

A Different Way: An Alternative Provider-Driven Approach to Medicaid MLTSS



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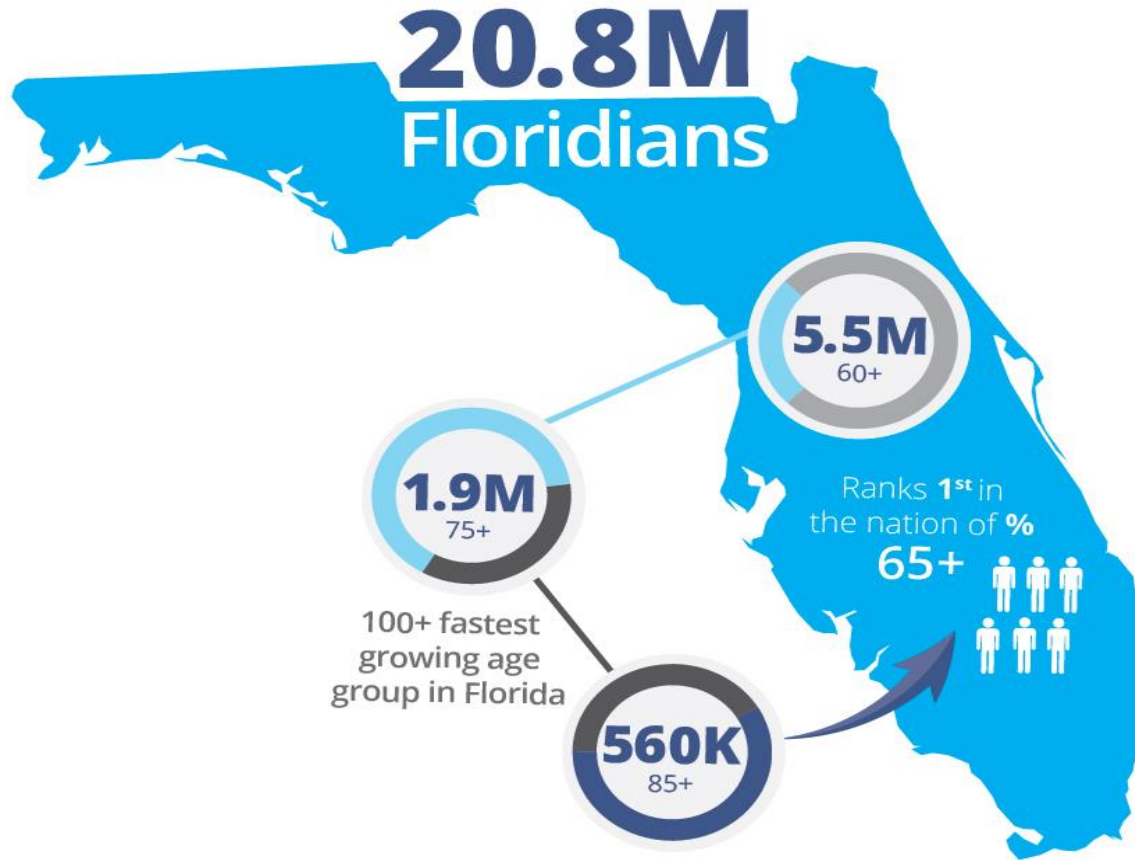


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Florida's Aging Population

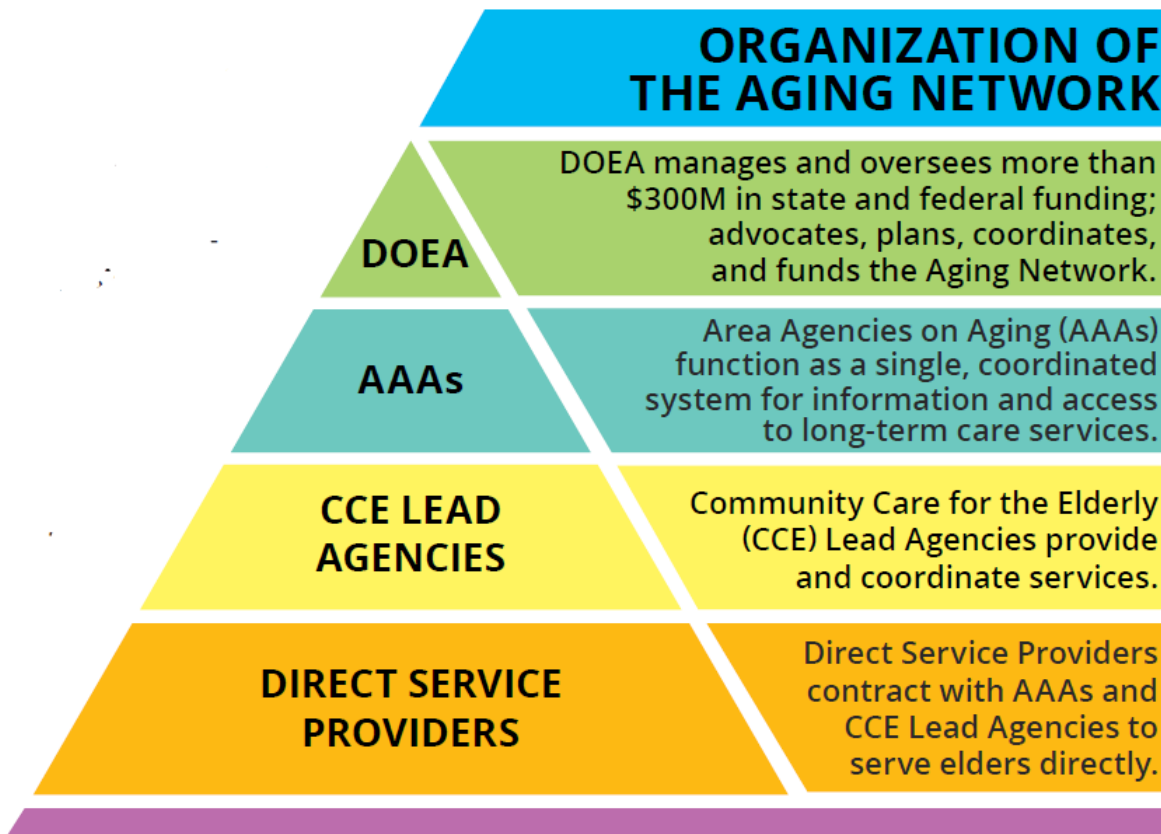


Florida's State Unit on Aging

- DOEA was constitutionally designated by Florida voters to "serve as the primary state agency responsible for administering human services programs for the elderly" (Section 430.03, *Florida Statutes*).
- DOEA is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, Florida Statutes. OAA requires DOEA fund service delivery systems through Area Agencies on Aging in each of state's 11 Planning & Service Areas (PSA).
- Ch. 430 requires DOEA fund service delivery Lead Agencies that coordinate and deliver care in counties of each PSA.

Florida's Aging Network

The organizations and providers that help create a better life for Florida's 5.5 million seniors make up Florida's Aging Network.



State Funded Programs

- Administered through contracts with AAAs who subcontract with 50+ Lead Agencies.
 - Community Care for the Elderly
 - Home Care for the Elderly
 - Alzheimer Disease Initiative
- Lead agencies are either non-profit corporations or county government agencies. They contract with local service providers, which include:
 - Non-profits - senior centers, county organizations, community action agencies, faith-based organizations, adult day care centers
 - For-profits - assisted living facilities, in-home service agencies, and managed care organizations (MCOs).

DOEA and Medicaid Programs

Florida Medicaid programs provide alternative, less restrictive, long-term care options for elders who qualify for skilled nursing home care.

DOEA supports and operates Medicaid programs in partnership with the Agency for Health Care Administration (AHCA), Florida's designated Medicaid agency:

CARES Program	PACE Programs	SMMC LTC Program
<p>The CARES program is Florida's federally mandated pre-admission screening program for Medicaid nursing home and applicants. The DOEA administers CARES in partnership with AHCA.</p>	<p>PACE programs target individuals eligible for Medicaid nursing home care and provide comprehensive HCBS and Medicare (acute care) services. PACE is administered by the DOEA, in partnership with the AHCA and federal CMS.</p>	<p>AHCA administers this Medicaid MLTSS program. DEOA coordinates enrollment and activities of the health plans in coordination with AHCA and administers the Independent Consumer Support Program (ICSP).</p>

Accessing LTC services


Long Term Care – assistance needed when disabilities impair the capacity to perform the basic tasks of everyday life.

Activities of Daily Living - eating, bathing, dressing, toileting, and transferring

Instrumental ADLs - preparing meals, managing money, managing medication, shopping, housework, doing laundry, and using a telephone.



The Future

- Baby Boomers want LTC that is:
 - Home based
 - Person centered / personal choice
 - Diversity of options
- Crisis - decline in the number of informal caregivers
- Age in Place  Age in the Right Place
- There is growing public and private recognition of the cost advantages of Aging in the Right Place.



“We always overestimate the
change that will occur in the next
two years ...
and underestimate the change that
will occur in the next ten.”

Bill Gates



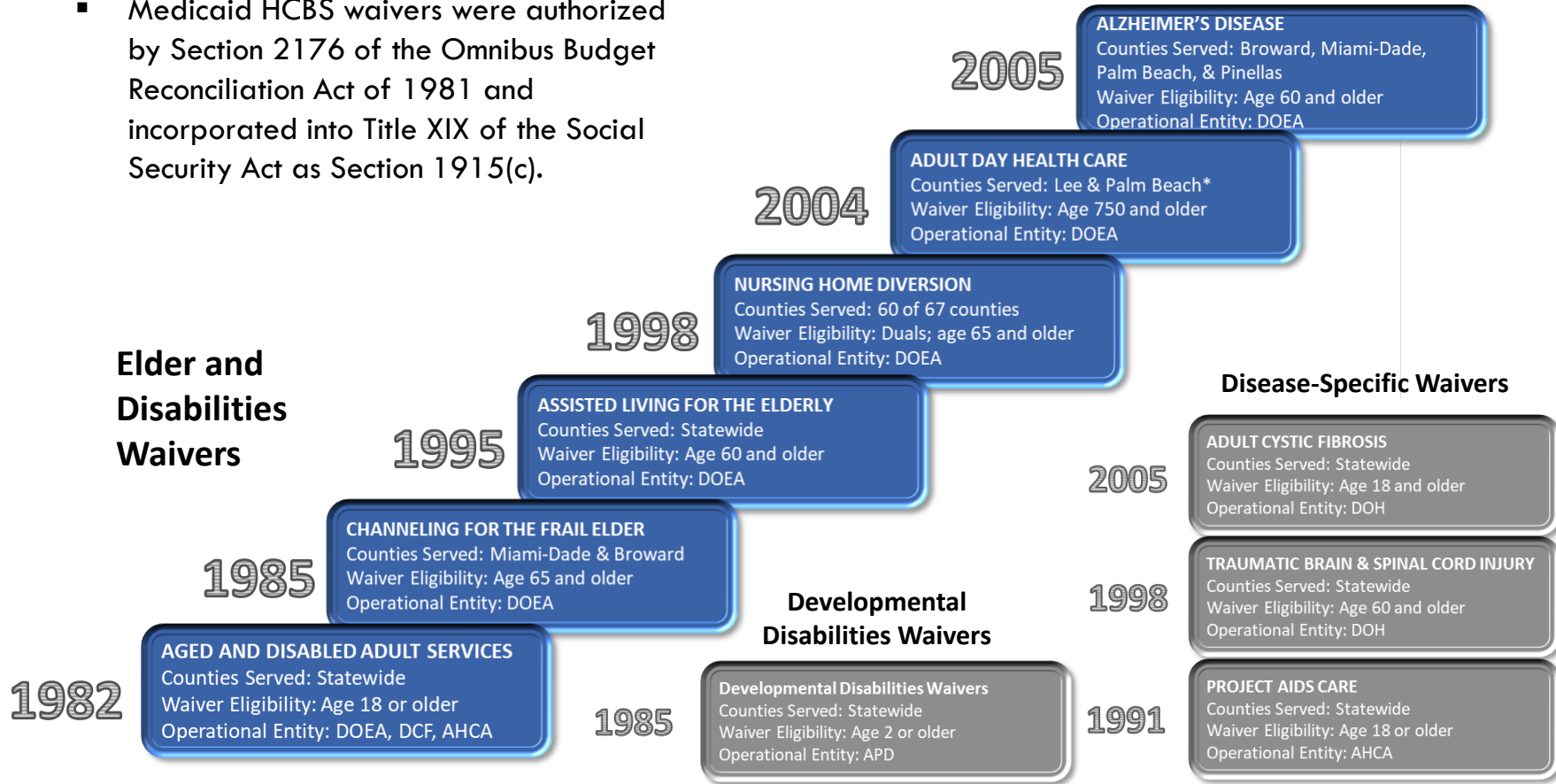
David Rogers
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Florida's History of Medicaid HCBS Waivers

Historically, Medicaid Home and Community-Based Services (HCBS) waivers were designed to leverage existing provider networks, such as Florida's Aging Network.

- Medicaid HCBS waivers were authorized by Section 2176 of the Omnibus Budget Reconciliation Act of 1981 and incorporated into Title XIX of the Social Security Act as Section 1915(c).

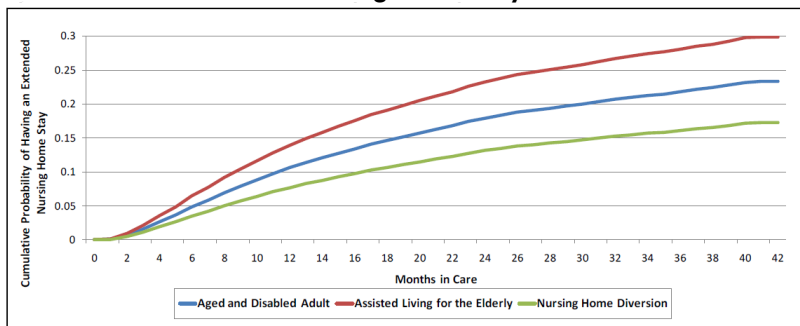


Florida's Nursing Home Diversion (NHD) Waiver

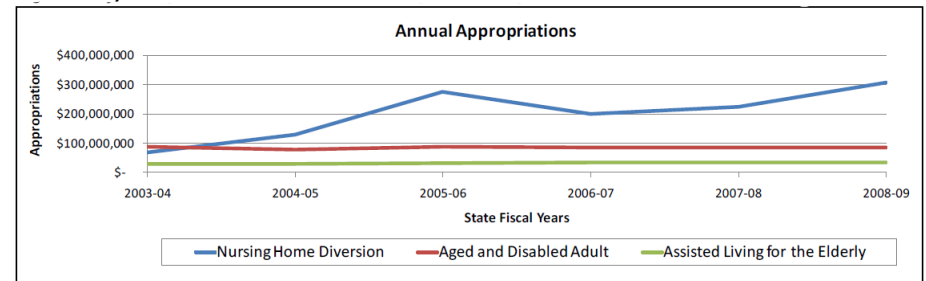
A precursor to Florida's current Medicaid MLTSS program, the NHD Waiver program proved the tangible benefits of managed care arrangements for HCBS.

- DOEA contracted with Managed Care Organizations (MCOs) to provide a comprehensive set of long-term care and case management services.
- MCOs required to coordinate recipients' acute care services for a fixed monthly payment (capitated rate) and to assume the financial risk of paying for nursing home care when nursing home placement becomes unavoidable.
- OPPAGA analyses found that the NHD waiver program was more effective than the Aged and Disabled Adult and Assisted Living for the Elderly waiver programs at delaying nursing home placements.

Likelihood elders in waiver program would have an extended nursing home stay



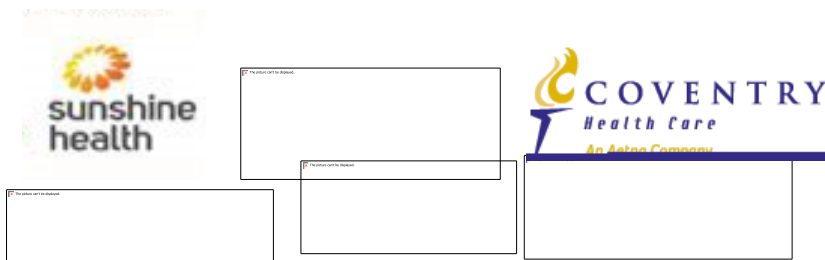
NHD waiver program funding has significantly increased since 2003, increasing individuals served from 1,216 in 2003 to 16,500 by 2010. In contrast, A/DA and ALE waiver program funding and enrollment remained relatively constant.



NHD Waiver & Aging Network

Expansion of NHD waiver program made possible for many Community-Based Organizations (CBOs) in Florida's Aging Network to create MLTSS programs.

- Initially, just four counties—by 2012 the Diversion Program had expanded to 66 of 67 counties in Florida.
- As of October 2012, 20 Diversion MCOs served clients in 66 counties.
 - 13 Diversion MCOs served Miami-Dade County.
 - 64 of the 66 counties had three or more MCOs available.
- NHD MCOs could be:
 - Health Maintenance Organizations licensed pursuant to Chapter 641, Part I, F.S.; or
 - Contractor Licensed under Chapter 400, F.S., or Chapter 429, F.S.



Select Participating HMOs



Select Participating CBOs

Statewide Medicaid Managed Care (SMMC)

In 2011, the Florida Legislature mandated Medicaid delivery system reforms through the Statewide Medicaid Managed Care (SMMC) program.

The SMMC program consists of two components:

Long-term Care (LTC) program	Managed Medical Assistance (MMA) program
<ul style="list-style-type: none"><input type="checkbox"/> Section 1915(b) and 1915(c) waiver authority approved February 2013.<input type="checkbox"/> Program implemented August 2013 – March 2014.<input type="checkbox"/> Initially 83,000 enrollees in seven plans.	<ul style="list-style-type: none"><input type="checkbox"/> Amendment to existing Section 1115 waiver authority approved June 2013.<input type="checkbox"/> Program implemented May – August 2014<input type="checkbox"/> Initially 2.6 million enrollees in 20 plans.

- Most beneficiaries receiving LTC required to enroll in both LTC and MMA programs.
- Recipients mandatory for LTC program enrollment if in the following pre-existing waiver programs:
 - Aged and Disabled Adult Waiver (A/DA);
 - Consumer-Directed Care Plus for individuals in the A/DA waiver;
 - Assisted Living Waiver;
 - Channeling Services for Frail Elders Waiver;
 - Nursing Home Diversion Waiver.

SMMC Program Challenges

The initial SMMC program design create issues in integrating LTSS with acute care services and barriers to fuller integrations with Florida’s Aging Network.

- Separate competitive bids for MMA program and LTC program maintained a degree of fragmentation.
- Separate contract award resulted in limited regions with comprehensive services (both MMA and LTC) available.
- Members could receive MMA and LTC services from different MCO.
- Problems of coordination of mixed services (available under both LTC and MMA programs).
- Despite provisions in Florida law allowing Provider Services Networks (PSN) similar to NHD waiver, only one LTC PSN awarded contract for SMMC LTC program.
- CBO MCOs that had been serving consumers through the NHD waiver program had high financial and systems hurdles to clear and as a consequence dropped from providing MLTSS.
- Aging network provider arrangements with SMMC health plans changed over time.

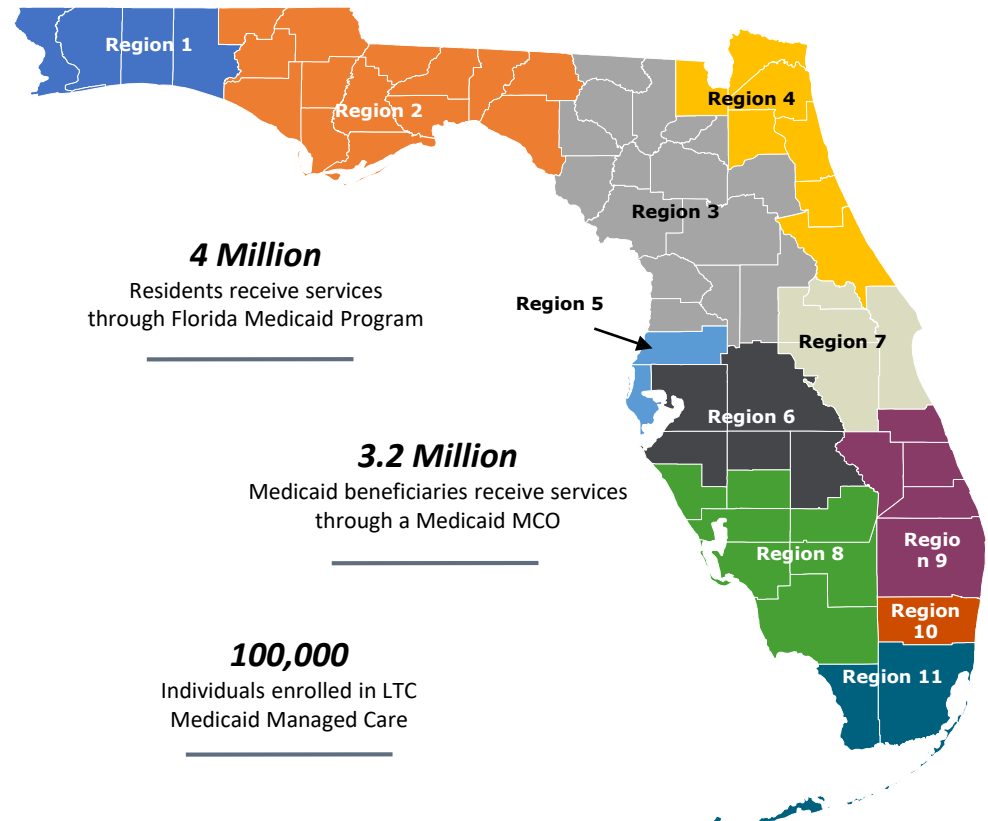
SMMC Re-procurement

Florida Medicaid Agency addressed some SMMC program design issues in Invitation to Negotiate (ITN) to re-procure SMMC MCOs in July 2017.

Comprehensive Provision of Service is a Key Area of Focus during the ITN Process

Type of Plan	Description
Comprehensive	MMA to all members, plus LTC to anyone who qualifies
LTC Plus	Serves only LTC members, but provides MMA services to them
MMA	MMA only
Specialty	MMA only; targeted populations

Florida Community Care PSN awarded contract for LTC Plus



SMMC Long-Term Care Plus (LTC+) Plan

Florida's Medicaid program has fostered a unique long-term care provider service network (LTC PSN) as an alternative to more traditional managed care plans.

I am eligible for
MMA and LTC
Services

*Beneficiaries are encouraged
to work with a Choice
Counselor to choose the
health plan that best meets
their needs.*

Comprehensive Plan

- MCO predominately provides Medicaid State Plan services (acute care) to low-income children & families, with small proportion of members receiving MLTSS.

Long-Term Care Plus Plan

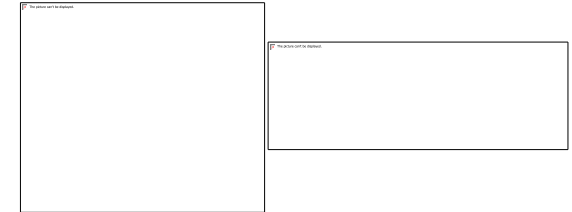
- MCO only serves members receiving MLTSS and provides Medicaid State Plan services (acute care) to MLTSS members as needed.

Formation of Florida Community Care (FCC)

The development of "Florida Community Care" was created through the collaboration among Florida's Community Care for the Elderly Lead Agencies.

- ILS has controlling interest in FCC; other CCE Lead Agencies are equity partners in the PSN:

- United Home Care Services
- Aging True Community Senior Services
- Kindred Healthcare



- FCC submitted a responded to a competitive solicitation on November 1, 2017 as Provider Services Network ("PSN").
- Royal Health Care, a wholly-owned subsidiary of ILS, met requirement for a licensed third-party administrator (TPA) licensed in the state of Florida.
- On August 2, 2018, FCC executed a statewide contract with AHCA to provide Managed Medical Assistance (MMA) and Long-Term Care (LTC) services as a LTC Plus Plan.

FCC Approach to Florida's Aging Network

FCC has created a partnership with 43 other CCE lead agencies across the state grounded & trusted at the community level covering all 67 counties in the 11 Regions.



FCC Aspirations for Florida's Aging Network

FCC understands that in Florida the successful implementation and operation of a MLTSS plan must have experienced local partners that understand all aspects of Long-Term Care can deliver the entire continuum of care.

- Aging Network CBOs have experience and capabilities in key MLTSS functions and/or state-specific requirements.
- The growing business acumen in the Aging Network has allowed FCC to develop innovative contract arrangements with CBOs at varying levels of sophistication.
- FCC has created arrangements with AAAs and CCE Lead Agencies that include:
 - Delegated management of provider networks
 - Quality assurance and quality improvement activities
 - Medicaid eligibility redetermination assistance

FCC's eCare Integration Model

The single greatest value of MLTSS comes from comprehensive service coordination for the member across the full continuum to ensure all necessary care is in place.

Key Benefits:

- ✓ *Accurately predicts cost of care plan*
- ✓ *Customized workflows and forms*
- ✓ *Integration of evidence based protocols*
- ✓ *Real-time integration with claims platform*

Future Opportunities for Florida's Aging Network

With greater involvement of Aging Network CBOs in MLTSS, Florida's LTC Plus Provider Service Network is well positioned to integrate across the full continuum of care.

- Florida has provided a path for Provider Service Networks that facilitate partnerships with traditional HCBS providers.
- Dually eligible individuals experience high rates of chronic illness, with many having multiple chronic conditions and/or social risk factors
 - Forty-one percent of dually eligible beneficiaries have at least one mental health diagnosis, and about half use long term services and supports (LTSS).
- CMS guidance for 2019 allows (and encourages) inclusion of supplemental benefits in Medicare Advantage plans designed to address social determinants of health (SODH).
- Aging Network CBOs have experience and capabilities in to address SDOH through evidence-based programs.
- With the health care sector now focusing on SDOH, and the Medicare population steadily increasing, opportunities for Florida's LTC+ Plan to partner with Aging Network CBOs are outstanding.

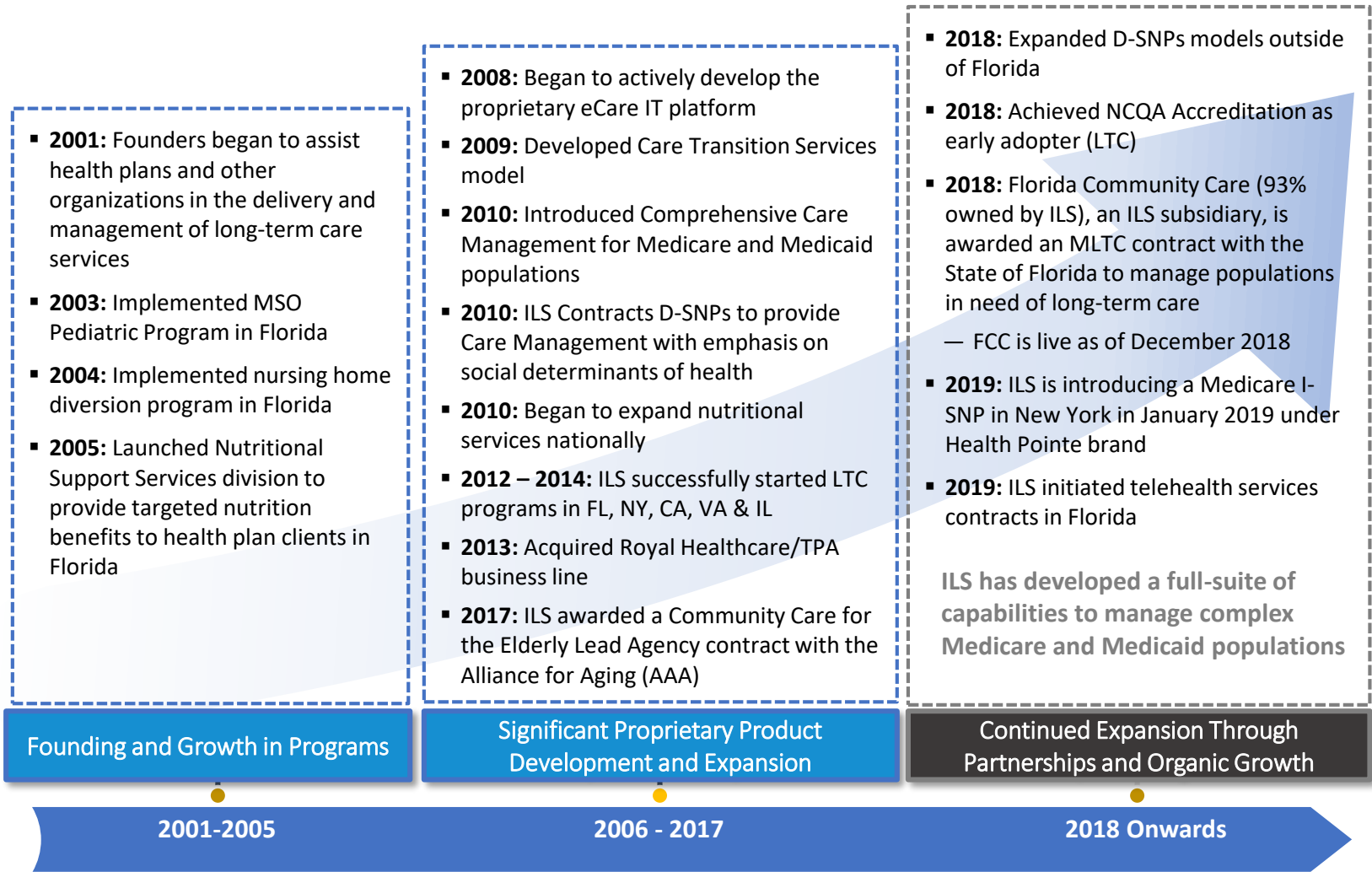


Mariela Fermin
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Independent Living Systems



Independent Living Systems (ILS) History

Expanding Value Proposition & Market Opportunity



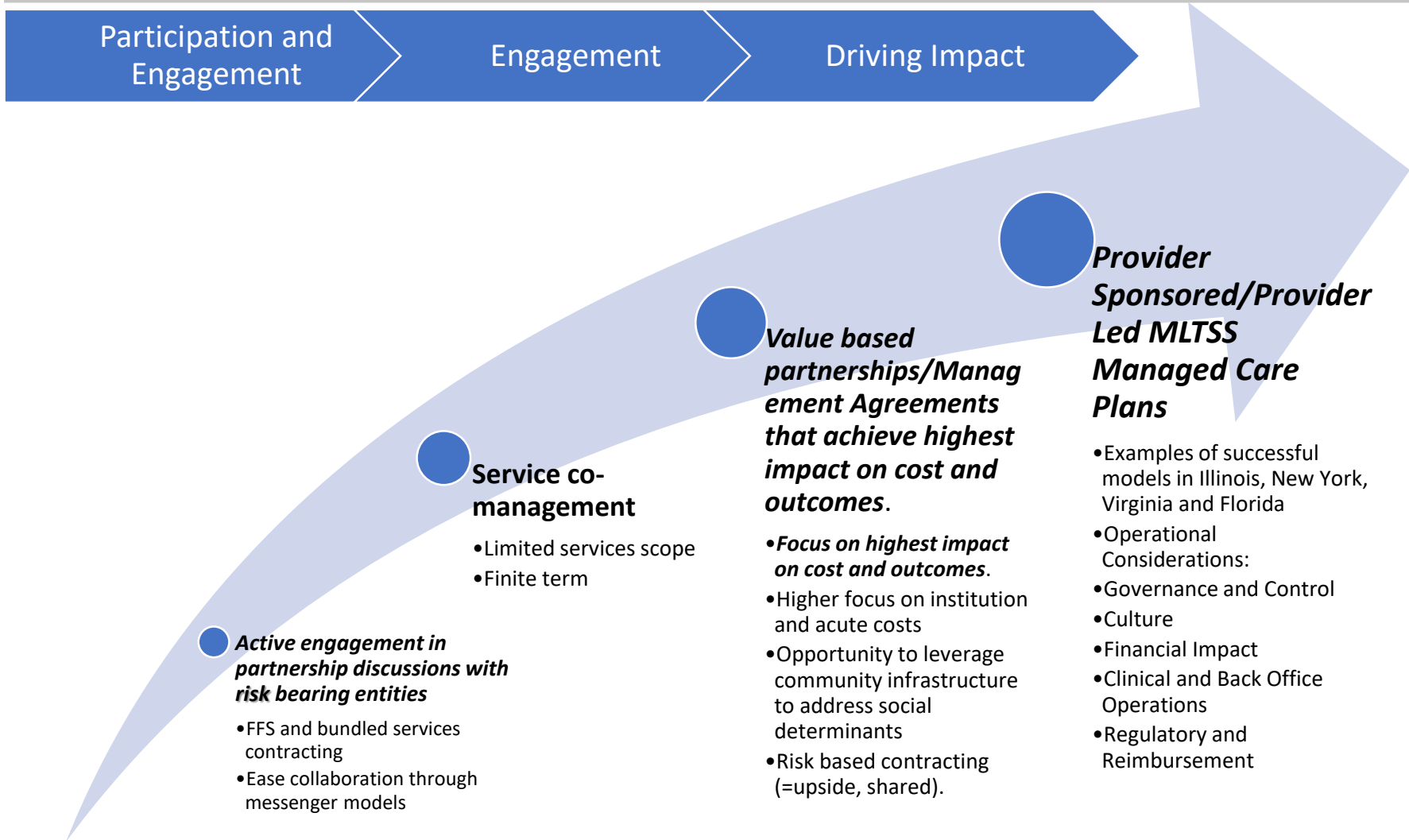
Recommended Considerations for States

- Ensure that Medicaid Managed Care waivers are structured in a manner that recognizes unique aspects of LTSS population

- Address provider sponsored preference in statute
 - Adjust risk capital reserve requirements to eliminate excess but appropriate account for cost exposure

- Clearly Define Program Structure (identifying cost trends and levers to achieve maximum impact):
 - What population is included (HCBS, long term institutional, other waivers)
 - What benefits do we include in MLTC
 - Does the program include medical benefits
 - How does the program treat consumer directed option.

Opportunities for Providers



Thank you

