Florida
Statewide Medicaid Managed Care Long-Term Care Program

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Overview

Program Enroll-ment	• Recipients are mandatory for enrollment if they are:
	  • 65 years of age or older, or age 18 or older and eligible for Medicaid by reason of a disability.
	  • Determined by preadmission screening to require:
	  • Nursing facility care; or
	  • Hospital level of care, for individuals with cystic fibrosis.
	• 100,000 recipients currently enrolled in LTC health plans
	• New populations added in 2 phases: 2013 and 2018

Cost Contain-ment	• Blended capitation rates and other rate incentives for transition to the community • Community High Risk Pool to avoid plan disincentives for transition of high cost enrollees to the community • Expanded benefits provided by plans at no additional cost to the state • Participant Directed Option

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Requirements for Rebalancing

- Incentive payment adjustment for the successful transitions of LTC enrollees from nursing facility to a home and community-based setting
  - Current contract: Incentive payment adjustments continue until no more than **35%** of a plan's enrollees are receiving services in nursing facilities.
  - New contracts (start 2019): Incentive payment adjustments will continue until no more than **25%** of a plan's enrollees are receiving services in a nursing facility.

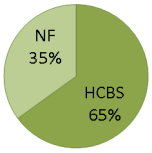
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LTC Rate Methodology Incentivizes Rebalancing

- Florida law requires that base rates be adjusted to provide an incentive for plans to transition enrollees from nursing facilities (NF) to the community (HCBS).

Required Transition Incentive Until 35% NF

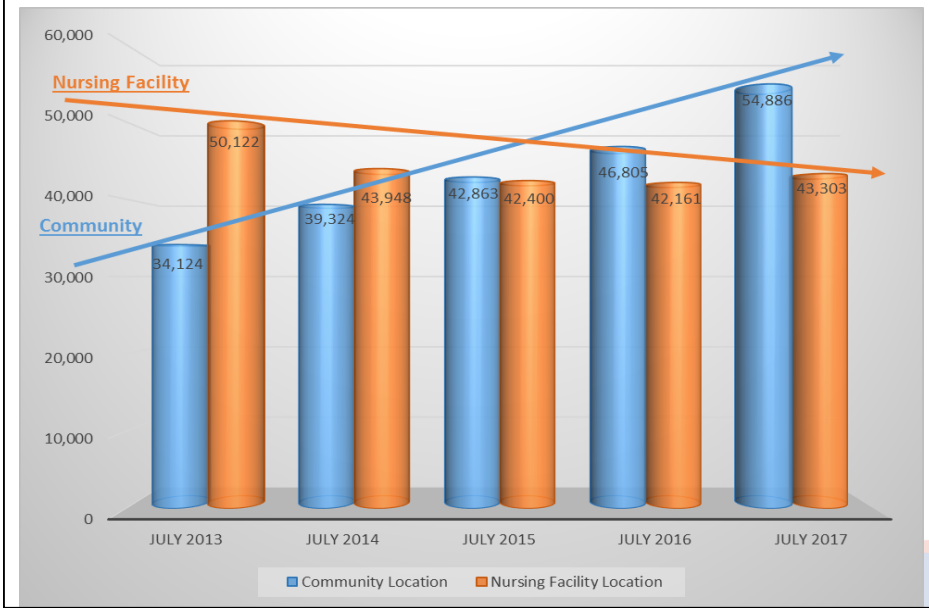


- An enrollee who starts the year in a nursing facility is treated as NF for rate blending for the entire year, even if they are transitioned to the community. A similar situation applies for enrollees starting the year in the community.
- Plans "win" financially if they beat the target transition percentage, "lose" if they do not meet the target.

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LTC Transition Incentive Success



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Avoid Disincentives to Transition: Community High Risk Pool

- Created to assist LTC plans with high cost community enrollees
  - To re-allocate funds among the LTC plans to account for HCBS enrollees whose average monthly HCBS claims exceed $7,500 per month during each quarterly disbursement period.
  - Capitation dollars are withheld from the rate on a per member per month basis.
  - Those dollars are re-distributed to plans based on the risk of the plan enrollment as determined by their claims exceeding the dollar threshold.
  - Revenue Neutral to State – The dollars distributed do not exceed the dollars withheld.

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Expanded Benefits: Additional Services Provided at No Cost to the State

- Current contracts: LTC plans offer specific Expanded Benefits.
  - These are in addition to the required Medicaid HCBS benefit and are at no cost to the state.
- NEW contracts: All plans that provide LTC services will ALSO provide medical/behavioral health services to their enrollees.
  - All plans will offer a rich Expanded Benefits package including more than 55 benefits.



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Participant Directed Option

- A service delivery model in which participants hire, train, supervise, and dismiss their direct service worker(s). Available to:
  - All LTC enrollees who live in their own home or family home, AND
  - Who have at least one of the following services on their care plan
    - Adult Companion Care
    - Attendant Care
    - Homemaker
    - Intermittent and Skilled Nursing
    - Personal Care



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