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## **Ensure Cost-Effective Delivery of Long Term Care Services While Preserving Florida's Economy and Safeguarding the Taxpayers' Interests**

Florida is home to nearly 4.2 million seniors, with many of them between the ages of 80 and 100 and most likely to require some form of skilled nursing services in their future. Medicaid, which is an important safety net for those who fall outside the medical and economic mainstream, plays a critical role in the provision of long term care. Nearly 60 percent of Florida's 71,000 nursing home residents rely on Medicaid for their long term care services. The Florida Health Care Association is eager to work with the Florida Legislature in finding new, creative solutions for Medicaid reform so that we can meet the needs of Florida's frail elders today and the millions of aging baby boomers in the future.

***FHCA supports the transition program, with a strong belief in the most appropriate placement for individuals requiring long term care services. FHCA will work with the Agency for Health Care Administration and the Department of Elder Affairs to enhance the discharge planning process to help these agencies strengthen the way individuals are identified for skilled nursing, as well as home and community-based services.***

Florida's nursing homes serve our most vulnerable citizens – individuals who require complex, 24-hour medical services that could not be delivered elsewhere. Florida leads the nation in appropriate placement of these individuals, with just over 2.1 percent of seniors over the age of 65 residing in our state's nursing homes (nationwide, the average state nursing home population is well above 4 percent). In 2009, Florida's Nursing Home Transition Program evaluated existing nursing home residents for the possibility of receiving community-based services. Of those evaluated, just over 850 were moved from institutional care back into the community. That equates to just over 1 percent of the total nursing home population and just 2 percent of nursing home residents who rely on Medicaid to cover the cost of their care.

***Florida's home and community-based dollars should fund the most cost-effective waiver programs to maximize cost savings, reduce waiting lists and serve the greatest number of Floridians.***

Florida's home and community-based waiver programs currently serve approximately 66,000 elderly Floridians. These waivers offer a broad array of long term care services not otherwise available through Medicaid, with the intent to prevent or delay institutional placement. With the exception of the more costly Nursing Home Diversion Program, these waivers have had their funding frozen or reduced over the last several years. As lawmakers consider the expansion of Florida's home and community-based services as a means for saving money, it is vital that any funding appropriated for these programs does not drain essential dollars away from those who need skilled nursing care. Funding should be rebalanced between the more costly Nursing Home Diversion Program and the more cost-efficient home and community-based waivers to ensure any program growth is not an expansion of the Medicaid program.

***Florida should establish an integrated home and community-based services and enhanced primary care program similar to the Georgia SOURCE program (Service Options Using Resources in Community Environments), which links primary medical care, community services and case management services.***

Florida's program, which should encourage a partnership between nursing homes and home and community-based providers, may be created as a pilot in those underserved areas which lack current waiver programs to test cost effectiveness before statewide expansion. The program should include provider organizations/networks that have agreements with primary care providers and the full continuum of long term care services and be structured in a way that providers have accountability for measurable beneficiary outcomes. The provider organization should have responsibility and authority to authorize services for enrolled Medicaid beneficiaries, ensuring ability to quickly address beneficiary needs.

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