

By the Committee on Health Policy

588-02608-16

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1 A bill to be entitled
2 An act relating to long-term care managed care
3 prioritization; amending s. 409.962, F.S.; defining
4 terms; amending s. 409.979, F.S.; requiring the
5 Department of 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 if they
19 are placed on the wait list; requiring the department
20 to conduct prerelease assessments upon notification by
21 the agency of available capacity; authorizing certain
22 individuals to enroll in the long-term care managed
23 care program; requiring the department to terminate an
24 individual from the wait list under certain
25 circumstances; providing for priority enrollment for
26 home and community-based services; authorizing the
27 department and the Agency for Health Care
28 Administration to adopt rules; deleting obsolete
29 language; providing an effective date.

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
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

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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
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

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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.

111 2. The individual requesting the long-term care services,
112 or the individual's authorized representative, must participate
113 in an initial screening or rescreening for placement on the wait
114 list. The screening or rescreening must be completed in its
115 entirety before placement on the wait list.

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

119 4. The Department of Elderly Affairs shall adopt by rule a

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120 screening tool that generates the priority score, and shall make
121 publicly available on its website the specific methodology used
122 to calculate an individual's priority score.

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

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

139 (d) After notification by the agency of available capacity,
140 the CARES program shall conduct a prerelease assessment. The
141 Department of Elderly Affairs shall release individuals from the
142 wait list based on the priority scoring process and prerelease
143 assessment results. Upon release, individuals who also are
144 determined by the department to be financially eligible and by
145 the Department of Elderly Affairs to be clinically eligible may
146 enroll in the long-term care managed care program.

147 (e) The Department of Elderly Affairs shall terminate an
148 individual's inclusion on the wait list if the individual:

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- 149 1. Does not have a current priority score due to the
150 individual's action or inaction;
151 2. Requests to be removed from the wait list;
152 3. Does not keep an appointment to complete the rescreening
153 without scheduling another appointment;
154 4. Receives an offer to begin the eligibility determination
155 process for the long-term care managed care program; or
156 5. Begins receiving services through the long-term care
157 managed care program.

158
159 An individual whose inclusion on the wait list is terminated
160 must initiate a new request for placement on the wait list, and
161 any previous priority considerations must be disregarded.

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

168 1. Individuals who are 18, 19, or 20 years of age who have
169 chronic debilitating diseases or conditions of one or more
170 physiological or organ systems which generally make the
171 individual dependent upon 24-hour-per-day medical, nursing, or
172 health supervision or intervention.

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

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

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