

PATIENT RESPONSIBILITY

LONG TERM CARE ENROLLEES IN ASSISTED
LIVING FACILITIES



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WHAT IS PATIENT RESPONSIBILITY?

Patient responsibility is the amount enrollees must contribute toward the cost of their healthcare.

This is the cost of long-term care services not paid for by the Medicaid program, for which the enrollee is responsible.

The amount of patient responsibility is determined by the Department of Children and Families (DCF) and is based on income and choice of residence.

IS PATIENT RESPONSIBILITY REQUIRED IN MEDICAID HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS?

Yes. Medicaid must reduce payments for HCBS provided under the [Statewide Medicaid Managed Care \(SMMC\) Long-term Care \(LTC\)](#) waiver, by the amount of the enrollee's patient responsibility, in compliance with:

- Title 42, Section 435.726, [Code of Federal Regulations](#);
- Section 1924 of the [Social Security Act](#); &
- Section 2404 of the [Affordable Care Act \(ACA\)](#)

*This includes residents in Assisted Living Facilities (ALFs).

WHO DETERMINES THE AMOUNT OF PATIENT RESPONSIBILITY?

The Department of Children and Families (DCF) is the only entity that can determine the amount of patient responsibility for an SMMC LTC enrollee.

HOW DOES DCF DETERMINE THE AMOUNT OF PATIENT RESPONSIBILITY?


DCF determines the amount of patient responsibility for SMMC LTC enrollees through the post-eligibility treatment of income process, according to the requirements in:

- Chapter 65A-1.7141, [Florida Administrative Code](#); and
- Title 42 Section 435.726, [Code of Federal Regulations](#).

WHAT ARE THE KEY COMPONENTS OF PATIENT RESPONSIBILITY?

The key components of patient responsibility are the enrollee's:

- Income
- Personal Needs Allowance (PNA)
- Allowable deductions and/or expenses such as:
 - Community spouse/dependents
 - Court ordered child support
 - Medical expenses not paid by third party



WHAT IS A PERSONAL NEEDS ALLOWANCE (PNA)?

This is the amount of monthly income DCF calculates the SMMC LTC enrollee may keep to pay for personal expenses.

HOW IS PNA CALCULATED?

For SMMC LTC enrollee's residing in an ALF, the PNA is determined based on the ALF's monthly basic room and board charges (three meals per day and a semi-private room) plus 20% of the current year's Federal Poverty Level (FPL).

PNA CALCULATION EXAMPLE

For an SMMC LTC enrollee residing in an ALF in 2021 with a \$1,500 monthly basic room and board charge.

\$1,500 Monthly ALF basic room and board charge
+ \$215 20% of the 2021 Federal Poverty Level (FPL)

\$1,715 Personal Needs Allowance (PNA)

IS PNA CALCULATED DIFFERENTLY FOR SMMC LTC ENROLLEES IN A NURSING FACILITY?

Yes. The PNA for SMMC LTC enrollees residing in a nursing facility is \$130.

- Chapter 65A-1.7141, [Florida Administrative Code](#)

HOW CAN A SMMC LTC ENROLLEE SPEND THEIR PNA?

The enrollee may use the PNA to pay for the ALF's monthly basic room and board charges, and cover personal expenses for items such as shoes, clothing, and magazines.

HOW DOES DCF USE THE PNA TO CALCULATE PATIENT RESPONSIBILITY FOR AN SMMC LTC ENROLLEE?

- Patient responsibility is determined by subtracting the personal PNA and other allowable deductions from the individual's gross monthly income.
- Refer to DCF Policy Passage 2640.0118 Personal Needs Allowance for more details.
- [DCF Policy Manual](#)

PNA CALCULATION EXAMPLE

For an SMMC LTC enrollee residing in an ALF in 2021 with \$1,750 monthly Social Security Disability (SSDI) income, a \$1,500 monthly basic room and board charge and \$0 uncovered medical expenses (UMEDs).

\$1,750 SSDI income
- \$1,500 Monthly ALF basic room and board charge
- \$215 20% of the 2021 Federal Poverty Level (FPL)
- \$0 Uncovered Medical Expenses (UMED)
<hr/>
\$35 Monthly Patient Responsibility

HOW DOES DCF KNOW THE ALF'S MONTHLY BASIC ROOM AND BOARD CHARGE?

At application, the ALF may provide DCF with documentation of the amount of their monthly basic room and board charges for HCBS waivers.

- Basic room and board charges cover three meals per day and a semi-private room.
- Basic room and board charges do not cover any other goods or services.

WHAT WILL DCF ACCEPT AS DOCUMENTATION OF THE FACILITY'S MONTHLY BASIC ROOM AND BOARD CHARGE?

- If the individual is enrolled in an SMMC LTC plan, then at application, the case manager provides DCF with the basic room and board charge via the CF-ES 2515 form – Certification of Enrollment Status for HCBS.
- If the individual has been released from the SMMC LTC waitlist and is applying at DCF for waiver eligibility, the Aging and Disability Resource Center (ADRC) will provide DCF with the basic room and board charge via the CF-ES 2515 form.
- If the individual has not yet been enrolled in an SMMC plan, then DCF will accept a letter from the ALF that includes all information on next slides.

DOCUMENTATION FROM THE ALF MUST INCLUDE:

1. ALF's business name, street address with city, state, and zip code, telephone number, and fax number;
2. Date the letter was written;
3. ALF resident's name (first name, middle initial and last name);
4. ALF resident's date of birth (include month, day and year);
5. ALF resident's Social Security Number or DCF Access Number;
6. Date of admission to the ALF (include month, day and year);

DOCUMENTATION FROM THE ALF MUST INCLUDE:

7. ALF's basic room and board rate for the provision of three meals per day and semi-private room per month (dollar value);
8. Contact information for the individual to whom DCF can address any questions (first and last name, job title, and telephone number with the area code);
9. Signature (of person authorized to provide this information) along with:
 - Date letter signed (include month, day and year);
 - Printed first and last name person authorized to provide this information; and
 - Printed job title of person authorized to provide this information.

CAN THE ENROLLEE PROVIDE DCF WITH THE DOCUMENTATION?

Yes. Enrollees can submit documentation to DCF by:

- Uploading files to [MyACCESS Account](#) (enrollee's only); or
- Faxing documentation to 1-866-886-4342; or
- Mailing documentation to the:

ACCESS Central Mail Center
PO Box 1770
Ocala, FL 34478-1770

CAN DCF CHANGE THE AMOUNT OF THE PATIENT RESPONSIBILITY?

Yes. DCF can change the monthly amount of patient responsibility for one or more months.

For example, DCF may determine:

- A change in the amount of the enrollee's patient responsibility due to a change in the enrollee's income or due to a deduction for an allowable uncovered medical expense deduction (UMED).

WHAT IS AN UNCOVERED MEDICAL EXPENSE (UMED)?

An uncovered medical expense is a charge for a medically necessary service that is not covered by a third-party payer, Medicare, or the Medicaid program, the SMMC Managed Medical Assistance (MMA) program, or the SMMC LTC program.

WHAT IS AN UNCOVERED MEDICAL EXPENSE (UMED) DEDUCTION?

An uncovered medical expense (UMED) deduction is a credit received for out-of-pocket medical expenses.

The deduction reduces the amount the individual's patient responsibility allowing them to keep more money to pay for uncovered medical expenses.

WHAT QUALIFIES AS UMED?

Any premium, deductible, or coinsurance charge for health insurance coverage; or other incurred medical expenses approved by DCF.

Examples of other medical expenses (if not covered by Medicaid) that can be deducted include medically necessary medical services or items, such as:

- dental services, hearing supplies and services, vision supplies and services, therapy services, over-the-counter medications, and certain medical supplies such as adult diapers, vitamins and nutritional supplements.
- For more information on UMEDs: [SSI-Related Medicaid Programs Fact Sheet](#)

HOW ARE UMED REQUESTS SUBMITTED TO DCF?

Enrollees must notify DCF of what medical expenses (paid or unpaid) they must pay. Proof of the type(s) of expense, the cost, and proof that it was not paid by Medicare, Medicaid or a third party may be required.

It is important that new expenses or changes in current expenses are reported within ten days after receiving a bill/receipt:

- Upload proof of medical expenses and other files to the enrollee's [MyACCESS Account](#);
- Faxing 1-866-886-4342; or
- Mailing documentation to the:

ACCESS Central Mail Center
PO Box 1770
Ocala, FL 34478-1770

DOES DCF NOTIFY ENROLLEES ABOUT CHANGES IN PATIENT RESPONSIBILITY?

Yes. DCF mails a Notice of Case Action (NOCA) to the enrollee when there is a change in the monthly amount of patient responsibility.

- If DCF has a record of the enrollee's representative or SMMC LTC case manager, DCF will also mail a copy of the NOCA to those entities.

CAN INFORMATION ABOUT ENROLLEE'S PATIENT RESPONSIBILITY BE VIEWED ONLINE?

Yes. Health plans and providers may view enrollee patient responsibility information via the “DCF Provider View” option in the [Florida Medicaid Secure Provider Web Portal](#).

If you have questions about the information displayed in the DCF Provider View Guide you may call 850-300-4323.

Contact the Medicaid fiscal agent if you have questions about accessing DCF Provider View on the Medicaid Web Portal by calling 1-800-289-7799.



HAVE QUESTIONS ABOUT AN ENROLLEES PATIENT RESPONSIBILITY?

When an enrollee's health plan or Medicaid provider is unable to obtain needed information through the DCF Provider View, they may contact the DCF Customer Call Center at 1-850-300-4323

- Please be aware that DCF can only release information to an enrollee, their spouse, legal guardian, Power of Attorney, or a designated representative.