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

- Determine medical eligibility for the Medicaid ICP;
- Determine medical eligibility for Medicaid programs that provide home and community-based services; and
- 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 70 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 = 50% State Funding = 50%*</th>
<th>Total Number of Assessments</th>
<th>Percent Diverted**</th>
</tr>
</thead>
<tbody>
<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>***80,706</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>
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<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>103,742</td>
<td>n/a</td>
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<tr>
<td>2019-2020</td>
<td>$17,577,493</td>
<td>#108,929</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Prior to January 1, 2019, federal funding was 75 percent and state funding was 25 percent. The Agency for Health Care Administration contracted with a private vendor in January 2019 to complete pre-admission screening and resident Review activities.

**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

Mr. M is a 62-year-old with autism. When the assisted living facility (ALF) he called home was partially destroyed by Hurricane Michael, Mr. M was moved to a facility in Georgia. When his sister was ready to move him closer to home, she reached out to the CARES Program. A CARES nurse explained the steps, provided information, and supplied the Elder Helpline so Mr. M could be screened. Ultimately, the CARES nurse completed a comprehensive, face-to-face assessment and determined Mr. M’s level of care. He is now happily living in an ALF close to his family and he has a case manager to help coordinate his services through his Medicaid long-term care plan.
CARES OFFICE LOCATIONS

PSA - Planning and Service Area

1 PSA 1
1101 Gulf Breeze Pkwy., Ste. 331
Gulf Breeze, FL 32561
(850) 916-6700

2A PSA 2A
278 Forest Park Cir.
Panama City, FL 32405
(850) 747-5840

2B PSA 2B
4040 Esplanade Way, Ste. 380
Tallahassee, FL 32399
(850) 414-9803

3A PSA 3A
14101 US Hwy. 441, Ste. 400
Alachua, FL 32615
(386) 418-6430

3B PSA 3B
1515 E. Silver Springs Blvd., Ste. 203
Ocala, FL 34470
(352) 620-3457

4A PSA 4A
4161 Carmichael Ave., Ste. 101
Jacksonville, FL 32207
(904) 391-3920

4B PSA 4B
210 N. Palmetto Ave., Ste. 408
Daytona Beach, FL 32114
(386) 238-4946

5 PSA 5
11351 Ulmerton Rd., Ste. 303
Largo, FL 33778
(727) 588-6882

6A PSA 6A
701 W. Fletcher Ave., Ste. D
Tampa, FL 33612
(813) 631-5300

6B PSA 6B
200 N. Kentucky Ave., Ste. 302
Lakeland, FL 33801
(863) 680-5584

7A PSA 7A
400 W. Robinson St., Ste. 709
Orlando, FL 32801
(407) 540-3865

7B PSA 7B
Cocoa, FL 32922
(321) 690-6445

8 PSA 8
2295 Victoria Ave., Ste. 153
Fort Myers, FL 33901
(239) 338-2571

9A PSA 9A
4400 N. Congress Ave., Ste. 102
West Palm Beach, FL 33407
(561) 840-3150

9B PSA 9B
337 N. 4th St., Ste. E
Fort Pierce, FL 34950
(772) 460-3692

10 PSA 10
8333 W. McNab Rd., Ste. 235
Tamarac, FL 33321
(954) 597-2240

11 PSA 11
9495 Sunset Dr., Ste. B-100
Miami, FL 33173
(305) 270-6535

County coloring represents area served by the corresponding office location.
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.

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, be able to live safely within the community, and live in proximity to a PACE Center.

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.

Administration
PACE is administered by the Agency for Health Care Administration, in partnership with the Department of Elder Affairs and the federal Centers for Medicare & Medicaid Services (CMS).

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></td>
<td><strong>2,565</strong></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>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>2,173</td>
</tr>
<tr>
<td>2019-2020</td>
<td>$66,800,015</td>
<td>#2,377</td>
</tr>
</tbody>
</table>

*#Projection  
Source for clients served: Monthly enrollment reports from PACE Organizations*

## Program Highlight

Mr. and Mrs. R were unable to access needed services due to the rodent infestation in their home. Without help, they went without primary care and medications and both their home and health got worse. Mrs. R, a former registered nurse, was sure that they would be placed in a long-term care facility.

An agency reached out to the Program of All-Inclusive Care for the Elderly (PACE), knowing that often times PACE can find solutions to unique and challenging problems. Occupational therapy and home care staff went to the home and returned with information for the Interdisciplinary Team (IDT). Rodent feces covered the floor and were found in food cabinets. Mr. and Mrs. R came and spoke to the IDT members about their goals and their desire to remain living in the community. Immediately, Hope Healthcare PACE staff began assessing how to mitigate the home issue. With approval of Mr. and Mrs. R, staff met with a local pest control provider at their home. The home was found to be in safe condition, so a plan of remediation was developed and agreed upon. Mr. and Mrs. R enrolled in PACE and the work began. Traps were laid and treatment began inside the home, including deep cleaning of carpets and cabinets. Transportation brought Mr. and Mrs. R to the PACE center while their home was being treated. They saw their physician, received medications, socialized with others, and enjoyed participating in the events of the center. Home healthcare was approved to keep the home clean and in good condition. Mr. and Mrs. R have since blossomed in their home with the help of the IDT and more importantly, by the PACE model of care.
Medicaid Programs

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, at a minimum, adult companion care, adult day health care, assisted living, assistive care services, attendant care, behavioral management, care coordination and case management, caregiver training, home accessibility adaptation, homemaker services, hospice, intermittent and skilled nursing, medical equipment and supplies, medication administration, medication management, nursing facility services, nutritional assessment and risk reduction, personal care, personal emergency response system, respite care, therapies (occupational, physical, respiratory, and speech), 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 Aging and Disability Resource Centers (ADRCs) serve as the entry point for persons seeking to enroll in SMMC LTC. 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>137,157</td>
</tr>
<tr>
<td>2019-2020</td>
<td>#137,157</td>
</tr>
</tbody>
</table>

*August 2013 - June 2014  
#Projection

Source: Agency for Health Care Administration

Program Highlight
In February 2019, the roll-out of new Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) plans and services was completed, resulting in an expanded range of benefits for enrollees. The number of LTC plans available in each region was increased from a minimum of two plans to four plans; additionally, all SMMC LTC enrollees now automatically qualify for enrollment in one of three dental plans. The roll-out also included an integration of the Managed Medical Assistance (MMA) and LTC programs, meaning persons who qualify for both MMA and LTC will have the same plan for both sets of services, enhancing the coordination of the care the client receives. All of these changes result in a greater number of options for enrollees, which enables them to choose the services and providers that are best tailored to meet their personal needs.
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

**Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map**

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. **DOEA notifies ADRCs when funding is available for enrollment.**
7. **ADRC determines the number of enrollees to release in order not to exceed the program allocation.**
8. **AHCA determines the number of enrollees to release in order not to exceed the program allocation.**
9. **DOEIA notifies ADRCs when funding is available for enrollment.**
10. **ADRC confirms the individual’s eligibility status and calls the individual.**
11. **Continued interest in the program?**
   - **YES**
     - **Individual obtains completed physician’s certification form (3008) from PCP or ARNP.**
     - **ADRC receives physician’s certification form (3008) then requests LOC from CARES.**
     - **CARES completes in-home assessment (701B), reviews medical documentation, and issues LOC.**
   - **NO**
     - **Both medically (CARES) and financially (DCF) eligible?**
       - **YES**
         - **Individual or ADRC (if assisting) submits Medicaid financial application to DCF.**
       - **NO**
         - **Terminated in CIRTS**
12. **Enrolled in SMMC LTC**
13. **Individual or ADRC (if assisting) submits Medicaid financial application to DCF.**
14. **Both medically (CARES) and financially (DCF) eligible?**
15. **Enrolled in SMMC LTC**
16. **Terminated in CIRTS**
17. **Completed by the individual**
18. **Completed by the ADRC**
19. **DOEIA/CARES action**
20. **AHCA/DOEA action**