

ATTACHMENT I
SCOPE OF SERVICES – Effective Date: July 1, 2014
LONG-TERM CARE (LTC) MANAGED CARE PLANS

A. Plan Type

1. The Managed Care Plan is approved to provide contracted services as denoted by “X” in Table 1, LTC Plan Type, below.

TABLE 1 - LTC Plan Type				
Effective Date: 08/01/13 – 08/31/18				
Capitated Managed Care Plan				Fee-for-Service (FFS) Managed Care Plan*
Health Maintenance Organization (HMO)	LTC Provider Service Network (LTC PSN)	Exclusive Provider Organization (EPO)	Medicare Advantage Special Needs Plan (MA SNP)	LTC Provider Service Network (LTC PSN)
				X

* FFS Managed Care Plans are capitated by the Agency for transportation only.

2. Contract Structure: The Managed Care Plan Contract is made up of three distinct parts: **Attachment I**, Scope of Services and its Exhibits; **Attachment II**, Core Contract Provisions, and Exhibits applicable to **Attachment II**. In general these parts include the following:
 - a. **Attachment I**, Scope of Services, includes contract provisions that are unique to the particular managed care plan and denote such plan-specific specifications as plan type, population served, services covered, method of payment. Its exhibits specify the plan-specific regions covered and enrollment levels, regional start-up schedule (not plan-specific) and payment rates.
 - b. **Attachment II**, Core Contract Provisions, includes contract provisions that apply to all managed care plans unless specifically noted otherwise.
 - c. Exhibits to **Attachment II**, Core Contract Provisions, include contract provisions that are unique to the specific component of the SMMC (either long-term care (LTC) or managed medical assistance (MMA), and specify further requirements distinct to either capitated or FFS managed care plans, as appropriate. For purpose of the long-term care contract, the exhibits will be long-term care specific.

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B. Population(s) to be Served

1. Population Groups

The Managed Care Plan shall deliver covered services to the population(s) identified in **Attachment II**, Core Contract Provisions, Section III, Eligibility and Enrollment.

2. Minimum Enrollment Levels

The Managed Care Plan shall contract with and maintain a provider network in accordance with **Attachment II, Exhibit 7**, sufficient to meet its recipient enrollment levels by region, and at a minimum, the enrollment levels, by region, specified in **Attachment I, Exhibit 2**, Table 2 below.

3. Maximum Enrollment Levels (see also Attachment I, Exhibit 2)

The Agency assigns the Managed Care Plan an authorized maximum enrollment level for the region(s) indicated in **Attachment I**, Scope of Services, **Exhibit 1**, Maximum Enrollment Levels. The assignment shall be based on the maximum regional enrollment levels specified in **Attachment I**, Scope of Services, **Exhibit 2**, Table 2, Managed Care Plan, Region Required Enrollment Levels, and any increases requested by the Managed Care plan and approved by the Agency. The authorized maximum enrollment level listed is effective upon Contract execution unless otherwise specified in **Attachment I**, Scope of Services, **Exhibit 1**, Maximum Enrollment Levels.

- a. The Agency must approve in writing any increase or decrease in the Managed Care Plan's maximum enrollment level for the region(s) to be served as specified in **Attachment II**, Core Contract Provisions, **Exhibit 2**, General Overview, sub-items C.22. and D.26.
- b. Such approval shall be based upon the Managed Care Plan's satisfactory performance of terms of the Contract and upon the Agency's approval of the Managed Care Plan's administrative and service resources, as specified in this Contract, in support of each enrollment level.
- c. The regional roll-out schedule and Agency-specified maximum enrollment levels for each region in the long-term care component of the Statewide Medicaid Managed Care program are specified in **Attachment I**, Scope of Services, **Exhibit 2**, Table 2, Managed Care Plan, Region Required Enrollment Levels.

- (1) **Attachment I**, Scope of Services, **Exhibit 2**, Table 2, Managed Care Plan, Region Required Enrollment Levels, indicates the Agency's regional enrollment level(s) a Managed Care Plan is required to accommodate using the calculation in the following formula:

Regional Enrollment Level = (100% of total eligible population divided by the minimum number of required plans) multiplied by 2

Example: 17,466 (total eligible) divided by 5 (minimum required plans for region) = 3,493 times 2 = 6,986 enrollees per plan (numbers are rounded)

- i. In regions where only two (2) plans are required, each plan must be able to serve one hundred (100%) percent of the eligible population.
 - ii. The Agency will determine the total eligible population.
 - iii. The Agency may revise this calculation annually or more frequently as needed based on changes in enrollment levels and/or to ensure the regional populations are appropriately served.
- (2) The Managed Care Plan may request a higher enrollment capacity. These can be increased only as specified in sub-item 2.a. and b. above, and will be documented, by amendment, in **Attachment I**, Scope of Services, **Exhibit 1**, Maximum Enrollment Levels.

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C. Covered Service(s) to be Provided

1. Covered Medicaid Services

The Managed Care Plan shall ensure the provision of the Medicaid services specified in **Attachment II**, Core Contract Provisions, Section V, Covered Services, Section VI, Behavioral Health Services, and as specified in applicable exhibits to **Attachment II**. At a minimum, they shall include:

TABLE 2 - Minimum Long-Term Care Managed Care Benefits Effective Date: 08/01/13 – 08/31/18 (see Attachment II, Exhibit 5 and s. 409.98, F.S.)
Adult companion care
Adult day health care
Assisted living
Assistive care services
Attendant care
Behavioral management
Care coordination/Case management
Caregiver training
Home accessibility adaptation
Home-delivered meals
Homemaker
Hospice
Intermittent and skilled nursing
Medical equipment and supplies
Medication administration
Medication management
Nursing facility
Nutritional assessment/Risk reduction
Personal care
Personal emergency response system (PERS)
Respite care
Therapies, occupational, physical, respiratory, and speech
Transportation, non-emergency

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2. **Approved Expanded Benefits**

The Managed Care Plan shall provide the following expanded benefits to enrollees as specified in Table 3, Expanded Benefits, below in accordance with **Attachment II**, Core Contract Provisions, and Exhibit 17.

TABLE 3 – Expanded Benefits Effective Date: 08/01/13 – 08/31/18
OVER-THE-COUNTER MEDICATION/SUPPLIES
ASSISTED LIVING FACILITY/ADULT FAMILY CARE HOME BED HOLD

3. **Other Service Requirements**

The Managed Care Plan shall meet the minimum service requirements as outlined and defined in **Attachment II**, Core Contract Provisions.

D. Method of Payment

1. **General**

This is a fixed price (unit cost) Contract awarded through competitive procurement unless specifically exempted from procurement under s. 409.981(4) and (5), F.S. The Agency will manage this Contract for the delivery of services to enrollees (service units). The Managed Care Plan will be paid through the Agency’s Medicaid fiscal agent, in accordance with the terms of this Contract, a total dollar amount not to exceed [REDACTED], subject to the availability of funds in accordance with **Attachment II**, Core Contract Provisions, Section XIII, Method of Payment, and **Attachment II**, Core Contract Provisions, **Exhibit 13**, Method of Payment – LTC Plans.

- a. The Managed Care Plan shall be paid for the region(s) as indicated in **Attachment I, Exhibit 1**, Regional Awards and Maximum Enrollment Levels.
- b. All payments made to the Managed Care Plan shall be in accordance with this section and **Attachment II**, Core Contract Provisions, Section XIII, Method of Payment, and **Exhibit 13**, Method of Payment – LTC Plans.

2. **Capitation Rates**

Attachment I, Scope of Services, **Exhibit 3**, of this Contract provides the capitation rates for each region. The capitation rate payment shall be in accordance with **Attachment II**, Core Contract Provisions, Section XIII, Method of Payment, and **Exhibit 13**, Method of Payment – LTC Plans. These rates are titled “**ESTIMATED MANAGED CARE PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS.**”

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3. Benchmark and Fee-for-Service Rates (LTC FFS Managed Care Plans Only)

- a. **Attachment I**, Scope of Services, **Exhibit 3**, FFS Managed Care Plans, provides the benchmark rates for each region. The benchmark rate payment shall be in accordance with **Attachment II**, Core Contract Provisions, Section XIII, Method of Payment, and **Exhibit 13**, Method of Payment – LTC Plans. These rates are titled “**ESTIMATED MANAGED CARE PLAN LTC RATES; NOT FOR USE UNLESS APPROVED BY CMS.**”
- b. Each month the Agency shall pay the Managed Care Plan the applicable capitation rate in **Exhibit 13**, Method of Payment – LTC Plans, for transportation services for each enrollee who appears on the Health Plan’s HIPAA-compliant X12 820 file, in accordance with **Attachment II**, Core Contract Provisions, **Exhibit 13**, Method of Payment – LTC Plans. These rates are titled “**ESTIMATED MANAGED CARE PLAN LTC RATES; NOT FOR USE UNLESS APPROVED BY CMS.**”
- c. All Medicaid fee-for-service claims will be paid to the Managed Care Plan’s providers no more than the maximum fees outlined in in **Attachment I**, **Exhibit 4**, LTC FFS PSN Provider Rate Table, and in accordance with **Attachment II**, Core Contract Provisions. The initial LTC FFS PSN Provider Rate Table is effective for six (6) month time periods, starting with the period from August 1, 2013 through January 31, 2014. The LTC FFS PSN Provider Rate Table for subsequent time periods shall be developed by the Managed Care Plan and submitted to the Agency for review and approval and incorporated into **Attachment I**.

E. Assumptions

1. An even enrollment distribution by region was assumed for each plan in a region. As the program rolls out and matures, the actual enrollment distribution by plan will be known.
2. Any material changes to the program requirements or eligibility may result in these values needing updating. In particular, if the Health Insurer Fee effective January 1, 2014 is determined to apply to Medicaid MLTC programs, these values may require updating.

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ATTACHMENT I

**EXHIBIT 1
REGIONAL AWARDS AND MAXIMUM ENROLLMENT LEVELS
Effective Date: 08/01/13 – 08/31/18**

Exhibit 1, Maximum Enrollment Levels, provides Managed Care Plan specific enrollment levels.

TABLE 1 (Region 1)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
2,973	0084620-01

TABLE 2 (Region 2)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
4,058	0084620-02

TABLE 3 (Region 3)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
4,607	0084620-03

TABLE 4 (Region 4)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
6,058	0084620-04

TABLE 5 (Region 5)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
9,963	0084620-05

TABLE 6 (Region 6)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
4,788	0084620-06

TABLE 7 (Region 7)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
6,225	0084620-07

TABLE 8 (Region 8)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
5,596	0084620-08

TABLE 9 (Region 9)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
7,854	0084620-09

TABLE 10 (Region 10)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
7,822	0084620-10

TABLE 11 (Region 11)

Effective Date: 08/01/2013	
Maximum Enrollment Level	Provider Number
6,903	0084620-11

**ATTACHMENT I
EXHIBIT 2**

**LTC Regional Start-Up Schedule and Region Required Enrollment Levels
Effective Date: 08/01/13 – 08/31/18**

Table 1 - Regional Start-Up Schedule		
Effective Date: 08/01/13 – 08/31/18		
Region	Plan Readiness Deadline	Enrollment Effective Date
7	May 1, 2013	August 1, 2013
8 & 9	June 1, 2013	September 1, 2013
2 & 10	August 1, 2013	November 1, 2013
11	September 1, 2013	December 1, 2013
5 & 6	November 1, 2013	February 1, 2014
1, 3 & 4	December 1, 2013	March 1, 2014

Table 2 - Managed Care Plan - Network Adequacy – Minimum Enrollment Levels	
Effective Date: 08/01/13 – 08/31/18	
Region	Minimum Enrollment Level
1	2,973
2	4,058
3	4,607
4	6,058
5	9,963
6	4,788
7	6,225
8	5,596
9	7,854
10	7,822
11	6,903

Table 3 - Medicaid Regions – County Breakdown	
Effective Date: 08/01/13 – 08/31/18	
Region	Counties
1	Escambia, Okaloosa, Santa Rosa and Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia
5	Pasco and Pinellas
6	Hardee, Highlands, Hillsborough, Manatee and Polk
7	Brevard, Orange, Osceola and Seminole
8	Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
10	Broward
11	Miami-Dade and Monroe

**ATTACHMENT I
EXHIBIT 3
LTC FFS PSN CAPITATION RATES**

N/A

ATTACHMENT I
EXHIBIT 4
LTC FFS PSN PROVIDER RATE TABLE
Effective Dates: February 1, 2014 - December 31, 2014

LTC FFS PSN Provider Rate Table		
LTC Procedure Code	Maximum Allowable Rate Per Unit	LTC Procedure Code Description
92507U2	\$25.00	Speech Therapy over age 21
97003	\$25.00	Occupational Therapy over age 21
97110U2	\$25.00	Physical Therapy over age 21
97537U2	\$35.00	Caregiver Training Individual
97802U2	\$100.00	Nutritional Assessment/Risk Reduction Services
99503U2	\$25.00	Respiratory Therapy, Treatment Regular over age 21
99504	\$25.00	Respiratory Therapy, Treatment Mechanical Vent Care
E1399U2	\$1,000.00	Medical Equipment and Supplies, Specialized Medical Equipment Regular Miscellaneous
E1399AU	\$1,000.00	Medical Equipment and Supplies, Specialized Medical Equipment for Trach Miscellaneous (Access State Plan Services first, then waiver)
G9002U2	\$150.00	Case Management
G9004U2	\$150.00	Homemaker Services, Pest Control initial visit
G9005U2	\$75.00	Homemaker Services, Pest Control maintenance
H2010HN	\$90.00	Medication Management, Comprehensive medication services, BSN
H2010TD	\$90.00	Medication Management, Comprehensive medication services, RN
H2010TE	\$65.00	Medication Management, Comprehensive medication services, LPN
H2019	\$75.00	Behavioral Management, Intervention
H2020	\$100.00	Behavioral Management, Assessment
S5100U2	\$88.00	Adult Day Health Care
S5110U2	\$20.00	Caregiver Training Group
S5125U2	\$90.00	Attendant Care
S5130U2	\$21.50	Homemaker Services
S5135U2	\$21.50	Adult Companion Care
S5150U2	\$21.50	Respite In Home
S5160U2	\$25.00	Personal Emergency Response System Installation

LTC FFS PSN Provider Rate Table		
S5161U2	\$32.00	Personal Emergency Response System Monthly Maintenance
S5165U2	\$2,500.00	Home Accessibility Adaptation Services
S5170U2	\$10.00	Home Delivered Meals
S5180U2	\$25.00	Respiratory Therapy, Evaluation
S5199U2	\$500.00	Medical Equipment and Supplies, Personal Care Item Regular Miscellaneous
S5199TSU2	\$5,000.00	Medical Equipment and Supplies, Personal Care Item for Trach Miscellaneous (Access State Plan Services first, then waiver)
T1002HN	\$100.00	Intermittent and Skilled Nursing, BSN [<i>HN modifier is for 'bachelors degree level'</i>]
T1002	\$100.00	Intermittent and Skilled Nursing, RN [<i>T1002 is 'RN services, up to 15 min'</i>]
T1003	\$65.00	Intermittent and Skilled Nursing, LPN [<i>T1003 is 'LPN/LVN services, up to 15 min'</i>]
T1005U2	\$300.00	Respite In Facility
T1019U2	\$30.00	Personal Care
T1020	\$9.28	Assistive Care Services
T1502HN	\$90.00	Medication Administration, administration of oral, intramuscular, and/or subcutaneous medication by BSN
T1502TD	\$90.00	Medication Administration, administration of oral, intramuscular, and/or subcutaneous medication by RN
T1502TE	\$65.00	Medication Administration, administration of oral, intramuscular, and/or subcutaneous medication by LPN
T1503HN	\$90.00	Medication Administration, administration of medication, other than oral and/or injectable by BSN
T1503TD	\$90.00	Medication Administration, administration of medication, other than oral and/or injectable by RN
T1503TE	\$65.00	Medication Administration, administration of medication, other than oral and/or injectable by LPN
T2030	\$1,600.00	Assisted Living Service

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