

Managed Long-term Care Subcommittee Meeting

9/23/14

AHCA Lead

DD Pickle

Subcommittee Members Present

Anne Swerlick – Florida Legal Services

Holly Hohmeister – Florida Developmental Disabilities Council

Dr. Cathy Moffitt – MCAC Member Representing the Florida Association of Health Plans

Dr. Richard Thacker – MCAC Member Representing the Florida Osteopathic Medical Association

Dr. Moffitt: Within the scope of services with LTC- certain areas are in their control about the quality of service delivered, and ability to capture that service. With the acute care side, it's difficult to capture. The disconnect between the LTC services data and the acute care services data makes it difficult for plans to get at measures of care for older adults.

- AHCA is aware of the challenge, and are working to address this.

Dr. Thacker: When looking at LTC there isn't a touch of certain services; dental, psychiatric, podiatric etc. We have to work hard to provide dental care for these folks, and the psychiatric component. There isn't anything specific to those services listed in the document.

- The LTC services are covered under LTC and MMA. LTC is primarily things you wouldn't see in an MMA component.

Dr. Thacker: In what capacity is the facility and plan responsible for getting a bedside patient to the dentist, for example? How do we deliver those types of situations?

- Nursing facility is always responsible for these types of situations. The LTC case manager also has responsibility for ensuring the enrollee's LTC and acute care needs are met.

Holly Hohmeister: Child Developmental Screening on the performance measures – Is there any way to add this to the PMs? Would like to see this added. Page 17, used as an example. There are many relating to children. This would fit well with the child development screening milestones for Help Me Grow.

- The table on Page 17 reflects the most up-to-date measures as of a month ago.

Anne Swerlick: Is there anything in the document that reflects how well we are doing with transitioning people into the community? Do the plans get financial incentive for doing this? Want to see performance measures on these.

- Yes, there's a 2% annual adjustment for transitioning people into the community.

Anne Swerlick: Standard measures on LTC services – Have the feds made any recommendations, or are we looking into what other states have done?

- There are not a lot of national standards. We have reached out to our EQRO to learn more about what other states are using. Our External Quality Review Organization is working with the feds on those standards, but the standards aren't out yet.

Anne Swerlick: There has been a bit of a disconnect with what is on paper as opposed to what happens in reality with regards to service planning. Enrollees are not getting copies of their service plan. In some cases, they have not been able to get copies of their initial assessment. Is this being monitored?

- DOEA looks at a sample of enrollee case files to monitor. All enrollees are supposed to be receiving copies of their Care Plan. DOEA looks for documentation that the enrollee was given a copy (e.g., it was mailed to the enrollee, the enrollee signed a form for it, etc.). Encouraged use of the complaint hub for follow up.

Anne Swerlick: Had put in a complaint with the hub in regards to an online provider directory (Prestige) being inadequate for psychiatric access. She has yet to hear anything back yet.

Wendy Smith: Public comment period officially goes through October 15th. A draft will be sent to CMS by October 31st. The Agency will keep improving this to include more information and more areas. How to send a comment to Wendy can be found on the website, and all have been given information on how to submit these comments. Wendy asked for people to send comments in writing for documentation purposes.

Anne Swerlick: What was some of the feedback CMS gave last go round?

- Some clarification on a few items. More cultural considerations and recommendations on how the state can improve the report. Planning on doing any deeming based on accreditation process? EQRO will be doing a cross-walk on this, and cultural considerations. Correction of some language.

Anne Swerlick: Do the plans use some type of internal requirements [for authorization] for recipients? Are there timeliness standards for the time to a referral or to the time of the appointment?

- Plans are supposed to mirror and follow the handbooks. Agency will provide more information on the authorization standards.

Adjourned at 4:45pm