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# Profile of Florida's Medicaid Home and Community-Based Services Waivers

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an office of the Florida Legislature*

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## Introduction

OPPAGA produced this profile of Florida’s Medicaid Home and Community-Based Services (HCBS) waivers as a descriptive resource for policy makers and stakeholders. The profile provides uniform information about each waiver including eligibility criteria, services provided, persons served, expenditures, and the state agency responsible for operating the waiver program.<sup>1</sup>

Medicaid HCBS waivers are authorized by Section 2176 of the Omnibus Budget Reconciliation Act of 1981 and incorporated into Title XIX of the Social Security Act as Section 1915(c). States can use this authority to offer a broad array of services not otherwise available through Medicaid that are intended to prevent or delay institutional placement. Florida’s HCBS waivers vary on a number of dimensions. Some waivers are limited to persons with specific disease states or physical conditions (such as persons with cystic fibrosis); others serve broader groups (such as persons who are elderly and/or have disabilities). Waivers also differ with respect to the number and types of services provided, payment method, and whether waiver services are available statewide or limited to a few counties.<sup>2</sup> In Fiscal Year 2010-11, the Legislature appropriated \$1.36 billion to state agencies to serve beneficiaries in these 14 waivers. Of this amount, the Legislature appropriated \$7.9 million for transitioning individuals from nursing home care to the community.

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<sup>1</sup> Agencies with waiver responsibilities include the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Children and Families, the Department of Elder Affairs, and the Department of Health.

<sup>2</sup> For example, 11 waivers can serve individuals in all 67 counties while the other 3 waivers serve beneficiaries in as few as 2 counties.

# FLORIDA'S ELDER AND DISABLED MEDICAID HCBS WAIVERS

AGED AND DISABLED ADULT SERVICES					
<b>Counties Served</b>	Statewide				
<b>Year Implemented</b>	1982				
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 65 or older or age 18 to 64 and determined disabled by the Social Security Administration</li> <li>• be Medicaid eligible</li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• reside in home</li> </ul>				
<b>Services Provided</b>	<ul style="list-style-type: none"> <li style="width: 50%;">• adult companion</li> <li style="width: 50%;">• homemaker</li> <li style="width: 50%;">• adult day health care</li> <li style="width: 50%;">• nutritional assessment and risk reduction</li> <li style="width: 50%;">• attendant care</li> <li style="width: 50%;">• personal care</li> <li style="width: 50%;">• caregiver training</li> <li style="width: 50%;">• personal emergency response system</li> <li style="width: 50%;">• case aide</li> <li style="width: 50%;">• pest control</li> <li style="width: 50%;">• case management</li> <li style="width: 50%;">• physical risk reduction</li> <li style="width: 50%;">• chore services</li> <li style="width: 50%;">• rehabilitation engineering</li> <li style="width: 50%;">• consumable medical supplies</li> <li style="width: 50%;">• respite care</li> <li style="width: 50%;">• counseling</li> <li style="width: 50%;">• skilled nursing</li> <li style="width: 50%;">• escort services</li> <li style="width: 50%;">• specialized medical equipment and supplies</li> <li style="width: 50%;">• financial assessment and risk reduction</li> <li style="width: 50%;">• therapies: occupational, physical, respiratory, and speech</li> <li style="width: 50%;">• home-delivered meals</li> <li style="width: 50%;">• transition case management</li> <li style="width: 50%;">• home accessibility adaptations</li> </ul>				
<b>Operational Entity</b>	Department of Elder Affairs (DOEA), ages 60 or older Department of Children and Families (DCF), ages 18 to 59 Agency for Health Care Administration (AHCA), Aging Out Program <sup>2</sup>				
<b>Enrollment and Waitlist<sup>3</sup></b>		<u>Total</u>	<u>DOEA</u>	<u>DCF</u>	<u>AHCA</u>
	Enrollment	10,142	9,313	788	41
	Waitlist	16,354	12,010	4,344	None
<b>Nursing Home Transition Enrollment<sup>4</sup></b>		<u>Total</u>	<u>DOEA</u>	<u>DCF</u>	
	Enrollment	151	117	34	
<b>Total Waiver Approved Enrollment</b>	12,087				
<b>2010-11 Funding</b>	DOEA	<u>Total Appropriation</u> \$ 98,117,691.00	<u>Federal Funds</u> \$ 60,381,627.00	<u>State Funds</u> \$ 37,736,064.00	
	DCF	<u>Total Appropriation</u> \$ 12,492,014.00	<u>Federal Funds</u> \$ 8,119,809.10	<u>State Funds</u> \$ 4,372,204.90	
	AHCA	<u>Total Appropriation</u> \$ 13,799,191.00	<u>Federal Funds</u> \$ 8,944,636.00	<u>State Funds</u> \$ 4,854,555.00	
<b>Nursing Home Transition 2010-11 Funding</b>	DOEA	<u>Total Appropriation</u> \$ 1,197,560.00	<u>Federal Funds</u> \$ 736,978.00	<u>State Funds</u> \$ 460,582.00	
	DCF	<u>Total Appropriation</u> \$ 468,003	<u>Federal Funds</u> \$ 304,201.95	<u>State Funds</u> \$ 163,801.05	

<sup>1</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for Medicaid nursing home care.

<sup>2</sup> The Aging Out Program is for beneficiaries age 21 or older who no longer qualify to receive home-based medical services through the Department of Health's Children's Medical Services Program and thus "age out" of Children's Medical Services.

<sup>3</sup> All enrollment and waitlist information is provided for the Department of Children and Families, the Department of Elder Affairs, and the Agency for Healthcare Administration as of December 2010. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, the availability and amount of services a beneficiary may need, and funding limits.

<sup>4</sup> Enrollment information for Nursing Home Transition is provided for the Department of Elder Affairs as of September 2010, and the Department of Children and Families as of December 2010.

# FLORIDA'S ELDER AND DISABLED MEDICAID HCBS WAIVERS

## AGED AND DISABLED ADULT SERVICES (continued)

<b>2009-10 Average Monthly Cost per Beneficiary<sup>5</sup></b>	DOEA	<u>Average Monthly Cost</u> \$ 779.43	<u>FY 2009-10 Expenditures</u> \$ 83,718,946.00	<u>FY 2009-10 Enrollee Months</u> 107,410
	DCF	<u>Average Monthly Cost</u> \$ 1,283.04	<u>FY 2009-10 Expenditures</u> \$ 13,595,053.00	<u>FY 2009-10 Enrollee Months</u> 10,596
	AHCA	<u>Average Monthly Cost</u> \$ 19,632.37	<u>FY 2009-10 Expenditures</u> \$ 9,109,419.00	<u>FY 2009-10 Enrollee Months</u> 464
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.			

<sup>5</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S ELDER AND DISABLED MEDICAID HCBS WAIVERS

ADULT DAY HEALTH CARE			
<b>Counties Served</b>	Lee and Palm Beach counties		
<b>Year Implemented</b>	2004		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 60 or older and live with a caregiver</li> <li>• be Medicaid eligible</li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• not reside in an institutional setting</li> </ul>		
<b>Services Provided</b>	All services are provided within an Adult Day Health Care facility and include <ul style="list-style-type: none"> <li>• assistance with daily living activities</li> <li>• case management</li> <li>• counseling</li> <li>• health care monitoring</li> <li>• intake and assessment</li> <li>• medical direction</li> <li>• medication management</li> <li>• nutritionally balanced meals/snacks</li> <li>• personal care assistance</li> <li>• therapeutic social and recreational activities</li> <li>• therapies: occupational, physical, speech</li> <li>• transportation</li> </ul>		
<b>Operational Entity</b>	Department of Elder Affairs		
<b>Enrollment and Waitlist<sup>2</sup></b>	Enrollment: 24 Waitlist: None		
<b>Total Waiver-Approved Enrollment</b>	150		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 1,946,858	<u>Federal Funds</u> \$ 1,198,097	<u>State Funds</u> \$ 748,761
<b>2009-10 Average Monthly Cost per Beneficiary<sup>3</sup></b>	<u>Average Monthly Cost</u> \$ 1,374.10	<u>FY 2009-10 Expenditures</u> \$ 392,992.00	<u>FY 2009-10 Enrollee Months</u> 286
<b>Type of Reimbursement</b>	Contracted negotiated rate based on either a half-day or full-day stay.		

<sup>1</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for Medicaid nursing home care.

<sup>2</sup> All enrollment and waitlist information is provided as of December 2010.

<sup>3</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S ELDER AND DISABLED MEDICAID HCBS WAIVERS

ASSISTED LIVING FOR THE ELDERLY			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	1995		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 65 or older or age 60 to 64 and be determined disabled by the Social Security Administration</li> <li>• be Medicaid eligible</li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• reside in an assisted living facility</li> <li>• meet one or more of the following:                             <ul style="list-style-type: none"> <li>▪ require assistance with four or more activities of daily living (ADLs), three ADLs plus supervision or administration of medication, or total help with one or more ADLs<sup>2</sup></li> <li>▪ have a diagnosis of Alzheimer's or other dementia and need assistance with two or more ADLs</li> <li>▪ have a diagnosed degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard assisted living facility but are available in an assisted living facility that is licensed for limited nursing or extended congregate care</li> <li>▪ be a Medicaid-eligible beneficiary who meets assisted living facility criteria</li> <li>▪ be awaiting discharge from a nursing facility and unable to return to a private residence because of a need for supervision, personal care, and/or periodic nursing services</li> </ul> </li> </ul>		
<b>Services Provided<sup>3</sup></b>	All services are provided within an assisted living facility and include <ul style="list-style-type: none"> <li>• case management</li> <li>• incontinence supplies</li> <li>• expanded assisted living services which may include the following:                             <ul style="list-style-type: none"> <li>▪ attendant call system</li> <li>▪ attendant care</li> <li>▪ behavior management</li> <li>▪ chore services</li> <li>▪ companion services</li> <li>▪ homemaker</li> <li>▪ intermittent nursing</li> <li>▪ personal care</li> <li>▪ medication administration (within the assisted living facility license)</li> <li>▪ specialized medical equipment and supplies</li> <li>▪ therapeutic social and recreational activities</li> <li>▪ therapies: occupational, physical, and speech</li> </ul> </li> </ul>		
<b>Operational Entity</b>	Department of Elder Affairs		
<b>Enrollment and Waitlist<sup>4</sup></b>	Enrollment: 2,919      Waitlist: 688		
<b>Nursing Home Transition Enrollment</b>	Enrollment: 122		
<b>Total Waiver-Approved Enrollment</b>	5,630		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 35,083,803	<u>Federal Funds</u> \$ 21,590,572	<u>State Funds</u> \$ 13,493,231
<b>Nursing Home Transition 2010-11 Funding</b>	<u>Total Appropriation</u> \$ 1,073,304.00	<u>Federal Funds</u> \$ 660,511.00	<u>State Funds</u> \$ 412,793.00
<b>2009-10 Average Monthly Cost per Beneficiary<sup>5</sup></b>	<u>Average Monthly Cost</u> \$ 858.11	<u>FY 2009-10 Expenditures</u> \$ 29,873,289.00	<u>FY 2009-10 Enrollee Months</u> 34,813
<b>Type of Reimbursement</b>	Mixed: Medicaid reimburses for assisted living services at a daily rate and case management services at a monthly rate. Medicaid reimburses incontinence supplies separately, on a monthly basis, based on use.		

<sup>1</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for Medicaid nursing home care.

<sup>2</sup> Examples of activities of daily living are cooking, cleaning, grooming, and bathing.

<sup>3</sup> This waiver is designed to provide extra support to frail elders residing in assisted living facilities in an effort to delay or prevent nursing facility admission.

<sup>4</sup> All enrollment and waitlist information is provided as December 2010. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, availability and amount of services a beneficiary may need, and funding limits.

<sup>5</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S ELDER AND DISABLED MEDICAID HCBS WAIVERS

CHANNELING FOR THE FRAIL ELDER			
<b>Counties Served</b>	Miami-Dade and Broward counties		
<b>Year Implemented</b>	1985		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 65 or older</li> <li>• be Medicaid eligible</li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• have two or more unmet long-term care services needs</li> <li>• reside in home or with a caregiver in Miami-Dade or Broward counties</li> <li>• have a cost of care that does not exceed 85% of the Medicaid nursing home payment in Broward or Miami-Dade counties</li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li style="width: 50%;">• adult day health care</li> <li style="width: 50%;">• personal care</li> <li style="width: 50%;">• adult companion</li> <li style="width: 50%;">• personal emergency response system</li> <li style="width: 50%;">• case management</li> <li style="width: 50%;">• respite care</li> <li style="width: 50%;">• chore services</li> <li style="width: 50%;">• skilled nursing</li> <li style="width: 50%;">• counseling (in-home)</li> <li style="width: 50%;">• special drug and nutritional assessment services</li> <li style="width: 50%;">• environmental accessibility adaptations</li> <li style="width: 50%;">• special home delivered meals</li> <li style="width: 50%;">• family training</li> <li style="width: 50%;">• special medical equipment and supplies</li> <li style="width: 50%;">• financial assessment and risk reduction</li> <li style="width: 50%;">• therapies: occupational, physical, speech</li> <li style="width: 50%;">• home health aide</li> </ul>		
<b>Operational Entity</b>	Department of Elder Affairs		
<b>Enrollment and Waitlist<sup>2</sup></b>	Enrollment: 1,233 Waitlist: None		
<b>Total Waiver-Approved Enrollment</b>	1,825		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 14,700,762	<u>Federal Funds</u> \$ 9,046,849	<u>State Funds</u> \$ 5,653,913
<b>2009-10 Average Monthly Cost per Beneficiary<sup>3</sup></b>	<u>Average Monthly Cost</u> \$ 1,157.20	<u>FY 2009-10 Expenditures</u> \$ 14,827,207.00	<u>FY 2009-10 Enrollee Months</u> 12,813
<b>Type of Reimbursement</b>	Contracted negotiated per person daily rate with the Miami Jewish Home and Hospital in Miami-Dade and Broward counties.		

<sup>1</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for Medicaid nursing home care.

<sup>2</sup> All enrollment and waitlist information is provided as of December 2010. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, the availability and amount of services a beneficiary may need, and funding limits.

<sup>3</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S ELDER AND DISABLED MEDICAID HCBS WAIVERS

NURSING HOME DIVERSION			
<b>Counties Served<sup>1</sup></b>	40 counties: Alachua, Brevard, Broward, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia, Walton		
<b>Year Implemented</b>	1998		
<b>Waiver Eligibility</b>	<p>Individual must</p> <ul style="list-style-type: none"> <li>• be age 65 or older</li> <li>• be Medicaid eligible</li> <li>• be Medicare Parts A and B eligible</li> <li>• meet nursing home level of care<sup>2</sup></li> <li>• reside in own home, in their caregiver's home, or in an assisted living facility</li> <li>• meet one or more of the following: <ul style="list-style-type: none"> <li>▪ require some help with five or more activities of daily living (ADLs);</li> <li>▪ require some help with four or more ADLs plus require supervision or assistance with administration of medication;</li> <li>▪ require total help with two or more ADLs;</li> <li>▪ have a diagnosis of Alzheimer's disease or dementia and require some help with three or more ADLs; or</li> <li>▪ have a diagnosis of a degenerative chronic condition requiring daily nursing services</li> </ul> </li> </ul>		
<b>Services Provided</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>Acute Medical Services</i></p> <ul style="list-style-type: none"> <li>• community mental health</li> <li>• dental</li> <li>• hearing and visual (optional)</li> <li>• independent laboratory and x ray</li> <li>• inpatient hospital</li> <li>• outpatient hospital/emergency</li> <li>• physicians</li> <li>• prescribed drugs</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><i>Long-Term Care Community Services</i></p> <ul style="list-style-type: none"> <li>• adult companion</li> <li>• adult day health care</li> <li>• assisted living</li> <li>• case management</li> <li>• chore services</li> <li>• consumable medical supplies</li> <li>• environmental accessibility adaptations</li> <li>• escort services</li> <li>• family training</li> <li>• financial assessment and risk reduction</li> <li>• home-delivered meals</li> <li>• home health care</li> <li>• homemaker</li> <li>• nutritional assessment and risk reduction</li> <li>• personal care</li> <li>• personal emergency response system</li> <li>• respite care</li> <li>• therapies: occupational, physical and speech</li> <li>• nursing facility services/long-term care</li> <li>• transportation (optional)</li> </ul> </td> </tr> </table> <p style="text-align: right; margin-top: 20px;">Some plans offer additional optional services. The Department of Elder Affairs' website (<a href="http://www.elderaffairs.state.fl.us/english/longtermcare/diversion.php">www.elderaffairs.state.fl.us/english/longtermcare/diversion.php</a>) includes a list of providers, their contacts, and links to their websites.</p>	<p><i>Acute Medical Services</i></p> <ul style="list-style-type: none"> <li>• community mental health</li> <li>• dental</li> <li>• hearing and visual (optional)</li> <li>• independent laboratory and x ray</li> <li>• inpatient hospital</li> <li>• outpatient hospital/emergency</li> <li>• physicians</li> <li>• prescribed drugs</li> </ul>	<p><i>Long-Term Care Community Services</i></p> <ul style="list-style-type: none"> <li>• adult companion</li> <li>• adult day health care</li> <li>• assisted living</li> <li>• case management</li> <li>• chore services</li> <li>• consumable medical supplies</li> <li>• environmental accessibility adaptations</li> <li>• escort services</li> <li>• family training</li> <li>• financial assessment and risk reduction</li> <li>• home-delivered meals</li> <li>• home health care</li> <li>• homemaker</li> <li>• nutritional assessment and risk reduction</li> <li>• personal care</li> <li>• personal emergency response system</li> <li>• respite care</li> <li>• therapies: occupational, physical and speech</li> <li>• nursing facility services/long-term care</li> <li>• transportation (optional)</li> </ul>
<p><i>Acute Medical Services</i></p> <ul style="list-style-type: none"> <li>• community mental health</li> <li>• dental</li> <li>• hearing and visual (optional)</li> <li>• independent laboratory and x ray</li> <li>• inpatient hospital</li> <li>• outpatient hospital/emergency</li> <li>• physicians</li> <li>• prescribed drugs</li> </ul>	<p><i>Long-Term Care Community Services</i></p> <ul style="list-style-type: none"> <li>• adult companion</li> <li>• adult day health care</li> <li>• assisted living</li> <li>• case management</li> <li>• chore services</li> <li>• consumable medical supplies</li> <li>• environmental accessibility adaptations</li> <li>• escort services</li> <li>• family training</li> <li>• financial assessment and risk reduction</li> <li>• home-delivered meals</li> <li>• home health care</li> <li>• homemaker</li> <li>• nutritional assessment and risk reduction</li> <li>• personal care</li> <li>• personal emergency response system</li> <li>• respite care</li> <li>• therapies: occupational, physical and speech</li> <li>• nursing facility services/long-term care</li> <li>• transportation (optional)</li> </ul>		
<b>Operational Entity</b>	Department of Elder Affairs		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 21,031 Waitlist: 6,583		

<sup>1</sup> The 2010 Legislature authorized the Agency for Health Care Administration and the Department of Elder Affairs to expand Nursing Home Diversion to all 67 counties; however, it is not operational in 27 counties because no providers have contracted to provide services in these counties.

<sup>2</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for Medicaid nursing home care.

<sup>3</sup> All enrollment information is provided as of November 2010 and waitlist information is provided as of December 2010. In the absence of legislative authority to seek federal approval to increase waiver enrollment, the Department of Elder Affairs will reduce program enrollment to the approved level through natural attrition.



## FLORIDA'S ELDER AND DISABLED MEDICAID HCBS WAIVERS

NURSING HOME DIVERSION (continued)			
<b>Nursing Home Transition Enrollment</b>	Enrollment: 592		
<b>Total Waiver-Approved Enrollment</b>	17,065		
<b>2010-11 Funding<sup>4</sup></b>	<u>Total Appropriation</u> \$ 347,264,698.00	<u>Federal Funds</u> \$ 214,088,474.00	<u>State Funds</u> \$ 133,796,598.00
<b>Nursing Home Transition 2010-11 Funding</b>	<u>Total Appropriation</u> \$ 4,547,328.00	<u>Federal Funds</u> \$ 2,798,426.00	<u>State Funds</u> \$ 1,748,902.00
<b>2009-10 Average Monthly Cost per Beneficiary<sup>5</sup></b>	<u>Average Monthly Cost</u> \$ 1,511.27	<u>FY 2009-10 Expenditures</u> \$ 309,950,010.00	<u>FY 2009-10 Enrollee Months</u> 205,093
<b>Type of Reimbursement</b>	Capitated risk-adjusted monthly rate that varies by plan and county. <sup>6</sup>		

<sup>4</sup> The Nursing Home Diversion appropriation includes \$9,960,079 for the Program of All-Inclusive Care for the Elderly.

<sup>5</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

<sup>6</sup> The Department of Elder Affairs risk adjusts base rates using several factors including level of assistance needed with activities of daily living, instrumental activities of daily living, the presence of specific chronic conditions, and level of cognitive impairment.

## FLORIDA'S DISEASE-SPECIFIC MEDICAID HCBS WAIVERS

ADULT CYSTIC FIBROSIS			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	2005		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 18 or older</li> <li>• be Medicaid eligible</li> <li>• have a diagnosis of cystic fibrosis<sup>1</sup></li> <li>• meet Inpatient hospital level of care<sup>2</sup></li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• acupuncture</li> <li>• case management</li> <li>• chore services</li> <li>• counseling (individual and family)</li> <li>• dental</li> <li>• homemaker</li> <li>• nutritional assessment and risk reduction</li> <li>• personal care</li> <li>• personal emergency response service</li> <li>• prescribed drugs</li> <li>• respite care</li> <li>• skilled nursing</li> <li>• specialized medical equipment and supplies</li> <li>• therapies: exercise, massage, physical, and respiratory</li> <li>• transportation</li> <li>• vitamins and nutritional supplements</li> </ul>		
<b>Operational Entity</b>	Department of Health		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 92 Waitlist: 21		
<b>Total Waiver-Approved Enrollment</b>	100		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 1,709,870	<u>Federal Funds</u> \$ 1,156,557	<u>State Funds</u> \$ 553,313
<b>2009-10 Average Monthly Cost per Beneficiary<sup>4</sup></b>	<u>Average Monthly Cost</u> \$ 381.19	<u>FY 2009-10 Expenditures</u> \$ 409,777.00	<u>FY 2009-10 Enrollee Months</u> 1,075
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

<sup>1</sup> Cystic fibrosis is a genetic disease that primarily affects a person's lungs and digestive system and is chronic, progressive, and terminal.

<sup>2</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for inpatient hospitalization.

<sup>3</sup> All enrollment and waitlist information is provided as of December 2010.

<sup>4</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

## FLORIDA'S DISEASE-SPECIFIC MEDICAID HCBS WAIVERS

FAMILIAL DYSAUTONOMIA			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	2007		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age three or older</li> <li>• be Medicaid eligible</li> <li>• have a diagnosis of familial dysautonomia<sup>1</sup></li> <li>• meet inpatient hospital level of care<sup>2</sup></li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• behavioral services</li> <li>• consumable medical supplies</li> <li>• dental</li> <li>• durable medical equipment</li> <li>• non-residential support</li> <li>• respite care</li> <li>• support coordination</li> </ul>		
<b>Operational Entity</b>	Agency for Health Care Administration		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 8 Waitlist: None		
<b>Total Waiver-Approved Enrollment</b>	20		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 418,000	<u>Federal Funds</u> \$ 270,948	<u>State Funds</u> \$ 147,052
<b>2009-10 Average Monthly Cost per Beneficiary<sup>4</sup></b>	<u>Average Monthly Cost</u> \$ 161.59	<u>FY 2009-10 Expenditures</u> \$ 11,311.00	<u>FY 2009-10 Enrollee Months</u> 70
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

<sup>1</sup> Also known as Riley-Day syndrome, this is a genetic disease that results in incomplete development of the nervous system.

<sup>2</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for inpatient hospitalization.

<sup>3</sup> All enrollment and waitlist information is provided as of December 2010.

<sup>4</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S DISEASE-SPECIFIC MEDICAID HCBS WAIVERS

PROJECT AIDS CARE			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	1991		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be Medicaid eligible</li> <li>• have a diagnosis of acquired immune deficiency syndrome (AIDS) documented by a physician</li> <li>• have an AIDS related opportunistic infection</li> <li>• be at-risk of hospitalization or institutionalization in a skilled nursing facility</li> <li>• be determined disabled according to the Social Security Administration</li> <li>• not be enrolled in a Medicaid health maintenance organization unless residing in the Medicaid Reform areas</li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• case management</li> <li>• chore services</li> <li>• day health care</li> <li>• education and support</li> <li>• environmental accessibility adaptations</li> <li>• home-delivered meals</li> <li>• homemaker</li> <li>• personal care</li> <li>• restorative massage</li> <li>• skilled nursing</li> <li>• specialized medical equipment and supplies</li> <li>• specialized personal care services for children in foster care</li> <li>• therapeutic management of substance abuse</li> </ul> <p>The Project AIDS Care case manager, in consultation with the beneficiary and a registered nurse care manager, develops a plan of care and authorize services.</p>		
<b>Operational Entity</b>	Agency for Health Care Administration		
<b>Enrollment and Waitlist<sup>1</sup></b>	Enrollment: 5,154 Waitlist: None		
<b>Total Waiver-Approved Enrollment</b>	5,900		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 8,691,460	<u>Federal Funds</u> \$ 5,633,804.37	<u>State Funds</u> \$ 3,057,655.63
<b>2009-10 Average Monthly Cost per Beneficiary<sup>2</sup></b>	<u>Average Monthly Cost</u> \$ 148.22	<u>FY 2009-10 Expenditures</u> \$ 8,678,108.00	<u>FY 2009-10 Enrollee Months</u> 58,550
<b>Type of Reimbursement</b>	Fee-for-Service: Medicaid reimburses case management at a monthly fixed rate per beneficiary and all other services based on the Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

<sup>1</sup> All enrollment and waitlist information is provided as of December 2010.

<sup>2</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S DISEASE-SPECIFIC MEDICAID HCBS WAIVERS

TRAUMATIC BRAIN AND SPINAL CORD INJURY			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	1999		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 18 or older</li> <li>• be Medicaid eligible</li> <li>• have one of the injuries described below                             <ul style="list-style-type: none"> <li>▪ traumatic brain injury, defined as an insult to the skull, brain, or its covering from external trauma, which produces an altered state of consciousness or anatomic, motor, sensory, or cognitive/behavioral deficits</li> <li>▪ spinal cord injury, defined as a lesion to the spinal cord or cauda equina resulting from external trauma with evidence of significant involvement of two of the following: motor deficit, sensory deficit, or bowel and bladder dysfunction.</li> </ul> </li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• be referred to the state's Brain and Spinal Cord Injury Program's central registry in accordance with s. 381.75, <i>Florida Statutes</i>.</li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• adaptive health and wellness</li> <li>• assistive technologies</li> <li>• attendant care</li> <li>• behavioral programming</li> <li>• adult companion</li> <li>• consumable medical supplies</li> <li>• counseling (personal adjustment)</li> <li>• environmental accessibility adaptations</li> <li>• life skills training</li> <li>• personal care</li> <li>• rehabilitation engineering evaluation</li> <li>• support coordination</li> </ul>		
<b>Operational Entity</b>	Department of Health		
<b>Enrollment and Waitlist <sup>2</sup></b>	Enrollment: 309 Waitlist: 600		
<b>Nursing Home Transition Enrollment</b>	Enrollment: 32		
<b>Total Waiver-Approved Enrollment</b>	375		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 11,697,343	<u>Federal Funds</u> \$ 7,912,083	<u>State Funds</u> \$ 3,785,260
<b>Nursing Home Transition 2010-11 Funding</b>	<u>Total Appropriation</u> \$ 642,039	<u>Federal Funds</u> \$ 434,275	<u>State Funds</u> \$ 207,764
<b>2009-10 Average Monthly Cost per Beneficiary <sup>3</sup></b>	<u>Average Monthly Cost</u> \$ 2,597.28	<u>FY 2009-10 Expenditures</u> \$ 9,885,233.00	<u>FY 2009-10 Enrollee Months</u> 3,806
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

<sup>1</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for Medicaid nursing home care.

<sup>2</sup> All enrollment and waitlist information is provided as of December 2010. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, the availability and amount of services a beneficiary may need, and funding limits.

<sup>3</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S DISEASE-SPECIFIC MEDICAID HCBS WAIVERS

MODEL WAIVER PROGRAM			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	1991		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 20 or younger</li> <li>• be Medicaid eligible</li> <li>• be determined disabled according to the Social Security Administration</li> <li>• diagnosed with a degenerative spinocerebellar disease<sup>1</sup></li> <li>• meet inpatient hospital level of care<sup>2</sup></li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• assistive technology</li> <li>• environmental accessibility adaptations</li> <li>• respite care</li> <li>• service evaluation</li> </ul>		
<b>Operational Entity</b>	Agency for Health Care Administration		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 5 Waitlist: 1		
<b>Total Waiver-Approved Enrollment</b>	5		
<b>2010-11 Funding</b>	<u>Total Appropriation</u> \$ 30,680	<u>Federal Funds</u> \$ 19,887	<u>State Funds</u> \$ 10,793
<b>2009-10 Average Monthly Cost per Beneficiary<sup>4</sup></b>	<u>Average Monthly Cost</u> \$ 626.12	<u>FY 2008-09 Expenditures</u> \$ 30,680.00	<u>FY 2008-09 Enrollee Months</u> 49
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

<sup>1</sup> This is a group of rare genetic disorders which affect the brain and nervous system.

<sup>2</sup> The Department of Elder Affairs determines that a beneficiary meets the medical and functional eligibility for inpatient hospitalization.

<sup>3</sup> All enrollment and waitlist information is provided as of December 2010.

<sup>4</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

# FLORIDA'S DEVELOPMENTAL DISABILITIES MEDICAID HCBS WAIVERS

DEVELOPMENTAL DISABILITIES TIER 1, 2, 3, and 4 <sup>1</sup>				
<b>Counties Served</b>	Statewide			
<b>Year Implemented</b>	<u>Tier 1</u> 1985	<u>Tier 2</u> 2008	<u>Tier 3</u> 2008	<u>Tier 4</u> 1998
<b>Waiver Eligibility<sup>2</sup></b>	<p>All individuals must</p> <ul style="list-style-type: none"> <li>• be age three or older</li> <li>• be Medicaid eligible</li> <li>• be registered as an eligible beneficiary with the Agency for Persons with Disabilities or its contractor</li> <li>• meet level of care criteria for intermediate care facilities for the developmentally disabled</li> <li>• meet specific criteria for assignment to a tier                             <ul style="list-style-type: none"> <li>▪ Tier 1 must have intensive medical, behavioral, or adaptive needs.</li> <li>▪ Tier 2 must live in a licensed residential facility and require greater than five hours a day of residential habilitation or reside in supported living arrangements and receive more than six hours of in-home support.</li> <li>▪ Tier 3 must not meet criteria for Tiers 1 or 2.</li> <li>▪ Tier 4 must live in their family home, foster home, or own home.</li> </ul> </li> </ul>			
<b>Services Provided</b>	<p><b><u>Tier 1, 2, and 3</u></b></p> <ul style="list-style-type: none"> <li>• adult day training</li> <li>• adult dental</li> <li>• behavior analysis</li> <li>• behavior assistant</li> <li>• companion</li> <li>• dietician services</li> <li>• environmental accessibility adaptations</li> <li>• in-home support</li> <li>• medication review</li> <li>• personal care</li> <li>• personal emergency response system</li> <li>• private duty nursing</li> <li>• residential habilitation</li> <li>• residential nursing</li> <li>• respite care</li> <li>• skilled nursing</li> <li>• special medical home care</li> <li>• specialized medical equipment and supplies</li> <li>• specialized mental health services</li> <li>• support coordination</li> <li>• supported employment</li> <li>• supported living coaching</li> <li>• therapies: occupational, physical, respiratory, speech</li> <li>• transportation</li> </ul>		<p><b><u>Tier 4</u></b></p> <ul style="list-style-type: none"> <li>• adult day training</li> <li>• behavior analysis</li> <li>• behavior assistant</li> <li>• environmental accessibility adaptations</li> <li>• in-home support</li> <li>• personal emergency response system</li> <li>• respite care</li> <li>• specialized medical equipment and supplies</li> <li>• support coordination</li> <li>• supported living coaching</li> <li>• supported employment</li> <li>• transportation</li> </ul>	

<sup>1</sup> The Agency for Persons with Disabilities assigns a beneficiary to a tier based on a needs assessment which determines the beneficiary's service needs, risk level, and the spending needed per year to address the beneficiary's needs.

<sup>2</sup> For information on additional requirements based on age, living arrangements, exceptional behavioral problems, and authorization for certain services see *Rule 65G-4.0021-0025, Florida Administrative Code.*

# FLORIDA'S DEVELOPMENTAL DISABILITIES MEDICAID HCBS WAIVERS

DEVELOPMENTAL DISABILITIES TIER 1, 2, 3, and 4 (continued)							
<b>Operational Entity</b>	Agency for Persons with Disabilities						
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment	Total	Tier 1	Tier 2	Tier 3	Tier 4	Beneficiaries Pending Tier Assignment <sup>4</sup>
	Waitlist	29,998	4,507	3,942	5,507	11,372	3,381
<b>Annual Maximum Allowable Spending Per Beneficiary<sup>5,6</sup></b>	Tier 1	Tier 2	Tier 3	Tier 4			
	\$150,000	\$53,625	\$34,125	\$14,422			
<b>2010-11 Tier 1, 2, 3, and 4 Funding</b>	<u>Total Appropriation</u>	<u>Federal Funds</u>	<u>State Funds</u>				
	\$ 805,826,618	\$ 495,946,457	\$ 309,880,161				
<b>2009-10 Average Monthly Cost Per Beneficiary for TIER 1, 2, and 3<sup>7</sup></b>	<u>Average Monthly Cost Per Beneficiary</u>		<u>FY 2008-09 Expenditures</u>		<u>FY 2008-09 Enrollee Months</u>		
	\$ 3,765.84		\$ 797,202,282.00		211,693		
<b>2009-10 Average Monthly Cost Per Beneficiary for TIER 4<sup>8</sup></b>	<u>Average Monthly Cost Per Beneficiary</u>		<u>FY 2008-09 Expenditures</u>		<u>FY 2008-09 Enrollee Months</u>		
	\$ 692.16		\$ 99,081,272.00		143,148		
<b>Type of Reimbursement</b>	Fee-for-Service: Based on rates approved by the Agency for Persons with Disabilities and the Agency for Health Care Administration and incorporated into rule.						

<sup>3</sup> All enrollment and waitlist information provided as of October 2010. All tiers share one waitlist and beneficiaries are placed in the appropriate tier based on a needs assessment that determines the individual's needs, risk level, and the spending needed per year to address the beneficiary's needs.

<sup>4</sup> These beneficiaries are receiving services and are awaiting a tier placement based on a needs assessment that determines the individual's needs, risk level, and the spending needed per year to address the beneficiary's needs.

<sup>5</sup> Effective January 1, 2011, tier cap reductions of 2.5% are required to be implemented, including the new annual maximum allowable spending per beneficiary for Tier 1. The Agency for Health Care Administration is seeking guidance from the Centers for Medicaid and Medicare regarding the mechanism to use to implement the Tier 1 cap.

<sup>6</sup> The Agency for Health Care Administration has submitted an application for the IBudget Florida waiver and is currently awaiting approval. The IBudget Florida Program will replace the current tier system and will be a new waiver that provides individual consumer budgets for services, and greater choice and flexibility in service selection. It will also refocus the waiver support coordinator's role on supporting self-direction and obtaining additional community supports to augment waiver paid supports and provide tools and resources to help consumers and families control their budgets. This program is currently being tested in Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties.

<sup>7</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures of Tiers 1, 2, and 3 by total number of enrollee months. Total expenditures reflect claims paid through November 2010.

<sup>8</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2009-10 expenditures of Tier 4 by total number of enrollee months. Total expenditures reflect claims paid through November 2010.



# The Florida Legislature

## *Office of Program Policy Analysis and Government Accountability*



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