



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

July 11, 2013

## Medicaid Managed Care Policy Transmittal

Applicable to:

**Capitated Managed Care Plan Contract Type**

**Fee-for-Service PSN Contract Type**

**LTC Plan Type**

LTC HMO

**LTC Plan Type**

LTC FFS PSN

Re: Case Management Ratios

Dear LTC HMOs and LTC Fee-for-Service PSN:

The purpose of this policy transmittal is to provide requirements pursuant to Attachment II, Exhibit 5, Section V, Covered Services, Item I. 5.b of the Long-term Care Contract and instructions to Long-term Care plans regarding the following:

- Case Management Ratios

The Long-term Care (LTC) program has specific case management ratios that are outlined in the contract between the Agency and the LTC plans. The requirements are: (*Attachment II, Exhibit 5, Section V, Covered Services, Item I. 5.b.*)

*b. Caseload:*

- 1) *The Managed Care Plan shall ensure that case manager caseloads do not exceed a ratio of sixty (60) enrollees to one case manager for enrollees that reside in the community and no more than a ratio of one-hundred (100) enrollees to one (1) case manager for enrollees that reside in a nursing facility. Where the case manager's caseload consists of enrollees who reside in the community and enrollees who reside in nursing facilities (mixed caseload), the Managed Care Plan (MCP) shall ensure the ratio of enrollees to one (1) case manager does not exceed sixty (60).*
- 2) *The Managed Care Plan must have written protocols to ensure newly enrolled enrollees are assigned to a case manager immediately upon enrollment. The case manager assigned to special subpopulations (e.g., individuals with AIDS, dementia, behavioral health issues or traumatic brain injury) must have experience or training in case management techniques for such populations.*



- 3) *The Managed Care Plan must ensure that case managers are not assigned duties unrelated to enrollee-specific case management for more than fifteen percent (15%) of their time if they carry a full caseload.*
- 4) *Caseload Exceptions: The Managed Care Plan must receive authorization from the Agency prior to implementing caseloads whose values exceed those outlined above. Lower caseload sizes may be established by the Managed Care Plan and do not require authorization.*

The Agency will consider a caseload exception that meets the following methodology when a case manager is serving a mixed caseload of enrollees in the community and in nursing facilities. The methodology is as follows:

*Each case manager would carry a weighted caseload of no more than 100 cases where each enrollee residing in a nursing facility counts as 1, and each enrollee receiving services in the community counts as 1.66.*

*Example of the calculation of a mixed caseload for one case manager:*

- *50 enrollees residing in a nursing facility = 50 (1 x 50)*
- *30 enrollees receiving services in a community setting = 50 (30 x 1.66)*
- *The caseload of 80 enrollees would equal a weighted caseload of 100 and would be considered a full caseload.*

This alternative approach provides the LTC plans with greater flexibility in ensuring continuity when an enrollee transitions from different care settings (e.g., the community or nursing facility). LTC plans that are interested in utilizing this approach are eligible to request an exception as outlined in the LTC Contract.

### **Process for Requesting an Exception**


The LTC plan must submit the request to its Agency Contract Manager. The request must clearly indicate that the plan intends to utilize the methodology as identified in this guidance statement, and the plan must include a proposed start date.

The Agency Contract Manager will review the request and provide a written response to the plan within seven days. If approved, the Agency will monitor the LTC plan's compliance with the caseload requirements (as specified in this guidance statement). The Agency may, at any time, revoke the LTC plan's authorization if it is determined that the plan is not in compliance with the requirements.

The Agency is in the process of developing additional monthly reporting requirements related to the case management ratios. The requirements will be communicated to the plans via an amendment to the Report Guide.

We appreciate the services you provide to Florida's Medicaid recipients. You may contact your Bureau of Medicaid Health Systems Development contract manager at (850) 412-4004 if you have any questions.

Sincerely,



Justin M. Senior  
Deputy Secretary for Medicaid

JMS/ks