



FLORIDA LEGAL SERVICES, INC.



Consumer Tips for Enrolling in Long-Term Managed Care

Starting August 2013 and over the following months, Florida Medicaid's long-term care services are moving to a managed care system. Long-term care (LTC) includes nursing home services, or similar LTC services (such as personal care assistance) provided at home or in an assisted living facility. LTC services do not include your regular Medicaid benefits, such as doctor services and hospital stays. These regular Medicaid benefits also are being moved to managed care, but at a later time.

Under managed long-term care, consumers must receive their LTC services through a health maintenance organization (HMO). The consumer can only get LTC services from health care providers (personal care aide, nursing home, assisted living facility, etc.) who are in the HMO's network.

Ten Tips for Enrolling in a Long-Term Care HMO

- 1) You will receive a letter from the Medicaid program that explains your enrollment options. To find when managed care starts in your region, call 1 (877) 711-3662 or click [here](#) and look at the Long Term Care program Snapshot.
(www.ahca.myflorida.com/Medicaid/statewide_mc/#LTCMC)
- 2) Once you receive the notice, you should choose your preferred HMO, or you will be assigned to one. Choose an HMO that includes your preferred LTC providers.
- 3) Consult with a choice counselor for advice on choosing an HMO. Choice counselors can be reached at 1(877) 711-3662.

- 4) You can only change from one HMO to another for the first 90 days of enrollment, during an annual 60-day open enrollment period, or if you can show that you have good cause to change. Good cause includes, for example, if you are unable to get the care you need or if the care is poor quality.
- 5) You should be active in working with health care providers and others to develop a care plan that includes all necessary services and follows your preferences. You should consult with your health care providers and ask that a family member or trusted friend participate with you in the care planning process. If your care plan does not include all the services you need, you should request a Medicaid fair hearing.
- 6) When you transfer into the HMO, you have the right to continue your services from existing care providers for at least 60 days, or until a new care plan is developed, whichever comes first.
- 7) For many at-home services, under participant direction, you can hire and fire the persons who provide you with care, with payment being made through the HMO.
- 8) Be aggressive in seeking to arrange for necessary care at home. Unfortunately, Florida has a wait list for some service packages for at-home care. Current nursing home residents have priority on the wait list, in order to encourage movement away from nursing homes into private homes.
- 9) You can request a Medicaid fair hearing to challenge when your necessary LTC services are being delayed, terminated, reduced or refused. For assistance, contact your local legal aid or legal services office. To locate a local office visit here: www.floridalawhelp.org.
- 10) More information is available from the [Florida Medicaid](http://Florida.Medicaid) program. (ahca.myflorida.com/Medicaid/statewide_mc/#SMMC_Home) or from [Florida Legal Services](http://Florida.Legal.Services) (www.floridalegal.org).

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