

In 2016, HCBS as a percent of LTSS spending around the nation ranged from 27 to 81 percent. States that spend the most on HCBS vs. LTSS include Oregon, Massachusetts, Arizona, New York and Colorado. States that spend the least on HCBS are Mississippi, Louisiana, Georgia, Alabama and Florida.

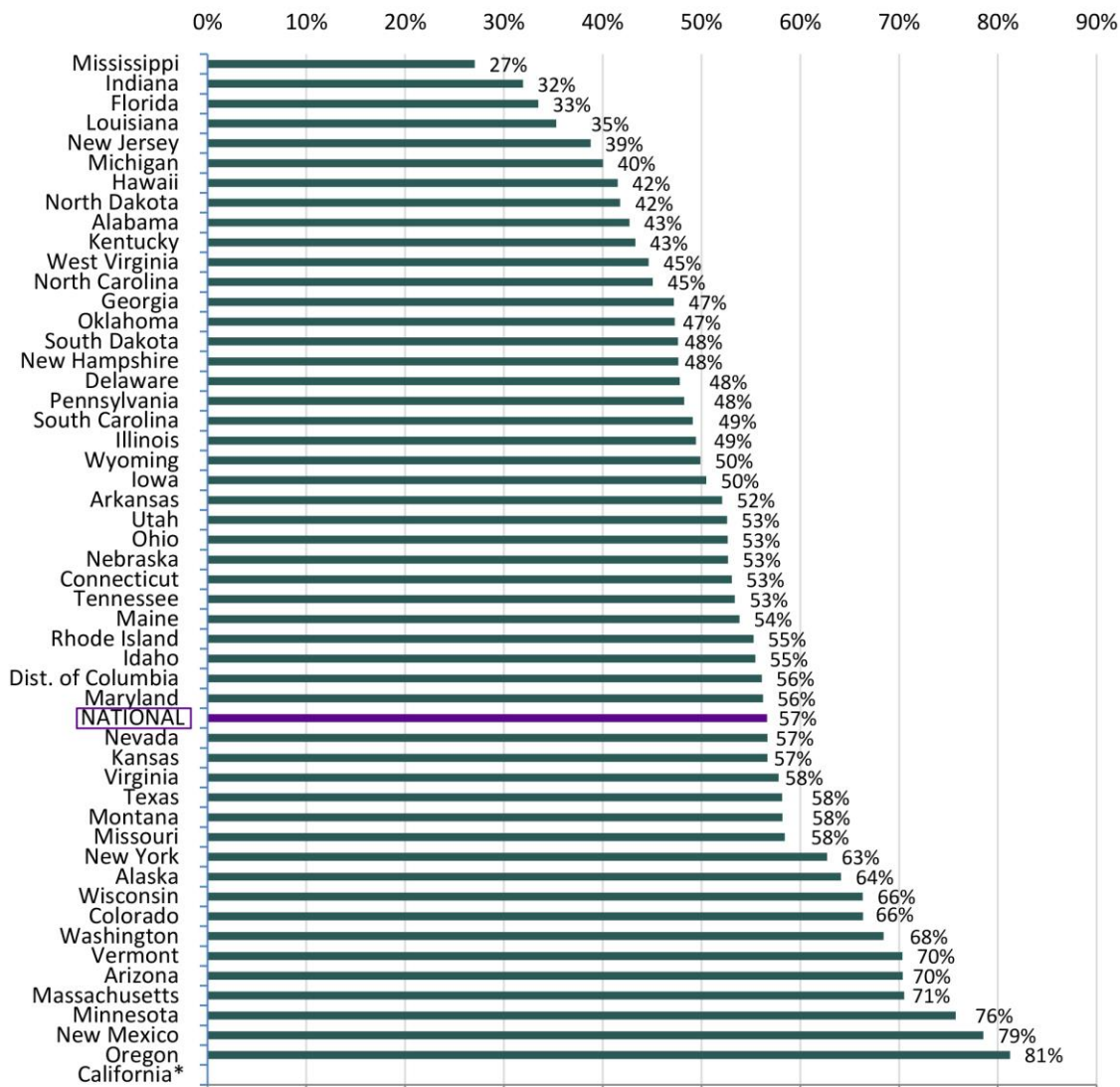
Assisted living facilities (ALFs) are a critical component of HCBS and necessary for MLTSS rebalancing. Low income seniors who require too much care to remain at home but who do not need institutional care are ideal candidates for ALFs. Small 4-6 bed ALFs with high staff to resident ratios provide safe care settings for many elderly who require 24-hour custodial care (e.g. require help with dressing, bathing, have incontinence, are in wheelchairs or have dementia and could “wander”). Since providing care in community-based settings is usually far more affordable than institutional care LTSS rebalancing to ALFs save Medi-Cal dollars.

In 2013, Florida integrated ALFs into LTSS with their Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC) for Medicaid eligible seniors who required LTSS at home, in the community, or in ALFs. SMMC LTC divides Florida into 11 regions with six different Managed Health Care Organizations providing LTC services throughout the state at not every region having the same number of MCO providers. There are currently approximately 122,000 enrollees in the SMMC LTC program with approximately 15,000 enrollees residing in ALFs.

Florida encourages LTC MCOs to transition SNF residents to HCBS with blended capitated rates for HCBS and non-HCBS populations and offers other fiscal incentives. To reach the eventual goal of having no more than 35% of LTSS recipients in SNFs it increases by .25% the required transition percentages (until October 2019) from non-HCBS to HCBS. To encourage transitioning HCBS high cost participants (e.g. members who might require round the clock at

home care) the state has a separate Community High Risk Pool rate which is deducted from the HCBS base rate before combining the capitated HCBS and non-HCBS to arrive at a “final blended rate” paid monthly to SMMC LTC MCOs.

Despite its efforts Florida continues to have a poor track record of MLTSS rebalancing when compared to other states. In 2017, the state was ranked 46 out of 50 by the AARP/SCAN LTSS Report Card for LTSS dimensions (e.g. affordability and access to care, choice of setting of provider, quality of life and quality of care, support for families caregivers and effective transitions); spent only 33% of LTSS funds on HCBS and; in comparison with the highest performing LTSS rebalancing states, could have shifted more than \$1.8 billion of LTSS expenditures from SNFs to HCBS.



Medicaid reimburses Florida SNFs approximately \$7,320/month. The average cost of ALFs is approximately \$3,000/month. For every SNF-ALF transition the annual Medicaid cost savings is \$52,000. For every 100 SNF-ALF transitions the annual cost savings is \$520,000.

Despite the fiscal benefits of MLTSS rebalancing; Florida, along with Texas, has the longest MLTSS waitlist in the nation, with more than 50,000 people. Florida should be the first in the nation not one of the last to have robust MLTSS programs that can sustain large scale SNF diversion/transitions programs but bridges can only sustain weight if they are built with the right design, sound materials and proper tools. The state should reexamine current public policy which chronically underfunds programs like SMCC LTC when it promises such huge dividends: saving millions of Medicaid dollars annually and giving low income seniors that can no longer remain safely at home the choice of receiving care in small ALFs instead of being forced into institutions.

<http://www.longtermscorecard.org/databystate/state?state=FL>

[https://ahca.myflorida.com/Medicaid/Finance/data\\_analytics/actuarial/docs/LTC\\_Final\\_Base\\_Rates\\_SMMC-Imp\\_2019-09.pdf](https://ahca.myflorida.com/Medicaid/Finance/data_analytics/actuarial/docs/LTC_Final_Base_Rates_SMMC-Imp_2019-09.pdf)

[http://www.fdhc.state.fl.us/medicaid/cost\\_reim/nh\\_rates.shtml](http://www.fdhc.state.fl.us/medicaid/cost_reim/nh_rates.shtml)

<https://www.gao.gov/assets/700/694348.pdf>: page 15

<https://www.medicaid.gov/medicaid/lts/downloads/reports-and-evaluations/ltssexpenditures2016.pdf>

[http://ahca.myflorida.com/medicaid/recent\\_presentations/House\\_Health\\_Human\\_Services\\_Med\\_101\\_2017-01-10.pdf](http://ahca.myflorida.com/medicaid/recent_presentations/House_Health_Human_Services_Med_101_2017-01-10.pdf)

<http://nasuad.org/sites/nasuad/files/MLTSS%20Expand%20Access%20to%20HCBS.pdf>

<https://www.fpi.institute/category/health-care-fl/>

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