



Simply Healthcare Plans, Inc. basics training

Statewide Medicaid Managed Care
Long-Term Care

What is long-term care?

- Simply Healthcare Plans, Inc. (Simply) offers a range of long-term services and supports (LTSS) for seniors and persons with disabilities. These benefits help members live independently in their homes for as long as possible or reside in a nursing home.
- Long-Term Care (LTC) services address a member's need for help with activities of daily living such as bathing, dressing, and preparing meals.
- Members as young as 18 can enroll in LTC. Our oldest member today is over 100 years old.

Eligibility

- Members are eligible for Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) if they are:
 - 65 years of age or older and in need of nursing facility level of care.
 - 18 years of age or older and are eligible for Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) by reason of a disability and in need of nursing facility level of care.
- All members are required to meet financial eligibility:
 - The member's individual income must not exceed \$2,982 per month as determined by the Florida Department of Children and Families (DCF) or Social Security.
 - The member's asset limits must not exceed \$2,000 (not including home and car).
- Members must meet clinical eligibility by the CARES Program (nursing facility level of care).

Clinical eligibility

- Clinical eligibility is determined by the CARES Program (nursing facility level of care). To be eligible, a member must either:
 - Require some help with five or more activities of daily living (ADLs).
 - Require some help with four ADLs and supervision or administration of medication.
 - Require total help with two or more ADLs.
 - Have a diagnosis of degenerative disease or chronic condition requiring daily nursing service.
- All members enrolled in SMMC LTC will also be enrolled in SMMC MMA unless they have enrolled in a special needs plan (SNP) or a dual-eligible special needs plan (D-SNP).
- 90% of SMMC LTC members are enrolled in Medicare.

Who are SMMC LTC members?



Home member living alone:

- Alert and oriented
- May receive support from family and friends
- Simply may provide intermittent care in the home



Home member with family:

- Receives daily support from family
- May attend adult day care (ADC)
- Simply may provide intermittent care in the home



Assisted living facility (ALF) member:

- Lives in a facility
- Receives ADL care from staff
- Some may have family support
- Simply pays ALF



Nursing home (NH) member:

- Lives in a facility
- May require 24-hour nursing care
- May have chronic or unstable health
- Some may have family support
- Simply pays NH

Who are SMMC LTC providers?



Facility-based providers:

- Assisted living facility
- Adult family care homes
- Adult day care
- Nursing home



Support in the home:

- Home health agencies
- Hospice
- Personal emergency response
- Participate Directed Option care



Delivery to the home:

- Home-delivered meals
- Durable medical equipment (DME)/consumable medical supplies
- Home accessibility providers

SMMC LTC services

Adult companion	Intermittent and skilled nursing*
Adult day healthcare	Medication administration*
Assisted living	Medication management*
Assistive care (Adult family care homes)	Medical equipment and supplies*
Attendant care*	Nursing facility*
Behavioral management	Nutritional assessment/risk reduction
Case management	Personal care*
Caregiver training	Personal emergency response system
Home accessibility adaptation	Respite care
Home-delivered meals	Therapies: OT, PT, RT, ST*
Homemaker (includes pest control)	Transportation services
Hospice*	

* = Medicare Primary

SMMC LTC expanded benefits

31-day bed hold for ALFs and adult family care homes

ALF move-in basket up to \$50 of items to select from; one lifetime benefit

[\$6,000] nursing home transition fund

Caregiver transportation:
Four one-way trips to community designation, up to 25 miles per month

Individual therapy for caregivers: Unit of service is 15 minutes; limit of four units per day, a maximum of 12 days per year

SMMC LTC redetermination team

The redetermination team works closely with the case management team to retain member eligibility.

The team acts as a member advocate to resolve eligibility issues with both the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA).

Each member is assigned a specialist who assists in collecting the documents necessary for recertification and ongoing eligibility in the SMMC LTC program.

SMMC LTC case management

- Provides case management to ensure members' needs are met through an array of supportive services, with the goal of avoiding or delaying custodial nursing home placement.
- Each member has an assigned field case manager who develops an individual care plan based on the member's needs.
- Case managers perform frequent mandatory contact with members including:
 - An orientation visit within 5 to 7 days from enrollment.
 - Monthly contact (every 30 days).
 - Face-to-face visits within every 90 days.
 - Face-to-face within five business days of a significant change.
 - Annual assessment to determine ongoing level of care.

SMMC LTC enrollment process



The enrollment process begins with calling the Department of Elder Affairs hotline at **800-963-5337**. They will direct you to the member's local county Area Agency on Aging (AAA).

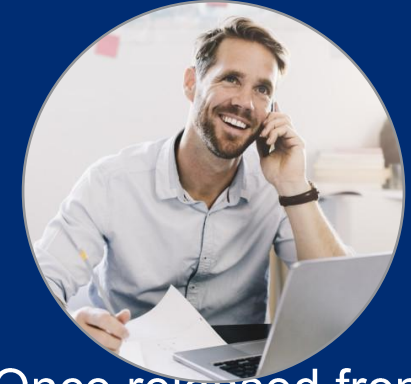


A prescreening is completed over the phone with the local AAA, and if the member is eligible, they will be placed on the waiting list.



If an applicant doesn't have Medicaid, a DCF application would be completed at this time:

- The member would call DCF at **866-762-2237**.



Once released from the waiting list, a choice counselor will complete a phone assessment and/or schedule an appointment through CARES for an in-person evaluation.

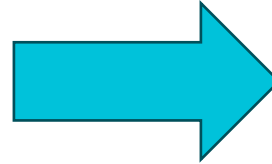
SMMC LTC enrollment process (cont.)

- The applicant will need an updated AHCA 5000-3008 Form completed by a physician.
- Once approved, the enrollment broker will call the applicant to choose a plan.
- The waitlist is based on the screening priority score, not the application date. If there are any changes after being placed on the waitlist, such as an emergency room (ER) visit or an inpatient stay, the applicant will be moved up on the waitlist or possibly be released from the waitlist and moved toward enrollment.
- For more information, members can call Choice Counseling at **877-711-3662**.

Resources to stay connected

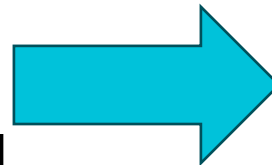
Provider website

Scan the QR code to access the Simply provider website and find a wide range of resources to support your care for our members.



Training Academy

Scan the QR code to access an overview of training materials, supporting guide pages, and more.



Provider Services

If you have questions, contact Provider Services at **877-440-3738**.

Thank you