

CHAPTER 2016-147

Committee Substitute for House Bill No. 1335

An act relating to long-term care managed care prioritization; amending s. 409.962, F.S.; providing definitions; amending s. 409.979, F.S.; requiring the Department 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 of placement on the wait list; requiring the department to document attempts to contact an individual to schedule a screening or rescreening; requiring the department to send a letter to an individual who it is unable to contact to schedule an initial screening or rescreening; 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 for certain individuals; authorizing the department and the Agency for Health Care Administration to adopt rules; providing an effective date.

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

Section 1. Subsections (4) through (13) of section 409.962, Florida Statutes, are renumbered as subsections (5) through (14), respectively, present subsection (14) is renumbered as subsection (18), and new subsections (4), (15), (16), and (17) are added to that section to read:

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

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

(15) “Rescreening” means the use of a screening tool to conduct annual screenings or screenings due to a significant change which determine an individual’s placement and continuation on the wait list.

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

(17) “Significant change” means change in an individual’s health status after an accident or illness, an actual or anticipated change in the individual’s living situation, a change in the caregiver relationship, loss of or damage to the individual’s home or deterioration of his or her home environment, or loss of the individual’s spouse or caregiver.

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

409.979 Eligibility.—

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

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

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

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

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

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

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

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

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

~~(3) the Department of Elderly Affairs shall make offers for enrollment to eligible individuals based on a wait-list prioritization and subject to availability of funds. Before making enrollment offers, the agency and the Department of Elderly Affairs department shall determine that sufficient funds exist to support additional enrollment into plans.~~

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

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

1. Pursuant to s. 430.2053, aging resource center personnel certified by the Department of Elderly Affairs shall perform the screening for each individual requesting enrollment for home and community-based services through the long-term care managed care program. The Department of Elderly Affairs shall request that the individual or the individual's authorized representative provide alternate contact names and contact information.

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

3. Pursuant to s. 430.2053, aging resource center personnel shall administer rescreening annually or upon notification of a significant change in an individual's circumstances.

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

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

(c) If the Department of Elderly Affairs is unable to contact the individual or the individual's authorized representative to schedule an initial screening or rescreening, and documents the actions taken to make such contact, it shall send a letter to the last documented address of the individual or the individual's authorized representative. The letter must advise the individual or his or her authorized representative that he or she must contact the Department of Elderly Affairs within 30 calendar days after the date of the notice to schedule a screening or rescreening and must notify the individual that failure to complete the screening or rescreening will result in his or her termination from the screening process and the wait list.

(d) After notification by the agency of available capacity, the CARES program shall conduct a prerelease assessment. The Department of Elderly Affairs shall release individuals from the wait list based on the priority scoring process and prerelease assessment results. Upon release, individuals who meet all eligibility criteria may enroll in the long-term care managed care program.

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

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

2. Requests to be removed from the wait list;

3. Does not keep an appointment to complete the rescreening without scheduling another appointment and has not responded to three documented attempts by the Department of Elderly Affairs to contact the individual;

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

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

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

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

1. An individual who is 18, 19, or 20 years of age who has a chronic debilitating disease or condition of one or more physiological or organ systems which generally make the individual dependent upon 24-hour-per-day medical, nursing, or health supervision or intervention.

2. A nursing facility resident who requests to transition into the community and who has resided in a Florida-licensed skilled nursing facility for at least 60 consecutive days.

3. An individual who is referred by the Department of Children and Families pursuant to the Adult Protective Services Act, ss. 415.101-415.113, as high risk and who is placed in an assisted living facility temporarily funded by the Department of Children and Families.

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

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

Approved by the Governor March 25, 2016.

Filed in Office Secretary of State March 25, 2016.