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CS/HB 1335

2016 Legislature

1  
2 An act relating to long-term care managed care  
3 prioritization; amending s. 409.962, F.S.; providing  
4 definitions; amending s. 409.979, F.S.; requiring the  
5 Department 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 of  
19 placement on the wait list; requiring the department  
20 to document attempts to contact an individual to  
21 schedule a screening or rescreening; requiring the  
22 department to send a letter to an individual who it is  
23 unable to contact to schedule an initial screening or  
24 rescreening; requiring the department to conduct  
25 prerelease assessments upon notification by the agency  
26 of available capacity; authorizing certain individuals

ENROLLED

CS/HB 1335

2016 Legislature

27 | to enroll in the long-term care managed care program;  
 28 | authorizing the department to terminate an individual  
 29 | from the wait list under certain circumstances;  
 30 | providing for priority enrollment for home and  
 31 | community-based services for certain individuals;  
 32 | authorizing the department and the Agency for Health  
 33 | Care Administration to adopt rules; providing an  
 34 | effective date.

35 |  
 36 | Be It Enacted by the Legislature of the State of Florida:

37 |  
 38 | Section 1. Subsections (4) through (13) of section  
 39 | 409.962, Florida Statutes, are renumbered as subsections (5)  
 40 | through (14), respectively, present subsection (14) is  
 41 | renumbered as subsection (18), and new subsections (4), (15),  
 42 | (16), and (17) are added to that section to read:

43 | 409.962 Definitions.—As used in this part, except as  
 44 | otherwise specifically provided, the term:

45 | (4) "Authorized representative" means an individual who  
 46 | has the legal authority to make decisions on behalf of a  
 47 | Medicaid recipient or potential Medicaid recipient in matters  
 48 | related to the managed care plan or the screening or eligibility  
 49 | process.

50 | (15) "Rescreening" means the use of a screening tool to  
 51 | conduct annual screenings or screenings due to a significant

ENROLLED

CS/HB 1335

2016 Legislature

52 change which determine an individual's placement and  
 53 continuation on the wait list.

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

57 (17) "Significant change" means change in an individual's  
 58 health status after an accident or illness, an actual or  
 59 anticipated change in the individual's living situation, a  
 60 change in the caregiver relationship, loss of or damage to the  
 61 individual's home or deterioration of his or her home  
 62 environment, or loss of the individual's spouse or caregiver.

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

65 409.979 Eligibility.—

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

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

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

ENROLLED

CS/HB 1335

2016 Legislature

77           (2) ENROLLMENT OFFERS.—Subject to the availability of  
 78 funds, ~~Medicaid recipients who, on the date long-term care~~  
 79 ~~managed care plans become available in their region, reside in a~~  
 80 ~~nursing home facility or are enrolled in one of the following~~  
 81 ~~long-term care Medicaid waiver programs are eligible to~~  
 82 ~~participate in the long-term care managed care program for up to~~  
 83 ~~12 months without being reevaluated for their need for nursing~~  
 84 ~~facility care as defined in s. 409.985(3):~~

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

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

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

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

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

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

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

101           (a) The Department of Elderly Affairs shall prioritize  
 102 individuals for potential enrollment for home and community-

ENROLLED

CS/HB 1335

2016 Legislature

103 based services through the long-term care managed care program  
104 using a frailty-based screening tool that results in a priority  
105 score. The priority score is used to set an order for releasing  
106 individuals from the wait list for potential enrollment in the  
107 long-term care managed care program. If capacity is limited for  
108 individuals with identical priority scores, the individual with  
109 the oldest date of placement on the wait list shall receive  
110 priority for release.

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

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

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

ENROLLED

CS/HB 1335

2016 Legislature

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

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

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

149       (d) After notification by the agency of available  
150 capacity, the CARES program shall conduct a prerelease  
151 assessment. The Department of Elderly Affairs shall release  
152 individuals from the wait list based on the priority scoring  
153 process and prerelease assessment results. Upon release,

ENROLLED

CS/HB 1335

2016 Legislature

154 individuals who meet all eligibility criteria may enroll in the  
 155 long-term care managed care program.

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

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

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

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

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

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

170

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

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

ENROLLED

CS/HB 1335

2016 Legislature

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

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

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

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

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