Medicaid Managed Long-Term Care in Florida: A Roadmap

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Introduction

- Florida faces serious demographic and economic challenges that will require dramatic changes in how LTC services are organized, funded, and delivered.

  - Shift the balance of long-term care (LTC) services to a managed LTC program.

  - Nursing home residents receiving Intermediate Care I/II services could instead receive appropriate care in an ALF.
Introduction

- Description of Florida’s LTC environment
- Federal Regulations and State regulations for nursing facilities and ALFs in select states
- Critical considerations for the rebalancing of Florida’s LTC (NH → ALF)
- Identifies the practices and lessons from the managed LTC programs in six states
- Conclusion- 12 implementation mileposts
Federal & State Regulations for Nursing Facilities and ALFs

- Nursing Facility: Federal
  - Conditions of Participation (COPs)
  - Must provide sufficient staff and services to attain or maintain the highest possible level of physical, mental and psychosocial well-being of each resident.
  - Presence of one registered nurse (RN)
  - For state Medicaid programs to receive the federal share of the cost of any Medicaid services, they must have a method to ensure that these services are provided only to those Medicaid eligible persons who need these services.
  - Preadmission screening and resident review (PASRR)
Federal & State Regulations for Nursing Facilities and ALFs

- Nursing Facility: State
  - Level of care
  - Staffing Requirements
  - Specialized Services Requirements
Federal & State Regulations for Nursing Facilities and ALFs

- **ALFs: Federal**
  - Section 1616(e) of the Social Security Act – Keys Amendment

- **ALFs: State**
  - License Types
  - Staffing Requirements
Critical Considerations for the Rebalancing of LTC in Florida (NH → ALF)

- Adequate Supply
- Participant Share of Cost
- Monitoring of Care
- Quality of Care
- Staffing
- Consumer Education
Practices & Lessons from the Managed LTC Programs in 6 States

- Quality Reviews (Quality of Care and Performance Measures)
- Member Satisfaction
- Financial Evaluations
  - Duggan and Hayford (2011)
  - APS Healthcare (2005)
# Medicaid LTC Expenditures FY 2009

<table>
<thead>
<tr>
<th>State</th>
<th>Total Medicaid HCBS</th>
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<tbody>
<tr>
<td>Arizona</td>
<td>$6,346,643,390</td>
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<td>Florida</td>
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<td>Massachusetts</td>
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<td>Wisconsin</td>
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Practices & Lessons from the Managed LTC Programs in 6 States

- Critical Considerations:
  - Combination with Medicare & Mandatory vs. Voluntary Enrollment
  - Covered Services
  - Regulatory Standards
  - Type of Ownership
  - Capitation Rates
  - Program Growth
  - Provider Rates
  - Coordination of Benefits
  - Care Management
12 Implementation Mileposts

1. Be realistic
2. Identify funding shifts
3. Identify capacity issues
4. Get it right, up front
5. Get buy-in
6. Make it mandatory
7. Incentivize providers
8. Incentivize participants
9. Insist on accountability
10. Ensure equitable access
11. Ensure Quality
12. Be transparent