



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

Enrollment Management System Procedures
Effective July 1, 2013

Background & Summary

Effective July 1, 2013, the Department of Elder Affairs (Department) will implement 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 will combine the multiple Assessed Priority Consumer Lists (APCLs) for the following Medicaid programs that are ending 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).

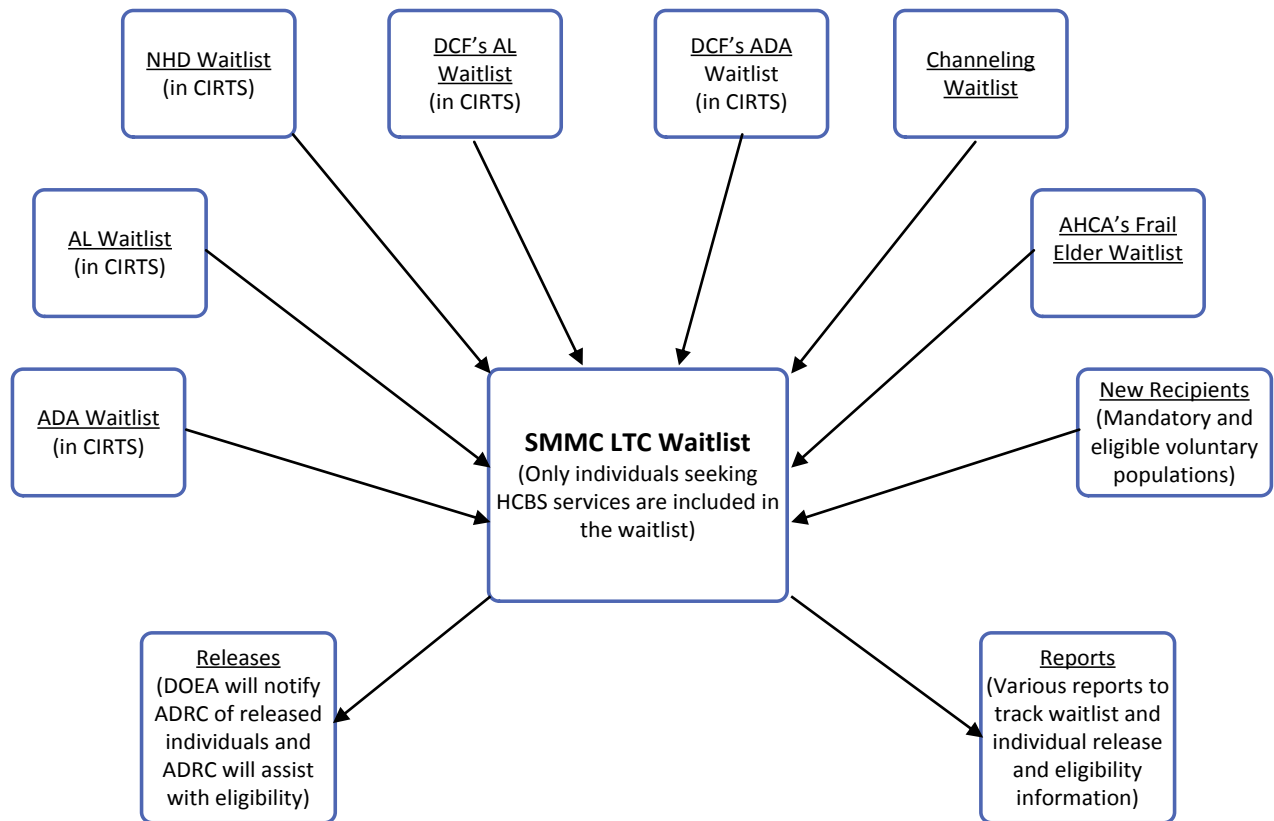


Exhibit 1-SMMC LTC Regional Enrollment Schedule

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

These procedures are for individuals seeking Medicaid home and community-based waiver services offered through enrollment in a SMMC LTC Managed Care Plan (MCP). There will be no change in the Department's current procedures for placing and maintaining potential recipients on the APCL. Specifically, 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, will determine the number of potential Medicaid recipients that may be served statewide. Using a spreadsheet or CIRT report, the Department will distribute the list of these potential recipients to designated points of contact at each Aging and Disability Resource Center (ADRC). The Department will

also create a “Release Date” field in CIRTS for potential recipients on the EMS Release, reflecting that they have been released for enrollment.

The EMS Release distributed to each ADRC will include the following information generated from CIRTS:

- Last Name
- First Name
- Social Security Number (In the case of a CIRTS report, this would only be displayed if requested in the report display options.)
- Potential Recipient’s ID (unique, random number assigned by the system that is associated with each potential recipient in CIRTS)
- Planning and Service Area (PSA)
- Owner Number (number identifying the ADRC that is responsible for managing a potential recipient’s case)
- APCL Program
- APCL Start Date (date that identifies when recipient starts waiting for services prior to approval to begin the eligibility processes or begin services)
- Most Recent Rank (number 1 to 8, frailty level based on priority score)
- Most Recent Priority Score (number 1 to 100, calculation component of the prioritization method that ensures those most in need of services are served first)
- Most Recent Assessment Date (date of 701S Screening)
- Enrollments
- County
- Zip Code

EMS Release Enrollment

After an EMS Release is distributed, each ADRC will confirm, through telephone contact, which individuals express continued interest in enrolling in SMMC LTC. Individuals on the EMS Release will be recontacted by the ADRCs by each individual’s rank and priority score, 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. If the individual does not have Medicaid, the ADRCs shall assist the individual with the financial eligibility process by obtaining the 3008 form prior to submitting an application to the Department of Children and Families (DCF).
3. Medicaid Administrative Claiming Staff/Medicaid Waiver Specialists (MAC/MWS) staff will send each potential recipient the 3008 form and instruct him/her to have it completed and signed by his/her primary care physician (PCP).
4. Within 48 hours of the ADRC's receipt of the 3008 form 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 scanned PDF copy of the 3008 form. The date the 3008 form was received will be recorded on the Medicaid Waiver Timeline screen in CIRTS within two (2) working days of the occurrence, as required by contract.
5. Information Only: CARES staff will conduct a 701B assessment and use the 3008 form to determine the LOC for the individuals.
6. 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) and send it to DCF along with certification of the recipient's LOC. A CIRTS report will be used to track when recipients have received their LOC. The date the 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.
7. Information Only: Once the LOC is recorded in CIRTS, the AHCA Enrollment Broker's system will be notified by the Department as part of a daily data feed. The Enrollment Broker will also link the LOC information received from CIRTS with a data feed from DCF to determine if the individual has applied for Medicaid. If so, the Enrollment Broker will mail the individual a welcome packet with information about SMMC LTC. The packet will be mailed within five (5) days of receiving the individual's information from CIRTS and from DCF's FLORIDA System.
8. The individual shall be instructed to call the Enrollment Broker to choose a SMMC LTC MCP and to opt into the Medicaid Pending enrollment option, if desired.

9. Information Only: If an individual calls the Enrollment Broker prior to receiving Medicaid eligibility and chooses the Medicaid Pending enrollment option, the Enrollment Broker will send a supplemental file to the MCP that the individual selected, and he/she will begin receiving their service(s).
10. Information Only: 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 MCP if no choice was made within 30 days.
11. Information Only: The recipients will have 90 days to switch to a different MCP, if desired, after initial enrollment. Once the 90 days have elapsed, recipients will only be able to switch MCPs if they have a “good-cause” reason, as outlined in the SMMC LTC contract between AHCA and the MCP and in the section of this document titled “Disenrolled SMMC LTC Recipients Returning to the EMS,” or during the open enrollment period each year. Good-cause determination will be made by the Enrollment Broker in consultation with 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 will 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 their waiver contract manager at the Department within five (5) working days upon request by the Department, or receipt of an EMS Release. The plan should outline the proposed method through which the ADRC will process individuals on the EMS Release. The Department will provide feedback and approval. This plan will outline how the ADRC will accomplish re-contacting individuals on the EMS Release, including the total amount of time it will take to complete the EMS Release process.

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

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. 3008 Received (date the recipient returned the 3008 to the ADRC)
4. 2515 & LOC to DCF Date (date the ADRC submitted the 2515 and LOC to DCF)
5. Medicaid Approved/Denied Date (date DCF approved/denied the recipient's Medicaid application)
6. SSI (completed if the recipients already has SSI)
7. Comments (completed as needed)

The Department may request additional information from the ADRCs explaining why recipients have not been successfully enrolled following each EMS Release.

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 pursuant to the Medicaid Waiver Specialist Contract. Please note that 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. Otherwise, those individuals might be erroneously included in a future release.

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 are 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 from the PSA where the recipient is relocating. 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.

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

During the SMMC LTC roll-out (August 2013 – March 2014), individuals may move from a PSA with SMMC LTC to a PSA where 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 10 on September 3, 2013, the ADRC in PSA 7 would update CIRTS by closing the APPL and informing the ADRC in PSA 10 of the individual's relocation. The ADRC in PSA 10 would update CIRTS by entering the APPL enrollment and assisting the individual with completing the

enrollment process into the available waiver program of his/her choice in PSA 10. If an individual moves from PSA 10 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 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 SMMC LTC and later wishes to re-enroll, he/she should be treated as a new recipient and placed on the APCL. The only exceptions to this policy are as follows:

- **Involuntary Disenrollments:** If a recipient was involuntarily disenrolled from 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 SMMC LTC unless the Department directs APCL placement for the recipient.
- **Medicaid Reinstatements:**
 - If a recipient loses Medicaid eligibility and regains it within 60 days, that recipient remains enrolled with his or her current SMMC LTC MCP. The recipient would not need to reapply for SMMC LTC and should not be placed on the APCL.
 - If a recipient loses Medicaid eligibility and does not regain it within 60 days, the SMMC LTC MCP is required to disenroll the recipient. If the ADRC is contacted by the recipient, 90 days has lapsed since the loss of eligibility, and eligibility was not reinstated within 90 days, the recipient would need to return to the APCL if he/she wishes to re-enroll in SMMC LTC.

Community-Based Nursing Home Placement Requests

In instances where a potential Medicaid 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 ADRCs. Potential recipients seeking Medicaid nursing facility services cannot be placed on the APCL. Instead, he/she must

receive assistance with eligibility for SMMC LTC as outlined in the ADRC contract with the Department and the Florida Association of Aging and Disability Resource Centers' *Policy and Procedure for Long-Term Care Program Education*.