Senior Health Choices: A Managed, Integrated Long Term Care Plan

Beth Kidder
Agency for Health Care Administration

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The Legislation

HB 1835, as amended by HB 1837, states that AHCA, with DOEA, must:

- “develop a plan…for an integrated, long-term care, fixed payment, delivery system for Medicaid beneficiaries age 65 and older.”
- Plan submitted to Legislative Budget Commission December 31st
Goals of Pilot Project

Legislation states the goals of the pilot are to:

- “…provide for the transition of all Medicaid services for eligible elderly individuals into an integrated care management model designed to serve consumers in their community.”
- “…provide quality care in the least restrictive setting.”
Eligibility

- All Medicaid recipients age 65+
- Proposed exceptions:
  - Developmental Disabilities waiver
  - Family & Supported Living waiver
  - Institutional Care Facilities for the Developmentally Disabled
  - Project AIDS Care waiver
  - Consumer Directed Care waiver
  - Traumatic Brain/Spinal Cord Injury waiver
  - Program of All Inclusive Care for the Elderly (PACE)
**Covered Services**

**All** Medicaid benefits including:
- Primary and acute care
- Prescribed drugs
- Mental health services
- Long term care (nursing facility and home and community based services)
- Medicare crossover payments for dual eligibles
Funding

- Capitated monthly payments
  - Legislation calls for “fixed payment” and actuarially sound rates
- Integrates all Medicaid service line items
  - Allows for flexibility in provision of services to consumers
Provider Qualifications and Selection

- Plan states that providers must be managed care organizations licensed under Ch. 641, F.S.; AHCA and DOEA are revising these qualifications to include non-licensed entities.
- Minimum of 2 plans per pilot area.
- Will be chosen through competitive procurement.
- Evaluation of plans will include assessment of their networks of providers for:
  - Quality
  - Accessibility
  - Geographic access
Nursing Facilities

- Plans must contract with all Gold Seal nursing facilities (NFs) & exclude, where feasible, chronic poor performers
- Plan must pay Medicaid NF rate in the absence of a contract
- “Grandfathering” of NF residents in non-contracted facilities for the life of the enrollee
Medicaid Waiver

Requires a 1115 Research and Demonstration waiver

- Allows Medicaid eligibles with Medicare to be required to participate in the plan
- No time frames for federal approval of 1115 waivers
**Consumer Protections**

- Choice between at least two plans
- Consumers may select primary care providers (PCPs) from within the network and are allowed to switch PCPs at any time
- A care manager will coordinate services and navigate enrollees through the system
- Enrollees will play an active role in directing their care needs (e.g., the development of a care plan)
- Grievance, appeal, and Fair Hearing rights
Pilot Areas

- Plan suggests choosing 2 sites
- Proposed criteria for choosing pilot sites:
  - Urban and rural areas
  - Areas with fewer home and community based services pilot projects
  - Whole AHCA/DOEA geographic areas
Next Steps
For More Information

“Senior Health Choices: A Managed, Integrated Long Term Care Plan”
http://ahca.myflorida.com
Click on Medicaid, then “Recent Medicaid Presentations”; report was released 12/31/04

Beth Kidder, AHC Administrator
Medicaid Long Term Care and Behavioral Health
(850) 487-2618
kidderb@ahca.myflorida.com