



What Long-Term Care Services Must a Managed Care Plan Offer?

Services and Service Planning in Florida’s Medicaid Managed Long-Term Care

For Florida Medicaid, the law requires that a managed care plan be able to provide all of the following services:

Adult Companion	Adult Day Care; Adult Day Health Care	Assisted Living Facility Services
Assistive Care Services	Attendant Care	Behavior Management
Caregiver Training	Case Management	Home Accessibility Adaptation
Home Delivered Meals	Homemaker Services	Hospice
Intermittent and Skilled Nursing	Medication Administration	Medication Management
Medical Equipment and Supplies	Nutritional Assessment and Risk Reduction	Nursing Home Care
Personal Care	Personal Emergency Response System	Respite Care
Transportation for Long-Term Care Services	Occupational Therapy	Physical Therapy
Respiratory Therapy	Speech Therapy	

Here are brief descriptions of some of these services:

Adult Companion: Adult companion assistance consists of non-medical care, supervision, and socialization. Companions can assist or supervise the consumer with tasks such as meal preparation, laundry, or shopping.

Adult Day Care; Adult Day Health Care: Adult day care and adult day health care are services provided to a consumer at an adult day care center. At these centers, consumers have access to meals, socialization, social services, and certain nursing and health care services. These services can be particularly helpful when the consumer is living with a family member who must leave the home during the day to work.

Assisted Living Facility Services: These are the services provided in a facility licensed by Florida as an assisted living facility.

Assistive Care Services: These services can be provided in three types of facilities: assisted living facilities, mental health residential treatment facilities, and adult family-care homes. The services assist the resident with daily activities, including assistance with self-administration of medication. The services also include “health support,” which involves observing the resident’s condition, reminding the resident of important tasks, and recording and reporting any significant changes in the resident’s condition.

Attendant Care: Attendant care consists of supportive and health-related services designed for a consumer who is physically handicapped but medically stable. Because of the “medically stable” requirement, these services generally are not available for older consumers who need long-term care.

Behavior Management: These services are designed for consumers with persistent problematic behavior. The services include an evaluation of the behavior, along with the development and implementation of strategies for addressing it.

Caregiver Training: This is training provided to persons who assist the consumer without pay. These persons are generally the consumer’s family members or friends.

Case Management: A case manager assists the consumer in gaining access to needed Medicaid services, as well as other needed medical, social, and educational services provided through other funding sources.

Home Accessibility Adaptation: These adaptations consist of home modifications designed to make a home more accessible. For example, a doorway might be modified to accommodate a wheelchair, or a grab-bar may be installed to assist a consumer who has difficulty in getting on and off a toilet.

Homemaker: These services consist of meal preparation and routine household care, as well as pest control.

Hospice: Hospice services are designed for persons who are terminally ill with a life expectancy of less than six months. Hospice services focus on keeping the consumer comfortable, and include counseling services for the consumer and his or her family.

Intermittent and Skilled Nursing: These are services provided by a registered or licensed nurse.

Medication Management: This monitoring service is performed by licensed nurses.

Nutritional Assessment and Risk Reduction: This service teaches consumers and their caregivers to prepare and eat nutritionally appropriate meals. The service includes an assessment of the consumer.

Personal Care: These services assist the consumer with daily activities such as eating, bathing, and using the toilet. Assistance with meal preparation is included, but not the cost of food. The services may also include housekeeping chores such as bed making and vacuuming.

Personal Emergency Response System: This system will signal a response center once a “help” button is pushed. The consumer may wear a portable “help” button.

Respite Care: Respite care is provided on a short-term basis in the consumer’s home to provide relief for caregivers (generally family members) who need a break from their caregiving duties. A similar respite can also be provided by having the consumer move temporarily to a nursing home or assisted living facility.

Transportation: A managed care plan must provide transportation services to the extent that the consumer needs transportation in order to access the plan’s services. The need for the transportation service must be documented in the consumer’s care plan. The state has indicated an intent to keep transportation charges under fairly tight control, stating that whenever possible transportation services should be provided without charge by family members, friends, neighbors, and community agencies.

How Does a Managed Care Plan Provide Alternatives to Nursing Home Care?

The Long-Term Care Managed Care Program is available only to those consumers who have a documented need for a nursing home level of care. These persons can receive necessary services in a nursing home or, alternatively, can receive comparable services at home or in an assisted living facility. Unfortunately, however, there is limited enrollment (and, usually, a waiting list) for at-home service packages.

The federal government has established certain rights for assisted living residents in this program. An assisted living resident must have a choice between a private or semi-private room and, in a semi-private room, a choice of roommate. Also, a resident must have choice in when to eat and sleep, and must have access to snacks, with the ability to prepare snacks as desired.

How Can a Consumer Control Services Provided at Home?

A consumer has the choice to direct some at-home services. Under consumer direction, the consumer (or a representative selected by the consumer) has the right to hire and fire caregivers.

Consumer self-direction is available for the following services: adult companion, attendant care, homemaker, intermittent and skilled nursing care, and personal care.

What Must a Plan Do If a Necessary Service Is Not Available through the Plan's Network?

The bottom line is that a consumer is entitled to the package of services required by the state, and a plan's network should be able to provide that entire package. If, however, for whatever reason, a necessary service cannot be obtained through a plan's network, the plan must arrange for those services to be provided by a provider outside the network.

Who Decides Which Services Will Be Provided?

The consumer directs the service planning process with the assistance of a case manager and other persons that the consumer would like to include. The process should result in a service plan that establishes goals for the consumer, and that coordinates both the paid and unpaid services that he or she will receive.

The service plan form must include a notice that the consumer can request an appeal or fair hearing if services have been denied or reduced, or if the consumer has been denied his or her choice of service provider. If the consumer requests, the case manager must assist the consumer with filing the request for appeal or fair hearing. More information on appeals and fair hearings is available in a companion consumer guide entitled, [*Appeals and Fair Hearings in Managed Long-Term Care.*](#)

Can Service Plans Be Changed?

Yes, service plans should be changed as necessary, so that they are always well-matched with the consumer's needs and preferences. To ensure that service plans are updated as necessary, the case manager must telephone the consumer at least monthly, and must do an in-person review of the service plan with the consumer at least once every three months.

*The Florida Bar Foundation, with Interest on Trust Accounts program funding, provides support for this service.
The National Senior Citizens Law Center thanks the Retirement Research Foundation for its support of this work.
The Academy of Florida Elder Law Attorneys contributed to the development of this material.*