



## **CASE MANAGEMENT AND PERSON-CENTERED CARE PLANNING IN THE LONG-TERM CARE PROGRAM**

The Statewide Medicaid Managed Care Long-term Care program (SMMC LTC) provides long-term care services to Medicaid-eligible adults with disabilities and elders who meet nursing home level of care. Long-term Care enrollees receive nursing facility services and home and community-based long-term care services, like home delivered meals and help with eating, bathing, and dressing. All LTC enrollees receive case management and person-centered care planning. The goals of the person-centered plan of care are to identify the enrollee's LTC goals, respect and address their preferences and needs, and coordinate all aspects of their care.

### **What is Case Management?**

- ❖ Case management is a service that helps enrollees access LTC program services, Florida Medicaid-covered services, and other medical, social, and educational services, no matter who is paying.
- ❖ Each enrollee is assigned a case manager upon their enrollment into a LTC plan.
- ❖ Each case manager must:
  - Regularly meet with and contact the enrollee.
  - Provide enrollees with information about the LTC program, including what services are available and how to access those services.
  - Conduct comprehensive LTC needs assessments and use the results to develop and update the enrollee's plan of care.
  - Authorize and coordinate LTC services and providers.
  - Advocate on behalf of the enrollee.
  - Be available to the enrollee to address any concerns or problems as they arise.

### **What is the Person-Centered Plan of Care?**

- ❖ The person-centered plan of care is the document that drives service provision in the LTC program.
- ❖ The person-centered plan of care describes the enrollee's goals for long-term care. The plan of care provides the services and supports needed to meet those goals, and the specific service needs of each enrollee, showing how much, how long, how often, and by which provider services are to be provided.
- ❖ The plan of care is person-centered because LTC health plans must **focus on the enrollee**, the enrollee's authorized representative, or any person the enrollee would like involved in the plan of care and the ongoing care planning process.
- ❖ The person-centered care plan must:
  - Identify needed services
  - Identify the enrollee's personal LTC goals
  - Ensure the enrollee's integration with his or her community
  - Be reviewed regularly to reflect the enrollee's changing goals, preferences, and needs.
- ❖ Identifying the enrollee's LTC goals and service needs allows the health plan to assist the enrollee to live in the setting of his or her choice, maintain his or her independence, and enhance his or her quality of life.

## **What is Included in the Person-Centered Plan of Care?**

- ❖ Every enrollee's person-centered plan of care must include:
  - ✓ Enrollee's name and Florida Medicaid identification number
  - ✓ Plan of care effective date
  - ✓ Plan of care review date (at least every 90 days)
  - ✓ The enrollee's personal goals
  - ✓ The enrollee's strengths and preferences
  - ✓ Routine medical services needed, including how much, how often, and who is providing the service(s)
  - ✓ Availability of natural supports to assist in the enrollee's care
  - ✓ Long-term care waiver services, including how much, how often, and who is providing the service(s)
  - ✓ Each service authorization start and end date (if applicable)
  - ✓ A complete list of services and supports to be provided, no matter who is paying
  - ✓ Medication oversight strategies
  - ✓ Current living arrangement and choice of living arrangement
  - ✓ If the enrollee's current living arrangement and choice of living arrangement differ, a goal toward achieving the chosen living arrangement and barriers to be overcome in achieving the goal
  - ✓ Records of enrollees' advance directives, health care powers of attorney, do not resuscitate orders, or a legally appointed guardian
  - ✓ If the enrollee resides in an assisted living facility (ALF), services provided by the ALF, including how much and how often the ALF provides those services
  - ✓ Identification of any existing plans of care and service providers and assessment of the adequacy of existing services
  - ✓ Identification of who is responsible for monitoring the plan of care
  - ✓ Case manager's signature
  - ✓ The word-for-word written statement before the enrollee signature field as follows:
    - *"I have received and read the plan of care. I understand that I have the right to file an appeal or fair hearing if my services have been denied, reduced, terminated, or suspended."*, and
  - ✓ Enrollee or enrollee's authorized representative's signature and date

## **To learn more about the Statewide Medicaid Managed Care Program:**

Visit the Agency's SMMC Program website at [www.ahca.myflorida.com/SMMC](http://www.ahca.myflorida.com/SMMC).