



# Florida Medicaid

## **Statewide Medicaid Managed Care Long-term Care Program Coverage Policy**

---

**Agency for Health Care Administration**

March 2017



## Table of Contents

---

|            |  |           |
|------------|--|-----------|
| <b>1.0</b> | <b>Introduction</b> .....  | <b>1</b>  |
| 1.1        | Description and Program Goal .....   | 1         |
| 1.2        | Legal Authority .....  | 1         |
| 1.3        | Definitions .....  | 1         |
| <b>2.0</b> | <b>Eligible Recipient</b> .....  | <b>3</b>  |
| 2.1        | General Criteria .....   | 3         |
| 2.2        | Who Can Receive .....  | 3         |
| 2.3        | Patient Responsibility .....   | 3         |
| <b>3.0</b> | <b>Eligible Provider</b> .....   | <b>4</b>  |
| 3.1        | General Criteria .....   | 4         |
| 3.2        | Who Can Provide .....  | 4         |
| <b>4.0</b> | <b>Coverage Information</b> .....  | <b>4</b>  |
| 4.1        | General Criteria .....   | 4         |
| 4.2        | Specific Criteria .....  | 4         |
| <b>5.0</b> | <b>Exclusion</b> .....   | <b>8</b>  |
| <b>6.0</b> | <b>Documentation</b> .....   | <b>8</b>  |
| 6.1        | General Criteria .....   | 8         |
| 6.2        | Specific Criteria .....  | 8         |
| <b>7.0</b> | <b>Authorization</b> .....   | <b>9</b>  |
| <b>8.0</b> | <b>Appendix</b> .....  | <b>10</b> |
|            | Statewide Medicaid Managed Care Long-term Care Provider Qualifications .....   | 10        |
|            | Statewide Medicaid Managed Care Long-term Care Program Procedure Codes for Home and<br>Community-Based Supportive Services ..... | 19        |

## 1.0 Introduction

### 1.1 Description and Program Goal

Under the Statewide Medicaid Managed Care Long-term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

#### 1.1.1 Introduction

This policy is intended to provide information about the coverage and limitations of services provided under the LTC program.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>

### 1.2 Legal Authority

Statewide Medicaid Managed Care LTC program services are authorized by the following:

- Section 1915(c) of the Social Security Act
- Title 42, Code of Federal Regulations (CFR), Part 438, and Part 441, Subpart G
- Section 409, Florida Statutes (F.S.), Part IV

### 1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

#### 1.3.1 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

#### 1.3.2 Authorized Representative

An individual who has the legal authority to make decisions on behalf of an enrollee or potential enrollee.

#### 1.3.3 Benefits

A schedule of health care and related services to be delivered to enrollees covered by a LTC plan.

#### 1.3.4 Case Record

File that includes information regarding the management of services for an enrollee including the plan of care, comprehensive needs assessment, and documentation of case management activities.

#### 1.3.5 701-B Comprehensive Assessment

An individualized, complete assessment of an individual's medical, developmental, behavioral, social, financial, and environmental status. The assessment is conducted by a trained individual employed by the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) program or the LTC

plan, to determine eligibility for the LTC program based on the need for a nursing facility level of care.

**1.3.6 Coverage and Limitations Handbook or Coverage Policy**

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

**1.3.7 Direct Care**

Any LTC services that are provided through face-to-face contact with an enrollee, including access to the enrollee's living areas, funds, personal property, or personal identification information as defined in section 817.568, F.S.

**1.3.8 Enrollee**

For the purpose of this coverage policy, the term used to describe an individual enrolled in a Florida Medicaid LTC plan.

**1.3.9 Instrumental Activities of Daily Living (IADLs)**

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Medication management
- Money management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

**1.3.10 LTC Supplemental Assessment**

An evaluation conducted by the LTC plan of the level of natural supports that are available to the enrollee and to capture additional information regarding the functional needs of the enrollee.

**1.3.11 Long-term Care Plan (LTC Plan)**

A managed care plan that provides the services described in section 409.98, F.S., for the long-term care program of the Statewide Medicaid Managed Care program.

**1.3.12 Maintenance Therapy**

Therapy that is performed to maintain or prevent deterioration of a chronic condition. Maintenance therapy is provided when further clinical improvement cannot reasonably be expected from continuous ongoing care, and the treatment becomes supportive rather than corrective in nature.

**1.3.13 Managed Medical Assistance Plan (MMA Plan)**

A managed care plan that provides the services described in section 409.973, F.S., for the SMMC program.

**1.3.14 Medically Necessary or Medical Necessity**

For the purposes of this policy, the service must meet either of the following criteria:

- (a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.
- (b) All other LTC supportive services must meet all of the following:
  - Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs

- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or
- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

**1.3.15 Mixed Services**

Medicaid services that are covered in both the LTC and the Managed Medical Assistance programs. When covered by both the enrollee's LTC and MMA plans, such services are the responsibility of the LTC plan.

**1.3.16 Natural Supports**

Unpaid supports that are provided voluntarily to the individual in lieu of home and community-based services and supports.

**1.3.17 Patient Responsibility**

The amount an enrollee is responsible to pay towards LTC services, as determined by the Department of Children and Families (DCF).

**1.3.18 Plan of Care**

A description of the enrollee's goals for long-term care, the services and supports needed to meet those goals, and the specific service needs of each enrollee, showing the projected duration, desired frequency, and type of provider furnishing each service, and the scope of the services to be provided.

**1.3.19 Provider**

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

**1.3.20 Recipient**

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

**1.3.21 Supportive Services**

Services that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function.

**2.0 Eligible Recipient**

**2.1 General Criteria**

An eligible recipient must be enrolled in the LTC program on the date of service and meet the criteria provided in this policy.

**2.2 Who Can Receive**

Florida Medicaid recipients requiring medically necessary LTC services who are enrolled in a LTC plan and have a nursing facility level of care determined by the CARES program. Some services may be subject to additional coverage criteria as specified in section 4.0.

**2.3 Patient Responsibility**

Providers may not change a recipient's patient responsibility without DCF approval.

### 3.0 Eligible Provider

#### 3.1 General Criteria

Services are provided directly by an LTC plan or through its network of contracted providers. Services must be rendered by an entity, facility, person, or group meeting the minimum qualifications specified in this policy.

#### 3.2 Who Can Provide

See Appendix 8.0 for a list of minimum provider qualifications for each LTC covered service.

### 4.0 Coverage Information

#### 4.1 General Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Are determined medically necessary, as defined in this rule
- Do not duplicate another service
- Meet the criteria as specified in this policy

#### 4.2 Specific Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Consistent with the type, amount, duration, frequency, and scope of services specified in an enrollee's authorized plan of care
- Provided in accordance with a goal in the enrollee's plan of care
- Intended to enable the enrollee to reside in the most appropriate and least restrictive setting

##### 4.2.1 Home and Community-Based Supportive Services

The LTC program benefit includes coverage of the following home and community-based supportive services:

###### 4.2.1.1 Adult Companion Care

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

###### 4.2.1.2 Adult Day Health Care

The provision of social and health related therapeutic services and activities, self-care training, nutritional services, and respite, in accordance with Chapter 429, Part III, F.S. Nutritional meals are included as part of this service when the enrollee is at the adult day health care center during meal times. This service includes medical screening emphasizing prevention and continuity of care, including routine blood pressure checks and diabetic maintenance checks. Physical, occupational, and speech therapies indicated in the enrollee's plan of care are furnished as components of this service. Nursing services, which include periodic evaluation, medical supervision of self-care services directed toward activities of daily living, and personal hygiene are also a component of this service.

###### 4.2.1.3 Assisted Living

The provision of personal care, homemaker, chore, attendant care, companion care, medication oversight, periodic nursing evaluations, and therapeutic social and recreational programming in a home-like environment to enrollees residing in an assisted living facility, licensed pursuant to Chapter 429, Part 1, F.S. This service includes twenty-four

(24) hours onsite response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence and provides supervision, safety, and security.

**4.2.1.4 Behavioral Management**

The provision of evaluation services to determine the origins and triggers of persistent problematic behavior; development of strategies to address the behavior; implementation of interventions to improve and maintain the improved behavior; and orientation and assistance for the caregiver.

**4.2.1.5 Care Coordination or Case Management**

The provision of services that assist enrollees in gaining access to LTC waiver services, Florida Medicaid-covered services, and other medical, social, and educational services, regardless of the funding source. To provide identification, outreach, contact and visits, immediate (immediate care needs) and ongoing (care needs necessary after immediate care needs are stabilized) needs identification, information to the enrollee, coordination of 701-B comprehensive assessment and LTC supplemental assessment, development of the plan of care and ongoing care coordination, coordination with appropriate service providers, assistance to enrollees living in the community in developing a personal emergency plan, and advocacy on behalf of the enrollee.

**4.2.1.6 Caregiver Training**

The provision of training and consultation services for a natural support who provides uncompensated care, training, guidance, companionship, supervision, or support to an enrollee. Training includes instruction about treatment regimens and other services included in the plan of care, use of equipment specified in the plan of care, updates as necessary to safely maintain the enrollee at home, and consultation to assist the natural support in meeting the needs of the enrollee.

**4.2.1.7 Home Accessibility Adaptation**

The provision of physical adaptations to the home to ensure the health, safety, and welfare of the enrollee, or to enable the enrollee to function with greater independence in the home, without which an enrollee would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies necessary for the welfare of the enrollee. All adaptations must be compliant with applicable state and local building codes.

**4.2.1.8 Home Delivered Meals**

The provision of nutritionally sound meals delivered to an enrollee's home when an enrollee has difficulty shopping for, or preparing food, without assistance. All meals must provide a minimum of 33 1/3% of the current Dietary Reference Intake. The meals must meet the current Dietary Guidelines for Americans, the United States Department of Agriculture My Pyramid Food Intake Pattern and reflect the predominant statewide demographic.

**4.2.1.9 Homemaker Services**

The provision of general household activities (such as meal preparation) and routine household care (including laundry and pest control) by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities.

**4.2.1.10 Medication Administration**

The provision of services in accordance with section 429.256, F.S.

**4.2.1.11 Medication Management**

To provide a review by a licensed nurse or pharmacist in conjunction with the enrollee's physician, of all prescriptions and over-the-counter medications taken by an enrollee. The review shall be conducted annually (at a minimum) or on an as needed basis (upon a significant change in the enrollee's condition) to assess prescription accuracy, optimum dosage(s), and laboratory monitoring (if applicable), and to assess and prevent drug interactions.

**4.2.1.12 Nursing Facility**

In accordance with Rule 59G-4.200, F.A.C.

**4.2.1.13 Nutritional Assessment or Risk Reduction**

The provision of an assessment, hands-on care, and guidance about nutrition and an enrollee's health to the enrollee and caregivers to follow dietary specifications that are essential to the enrollee's health and physical functioning, to prepare and eat nutritionally appropriate meals, and to promote better health thorough improved nutrition, including instructions on shopping for quality food and preparing food.

**4.2.1.14 Personal Emergency Response Systems**

For installation and service monitoring of an electronic device connected to an enrollee's phone that includes a portable "help" button, when provided to an enrollee at high risk of institutionalization to secure help in an emergency.

**4.2.1.15 Respite Care**

The provision of services on a short-term basis due to the absence of, or need to relieve, the enrollee's natural supports on a planned or an emergency basis.

**4.2.2 Mixed Services**

Mixed services may exceed State Plan limits on those services in accordance with this policy. The Long-term Care benefit includes coverage of the following mixed services:

**4.2.2.1 Assistive Care**

In accordance with Rule 59G-4.025, F.A.C., an integrated set of 24-hour services only for enrollees residing in adult family care homes.

**4.2.2.2 Attendant Nursing Care**

In accordance with Rule 59G-4.261, F.A.C., for enrollees under the age of 21 years. To provide nursing care of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped enrollee age 21 and older who requires more individual and continuous care than an intermittent nursing visit. The scope and nature of these services do not otherwise differ from private duty nursing services furnished to persons under the age of 21 years.

**4.2.2.3 Hospice**

In accordance with Rule 59G-4.140, F.A.C.

**4.2.2.4 Intermittent Skilled Nursing**

In accordance with Rule 59G-4.130, F.A.C. This service includes the provision of skilled nursing services at intervals of more than one hour apart, and for the length of time necessary to complete the service, for enrollees who do not require continuous nursing care (see attendant nursing care services).



**4.2.2.5 Medical Equipment and Supplies**

In accordance with Rule 59G-4.070, F.A.C. This service includes the provision of medical equipment and supplies specified in the plan of care, including: devices, controls, or appliances that enable the enrollee to increase the ability to perform activities of daily living; devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with the environment in which he or she lives; items necessary for life support or to address an enrollee's physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the State Plan that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and repair of such items or replacement parts.

**4.2.2.6 Personal Care**

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

**4.2.2.7 Occupational Therapy**

In accordance with Rule 59G-4.318, F.A.C., for enrollees under the age of 21 years. To provide treatment to restore, improve, or maintain impaired functions (as determined through a multi-disciplinary assessment) to increase or maintain an enrollee's ability to perform tasks required for independent functioning and to improve an enrollee's capability to live safely in the home setting. The scope and nature of these services do not otherwise differ from occupational therapy services furnished to persons under the age of 21 years.

**4.2.2.8 Physical Therapy**

In accordance with Rule 59G-4.320, F.A.C. To provide treatment to restore, improve, or maintain impaired functions by the use of physical, chemical, and other properties of heat, light, electricity or sound, and by massage and active, resistive, or passive exercise.

**4.2.2.9 Respiratory Therapy**

In accordance with Rule 59G-4.322, F.A.C., for enrollees under the age of 21 years. This service includes the provision of ventilator support, therapeutic and diagnostic use of medical gasses, respiratory rehabilitation, management of life support systems, bronchopulmonary drainage, breathing exercises, and chest physiotherapy. The scope and nature of these services do not otherwise differ from respiratory therapy services furnished to persons under the age of 21 years.

**4.2.2.10 Speech Therapy**

In accordance with Rule 59G-4.322, F.A.C., for enrollees under the age of 21 years. The provision of services to identify and treat neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, autism, neurological conditions that affect oral motor functions, or when provided to evaluate and treat problems related to oral motor dysfunction. The scope and nature of these services do not otherwise differ from speech therapy services furnished to persons under the age of 21 years.

**4.2.2.11 Transportation**

In accordance with Rule 59G-4.330, F.A.C. The provision of transportation to and from the LTC covered services and expanded benefits as described in the LTC plan's contract with AHCA.

**5.0 Exclusion**

The LTC program benefit does not include coverage for the following:

- Adaptations which add to the total square footage of the home.
- Food or the cost of meals when provided other than through home-delivered meal services.
- Personal emergency response system services for enrollees who do not live alone or who are not home alone for significant parts of the day and would not otherwise require high intensity or constant supervision.
- Respite care services for enrollees residing in a nursing facility or an assisted living facility (ALF).
- Services provided to enrollees in a:
  - Hospital licensed pursuant to Chapter 395, F.S.
  - Group home licensed pursuant to Chapters 393, 394, or 397, F.S.
  - State mental health hospital licensed pursuant to Chapter 395, F.S.
  - Intermediate care facility for individuals with intellectual disabilities licensed pursuant to Chapter 400, F.S.
- Room and board payments to ALFs or adult family care homes.
- Transportation services when transportation is available to the enrollee without charge from family, neighbors, friends, or community agencies.

**6.0 Documentation**

**6.1 General Criteria**

For information on general documentation requirements, please refer to Florida Medicaid's recordkeeping and documentation policy.

**6.2 Specific Criteria**

In order to receive LTC services, services must be documented on an individualized plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment.

**6.2.1 LTC Supplemental Assessment**

The LTC Supplemental Assessment includes, at a minimum, the following components:

- The amount of time the enrollee can be safely left alone
- The ability of natural supports to assist with the enrollee's needs, including the following:
  - The role of each natural support in the enrollee's day-to-day life
  - Each natural support's day-to-day responsibilities, including an evaluation of each natural support's work, school, and other schedules and responsibilities in addition to caring for the enrollee
  - Each natural support's stress and well-being
  - Any medical limitation or disability the natural support may have that would limit their ability to participate in the care of an enrollee (e.g. lifting restrictions, developmental disorder, bed rest for pregnancy, etc.)
  - The willingness of the natural support to participate in the enrollee's care

**6.2.2 Person Centered Plan of Care**

The plan of care template must include, at a minimum, the following components:

- Enrollee's name and Florida Medicaid identification number
- Plan of care effective date
- Plan of care review date (at least every 90 days)
- The enrollee's personal goals
- The enrollee's strengths and preferences
- Routine medical services needed, including documentation of the frequency, amount, and rendering providers
- Availability of natural supports to assist in the enrollee's care
- Long-term care waiver services, including documentation of the frequency, amount, and rendering providers
- Each service authorization beginning and end date (if applicable)
- Comprehensive list of services and supports to be provided regardless of the funding source
- Medication oversight strategies
- Current living arrangement and choice of living arrangement
- If the enrollee's current living arrangement and choice of living arrangement differ, a goal toward achieving the desired living arrangement and barriers to be overcome in achieving the goal
- Document whether enrollees have advance directives, health care powers of attorney, do not resuscitate orders, or a legally appointed guardian
- If the enrollee resides in an ALF, the enrollee's assisted living service components provided by the ALF, including the amount and frequency of those services
- Identify any existing care plans and service providers and assess the adequacy of existing services
- Identify the individual and/or entity responsible for monitoring the plan of care
- Case manager's signature
- A verbatim written statement preceding the enrollee signature field as follows:
  - *"I have received and read the plan of care. I understand that I have the right to file an appeal or fair hearing if my services have been denied, reduced, terminated, or suspended."*, and
- Enrollee or enrollee's authorized representative's signature and date

### **6.2.3 Plan of Care Summary**

Long-term care enrollees will be provided a one-page summary of the services authorized on the plan of care. The summary will be provided by the LTC plan upon completion of the initial plan of care and after any subsequent updates to the plan of care, and must contain the following components:

- The enrollee's name
- The enrollee's date of birth
- The enrollee's Florida Medicaid identification number
- Authorized LTC services (including the amount and frequency)
- Begin date of services
- List of providers
- Case manager's signature
- Enrollee or the enrollee's authorized representative's signature and date.

## **7.0 Authorization**

LTC services must be authorized by the enrollee's LTC plan prior to the delivery of services.

## 8.0 Appendix

### Statewide Medicaid Managed Care Long-term Care Provider Qualifications

| Long-term Care Plan Benefit            | Qualified Service Provider Types              | Minimum Provider Qualifications   |
|--|---|---|
| Adult Companion                        | Community Care for the Elderly (CCE) Provider | As defined in Chapter 410 or 430, F. S.   |
|  | Center for Independent Living                 | As defined under s. 413.371, F. S.  |
|  | Homemaker/Companion Agency                    | Registration in accordance with s. 400.509, F.S.  |
|  | Home Health Agency                            | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.      |
|  | Nurse Registries                              | Licensed per Chapter 400.506, F.S.  |
|  | Health Care Service Pools                     | Licensed per Chapter 400, Part IX, F. S.  |
| Adult Day Care (Adult Day Health Care) | Assisted Living Facility                      | Licensed per Chapter 429, Part I, F.S.,   |
|  | Adult Day Care Center                         | Licensed per Chapter 429, Part III, F.S.  |
| Assisted Living Facility Services      | Assisted Living Facility                      | Licensed per Chapter 429, Part I, F.S. and ALF must agree to offer facility services with home-like characteristics.  |
| Assistive Care Services                | Adult Family Care Home (AFCH)                 | Licensed per Chapter 429, Part II, F.S.   |
| Attendant Care                         | Center for Independent Living                 | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services. |
|  | Home Health Agency                            | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.      |

| Long-term Care Plan Benefit | Qualified Service Provider Types                         | Minimum Provider Qualifications  |
|-----------------------------|--|--|
| Attendant Care<br>(cont'd)  | Registered Nurse (RN),<br>Licensed Practical Nurse (LPN) | Licensed per Chapter 464, F.S.   |
|                             | Nurse Registry   | Licensed per s. 400.506, F.S. Services shall be provided by a licensed RN or LPN.  |
| Behavior Management         | Clinical Social Worker,<br>Mental Health Counselor       | Licensed per Chapter 491, F.S.   |
|                             | Community Mental Health Center                           | As described in Chapter 394, F.S.  |
|                             | Home Health Agencies                                     | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484. Direct service provider shall have a minimum of two (2) years direct experience working with adult populations diagnosed with Alzheimer's disease, other dementias or persistent behavioral problems. |
|                             | Psychologist   | Licensed per Chapter 490, F.S.   |
|                             | Registered Nurse   | Licensed per Chapter 464, Part I, F.S. and Rule 64B-9, F.A.C.; Minimum of 2 years direct experience working with adult populations diagnosed with Alzheimer's disease, other dementias or persistent behavioral problems.  |
|                             | Center for Independent Living                            | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services.  |
| Caregiver Training          | CCE Provider   | As defined in Chapter 410 or 430, F.S.   |
|                             | Clinical Social Worker,<br>Mental Health Counselor       | Licensed per Chapter 491, F.S.   |

| Long-term Care Plan Benefit    | Qualified Service Provider Types                           | Minimum Provider Qualifications   |
|--------------------------------|--|---|
| Caregiver Training<br>(cont'd) | RN, LPN  | Licensed per Chapter 400, Part III, F.S.  |
|                                | Home Health Agency   | Optional to meet Federal Conditions of Participation under 42 CFR 484.  |
|                                | Center for Independent Living                              | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services.   |
| Case Management                | Case Managers employed or contracted by Managed Care Plans | Either: 2+ yrs. of relevant experience and; (1) BA or BS in Social Work, Sociology, Psychology, Gerontology or related social services field; (2) RN licensed in FL; (3) BA or BS in unrelated field, OR: 4+ yrs. relevant experience and LPN licensed in FL, OR: Professional human services experience can be substituted on a year-for-year basis for the educational requirements. All shall have four (4) hours of in-service training in identifying and reporting abuse, neglect and exploitation. |
|                                | Center for Independent Living                              | Either: 2+ yrs. of relevant experience and; (1) BA or BS in Social Work, Sociology, Psychology, Gerontology or related social services field; (2) RN licensed in FL; (3) BA or BS in unrelated field, OR: 4+ yrs. relevant experience and LPN licensed in FL, OR: Professional human services experience can be substituted on a year-for-year basis for the educational requirements. All shall have four (4) hours of in-service training in identifying and reporting abuse, neglect and exploitation. |
|                                | Case Management Agency                                     | Either: 2+ yrs. of relevant experience and; (1) BA or BS in Social Work, Sociology, Psychology, Gerontology or related social services field; (2) RN licensed in FL; (3) BA or BS in unrelated field, OR: 4+ yrs. relevant experience and LPN licensed in FL, OR: Professional human services experience can be substituted on a year-for-year basis for the educational  |

| Long-term Care Plan Benefit   | Qualified Service Provider Types    | Minimum Provider Qualifications  |
|-------------------------------|-------------------------------------|--|
| Case Management<br>(cont'd)   | Case Management Agency<br>(cont'd)  | requirements. All shall have four (4) hours of in-service training in identifying and reporting abuse, neglect and exploitation. Designated a CCE Lead Agency by DOEA (per Chapter 430 F.S.) or other agency meeting comparable standards as determined by DOEA.         |
| Home Accessibility Adaptation | Independent Provider                | Licensed per state and local building codes or other licensure appropriate to tasks performed. Chapter 205, F.S.; Licensed by local city and/or county occupational license boards for the type of work being performed. Required to furnish proof of current insurance. |
|                               | Center for Independent Living       | As defined under s. 413.371, F. S. and licensed under Chapter 205, F. S.   |
|                               | General Contractor                  | Licensed per s. 439.131, F.S.  |
| Home Delivered Meals          | Food Establishment                  | Permit under s. 500.12, F.S.   |
|                               | Older American's Act (OAA) Provider | As defined in Rule 58A-1, F.A.C.   |
|                               | CCE Provider                        | As defined in Chapter 410 or 430, F.S.   |
|                               | Food Service Establishment          | Licensed per s. 509.241, F.S.  |
| Homemaker                     | Nurse Registry                      | Licensed per s. 400.506, F.S.  |

Florida Medicaid  
Statewide Medicaid Managed Care Long-term Care Program Coverage Policy

| Long-term Care Plan Benefit      | Qualified Service Provider Types                          | Minimum Provider Qualifications  |
|----------------------------------|---|--|
| Homemaker<br>(cont'd)            | Home Health Agency  | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.   |
|                                  | CCE Provider  | As defined in Chapter 410 or 430, F.S.   |
|                                  | Center for Independent Living                             | As defined under s. 413.371, F. S.   |
|                                  | Homemaker/Companion Agency                                | Registration in accordance with Chapter 400.509, F.S.  |
|                                  | Health Care Service Pools                                 | Licensed per Chapter 400, Part IX, F.S.  |
|                                  | Pest Control  | Licensed per Chapter 482.071, F.S.   |
|                                  | Hospice   | Hospice Organizations  |
| Intermittent and Skilled Nursing | Home Health Agency  | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.   |
| Medication Administration        | RN, LPN   | Licensed per Chapter 464, F.S.   |
|                                  | Home Health Agency  | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.   |
|                                  | Unlicensed Staff Member Trained per 58A-5.0191(5), F.A.C. | Trained per 58A-5.0191(5), F.A.C.; demonstrate ability to accurately read and interpret a prescription label.  |
|                                  | Nurse Registry  | Licensed per s. 400.506, F.S.  |
|                                  | Pharmacist  | Licensed per Chapter 465, F.S.   |
| Medication Management            | Home Health Agencies                                      | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484. Individuals providing services shall be an RN or LPN. |
|                                  | Nurse Registries  | Licensed per s. 400.506, F.S. Individuals providing services shall be an RN or LPN.  |



Florida Medicaid  
Statewide Medicaid Managed Care Long-term Care Program Coverage Policy

| Long-term Care Plan Benefit               | Qualified Service Provider Types              | Minimum Provider Qualifications  |
|---|---|--|
| Medication Management (cont'd)            | Nurse Registries (cont'd)                     |  |
|   | Licensed Nurse, LPN                           | Licensed per Chapter 464, F.S.   |
|   | Pharmacist                                    | Licensed per Chapter 465, F.S.   |
| Medical Equipment & Supplies              | Pharmacy                                      | Licensed per Chapter 465, F.S. and Permitted per Chapter 465, F.S.   |
|   | Home Health Agency                            | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.     |
|   | Home Medical Equipment Company                | Licensed per Chapter 400, Part VII, F.S.   |
| Nutritional Assessment and Risk Reduction | CCE Provider                                  | As defined in Chapter 410 or 430, F.S.   |
|   | Home Health Agency                            | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.     |
|   | Nurse Registry                                | Licensed per s. 400.506, F.S.  |
|   | Other Health Care Professional                | Must practice within the legal scope of their practice.  |
|   | Dietician/Nutritionist or Nutrition Counselor | Licensed per Chapter 468, Part X, F.S.   |
|   | Center for Independent Living                 | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services |
| Nursing Facility Care                     | See State Plan Requirements.                  | See State Plan Requirements.   |
| Personal Care                             | Nurse Registry                                | Licensed per s. 400.506, F.S.  |
|   | Home Health Agency                            | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.     |

Florida Medicaid  
Statewide Medicaid Managed Care Long-term Care Program Coverage Policy

| Long-term Care Plan Benefit        | Qualified Service Provider Types                      | Minimum Provider Qualifications  |
|------------------------------------|---|--|
| Personal Care<br>(cont'd)          | CCE Provider  | As defined in Chapter 410 or 430, F.S.   |
|                                    | Center for Independent Living                         | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services |
| Personal Emergency Response System | Alarm System Contractor                               | Certified per Chapter 489, Part II, F.S.   |
|                                    | Low-Voltage Contractors and Electrical Contractors    | Exempt from licensure in accordance with 489.503(15)(a-d), F.S. and 489.503(16), F.S.                                |
| Respite Care                       | CCE Provider  | As defined in Chapter 410 or 430, F.S.   |
|                                    | Nurse Registry  | Licensed per s. 400.506, F.S.  |
|                                    | Adult Day Care Center                                 | Licensed per Chapter 429, Part III, F.S.   |
|                                    | Assisted Living Facility                              | Licensed per Chapter 429, Part I, F.S.   |
|                                    | Nursing Facility                                      | Licensed per Chapter 400, Part II, F.S.  |
|                                    | Center for Independent Living                         | As defined under s. 413.371, F.S.  |
|                                    | Home Health Agency                                    | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.     |
| Transportation                     | Independent (private auto, wheelchair van, bus, taxi) | Licensed per Chapter 322, F.S.; Residential facility providers that comply with requirements of Ch. 427, F.S.        |
|                                    | Community Transportation Coordinator                  | Licensed per Chapter 316 and 322, F.S., in accordance with Chapter 41-2, F. A. C                                     |
| Occupational Therapy               | Home Health Agency                                    | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.     |
|                                    | Occupational Therapist                                | Licensed per Chapter 468, Part III, F.S.   |

Florida Medicaid  
Statewide Medicaid Managed Care Long-term Care Program Coverage Policy

| <b>Long-term Care Plan Benefit</b> | <b>Qualified Service Provider Types</b> | <b>Minimum Provider Qualifications</b>   |
|------------------------------------|---|--|
| Occupational Therapy<br>(cont'd)   | Assistant                               |  |
|                                    | Occupational Therapist                  | Licensed per Chapter 468, Part III, F.S.   |
|                                    | Center for Independent Living           | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services   |
|                                    | Hospital Outpatient Department          | Licensed per Chapter 395, Part I and 408, Part II, F.S., and required licensure or be under supervision of a licensed professional qualified to provide the service.   |
|                                    | Nursing Facility                        | Licensed per Chapter 400, Part III, F.S.;  |
| Physical Therapy                   | Physical Therapist                      | Licensed per Chapter 486, F.S.   |
|                                    | Physical Therapist Assistant            | Licensed per Chapter 486, F.S.   |
|                                    | Home Health Agency                      | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.   |
|                                    | Center for Independent Living           | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services   |
|                                    | Hospital Outpatient Department          | Licensed per Chapter 395, Part I and 408, Part II, F.S., and required licensure or be under supervision of a licensed professional qualified to provide the service.   |
|                                    | Nursing Facility                        | Licensed per Chapter 400, Part III, F.S.   |
| Respiratory Therapy                | Home Health Agency                      | Home Health Agencies licensed per Chapter 400, Part III, F. S, employing certified respiratory therapists licensed under Chapter 468, F. S and may meet Federal conditions of Participation under 42 CFR 484 or individuals licensed per Chapter 468, F. S. as certified respiratory |

| Long-term Care Plan Benefit     | Qualified Service Provider Types | Minimum Provider Qualifications  |
|---------------------------------|----------------------------------|--|
| Respiratory Therapy<br>(cont'd) |                                  | therapists.  |
|                                 | Respiratory Therapist            | Licensed per Chapter 468, F.S.   |
|                                 | Health Care Service Pools        | Licensed per Chapter 400, Part IX, F. S.   |
|                                 | Center for Independent Living    | As defined under Chapter 413.371, F.S.; and registered, certified or licensed under s. 468, Part V, F.S., as a respiratory therapist or under the direct supervision of such registered, certified or licensed respiratory therapists. |
|                                 | Hospital Outpatient Department   | Licensed per Chapter 395, Part I and 408, Part II, F.S., and required licensure or be under supervision of a licensed professional qualified to provide the service.   |
|                                 | Nursing Facility                 | Licensed per Chapter 400, Part III, F.S.;  |
| Speech Therapy                  | Speech-Language Pathologist      | Licensed per Chapter 468, Part I, F.S.   |
|                                 | Home Health Agency               | Licensed per Chapter 400, Part III, F.S.; Optional to meet Federal Conditions of Participation under 42 CFR 484.   |
|                                 | Center for Independent Living    | As defined under Chapter 413.371, F.S.; have licensed direct care staff, if required, to perform the waiver services   |
|                                 | Hospital Outpatient Department   | Licensed per Chapter 395, Part I and 408, Part II, F.S.  |

**Statewide Medicaid Managed Care Long-term Care Program Procedure Codes  
for Home and Community-Based Supportive Services**

| Procedure Code | Modifier 1 | Description   |
|----------------|------------|---|
| S5135          |            | Adult companion care  |
| S5100          |            | Adult day health care   |
| T2030          |            | Assisted living service   |
| T1020          |            | Assistive care services   |
| S5125          |            | Attendant care  |
| H2020          |            | Behavioral management, assessment   |
| H2019          |            | Behavioral management, intervention   |
| S5110          |            | Caregiver training group  |
| 97537          |            | Caregiver training individual   |
| G9002          |            | Case management   |
| S5165          |            | Home accessibility adaptation services  |
| S5170          |            | Home delivered meals  |
| S5130          |            | Homemaker services  |
| G9004          |            | Homemaker services, pest control, initial visit   |
| G9005          |            | Homemaker services, pest control, maintenance   |
| T1002          | HN         | Intermittent and skilled nursing, BSN [ <i>HN modifier is for 'bachelor's degree level'</i> ]     |
| T1003          |            | Intermittent and skilled nursing, LPN [ <i>T1003 is 'LPN/LVN services, up to 15 min'</i> ]        |
| T1002          |            | Intermittent and skilled nursing, RN [ <i>T1002 is 'RN services, up to 15 min'</i> ]              |
| S5199          |            | Medical Equipment and Supplies, Personal Care Item Regular Miscellaneous                          |
| S5199          | AU         | Medical Equipment and Supplies, Personal Care Item for Trach Miscellaneous                        |
| E1399          |            | Medical Equipment and Supplies, Specialized Medical Equipment Regular Miscellaneous               |
| E1399          | AU         | Medical Equipment and Supplies, Specialized Medical Equipment for Trach Miscellaneous             |
| T1503          | HN         | Medication administration, administration of medication, other than oral and/or injectable by BSN |
| T1503          | TD         | Medication administration, administration of medication, other than oral and/or injectable by RN  |
| T1503          | TE         | Medication administration, administration of medication, other than oral and/or injectable by LPN |

Florida Medicaid  
 Statewide Medicaid Managed Care Long-term Care Program Coverage Policy

| <b>Procedure Code</b> | <b>Modifier 1</b> | <b>Description</b>  |
|-----------------------|-------------------|---|
| T1502                 | HN                | Medication administration, administration of oral, intramuscular, and/or subcutaneous medication by BSN |
| T1502                 | TD                | Medication administration, administration of oral, intramuscular, and/or subcutaneous medication by RN  |
| T1502                 | TE                | Medication administration, administration of oral, intramuscular, and/or subcutaneous medication by LPN |
| H2010                 | HN                | Medication management, comprehensive medication services, Bachelor of Science Nursing (BSN)             |
| H2010                 | TE                | Medication management, comprehensive medication services, Licensed Practical Nurse (LPN)                |
| H2010                 | TD                | Medication management, comprehensive medication services, Registered Nurse (RN)                         |
| 97802                 |                   | Nutritional assessment/risk reduction services  |
| 97003                 |                   | Occupational therapy, age 21 and older  |
| T1019                 |                   | Personal care   |
| S5160                 |                   | Personal emergency response system, installation  |
| S5161                 |                   | Personal emergency response system, monthly maintenance   |
| 97110                 |                   | Physical therapy, age 21 and older  |
| S5180                 |                   | Respiratory therapy, evaluation, age 21 and older   |
| 99504                 |                   | Respiratory therapy, treatment mechanical vent care   |
| 99503                 |                   | Respiratory therapy, treatment regular, age 21 and older  |
| T1005                 |                   | Respite in facility   |
| S5150                 |                   | Respite in home   |
| 92507                 |                   | Speech therapy, age 21 and older  |