

**Florida Medicaid Long-Term Care Waiver  
Contract and Rule Provisions on Caregivers/Natural Supports**

**MCO Contract Summary**

**Date: 2.1.2019**

Link: [http://ahca.myflorida.com/Medicaid/statewide\\_mc/model\\_health\\_FY18-23.shtml](http://ahca.myflorida.com/Medicaid/statewide_mc/model_health_FY18-23.shtml)

**Attachment II  
Exhibit II-B LTC Exhibit**

**Section VI. Coverage and Authorization of Services**

**A. Required LTC Benefits**

**1. General Provisions**

a. The Managed Care Plan may place appropriate limits on a service on the basis of *medical necessity* as follows:

(1) In the provision of nursing facility services, assistive care services, attendant nursing care services, hospice services, intermittent skilled nursing services, medical equipment and supplies, personal care, acute therapy services (occupational, physical, respiratory, and speech therapy services), and transportation to LTC services, the Managed Care Plan shall ensure services meet the medical necessity criteria, as defined in 59G-1.010, F.A.C.

(2) In the provision of all other LTC services and maintenance therapy services (occupational, physical, respiratory, and speech therapy), the Managed Care Plan shall ensure that services meet all of the following:

(a) Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;

(b) Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide;

(c) Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider;

And, one of the following:

(d) Enable the enrollee to maintain or regain functional capacity; or

(e) Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

**2. Specific LTC Services to be Provided**

a. The Managed Care Plan shall provide covered services specified in s. 409.98, F.S., in accordance with Attachment II., Section VI., Coverage and Authorization of Services, the approved federal waivers for the LTC program, and the following Medicaid rules and services listed on the associated fee schedules. When providing services under Section VI.A.1.a.(1), above, which exceed limits outlined in the Florida Medicaid Coverage and Limitations Handbooks, Florida Medicaid Coverage Policies, and the associated Florida Medicaid Fee Schedules, *the Managed Care Plan shall comply with the approved federal waivers for the LTC program and Rule 59G-4.192, F.A.C.*

59G-4.192	Statewide Medicaid Managed Care Long-term Care Policy	All LTC Covered Services
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**E. Care Coordination/Case Management**

**4. Comprehensive Assessment/Reassessment**

The Managed Care Plan shall conduct a comprehensive assessment(s) and reassessment(s) of the enrollee utilizing Agency-required forms *and the LTC supplemental assessment form.*

a. The Managed Care Plan shall conduct a comprehensive assessment of the enrollee that identifies enrollee needs across multiple domains, including current health conditions, current providers, *caregiver or other supports available*, transportation barriers, medications, behavioral health conditions, preferences for treatment, and the availability of caregiver support.

e. LTC Supplemental Assessment  
The Managed Care Plan shall submit the LTC supplemental assessment form to the Agency for review prior to initial implementation and for any substantive changes thereafter.

**5. Initial Plan of Care/Reviews**

b. Plan of Care Standard

(1) The MCP shall develop a person-centered plan of care in accordance with Rule 59G-4.192, F.A.C. and 42 CFR 441.301(c)(2), within the timeframes specified within this Exhibit, that is based upon, at a minimum, the results of the comprehensive assessment *and LTC supplemental assessment of the enrollee* and that is specific to the enrollee’s needs.

(2) MCPs shall ensure that the written plan of care:

(e) Reflects the services and supports (paid and unpaid) that will assist the enrollee to achieve identified goals, and the providers of those services and supports, including natural supports.

(f) Encourages the integration of natural supports including the development of an informal volunteer network of caregivers, family, neighbors, and others to assist the enrollee or primary caregiver with services. These services will be integrated into an enrollee's plan of care when it is determined these services would improve the enrollee's capability to live safely in the home or community setting and are agreed to and approved by the enrollee or the enrollee's authorized representative.

## **G. Authorization of Services**

### **1. Service Authorizations**

a. The MCP shall ensure service authorizations are consistent with the services documented on the enrollee's plan of care, including the amount, frequency, and duration *necessary to support the enrollee adequately and safely in the setting of his or her choice.*

h. The MCP *shall not deny authorization for a service solely because a caregiver is at work or is unable to participate in the enrollee's care because of their own medical, physical, or cognitive impairments.*

i. The MCP *shall not deny medically necessary services required for the enrollee to remain safely in the community because of cost.*

## **Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy - March 2017 (adopted as Rule 59G-4.192)**

Link: [http://ahca.myflorida.com/medicaid/review/Specific/59G-4.192\\_LTC\\_Program\\_Policy.pdf](http://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf)

### **1.0 Introduction**

1.1 Description and Program Goal: Under the SMMC LTC program, managed care plans (LTC plans) are *required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.*

### **1.3 Definitions**

**1.3.10 LTC Supplement Assessment:** An evaluation conducted by the LTC plan of the *level of natural supports that are available to the enrollee and to capture additional information regarding the functional needs of the enrollee.*

### **1.3.14 Medically Necessary or Medical Necessity**

For the purposes of this policy, the service must meet either of the following criteria:

(a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.

- (b) All other LTC supportive services must meet all of the following:
- ☐ Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
  - ☐ Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
  - ☐ Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider
- And, one of the following:
- ☐ Enable the enrollee to maintain or regain functional capacity; or
  - ☐ Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

**1.3.16 Natural Supports:** *Unpaid supports that are provided voluntarily to the individual in lieu of home and community-based services and supports.*

## 6.0 Documentation

### **6.2 Specific Criteria:**

In order to receive LTC services, services must be documented on an individualized plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment *and the LTC Supplemental Assessment.*

#### **6.2.1 LTC Supplemental Assessment**

The LTC Supplemental Assessment includes, at a minimum, the following components:

- ☐ The *amount of time the enrollee can be safely left alone*
- ☐ The *ability of natural supports to assist with the enrollee's needs, including the following:*
  - The role of each natural support in the enrollee's day-to-day life
  - Each natural support's day-to-day responsibilities, including an evaluation of each natural support's work, school, and other schedules and responsibilities in addition to caring for the enrollee
  - Each natural support's stress and well-being
  - Any medical limitation or disability the natural support may have that would limit their ability to participate in the care of an enrollee (e.g. lifting restrictions, developmental disorder, bed rest for pregnancy, etc.)
  - The willingness of the natural support to participate in the enrollee's care