florida-licensed
187 skilled nursing facility for at least 60 consecutive days.

188 3. An individual who is referred by the Department of
189 Children and Families pursuant to the Adult Protective Services
190 Act, ss. 415.101-415.113, as high risk and who is placed in an
191 assisted living facility temporarily funded by the Department of
192 Children and Families.

193 (g) The Department of Elderly Affairs and the agency may
194 adopt rules to implement this subsection.

195 Section 3. This act shall take effect July 1, 2016.