ATTACHMENT I
SCOPE OF SERVICES – Effective Date: January 15, 2015
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: 09/01/14 – 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.

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 minimum regional enrollment levels specified in **Attachment I**, Scope of Services, **Exhibit 2**, Table 2, Managed Care Plan, Network Adequacy – Minimum 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, Network Adequacy – Minimum Enrollment Levels.

      (1) **Attachment I**, Scope of Services, **Exhibit 2**, Table 2, Managed Care Plan, Network Adequacy – Minimum 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: 10/01/14 – 08/31/18
OVER-THE-COUNTER MEDICATION/SUPPLIES
ASSISTED LIVING FACILITY/ADULT FAMILY CARE HOME BED HOLD
DENTAL SERVICES
HEARING EVALUATION
SUPPORT TO TRANSITION OUT OF A NURSING FACILITY
VISION SERVICES

Approved LTC Expanded Benefits	
Approved Benefit	**Approved Limitations**
ALF/AFCH Bed Hold	Twenty-one (21) days; enrollee must intend to return to the ALF/AFCH; enrollee must maintain room and board and share of cost payments while away; enrollee must live in the ALF/AFCH for at least 30 days between each episode; the ALF/AFCH must inform the plan within 24 hours of the enrollee leaving in order to be eligible for this benefit.
Dental Services	One (1) denture set replacement per lifetime.
Hearing Evaluation	One (1) per year
Over-The-Counter (OTC) Medication/Supplies	Up to fifteen dollars ($15) per month for over-the-counter drugs and supplies with physician prescription. Includes allergy drugs, pain medications, and vitamins. Not applicable to nursing facility residents
Support to Transition Out of a Nursing Facility	Up to $2500 per lifetime to help you move out of a nursing facility. This benefit is to help pay for things like security and utility deposits, household furnishings/supplies, and moving expenses. Plan approval needed. Enrollee must be moving out of a nursing facility into their own home where they are responsible for their own living expenses.
Vision Services	Eyeglasses (lenses and frames) (One (1) set per year). Enrollee must first use the Medicaid benefit of one (1) pair of lenses every 365 days and one (1) set of frames once every two (2) years. Must need the glasses to prevent headache, spasms, discomfort, or other medical needs.

3. **Other Service Requirements**

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

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D. Method of Payment

1. Total Contract Amount

Effective September 1, 2014, the Agency shall make payment, in a total dollar amount not to exceed [redacted] to the Managed Care Plan in accordance with **Attachment II and its Exhibits**. The Agency shall make payments through its fiscal agent using the Medicaid Provider Identification Number(s) specified in Exhibit 1**.**

2. Capitation Rates

Effective September 1, 2014, the capitation rate payment shall be in accordance with **Attachment II and its Exhibits**. The capitation rates are contained Exhibit 3 of this Attachment. These rates are titled **"MANAGED CARE PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS."**

3. Benchmark and Fee-for-Service Rates (LTC FFS Managed Care Plans Only- through August 31, 2014)

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**.

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E. Order of Precedence

The Managed Care Plan shall perform its contracted duties in accordance with this Contract, the ITN(s), including all addenda and the Vendor's response to the ITN(s). In the event of conflict among Contract documents, any identified inconsistency in this Contract shall be resolved by giving precedence in the following order:

1. This Contract, including all attachments;

2. The ITN(s), including all addenda; and

3. The Vendor's response to the ITN(s), including information provided through negotiations.

F. 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.

G. Conversion Requirements

1. As indicated in Table 1-LTC Plan Type, the FFS PSN Managed Care Plan will convert from a Fee-for Service (FFS) Managed Care Plan to a Capitated Managed Care Plan effective September 1, 2014.

2. The FFS PSN Managed Care Plan converting to capitation shall complete all contract terms and conditions applicable to FFS through and including August 31, 2014, in accordance with Attachment II Core Contract Provisions and Exhibits applicable to Attachment II.

3. The FFS PSN Managed Care Plan shall complete processing for all outstanding FFS claims incurred through and including August 31, 2014, in accordance with Attachment II, Exhibit 10, "Administration and Management" - LTC Plans, FFS LTC PSNs, and Exhibit 13, "Method of Payment."

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ATTACHMENT I

EXHIBIT 1
REGIONAL AWARDS AND MAXIMUM ENROLLMENT LEVELS
Effective Date: 09/01/14 – 08/31/18

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

TABLE 1 (Region 1)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 2 (Region 2)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 3 (Region 3)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 4 (Region 4)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 5 (Region 5)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 6 (Region 6)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 7 (Region 7)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 8 (Region 8)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 9 (Region 9)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

TABLE 10 (Region 10)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]-10

TABLE 11 (Region 11)

	Effective Date: 09/01/2014
Maximum Enrollment Level	**Provider Number**
[redacted]	[redacted]

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 PSN CAPITATION RATES
Effective Dates: September 1, 2014 – August 31, 2018

MANAGED CARE PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS

MANAGED CARE PLAN LTC RATES BY REGION

Region	Enrollment Period	Pre-Enrollment Benchmark Mix Percentage		Base Capitation Rate (PMPM)		Agency-Required Transition			Final Blended Rate
						Percent	Adjusted Mix Percentage		
		Waiver	NF	Waiver	NF		Waiver	NF	
1	Mar 1, 2014 to Aug 31, 2014	22.7%	77.3%	$1,100.90	$4,841.77	1.00%	23.7%	76.3%	$3,954.50
2	Nov 1, 2013 to Aug 31, 2014	27.9%	72.1%	$761.07	$4,844.32	1.67%	29.6%	70.4%	$3,632.98
3	Mar 1, 2014 to Aug 31, 2014	30.9%	69.1%	$1,100.90	$4,843.60	1.00%	31.9%	68.1%	$3,646.86
4	Mar 1, 2014 to Aug 31, 2014	28.7%	71.3%	$1,100.90	$4,845.89	1.00%	29.7%	70.3%	$3,730.83
5	Feb 1, 2014 to Aug 31, 2014	32.1%	67.9%	$1,236.68	$4,909.37	1.17%	33.3%	66.7%	$3,681.11
6	Feb 1, 2014 to Aug 31, 2014	37.7%	62.3%	$1,236.68	$4,844.83	1.17%	38.9%	61.1%	$3,439.31
7	Aug 1, 2013 to Aug 31, 2014	35.6%	64.4%	$1,230.91	$4,908.96	2.00%	37.6%	62.4%	$3,517.51
8	Sep 1, 2013 to Aug 31, 2014	27.3%	72.7%	$1,359.27	$5,198.00	2.00%	29.3%	70.7%	$4,064.60
9	Sep 1, 2013 to Aug 31, 2014	34.9%	65.1%	$1,456.80	$5,202.74	2.00%	36.9%	63.1%	$3,812.77
10	Nov 1, 2013 to Aug 31, 2014	56.8%	43.2%	$1,361.34	$5,433.60	1.67%	58.5%	41.5%	$3,047.54
11	Dec 1, 2013 to Aug 31, 2014	63.6%	36.4%	$1,362.38	$5,432.07	1.50%	65.1%	34.9%	$2,779.41

1. The actual pre-enrollment case mix will be updated for each region based on the region's beginning enrollment date. The most recent 12 months of historical claims data that precede a three-month run-off period immediately prior to the enrollment date will be used to calculate the pre-enrollment case mix. For example, Region 7 begins enrollment on August 1, 2013. The three-month run-off period extends from May through July 2013 with the preceding 12 months (May 2012 through April 2013) providing the historical data for Region 7's pre-enrollment case mix. Similarly, the enrollment date for Region 6 is February 1, 2014. The historical data used for Region 6's pre-enrollment mix represents the 12 months from November 2012 through October 2013.
2. The above table is for demonstration purposes only. The actual final rate paid to plans will be based on each plan's monthly enrollment mix, adjusted by the Agency-Required Transition Percent. The Agency will send an email to LTC plans regarding each plan's actual, final, blended rate on a monthly basis.
3. Rates recalibrated based on actual enrollment must be budget neutral to the state, using the rates calculated from the Adjusted Mix Percentage as the benchmark.

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ATTACHMENT I
EXHIBIT 4
LTC FFS PSN PROVIDER RATE TABLE
Effective Dates: July 1, 2014 - August 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	**$51.05**	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 [*HN modifier is for 'bachelors degree level'*]
T1002	**$100.00**	Intermittent and Skilled Nursing, RN [*T1002 is 'RN services, up to 15 min'*]
T1003	**$65.00**	Intermittent and Skilled Nursing, LPN [*T1003 is 'LPN/LVN services, up to 15 min'*]
T1005U2	**$300.00**	Respite In Facility
T1019U2	**$30.00**	Personal Care
T1020	**$12.25**	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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