

By the Committees on Appropriations; and Health Policy

576-04801-16

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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; authorizing the department to terminate  
24          an 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 (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. 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  
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

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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  
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.

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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 contact attempts by the Department of Elderly  
157 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  
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

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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.