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576-03410-16

Proposed Committee Substitute by the Committee on Appropriations
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to long-term care managed care prioritization; amending s. 409.962, F.S.; defining terms; amending s. 409.979, F.S.; requiring the Department of Elderly Affairs to maintain a statewide wait list for enrollment for home and community-based services through the Medicaid long-term care managed care program; requiring the department to prioritize individuals for potential enrollment using a frailty-based screening tool that provides a priority score; providing for determinations regarding offers of enrollment; requiring screening and certain rescreening by Aging Resource Center personnel of individuals requesting long-term care services from the program; requiring the department to adopt by rule a screening tool; requiring the department to make a specified methodology available on its website; requiring the department to notify applicants if they are placed on the wait list; requiring the department to conduct prerelease assessments upon notification by the agency of available capacity; authorizing certain individuals to enroll in the long-term care managed care program; authorizing the department to terminate an individual from the wait list under certain circumstances; providing for priority enrollment for home and community-based services; authorizing the department and the Agency for Health Care



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28 Administration to adopt rules; deleting obsolete
29 language; providing an effective date.

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

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33 Section 1. Present subsections (4) through (13) of section
34 409.962, Florida Statutes, are redesignated as subsections (5)
35 through and (14), respectively, present subsection (14) of that
36 section is redesignated as subsection (18), and new subsection
37 (4) and subsections (15), (16), and (17) are added to that
38 section, to read:

39 409.962 Definitions.—As used in this part, except as
40 otherwise specifically provided, the term:

41 (4) "Authorized representative" means an individual who has
42 the legal authority to make decisions on behalf of a Medicaid
43 recipient or potential Medicaid recipient in matters related to
44 the managed care plan or the screening or eligibility process.

45 (15) "Rescreening" means the use of a screening tool to
46 conduct annual screenings or screenings due to a significant
47 change which determine an individual's placement and
48 continuation on the wait list.

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

52 (17) "Significant change" means change in an individual's
53 health status after an accident or illness; an actual or
54 anticipated change in the individual's living situation; a
55 change in the caregiver relationship; loss of or damage to the
56 individual's home or deterioration of his or her home



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57 environment; or loss of the individual's spouse or caregiver.

58 Section 2. Section 409.979, Florida Statutes, is amended to
59 read:

60 409.979 Eligibility.—

61 (1) PREREQUISITE CRITERIA FOR ELIGIBILITY.—Medicaid
62 recipients who meet all of the following criteria are eligible
63 to receive long-term care services and must receive long-term
64 care services by participating in the long-term care managed
65 care program. The recipient must be:

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

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

72 (2) ENROLLMENT OFFERS. ~~Medicaid recipients who, on the date~~
73 ~~long-term care managed care plans become available in their~~
74 ~~region, reside in a nursing home facility or are enrolled in one~~
75 ~~of the following long-term care Medicaid waiver programs are~~
76 ~~eligible to participate in the long-term care managed care~~
77 ~~program for up to 12 months without being reevaluated for their~~
78 ~~need for nursing facility care as defined in s. 409.985(3):~~

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

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

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

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

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

85 ~~(3) Subject to availability of funds, the Department of~~



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86 Elderly Affairs shall make offers for enrollment to eligible
87 individuals based on a wait-list prioritization ~~and subject to~~
88 ~~availability of funds~~. Before making enrollment offers, the
89 agency and the Department of Elderly Affairs ~~department~~ shall
90 determine that sufficient funds exist to support additional
91 enrollment into plans.

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

96 (a) The Department of Elderly Affairs shall prioritize
97 individuals for potential enrollment for home and community-
98 based services through the long-term care managed care program
99 using a frailty-based screening tool that results in a priority
100 score. The priority score is used to set an order for releasing
101 individuals from the wait list for potential enrollment in the
102 long-term care managed care program. If capacity is limited for
103 individuals with identical priority scores, the individual with
104 the oldest date of placement on the wait list shall receive
105 priority for release.

106 1. Pursuant to s. 430.2053, Aging Resource Center personnel
107 certified by the Department of Elderly Affairs shall perform the
108 screening for each individual requesting enrollment for home and
109 community-based services through the long-term care managed care
110 program. The Department of Elderly Affairs shall request that
111 the individual or the individual's authorized representative
112 provide alternate names and their contact information.

113 2. The individual requesting the long-term care services,
114 or the individual's authorized representative, must participate



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115 in an initial screening or rescreening for placement on the wait
116 list. The screening or rescreening must be completed in its
117 entirety before placement on the wait list.

118 3. Pursuant to s. 430.2053, Aging Resource Center personnel
119 shall administer rescreening annually or upon notification of a
120 significant change in an individual's circumstances.

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

125 (b) Upon completion of the screening or rescreening
126 process, the Department of Elderly Affairs shall notify the
127 individual or the individual's authorized representative that
128 the individual has been placed on the wait list.

129 (c) If the Department of Elderly Affairs is unable to
130 contact the individual or the individual's authorized
131 representative to schedule an initial screening or rescreening,
132 and documents the action steps to do so, it shall send a letter
133 to the last documented address of the individual or the
134 individual's authorized representative. The letter must advise
135 the individual or his or her authorized representative that he
136 or she must contact the Department of Elderly Affairs within 30
137 calendar days after the date of the notice to schedule a
138 screening or rescreening and must notify the individual that
139 failure to complete the screening or rescreening will result in
140 his or her termination from the screening process and the wait
141 list.

142 (d) After notification by the agency of available capacity,
143 the CARES program shall conduct a prerelease assessment. The



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144 Department of Elderly Affairs shall release individuals from the
145 wait list based on the priority scoring process and prerelease
146 assessment results. Upon release, individuals who meet all
147 eligibility criteria may enroll in the long-term care managed
148 care program.

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

- 151 1. Does not have a current priority score due to the
152 individual's action or inaction;
153 2. Requests to be removed from the wait list;
154 3. Does not keep an appointment to complete the rescreening
155 without scheduling another appointment and has not responded to
156 three documented attempts to contact by the Department of
157 Elderly Affairs;
158 4. Receives an offer to begin the eligibility determination
159 process for the long-term care managed care program; or
160 5. Begins receiving services through the long-term care
161 managed care program.

162
163 An individual whose inclusion on the wait list is terminated
164 must initiate a new request for placement on the wait list, and
165 any previous priority considerations must be disregarded.

166 (f) Notwithstanding this subsection, the following
167 individuals are afforded priority enrollment for home and
168 community-based services through the long-term care managed care
169 program and do not have to complete the screening or wait-list
170 process if all other long-term care managed care program
171 eligibility requirements are met:

- 172 1. Individuals who are 18, 19, or 20 years of age who have



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173 chronic debilitating diseases or conditions of one or more
174 physiological or organ systems which generally make the
175 individual dependent upon 24-hour-per-day medical, nursing, or
176 health supervision or intervention.

177 2. Nursing facility residents requesting to transition into
178 the community who have resided in a Florida-licensed skilled
179 nursing facility for at least 60 consecutive days.

180 3. Individuals referred by the department's adult
181 protective services program as high risk and placed in an
182 assisted living facility temporarily funded by the department.

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

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