

FOR CONSIDERATION By the Committee on Health Policy

588-02342A-16

20167056pb

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 of individuals requesting long-term care
14 services from the program; requiring the department to
15 adopt by rule a screening tool; requiring the
16 department to make a specified methodology available
17 on its website; requiring the department to notify
18 applicants if they are placed on the wait list;
19 requiring the department to conduct prerelease
20 assessments upon notification by the agency of
21 available capacity; authorizing certain individuals to
22 enroll in the long-term care managed care program;
23 requiring the department to terminate an individual
24 from the wait list under certain circumstances;
25 providing for priority enrollment for home and
26 community-based services; authorizing the department
27 and the Agency for Health Care Administration to adopt
28 rules; deleting obsolete language; providing an
29 effective date.

30
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. A person certified by the Department of Elderly Affairs
107 shall perform the screening for each individual requesting
108 enrollment for home and community-based services through the
109 long-term care managed care program.

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

115 3. Rescreening must occur annually or upon notification of
116 a significant change in an individual's circumstances.

117 4. The Department of Elderly Affairs shall adopt by rule a
118 screening tool that generates the priority score, and shall make
119 publicly available on its website the specific methodology used

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120 to calculate an individual's priority score.

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

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

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

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

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

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

150 3. Does not keep an appointment to complete the rescreening
151 without scheduling another appointment;

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

154 5. Begins receiving services through the long-term care
155 managed care program.

156
157 An individual whose inclusion on the wait list is terminated
158 must initiate a new request for placement on the wait list, and
159 any previous priority considerations must be disregarded.

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

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

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

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

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