The Department supports and operates Medicaid programs in partnership with the Agency for Health Care Administration (AHCA), Florida's designated Medicaid agency. Medicaid programs provide alternative, less restrictive, long-term care options for elders who qualify for skilled nursing home care. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center, or in an institutional setting, such as a nursing facility. Medicaid programs provide eligible elders with a choice of care settings that promotes increased independence.
Comprehensive Assessment and Review for Long-Term Care Services (CARES)

Description

The Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program is Florida’s federally mandated pre-admission screening program for nursing home applicants. A registered nurse or assessor performs face-to-face client assessments. A physician or registered nurse reviews each application to determine the medical level of care for the applicant. By identifying long-term care needs and establishing appropriate levels of care, the program makes it possible for individuals to remain safely in their homes using home and community-based services or in alternative community settings such as assisted living facilities.

Federal law mandates that the CARES Program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or home and community-based services. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). Assessments are completed at no cost to the clients.

Services and Activities

- Conduct medical assessments for residents in nursing facilities entering court-ordered receivership.

Administration

The Department of Elder Affairs administers CARES in partnership with the Agency for Health Care Administration. There are 17 CARES field offices located throughout the state. CARES personnel include physicians, registered nurses, assessors, administrative support staff, office supervisors, and regional program supervisors. The CARES management structure also includes central office staff responsible for program and policy development. A map of the CARES office locations with contact information can be found on page 13 of this publication.

Eligibility

Florida residents seeking Medicaid assistance for nursing facilities or community-based long-term care services must meet both medical and financial eligibility requirements. CARES is responsible for performing face-to-face comprehensive assessments of all Medicaid long-term care applicants to determine if individuals meet the State’s medical level of care eligibility requirements. Financial eligibility is determined by the Florida Department of Children and Families or the Social Security Administration (SSA).
Statutory Authority


Funding Source and Allocation Methodologies

The Department of Elder Affairs allocates CARES spending authority to each of the 17 CARES field offices, located in 11 Planning and Service Areas around the state, based on the number of client applications and assessments and the number of CARES personnel in each office.

CARES Appropriation History and Numbers Served

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Federal Funding = 75%</th>
<th>Total Number of Assessments</th>
<th>Percent Diverted*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>$16,135,481</td>
<td>105,217</td>
<td>34.3%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>$17,815,669</td>
<td>108,119</td>
<td>39.2%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>$17,643,458</td>
<td>120,603</td>
<td>38.7%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>$17,183,815</td>
<td>122,894</td>
<td>36.1%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>$17,300,580</td>
<td><strong>80,706</strong></td>
<td>20.9%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>$18,358,055</td>
<td>88,075</td>
<td>n/a</td>
</tr>
<tr>
<td>2015-2016</td>
<td>$18,316,195</td>
<td>93,790</td>
<td>n/a</td>
</tr>
<tr>
<td>2016-2017</td>
<td>$18,332,574</td>
<td>100,304</td>
<td>n/a</td>
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<tr>
<td>2017-2018</td>
<td>$17,983,094</td>
<td>99,247</td>
<td>n/a</td>
</tr>
<tr>
<td>2018-2019</td>
<td>$17,938,949</td>
<td>#104,209</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Percent Diverted is the percentage of initial CARES assessments where the person continues to reside in the community for 30 days or more after assessment. Percent Diverted is not based on the total number of assessments. After implementation of the Statewide Medicaid Managed Care Program in 2014, CARES was no longer responsible for diversion to community alternative programs.

**The reduction in the number of assessments is due to CARES no longer performing annual face-to-face assessments of Medicaid waiver program participants beginning March 1, 2014.

#Projection

Source for assessments: CIRTS
Program Highlight

When the Governor declares a state of emergency, CARES team members are called on to work in Special Needs Shelters (SpNSs). These shelters provide medical oversight to evacuated individuals with significant medical conditions and/or disabilities until they can return to their homes or alternative living arrangements. If individuals cannot return to their homes, CARES employees provide assistance with locating alternative facility housing.

The day after Hurricane Michael made landfall in Bay County near Panama City, the CARES Region 1 team was called into action at special needs shelters in Leon, Gadsden, Jackson, Washington, and Bay counties. CARES employees from Pensacola, Panama City, and Tallahassee drove hundreds of miles, in adverse conditions and worked 12 to 13 hour shifts for the next several days until every individual was discharged from the shelter to an appropriate facility where their medical needs could be safely met and managed. A team of 11 CARES employees were able to rapidly assess and arrange for placement and transportation for over 50 special needs evacuees housed at five different shelters throughout five counties. Two members of the CARES team even went so far as to meet a transport van with four evacuees to provide a hot meal for them after the accepting facility informed CARES that their kitchen was closed and they would not be able to provide the evacuees dinner upon their arrival.

A few days after Hurricane Michael hit, a regional SpNS was opened at the Fasano Center in PSA 5’s Pasco County, and all remaining SpNS clients from Bay County were transferred there. Although this geographic area was spared the devastation of Hurricane Michael, CARES employees saw the impact of such a storm through the eyes of these evacuees, many of whom had been moved more than once to find help and were anxious and exhausted. CARES faced the additional challenge of clients wanting to return to their geographic home area, of which PSA 5 employees were not familiar. However, in six-and-a-half-days, the PSA 5 CARES team succeeded in finding a safe, supportive, long-term living environment for 35 people with special needs.
Program of All-Inclusive Care for the Elderly (PACE)

Description

The Program of All-Inclusive Care for the Elderly (PACE) model targets individuals who would otherwise qualify for Medicaid nursing home placement and provides a comprehensive array of home and community-based services at a cost less than nursing home care. Individuals who choose to enroll in PACE have both their medical and long-term care needs managed through a single provider.

Services and Activities

In addition to services covered under Medicaid, PACE includes all services covered by Medicare. PACE is unique in several respects. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services. In addition, PACE Organizations receive an enhanced capitation payment from Medicare beyond that of a traditional Medicare health maintenance organization. PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by interdisciplinary teams.

Eligibility

To be eligible for PACE, an individual must be age 55 or older, be eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level, meet medical eligibility, and live in proximity to a PACE Center.

Statutory Authority

42 Code of Federal Regulations 460; Balanced Budget Act of 1997; and Chapters 409 and 430, Florida Statutes.

Funding Source and Allocation Methodologies

Funds come from the federal Medicaid Trust Fund and state General Revenue.

<table>
<thead>
<tr>
<th>PACE Centers</th>
<th>Counties Funded</th>
<th>Funded Slots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida PACE</td>
<td>Broward</td>
<td>125</td>
</tr>
<tr>
<td>Florida PACE</td>
<td>Miami-Dade</td>
<td>809</td>
</tr>
<tr>
<td>Hope Select Care PACE</td>
<td>Lee, Charlotte, and Collier</td>
<td>650</td>
</tr>
<tr>
<td>Palm Beach PACE</td>
<td>Palm Beach</td>
<td>656</td>
</tr>
<tr>
<td>Suncoast PACE</td>
<td>Pinellas</td>
<td>325</td>
</tr>
<tr>
<td><strong>PROGRAM TOTAL</strong></td>
<td><strong>2,565</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: Each state and federally approved site has a maximum number of individuals that may receive services through PACE.
### PACE Appropriation History and Numbers Served

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Combined Federal and State Funding</th>
<th>Clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>$10,278,683</td>
<td>550</td>
</tr>
<tr>
<td>2010-2011</td>
<td>$9,960,079</td>
<td>900</td>
</tr>
<tr>
<td>2011-2012</td>
<td>$14,269,333</td>
<td>795</td>
</tr>
<tr>
<td>2012-2013</td>
<td>$25,207,786</td>
<td>1,018</td>
</tr>
<tr>
<td>2013-2014</td>
<td>$28,330,951</td>
<td>1,100</td>
</tr>
<tr>
<td>2014-2015</td>
<td>$36,526,016</td>
<td>1,108</td>
</tr>
<tr>
<td>2015-2016</td>
<td>$39,550,155</td>
<td>1,539</td>
</tr>
<tr>
<td>2016-2017</td>
<td>$50,282,883</td>
<td>1,866</td>
</tr>
<tr>
<td>2017-2018</td>
<td>$47,718,123</td>
<td>1,882</td>
</tr>
<tr>
<td>2018-2019</td>
<td>$62,045,114</td>
<td>#2,145</td>
</tr>
</tbody>
</table>

#Projection

Source for clients served: Monthly enrollment reports from PACE Organizations

### Program Highlight

A PACE enrollee had a severe dermatological issue and had to be hospitalized briefly to receive treatment. The enrollee’s health care surrogate believed it would be necessary for the enrollee to transition from her independent living situation in an Assisted Living Facility (ALF) to a nursing home. The enrollee made it very clear that her wishes were to remain in the community and not go to the nursing home. When brought to the attention of the PACE staff, services were increased in order to allow the participant to remain within the community and continue to reside in the ALF that had been her home for years. The goal of the program is to allow elders to remain in the community for as long as possible. This instance showed how the plan advocated for the participant in her time of need and prevailed in preserving her right to remain in the ALF with their support.
Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC)

Description
The Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) was authorized by the 2011 Florida Legislature, which created Part IV of Chapter 409, Florida Statutes, to establish the Florida Medicaid program as an integrated Statewide Managed Care Program for all covered services, including long-term care services.

Medicaid recipients who qualify and become enrolled in SMMC LTC receive long-term care services from a managed care plan. The program uses a managed care delivery system to provide long-term care services and acute care services, including case management and coordination, to individuals who are dually eligible for Medicare and Medicaid or to Medicaid-eligible adults with a disability.

The State Medicaid program, through a monthly capitated rate, funds all home and community-based services and nursing home care. Clients are able to receive an array of acute and long-term services, such as home-delivered meals, coordination of health services, and intensive case management. These services are delivered through enrollment in managed care plans.

Services and Activities
SMMC LTC enrollees receive long-term care and acute services. Long-term care services provided include homemaker, companionship, assisted living services, case management, adult day care, home accessibility adaptation, escort, hospice, assistive care, assisted living facility services, behavioral management, personal care, personal emergency response systems, medical equipment and supplies, intermittent and skilled nursing, medication administration and management, caregiver training, home-delivered meals, respiratory therapy, respite care, occupational therapy, physical therapy, speech therapy, nursing facility services, and non-emergency transportation. Acute care services are covered by the enrollment in a Statewide Medicaid Managed Care Managed Medical Assistance (MMA) program and through Medicare enrollment.

Administration
The Agency for Health Care Administration (AHCA) administers this program. The Department of Elder Affairs coordinates enrollment and activities of the health plans in coordination with AHCA and administers the Independent Consumer Support Program (ICSP) to ensure that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, and questions.

Eligibility
SMMC LTC enrollees must be age 18 or older and determined disabled by the Social Security Administration, or they must be age 65 or older and enrolled in Medicare Parts A and B, be eligible for Medicaid up to the Institutional Care Program (ICP) income and asset levels, and be determined by CARES to be medically eligible by requiring nursing
home level of care or hospital level of care for individuals with a diagnosis of cystic fibrosis.

**Statutory Authority**

Section 1915(c)(1) of the Social Security Act; and section 409, *Florida Statutes*.

**Funding Source and Allocation Methodologies**

Funds are allocated from the federal Medicaid Trust Fund and General Revenue to AHCA.

**Numbers Served**

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Clients Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014*</td>
<td>97,364</td>
</tr>
<tr>
<td>2014-2015</td>
<td>110,241</td>
</tr>
<tr>
<td>2015-2016</td>
<td>116,745</td>
</tr>
<tr>
<td>2016-2017</td>
<td>122,068</td>
</tr>
<tr>
<td>2017-2018</td>
<td>129,795</td>
</tr>
<tr>
<td>2018-2019</td>
<td>#129,795</td>
</tr>
</tbody>
</table>

*August 2013 - June 2014

#Projection

Source: Agency for Health Care Administration

**Program Highlight**

The Department of Elder Affairs (DOEA) SMMC LTC program gathers and analyzes data from the SMMC LTC plans. That information is then used to support the monitoring efforts made on behalf of AHCA through the Person-Centered Monitoring (PCM) program. PCM is a national initiative led by the Centers for Medicare and Medicaid Services (CMS) geared towards improving quality of care and, ultimately, resulting in better outcomes for SMMC LTC enrollees. PCM allows DOEA to more adequately evaluate the SMMC LTC program through the eyes of the elders served and ensure that they are receiving the quality of care expected.
Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map

The Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map provides an overview of the process for an individual to be enrolled in SMMC LTC. The process map demonstrates the interaction between an individual and DOEA from the beginning of the process to enrollment (end of process).

The length of time to complete the enrollment process depends upon several factors including funding and proper documentation being submitted.

ACRONYMS USED IN WAITLIST PROCESS MAP

- ADRC: Aging and Disability Resource Center
- AHCA: Agency for Health Care Administration
- ARNP: Advanced Registered Nurse Practitioner
- CARES: Comprehensive Assessment and Review for Long-Term Care Services Program
- CIRTS: Client Information and Registration Tracking System
- DCF: Department of Children and Families
- DOEA: Department of Elder Affairs
- LOC: Level of Care
- PCP: Primary Care Physician
- SMMC LTC: Statewide Medicaid Managed Care Long-term Care Program

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**Flowchart Description:**

1. Individual contacts the Elder Helpline, ADRC, or other entity for assistance.
2. Referral is processed by the ADRC.
3. Initial phone screening (701S) is conducted.
4. ADRC notifies individual with a priority score of 5 to obtain the physician’s certification form (3008).
5. Individual is placed on waitlist.
6. ADRC confirms the individual’s eligibility status and calls the individual.
7. △ continued interest in the program?
   - YES: Individual obtains completed physician’s certification form (3008) from PCP or ARNP.
   - NO: ADRC receives physician’s certification form (3008) then requests LOC from CARES.
8. Enrolled in SMMC LTC
9. Terminated in CIRTS
10. Both medically (CARES) and financially (DCF) eligible?
    - YES: CARES completes in-home assessment (701B), reviews medical documentation, and issues LOC.
    - NO: Individual or ADRC (if assisting) submits Medicaid financial application to DCF.

**Colors and Notes:**

- BLUE: Completed by the individual
- YELLOW: Completed by the ADRC
- ORANGE: DOEA/CARES action