



**Statewide Medicaid Managed Care
Long-Term Care Program**

Enrollment Management System Procedures
[Revised March 2014](#)

Background & Summary

Effective July 1, 2013, the Department of Elder Affairs (Department) implemented the Enrollment Management System (EMS) for the Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC) described in Chapter 409, Florida Statutes. The EMS combines the multiple Assessed Priority Consumer Lists (APCLs) for the following Medicaid programs that end pursuant to Chapter 409, Florida Statutes: Aged and Disabled Adult (ADA) Waiver, Assisted Living (AL) Waiver, Long-Term Care Community Diversion (NHD) Waiver, Channeling Waiver, and the Agency for Health Care Administration (AHCA) Frail Elder Option (Frail Elder). The APCLs will be combined based on the SMMC LTC Regional Enrollment Schedule (Exhibit 1).

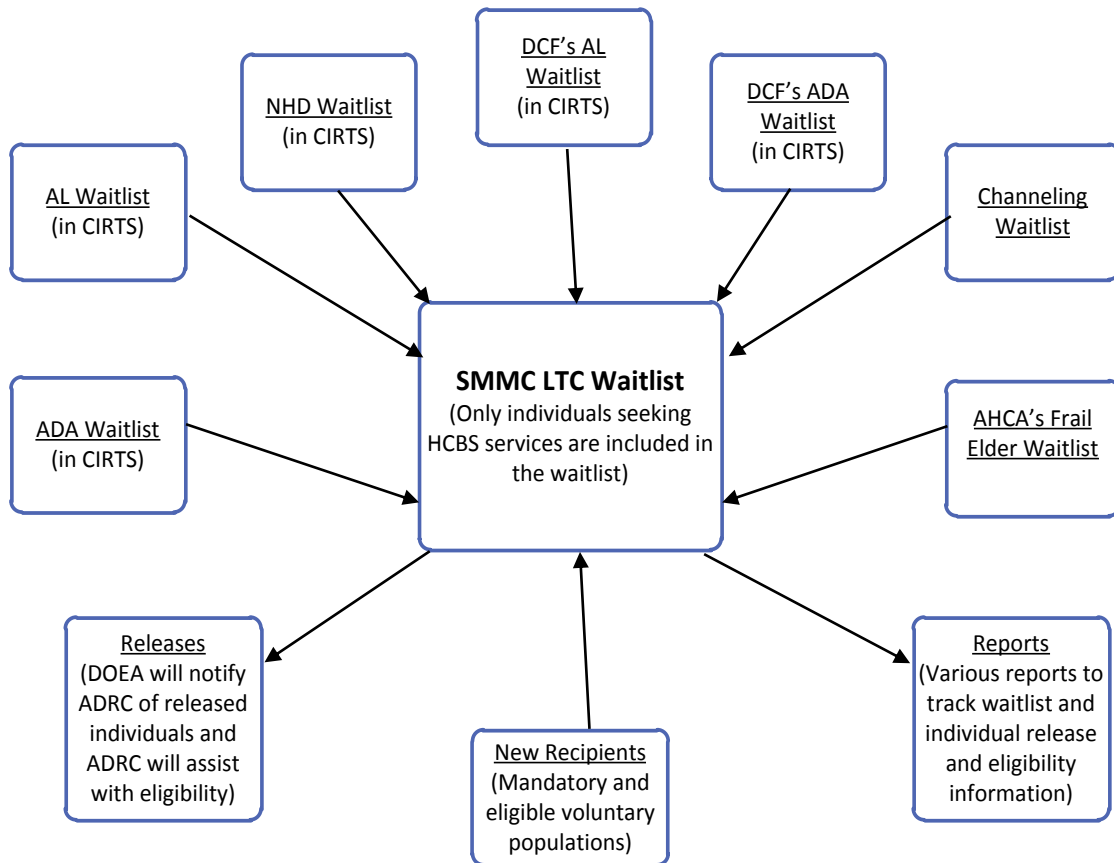


Exhibit 1-SMMC LTC Regional Enrollment Schedule

PSA(s)/Region(s)	Enrollment Effective Date
7	August 1, 2013
8, 9	September 1, 2013
2, 10	November 1, 2013
11	December 1, 2013
5, 6	February 1, 2014
1, 3, and 4	March 1, 2014

Enrollment Management System Procedures

These procedures outline the release process for individuals seeking Medicaid home and community-based waiver services offered through enrollment in a SMMC LTC plan (LTC plan). Potential recipients must be placed on the APCL pursuant to the Department's prioritization methodology as stated in the *Department of Elder Affairs Programs and Services Handbook* (Handbook), Chapter 2 (http://204.156.255.8/pub_programs_services_handbook.html). This method releases potential recipients from the APCL using the potential recipient's most recent rank and priority score, which assign the highest priority to the frailest potential recipients most in need of services.

EMS Releases

The Department, in consultation with AHCA, determines the number of potential recipients that may be served statewide based on available funding. Upon release by the Department, the Aging and Disability Resource Centers (ADRCs) may access the EMS release in the Client Information

and Referral Tracking System (CIRTS). The information will be located under the Reports tab in CIRTS. Click CIRTS, and then select report number 19, “Waiver Release Report,” under the Enrollments section. The Waiver Release Report will include the following fields generated from CIRTS:

- SSN (Social Security Number)
- Client ID (unique, random number assigned by the system for each recipient in CIRTS)
- Last Name
- First Name
- PSA when released (Planning and Service Area)
- County of Services (county code)
- Description (county name)
- Zip (ZIP Code)
- Program (program code, for example, LTCC is the code for SMMC LTC)
- Release Date
- Owner ID (number identifying which ADRC is responsible for managing a recipient’s case)
- Medicaid Number
- APCL Enrollment (enrollment span for individual on waitlist)
- APPL Enrollment (enrollment span for individual in the enrollment process)
- Staffing PSA (the Comprehensive Assessment and Review for Long-Term Care Services (CARES) office responsible for staffing the level of care (LOC)
- CARES Level of Care (contains the staffing date if the LOC has been staffed by CARES)
- 2515 and LOC to DCF -MWTL (date populated from the Medicaid Waiver Timeline)
- First 701B after Release Date (date populated from assessments completed in CIRTS after release date)
- ACTV Enrollment (date individual became enrolled in SMMC LTC)

- Other Open Enrollment (open enrollment spans in other Department-administered programs)

Eligibility and Enrollment Steps Subsequent to Each Release

After the EMS release is distributed, each ADRC will confirm, through initial telephone contact, which individuals express continued interest in enrolling in SMMC LTC.

Individuals on the EMS release list will be contacted by the ADRCs based on each individual's rank and priority score, specifically contacting the frailest first. For those individuals expressing continued interest in SMMC LTC, the following must be completed:

1. Update the individual's CIRTS enrollment field from APCL to APPL (applicant list) within two (2) working days of reaching the individual.
2. Medicaid Administrative Claiming (MAC) /Medicaid Waiver Specialist (MWS) staff will send each potential recipient the Medical Certification for Nursing Facility/Home-and Community-Based Services Form 3008, AHCA MedServ-3008 (Form 3008), and instruct him/her to have it completed and signed by his/her primary care physician (PCP)¹.
3. If the individual does not have Medicaid, the ADRCs shall assist the individual with the financial eligibility process, including assistance with the submission of an application to the Department of Children and Families (DCF).

Note: The Form 3008 must be obtained prior to submitting an application to DCF.

4. Upon the ADRC's receipt of the Form 3008 and the submission of the Medicaid application to DCF, MAC/MWS staff will request a Level of Care (LOC) from Comprehensive Assessment and Review for Long-Term Care Services (CARES) staff by emailing the CARES Office a complete and correct PDF copy of the

¹ The request for the Form 3008 is only needed if the ADRC does not already have one on file.

Form 3008. The ADRC will use the following naming convention for the PDF document:

- **CARES office designation_EMS_CIRTS Client ID#_YYYY.MM.DD**
(Date Sent)

For example, ADRC sends a complete and correct PDF copy of the Form 3008 to CARES 3A for an individual on the EMS Release. The following naming convention for the PDF is used:

3A_EMS_0000000000_2014.02.03.pdf.

5. The MAC/MWS staff must record the date the Form 3008 was received by the ADRC on the Medicaid Waiver Timeline screen in CIRTS within two (2) working days of the occurrence, as required by contract. CARES staff will conduct a 701B assessment and use the Form 3008 to determine the LOC for the individuals.

- Once the LOC is generated by CARES, MAC/MWS staff will fill out the Certification of Enrollment Status Home and Community-Based Services (Form 2515), including the staffing date of the potential recipient's LOC, and send the form to DCF². The LOC staffing date will be located under the reports tab in CIRTS. Click CIRTS, and then select report number 1, "Authorized LOCs sent to Enrollment Broker for SMMC LTC," under the Levels of Care section³. The date the Form 2515 and LOC were submitted to DCF will be recorded on the Medicaid Waiver Timeline screen in CIRTS within two (2) working days of the occurrence, as required by contract.

Note: Following notification of initial enrollment from AHCA to the LTC plans, and in instances of transition from a nursing facility to the community, LTC plans

² Submission of the Form 2515 to DCF with LOC information is not required for individuals that already have SSI.

³ The LOC staffing date information can also be found in the Waiver Release Report.

- update the information on the Form 2515 submitted by the ADRC by reporting the LTC plan as the case management agency and reporting any change in living arrangement to DCF.
6. The AHCA Enrollment Broker system receives daily data feeds from the Department containing LOC information, as well as, notification from DCF of an individual's Medicaid application submission. The Enrollment Broker subsequently links the LOC information received from CIRTS with a daily data feed from DCF to determine if the individual is medically eligible and has applied for Medicaid. If both conditions are met, the Enrollment Broker will mail the individual a welcome packet within five (5) days of receiving the individual's information from CIRTS and DCF's FLORIDA System⁴.
 7. The next step is for the individual to contact the Enrollment Broker to choose a LTC plan and to opt into the Medicaid Pending enrollment option, if desired. If the individual does not choose the Medicaid Pending option, enrollment will not begin until after he/she has been approved to receive Medicaid by DCF. Upon receipt of their approved Medicaid financial eligibility determination, the recipient will either be enrolled in the plan that the recipient selected or be auto-assigned to a LTC plan if no choice was made within 30 days.
 8. The Department updates CIRTS twice a month with enrollment information from the Florida Medicaid Management Information System (FMMIS). Active enrollment spans for SMMC LTC will be reflected on the enrollments screen using the MLTC ACTV CIRTS code.

⁴ For those individuals with SSI, once the LOC and SSI information is provided in the daily feed from CIRTS and FMMIS (Social Security Administration information), the Enrollment Broker sends the recipient a welcome packet within five (5) days.

9. The recipient will have 90 days to switch to a different LTC plan, if desired, after initial enrollment. Recipients will only be able to switch LTC plans once the 90 days have elapsed if they have a “good-cause” reason, as outlined in the SMMC LTC contract between AHCA and the LTC plans. Additionally, recipients may switch plans during the open enrollment period each year. Good-cause determinations are rendered by AHCA.

Note: Community Care for the Elderly (CCE) Medicaid Waiver Probables are considered in the cost estimates for each release and will be identified for the ADRCs on the EMS Release. This identification does not supplant the ADRC’s contractual responsibility to “identify potential Medicaid eligible CCE individuals,” assist individuals in meeting the requirement to “apply for Medicaid Waiver services,” or to meet the statutory performance measure related to “average time in CCE Program for Medicaid Waiver Probables.”

Managing an EMS Release

Department staff will be available to provide technical assistance to the ADRCs on an ongoing basis. Department staff will also monitor timeframes for movement of individuals from the date of release to waiver enrollment.

EMS Release Reporting

Each ADRC will submit a plan to its assigned waiver contract manager at the Department within five (5) working days upon receipt of an EMS release or upon request by the Department. The plan shall outline the proposed method through which the ADRC will process individuals on the EMS Release. This plan will outline how the ADRC will contact individuals on the EMS Release, which ADRC staff members will be assigned to complete EMS functions, and a breakdown of the total amount of time it will take to complete the EMS Release process for the released individuals on the EMS Release.

In addition, the ADRCs will complete required fields on the Medicaid Waiver Timeline screen in CIRTS, as required by contract. Required fields are the following:

1. Program (selected from a drop-down list)
2. DCF Application Filed (date the potential recipient completed an ACCESS application)
 - a. Not required for recipients who already have Medicaid eligibility (SSI, etc.)
3. Form 3008 Received (date the recipient returned the Form 3008 to the ADRC)
4. Form 2515 & LOC to DCF Date (date the ADRC submitted the Form 2515 with LOC to DCF)
5. Medicaid Approved/Denied Date (date DCF approved/denied the recipient's Medicaid application)
6. SSI (completed if the recipient has Supplemental Security Income (SSI) benefits)
7. Comments (completed as needed).

The Department may request additional information from the ADRCs regarding this process.

Removing Individuals from the EMS

When an individual who has been released from the APCL is no longer eligible for or no longer interested in receiving services from the SMMC LTC, CIRTS must be updated, as required by contract. The purpose of CIRTS updates is to ensure that individuals are removed from the APCL so that enrollment and releases may be accurately managed. If an individual who has been released from the APCL is no longer interested in receiving services from the SMMC LTC, CIRTS must be updated within two (2) working days and the individual removed from the APCL.

When an Individual on the EMS Release for the SMMC LTC Moves

Individuals who move to a different PSA while on the EMS release and pending enrollment into the SMMC LTC, will not lose his/her place in the enrollment process. The ADRC in the original PSA must coordinate with the ADRC and respective CARES Office in the PSA where the recipient is relocating. To ensure the individual's place is held on the APPL, the CIRTS entries shall be made in the following order:

1. ADRC staff in the originating PSA closes the APPL with the CIRTS code "TPMO = TERMINATED APPL INDIVIDUALS MOVED" and informs the receiving ADRC.
2. ADRC staff in the receiving PSA enters the individual's APPL enrollment date.

When an Individual on the EMS Release moves during the SMMC LTC Roll-Out Schedule Through March 2014

During the SMMC LTC roll-out (August 2013 – March 2014), individuals may move from a PSA with the SMMC LTC to a PSA where the SMMC LTC has not yet been implemented and vice versa. In this case, the individual will not lose his/her place in the enrollment process. To ensure the individual's place is held on the APPL, the CIRTS entries below should be made in the following order:

1. ADRC staff in the originating PSA closes the APPL with the CIRTS code "TPMO = TERMINATED APPL INDIVIDUALS MOVED" and informs the receiving ADRC.
2. ADRC staff in the receiving PSA enters the individual's APPL enrollment date.

For example: If an individual moves from PSA 7 to PSA 1 on February 3, 2014, the ADRC in PSA 7 would update CIRTS by closing the APPL and informing the ADRC in PSA 1 of the individual's relocation. The ADRC in PSA 1 would update CIRTS by entering the APPL enrollment and assisting the individual with completing the

enrollment process into the SMMC LTC of his/her choice in PSA 1 (earliest effective enrollment date would be March 1, 2014). If an individual moves from PSA 1 to PSA 7 in this same scenario, the ADRCs would update CIRTS accordingly, and the individual would not lose his/her place in the enrollment process. After the enrollment process is completed, the individual would be enrolled into the SMMC LTC pursuant to the process described in this document.

Disenrolled SMMC LTC Recipients Returning to the EMS

If a recipient has been disenrolled from the SMMC LTC and later wishes to re-enroll, he/she should be treated as a new individual and placed on the APCL.

Exceptions to this re-enrollment policy are as follows:

- **Involuntary Disenrollments:** If a recipient was involuntarily disenrolled from the SMMC LTC for fraudulent use of his/her Medicaid card, disruptive behavior, or falsification of prescriptions, then the recipient would not be eligible for re-enrollment in the SMMC LTC unless the Department directs APCL placement for the individual.
- **Medicaid Reinstatements:**
 - If a recipient loses Medicaid eligibility and regains it within 60 days, then the recipient may remain enrolled with his/her current LTC plan. The recipient does not need to reapply for the SMMC LTC and will not be placed on the APCL.
 - If a recipient loses Medicaid eligibility and does not regain it within 60 days, then the recipient will be disenrolled from the SMMC LTC. If the recipient contacts the ADRC within 60 days of disenrollment from the LTC plan, the ADRC shall assist the recipient with reestablishing Medicaid eligibility. If Medicaid financial eligibility is reinstated during the 60 day timeframe following disenrollment, the individual does not

need to be placed on the APCL. If Medicaid eligibility was not reinstated within 120 days, the individual will return to the APCL if he/she wishes to re-enroll in the SMMC LTC.

Medicaid Nursing Facility Placement Requests

If a potential recipient resides in the community but chooses to seek Medicaid nursing facility services and placement, the potential recipient may request eligibility determination assistance from the ADRC. A potential recipient seeking Medicaid nursing facility services cannot be placed on the APCL or APPL. Instead, he/she may receive assistance with eligibility for the SMMC LTC as outlined in the ADRC contract with the Department. As a part of the assistance the individual may receive from the ADRC, the following must be completed:

1. When the potential recipient requests nursing facility placement, the ADRC will review the CIRTS Demographics Screen and either create a new screen or update historical information to reflect the most recent data for the individual (i.e. contact person, phone number, etc.).
2. MAC/MWS staff will send each potential recipient the Form 3008, and instruct him/her to have it completed and signed by his/her primary care physician (PCP) and return it to the ADRC.
3. Upon the ADRC's receipt of the complete and correct Form 3008, the ADRC must submit the Medicaid Application to DCF.
4. Lastly, the ADRC will request a LOC by emailing the CARES Office a PDF copy of the Form 3008. The ADRC will use the following naming convention for the PDF document:
 - **CARES office designation_NH_CIRTS ID#_YYYY.MM.DD** (Date Sent)
For example, 3A_NH_0000000000_2014.02.03.

Note: In order for DCF to approve the Medicaid application for a potential nursing home Medicaid recipient, the recipient must be residing in the nursing home by the time the application is approved.