Background:
In 2011, the Florida Legislature passed a bill to eliminate the ‘fee-for-service’ Medicaid program and transition all Medicaid recipients (except for children with disabilities) to managed care in an effort to improve care coordination and to reduce the rate of expenditure growth in Florida’s Medicaid Program. The first part of this transition begins in July/August 2013 and includes all long term care programs and recipients, including seniors residing in nursing homes. The first region to make the transition to managed long term care will be Region 7 (Central Florida) and eventually, by 2014, all seniors served by Florida’s Medicaid programs, including Medicaid Waiver programs administered by Aging and Disability Resource Centers (ADRCs) will be served by managed care.

Contained within the legislation establishing the new Medicaid managed long term care program are expanded roles and responsibilities for Florida’s ADRCs which are discussed in greater detail below. The transition to managed care will have a significant impact to the Aging Network, including ADRCs, who have been negotiating their role under the new managed care program with the Agency for Health Care Administration (AHCA) and the Department of Elder Affairs (DOEA). During the 2012 Legislative Session, ADRCs advocated for and received a $6 million appropriation for start-up and operational costs associated with the new Medicaid managed long term care program but the appropriation was subsequently vetoed by Governor Scott without explanation.

ADRC Impact of Transition to SMMCLTCP:
- All Medicaid Waiver Programs and recipients are transitioned to the new SMMCLTCP. Existing Medicaid Waiver Programs will cease to exist and all seniors seeking assistance with long term care services will be enrolled in the new managed long term care program, if eligible.
- Managed Care Organizations (MCOs), i.e., HMO’s and Provider Service Networks will operate the managed long term care program. The state Medicaid agency, (AHCA) is competitively procuring a limited number of MCOs in each of the 11 Medicaid ‘Regions’. MCOs awarded a contract to serve Medicaid-eligible seniors and the disabled will perform many of the tasks formerly done by AHCA/DOEA.
- ADRCs currently perform several services in support of the current fee-for-service Medicaid program. Some of these activities, such as Medicaid Benefits/Options Counseling will continue under the new managed long term care program. Some of the activities currently provided by ADRCs by the Medicaid Waiver Specialists, such as provider licensing and enrollment, expenditure monitoring, provider training, etc., will no longer be required to be performed by the ADRC under managed long term care. Currently, ADRCs employ 30.5 employees who perform these soon to be obsolete services.
- On September 28th, AHCA and DOEA provided a 21 page Statement of Work (SOW) for ADRCs outlining ADRC responsibilities under the new Medicaid managed long term care program. These activities, for the most part, are already performed by ADRCs and include:
  - Long Term Care Program Education & Counseling
  - Client Intake & Screening Assessment (701-A)
  - Waiting List Release/Management
  - Long Term Care Education & Counseling for recipients who request ‘in-home’ assistance
  - Medicaid Eligibility Application Assistance
  - Assistant to Recipients with Grievances/Complaints
- The Florida Association of Area Agencies on Aging (F4A) have been in ongoing negotiations with AHCA and DOEA regarding the initial terms of the SOW and F4A concerns about additional costs that ADRCs will incur
due to SOW requirements. These cost items included requirements for ADRCs to: 1) Remain open 11 hours per day (as opposed to eight), 2) Establish a new statewide ‘call center’ with a single telephony manufacturer and reporting software, 3) Hire additional statewide management positions, etc., etc. ADRCs vehemently objected to these new requirements without funding to pay for them.

- Following extensive discussions with the Governor’s Office during the week of October 15th and review of comprehensive workload/cost analyses developed by F4A, a conference call meeting with F4A, AHCA, DOEA, and the Governor’s Office staff was held with F4A/ADRC Leadership. During this call, ADRCs were informed the statewide call center requirements under SMMCLTC would be deleted from the SOW along with a myriad of additional operational requirements that resulted in ADRC operational cost increases. ADRCs will continue to play a meaningful and important role in assisting seniors under the new SMMCLTC Program utilizing the existing ADRC Elder Help Line and ADRC infrastructure with work performed by the existing 91 ADRC employees and existing $4.7 million ADRC Medicaid-funded budget. ADRCs will work with DOEA over the next two weeks to finalize the new SOW, address any remaining workload/resource concerns and quickly begin preparations and planning for implementation of SMMCLTCP.

**Critical Board Issues:**

- AHCA and DOEA will contract with F4A for the tasks laid out in Florida Statutes and in the revised SOW for ADRCs. All 11 ADRCs must cooperate and work together to implement a successful program. All ADRC Executive Directors have pledged their commitment to work as a team.

- Implementation of the new SOW may require a partial reallocation of current ADRC Medicaid-funded resources depending on SMMCLTCP regional workload and recipient distribution and we expect DOEA to propose some of the changes in resource allocation with the renewal and revision to the Medicaid Waiver Specialist contracts in December. It will be very important, however, for F4A to work together as an Association to demonstrate teamwork, collaboration, and competency to ensure ADRCs maintain their vital role under the new SMMCLTCP Program.

- Finally, as mentioned earlier, the initial SOW contained terms and conditions that would have increased ADRC costs, however, many of these requirements will now be deleted. ADRCs will, however, continue to explore operational efficiencies and economies of scale that will reduce current ADRC operational costs, even if no longer required by the SOW. For example, exploring the operational cost efficiencies of all 11 ADRCs utilizing a single telephony system and reporting software may produce Elder Help Line cost savings and operational efficiencies as opposed to the several disparate systems operated by the 11 ADRCs today.

The road ahead still poses many challenges regarding the implementation of the new Medicaid managed long term care program, not the least of which is the initial transition of 85,000+ long term care recipients to a new managed care operation. If additional ADRC resources are needed to take on additional recipient workload and/or additional responsibilities, F4A will advocate diligently with the Governor’s Office and the Legislature to secure funding.

ADRCs have fought for and secured an important role under the new SMMCLTCP Program, a role that is consistent with the role that other states across the country have given to their ADRCs under Medicaid managed long term care. F4A and its ADRC members will continue to keep all Boards of Directors apprised of further developments and look forward to working together to serve Florida’s frailest seniors under the Medicaid Managed Long Term Care Program.