COVERED SERVICES: CONTRACT EXAMPLES

The following are two examples of contract language related specifically to covered LTSS services. Most of the existing MLTSS contracts include extensive lists of services covered in the program – and these two examples from Florida and Texas provide a small sampling of language associated with some of the LTSS covered in each of these three contracts.

Florida Long-Term Care Community Diversion Pilot Project

From Florida LTC Community Diversion Pilot Project, section 1.3.3.1, Required Long-Term Care Services.

With the exception of nursing facility services, the long-term care services in this section are authorized under the Medicaid home and community-based waiver and must comply with the waiver. As required by s. 430.705(2)(b) 2, F.S., the contractor shall have, at a minimum, two (2) subcontractors for each service as listed below.

The contractor shall ensure that all long-term care required service providers maintain current licenses relevant to the service component rendered or other credentials and meet all applicable background screening requirements.

Adult companion services
Adult day health services
Assisted living services
Chore services
Escort services
Family training services
Financial assessment/risk reduction services
Home delivered meals
Homemaker services
Nutritional assessment/ risk reduction services
Nursing facility services
Personal care services
Personal emergency room response systems (PERS)
Respite care services
Occupational therapy
Physical therapy
Speech therapy

Texas Star+Plus

From Texas Star+Plus, section 8.3, Additional STAR+PLUS Scope of Work.

8.3.1 Covered Community-Based Long-Term Care Services. The HMO must ensure that STAR+PLUS Members needing Community Long-term Care Services are identified and that services are referred and authorized in a timely manner. The HMO must ensure that Providers of Community Long-term Care Services are licensed to deliver the service they provide. The inclusion of Community Long-term Care Services in a managed care model presents challenges, opportunities and responsibilities.

Community Long-term Care Services may be necessary as a preventative service to avoid more expensive hospitalizations, emergency room visits, or institutionalization. Community Long-term Care Services should also be made available to Members to assure maintenance of the highest level of functioning possible in the least restrictive setting. A Member's need for Community Long-term Care Services to assist with the activities of daily living must be considered as important as needs related to a medical condition. HMOs must provide Functionally Necessary Covered Services to Community Long-term Care Service Members…

Community Based Long Term Care Services. The following is a non-exhaustive, high-level listing of Community Based Long Term Care Covered Services included under the STAR+PLUS Medicaid managed care program.

- Community Based Long Term Care Services for all Members
- Personal Attendant Services – All Members of a STAR+PLUS HMO may receive medically and functionally necessary Personal Attendant Services (PAS).
- Day Activity and Health Services – All Members of a STAR+PLUS HMO may receive medically and functionally necessary Day Activity and Health Care Services (DAHS).
- 1915(c) Nursing Facility Waiver Services for those Members who qualify for such services

The state provides an enriched array of services to clients who would otherwise qualify for nursing facility care through a Home and Community Based Medicaid Waiver. In traditional Medicaid, this is known as the Community Based Alternatives (CBA) waiver. The STAR+PLUS HMO must also provide medically necessary services that are available to clients through the CBA waiver in traditional Medicaid to those clients that meet the functional and financial eligibility for the 1915(c) Nursing Facility Waiver Services.

- Personal Attendant Services (including the three service delivery options: Self-Directed; Agency Model, Self-Directed; and Agency Model)
- In-Home or Out-of-Home Respite Services
- Nursing Services (in home)
- Emergency Response Services (Emergency call button)

- Home Delivered Meals
- Minor Home Modifications
- Adaptive Aids and Medical Equipment
- Medical Supplies not available under the Texas Medicaid State Plan/1915(b) Waiver
- Physical Therapy, Occupational Therapy, Speech Therapy
- Adult Foster Care
- Assisted Living
- Transition Assistance Services (These services are limited to a maximum of $2,500.00. If the HMO determines that no other resources are available to pay for the basic services/items needed to assist a Member, who is leaving a nursing facility, with setting up a household, the HMO may authorize up to $2,500.00 for Transition Assistance Services (TAS). The $2,500.00 TAS benefit is part of the expense ceiling when determining the Total Annual Individual Service Plan (ISP) Cost.)