



**STATEWIDE MEDICAID MANAGED CARE  
MANAGED MEDICAL ASSISTANCE (MMA)  
120-DAY SHORT TERM NURSING FACILITY BENEFIT SCENARIOS**

Pursuant to [CI 2020-02](#), Update to [CI 2019-02](#) MMA Coverage of Nursing Facility Services Prior to Enrollment in the Long-Term Care (LTC) Program, “The provisions of this contract amendment required the managed care plan to provide coverage for **up to one hundred twenty (120) days** from the date of nursing facility admission or the date of receiving Institutional Care Program (ICP) Medicaid, whichever is later, regardless of payer, when:

- The enrollee is in need of long-term nursing facility services and is not receiving nursing facility services in lieu of inpatient hospital services nor admitted for rehabilitation services;
- The enrollee has completed all Preadmission Screening and Resident Review requirements;
- The Department of Children and Families has determined the enrollee is eligible for ICP Medicaid; and
- The enrollee is not yet enrolled in the LTC program.

In addition, pursuant to Attachment II, Exhibit II-A, Section VI.A.1.a(13)b.(1), this coverage benefit is not once in a lifetime, but per each nursing facility admission, i.e., “For up to one-hundred twenty (120) days from the date of the most recent nursing facility admission, regardless of payer.”

With Medicare as primary payer for skilled care in a nursing facility, the Agency received requests for guidance on calculating 120-day coverage and MMA plan responsibility for dual eligible individuals. The chart below presents several scenarios, which focus on two specific areas whether the member was:

- 1) ICP eligible upon admittance or received ICP eligibility later during the nursing facility stay, and
- 2) Receiving skilled or custodial care.

#	Scenario	MMA Plan Responsibility
1.	Member with Medicare coverage <i>and</i> ICP coverage admitted to nursing facility as skilled care and remained skilled care for over 120 days.	Medicare is responsible for 100 days and MMA is responsible for the remaining 20 days.
2.	Member with Medicare coverage and <i>no</i> ICP coverage upon admission to nursing facility and received skilled care for over 120 days.	<p>Medicare is responsible for 100 days and MMA would begin counting 120 days from the time the ICP eligibility was authorized.</p> <p><b>Example:</b> Member became ICP eligible on day 50 of a 180 day stay. Although the MMA plan would start counting the 120-day benefit on day 50, since Medicare is responsible for the first 100 days, the MMA plan would not be responsible for payment until day 101 at which point there is still 70 days remaining of the 120. For this reason, the MMA plan would be responsible for days 101 through 170.</p>

#	Scenario	MMA Plan Responsibility
3.	Member with Medicare coverage <i>and</i> ICP coverage admitted to nursing facility as custodial care and remained for over 120 days.	Medicare does not cover custodial care. The MMA plan is responsible for the 120 days of the nursing facility stay from admission.
4.	Member with Medicare coverage and <i>no</i> ICP coverage upon admission to nursing facility and received custodial care in the nursing facility for over 120 days.	Medicare does not cover custodial care. The MMA plan is responsible for 120 days from the time the ICP eligibility was authorized.  <b>Example:</b> Member became ICP eligible on the 31 <sup>st</sup> day of the custodial stay. The MMA plan is responsible for day 31 through day 150 of the custodial stay.
5.	Member with Medicare coverage <i>and</i> ICP coverage upon admission to nursing facility and received skilled care but then changed to custodial care a month later.	Medicare is responsible for skilled care but not custodial. Medicare would pay for the skilled days and then the MMA plan would be responsible for payment of the custodial days. The 120-day count begins with the date of admission in this scenario since the member already had ICP coverage. In this scenario, the MMA plan would be responsible for day 31 up to day 120.

### **Stay Connected**

For more information on the SMMC program, visit: [http://ahca.myflorida.com/medicaid/statewide\\_mc](http://ahca.myflorida.com/medicaid/statewide_mc).

 [Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)

 [Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)

 [Twitter.com/AHCA\\_FL](https://twitter.com/AHCA_FL)

*Note: The Florida Medicaid program has an email alert system to notify interested parties of "late-breaking" health care information. An email will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected provider type. To subscribe to the automated alert system, complete the online form at <https://ahca.myflorida.com/Medicaid/alerts/alerts.shtml>. Please be sure and reply to the confirmation e-mail.*

---

**Disclaimer:** This snapshot is a policy summary for public use. This snapshot does not take the place of the [health plan contract](#). This snapshot is effective February 15, 2021 and takes the place of any previous snapshot. To ensure you have the most up-to-date version of this snapshot, check online at [http://ahca.myflorida.com/Medicaid/statewide\\_mc/index.shtml](http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml).