

oppaga

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

January 2012

Report No. 12-03



*Office of Program Policy Analysis
and Government Accountability*

an office of the Florida Legislature

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.¹

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.² In Fiscal Year 2011-12, the Legislature appropriated \$1.42 billion to state agencies to serve beneficiaries in these 15 waivers.³ Of this amount, the Legislature appropriated \$16.7 million for transitioning individuals from nursing home care to the community.

Table of Contents

Florida’s Elder and Disabled Medicaid HCBS Waivers	1
Florida’s Disease-Specific Medicaid HCBS Waivers	8
Florida’s Developmental Disabilities Medicaid HCBS Waivers	13

¹ 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.

² For example, 11 waivers can serve individuals in all 67 counties while the other 4 waivers serve beneficiaries in as few as 1 county.

³ The HCBS Developmental Disabilities waiver program is made up of five individual waivers.

Florida's Elder and Disabled Medicaid HCBS Waivers

Aged and Disabled Adult Services					
Counties Served	Statewide				
Year Implemented	1982				
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age 65 or older or age 18 to 64 and determined disabled by the Social Security Administration • be Medicaid eligible • meet nursing home level of care¹ • reside in home 				
Services Provided	<ul style="list-style-type: none"> <li style="width: 50%;">• adult companion <li style="width: 50%;">• homemaker <li style="width: 50%;">• adult day health care <li style="width: 50%;">• nutritional assessment and risk reduction <li style="width: 50%;">• attendant care <li style="width: 50%;">• personal care <li style="width: 50%;">• caregiver training <li style="width: 50%;">• personal emergency response system <li style="width: 50%;">• case aide <li style="width: 50%;">• pest control <li style="width: 50%;">• case management <li style="width: 50%;">• physical risk reduction <li style="width: 50%;">• chore services <li style="width: 50%;">• rehabilitation engineering <li style="width: 50%;">• consumable medical supplies <li style="width: 50%;">• respite care <li style="width: 50%;">• counseling <li style="width: 50%;">• skilled nursing <li style="width: 50%;">• escort services <li style="width: 50%;">• specialized medical equipment and supplies <li style="width: 50%;">• financial assessment and risk reduction <li style="width: 50%;">• therapies: occupational, physical, respiratory, and speech <li style="width: 50%;">• home-delivered meals <li style="width: 50%;">• transition case management <li style="width: 50%;">• home accessibility adaptations 				
Operational Entity	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 ²				
Enrollment and Waitlist³		<u>Total</u>	<u>DOEA</u>	<u>DCF</u>	<u>AHCA</u>
	Enrollment	10,228	9,158	1,029	41
	Waitlist	20,708	16,831	3,877	None
Nursing Home Transition Enrollment⁴		<u>Total</u>	<u>DOEA</u>	<u>DCF</u>	
	Enrollment	556	423	133	
Total Waiver Approved Enrollment	12,087				
2011-12 Funding		<u>Total Appropriation</u>	<u>Federal Funds</u>	<u>State Funds</u>	
	DOEA	\$ 102,626,134.00	\$ 57,470,635.04	\$ 45,155,498.96	
	DCF	\$ 49,274,133.00	\$ 27,563,950.00	\$ 21,710,183.00	
	AHCA	\$ 13,799,141.00	\$ 7,719,239.00	\$ 6,079,902.00	
Nursing Home Transition 2011-12 Funding		<u>Total Appropriation</u>	<u>Federal Funds</u>	<u>State Funds</u>	
	DOEA	\$ 1,197,560.00	\$ 670,633.60	\$ 526,926.40	
	DCF	\$ 468,003.00	\$ 259,507.66	\$ 208,495.34	

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

² 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.

³ 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 2011. 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.

⁴ Enrollment information for Nursing Home Transition is provided for the Department of Elder Affairs as of November 2011, and the Department of Children and Families as of December 2011.

Florida's Elder and Disabled Medicaid HCBS Waivers

Aged and Disabled Adult Services (continued)				
2010-11 Average Monthly Cost per Beneficiary⁵	DOEA	<u>Average Monthly Cost</u> \$ 794.07	<u>FY 2010-11 Expenditures</u> \$ 95,272,788.90	<u>FY 2010-11 Enrollee Months</u> 119,981
	DCF	<u>Average Monthly Cost</u> \$ 1,290.49	<u>FY 2010-11 Expenditures</u> \$ 13,599,165.52	<u>FY 2010-11 Enrollee Months</u> 10,538
	AHCA	<u>Average Monthly Cost</u> \$ 19,782.35	<u>FY 2010-11 Expenditures</u> \$ 9,535,095.07	<u>FY 2010-11 Enrollee Months</u> 482
Type of Reimbursement	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.			

⁵ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2011. Nursing Home Transition claims are included in these expenditures.

Florida's Elder and Disabled Medicaid HCBS Waivers

Adult Day Health Care ¹			
Counties Served	Lee County		
Year Implemented	2004		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age 60 or older and live with a caregiver • be Medicaid eligible • meet nursing home level of care² • not reside in an institutional setting 		
Services Provided	All services are provided within an Adult Day Health Care facility and include <ul style="list-style-type: none"> • assistance with daily living activities • case management • counseling • health care monitoring • intake and assessment • medical direction • medication management • nutritionally balanced meals/snacks • personal care assistance • therapeutic social and recreational activities • therapies: occupational, physical, speech • transportation 		
Operational Entity	Department of Elder Affairs		
Enrollment and Waitlist³	Enrollment: 26 Waitlist: None		
Total Waiver-Approved Enrollment	150		
2011-12 Funding	<u>Total Appropriation</u> \$ 1,946,858	<u>Federal Funds</u> \$ 1,089,072	<u>State Funds</u> \$ 857,786
2010-11 Average Monthly Cost per Beneficiary⁴	<u>Average Monthly Cost</u> \$ 1,354.23	<u>FY 2010-11 Expenditures</u> \$ 380,539	<u>FY 2010-11 Enrollee Months</u> 281
Type of Reimbursement	Contracted negotiated rate based on either a half-day or full-day stay.		

¹ The Adult Day Health Care waiver will expire March 31, 2012, and all recipients will transition to a comparable waiver.

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

³ All enrollment and waitlist information is provided as of December 2011.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011.

Florida's Elder and Disabled Medicaid HCBS Waivers

Assisted Living for the Elderly			
Counties Served	Statewide		
Year Implemented	1995		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age 65 or older or age 60 to 64 and be determined disabled by the Social Security Administration • be Medicaid eligible • meet nursing home level of care¹ • reside in an assisted living facility • meet one or more of the following: <ul style="list-style-type: none"> ▪ 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 ADLs² ▪ have a diagnosis of Alzheimer's or other dementia and need assistance with two or more ADLs ▪ 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 ▪ be a Medicaid-eligible beneficiary who meets assisted living facility criteria ▪ 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 		
Services Provided³	All services are provided within an assisted living facility and include <ul style="list-style-type: none"> • case management • incontinence supplies • expanded assisted living services which may include the following: <ul style="list-style-type: none"> ▪ attendant call system ▪ attendant care ▪ behavior management ▪ chore services ▪ companion services ▪ homemaker ▪ intermittent nursing ▪ personal care ▪ medication administration (within the assisted living facility license) ▪ specialized medical equipment and supplies ▪ therapeutic social and recreational activities ▪ therapies: occupational, physical, and speech ▪ transition case management 		
Operational Entity	Department of Elder Affairs		
Enrollment and Waitlist⁴	Enrollment: 3,841 Waitlist: 1,896		
Nursing Home Transition Enrollment⁵	Enrollment: 376		
Total Waiver-Approved Enrollment	5,630		
2011-12 Funding	<u>Total Appropriation</u> \$ 34,010,499	<u>Federal Funds</u> \$ 19,045,879.44	<u>State Funds</u> \$ 14,964,619.56
Nursing Home Transition 2011-12 Funding	<u>Total Appropriation</u> \$ 1,073,304	<u>Federal Funds</u> \$ 601,050.24	<u>State Funds</u> \$ 472,253.76
2010-11 Average Monthly Cost per Beneficiary⁶	<u>Average Monthly Cost</u> \$ 852.72	<u>FY 2010-11 Expenditures</u> \$ 33,680,671.17	<u>FY 2010-11 Enrollee Months</u> 39,498
Type of Reimbursement	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.		

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

² Examples of activities of daily living are cooking, cleaning, grooming, and bathing.

³ 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.

⁴ All enrollment and waitlist information is provided as December 2011. 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.

⁵ Enrollment information for Nursing Home Transition is provided as of November 2011.

⁶ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011. Nursing Home Transition claims are included in these expenditures.

Florida's Elder and Disabled Medicaid HCBS Waivers

Channeling for the Frail Elder			
Counties Served	Miami-Dade and Broward counties		
Year Implemented	1985		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age 65 or older • be Medicaid eligible • meet nursing home level of care¹ • have two or more unmet long-term care services needs • reside in home or with a caregiver in Miami-Dade or Broward counties • have a cost of care that does not exceed 85% of the Medicaid nursing home payment in Broward or Miami-Dade counties 		
Services Provided	<ul style="list-style-type: none"> <li style="width: 50%;">• adult day health care <li style="width: 50%;">• personal care <li style="width: 50%;">• adult companion <li style="width: 50%;">• personal emergency response system <li style="width: 50%;">• case management <li style="width: 50%;">• respite care <li style="width: 50%;">• chore services <li style="width: 50%;">• skilled nursing <li style="width: 50%;">• counseling (in-home) <li style="width: 50%;">• special drug and nutritional assessment services <li style="width: 50%;">• environmental accessibility adaptations <li style="width: 50%;">• special home delivered meals <li style="width: 50%;">• family training <li style="width: 50%;">• special medical equipment and supplies <li style="width: 50%;">• financial assessment and risk reduction <li style="width: 50%;">• therapies: occupational, physical, speech <li style="width: 50%;">• home health aide 		
Operational Entity	Department of Elder Affairs		
Enrollment and Waitlist²	Enrollment: 1,311 Waitlist: None		
Total Waiver-Approved Enrollment	1,825		
2011-12 Funding	<u>Total Appropriation</u> \$ 14,700,762	<u>Federal Funds</u> \$ 8,223,605	<u>State Funds</u> \$ 6,477,157
2010-11 Average Monthly Cost per Beneficiary³	<u>Average Monthly Cost</u> \$ 959.12	<u>FY 2010-11 Expenditures</u> \$ 14,116,360.97	<u>FY 2010-11 Enrollee Months</u> 14,718
Type of Reimbursement	Contracted, negotiated per person daily rate with the Miami Jewish Home and Hospital in Miami-Dade and Broward counties.		

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

² All enrollment and waitlist information is provided as of December 2011. 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.

³ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011.

Florida's Elder and Disabled Medicaid HCBS Waivers

Nursing Home Diversion			
Counties Served¹	46 counties: Alachua, Bay, Brevard, Broward, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Leon, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia, Walton, Washington		
Year Implemented	1998		
Waiver Eligibility	<p>Individual must</p> <ul style="list-style-type: none"> • be age 65 or older • be Medicaid eligible • be Medicare Parts A and B eligible • meet nursing home level of care² • reside in own home, in their caregiver's home, or in an assisted living facility • meet one or more of the following: <ul style="list-style-type: none"> ▪ require some help with five or more activities of daily living (ADLs); ▪ require some help with four or more ADLs plus require supervision or assistance with administration of medication; ▪ require total help with two or more ADLs; ▪ have a diagnosis of Alzheimer's disease or dementia and require some help with three or more ADLs; or ▪ have a diagnosis of a degenerative chronic condition requiring daily nursing services 		
Services Provided	<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"> • community mental health • dental • hearing and visual (optional) • independent laboratory and x ray • inpatient hospital • outpatient hospital/emergency • physicians • prescribed drugs </td> <td style="width: 50%; vertical-align: top;"> <p><i>Long-Term Care Community Services</i></p> <ul style="list-style-type: none"> • adult companion • adult day health care • assisted living • case management • chore services • consumable medical supplies • environmental accessibility adaptations • escort services • family training • financial assessment and risk reduction • home-delivered meals • home health care • homemaker • nutritional assessment and risk reduction • personal care • personal emergency response system • respite care • therapies: occupational, physical, respiratory, and speech • nursing facility services/long-term care • transportation (optional) <p>Some plans offer additional optional services. The Department of Elder Affairs' website (http://elderaffairs.state.fl.us/english/nhd.php) includes a list of providers, their contacts, and links to their websites.</p> </td> </tr> </table>	<p><i>Acute Medical Services</i></p> <ul style="list-style-type: none"> • community mental health • dental • hearing and visual (optional) • independent laboratory and x ray • inpatient hospital • outpatient hospital/emergency • physicians • prescribed drugs 	<p><i>Long-Term Care Community Services</i></p> <ul style="list-style-type: none"> • adult companion • adult day health care • assisted living • case management • chore services • consumable medical supplies • environmental accessibility adaptations • escort services • family training • financial assessment and risk reduction • home-delivered meals • home health care • homemaker • nutritional assessment and risk reduction • personal care • personal emergency response system • respite care • therapies: occupational, physical, respiratory, and speech • nursing facility services/long-term care • transportation (optional) <p>Some plans offer additional optional services. The Department of Elder Affairs' website (http://elderaffairs.state.fl.us/english/nhd.php) 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"> • community mental health • dental • hearing and visual (optional) • independent laboratory and x ray • inpatient hospital • outpatient hospital/emergency • physicians • prescribed drugs 	<p><i>Long-Term Care Community Services</i></p> <ul style="list-style-type: none"> • adult companion • adult day health care • assisted living • case management • chore services • consumable medical supplies • environmental accessibility adaptations • escort services • family training • financial assessment and risk reduction • home-delivered meals • home health care • homemaker • nutritional assessment and risk reduction • personal care • personal emergency response system • respite care • therapies: occupational, physical, respiratory, and speech • nursing facility services/long-term care • transportation (optional) <p>Some plans offer additional optional services. The Department of Elder Affairs' website (http://elderaffairs.state.fl.us/english/nhd.php) includes a list of providers, their contacts, and links to their websites.</p>		
Operational Entity	Department of Elder Affairs		
Enrollment and Waitlist³	Enrollment: 17,645 Waitlist: 8,015		

¹ 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. The program is currently operational in 46 counties and expansion applications are under review by the department for the remaining 21 counties. Once the department approves the applications the program will be operational statewide.

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

³ All enrollment and waitlist information is provided as of December 2011. 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)			
Nursing Home Transition Enrollment⁴	Enrollment: 1,847		
Total Waiver-Approved Enrollment⁵	17,065		
2011-12 Funding	<u>Total Appropriation</u> \$ 342,994,430	<u>Federal Funds</u> \$ 192,076,880.80	<u>State Funds</u> \$ 150,917,549.20
Nursing Home Transition 2011-12 Funding	<u>Total Appropriation</u> \$ 12,772,268	<u>Federal Funds</u> \$ 7,152,470.08	<u>State Funds</u> \$ 5,619,797.92
2010-11 Average Monthly Cost per Beneficiary⁶	<u>Average Monthly Cost</u> \$ 1,427.48	<u>FY 2010-11 Expenditures</u> \$ 352,289,499.01	<u>FY 2010-11 Enrollee Months</u> 239,249
Type of Reimbursement	Capitated risk-adjusted monthly rate that varies by plan and county. ⁷		

⁴ Enrollment information for Nursing Home Transition is provided as of November 2011.

⁵ The 2011 Legislature approved an additional 1,000 slots for the program. Currently, the waiver renewal application is under review with the federal Centers for Medicare & Medicaid Services.

⁶ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011. Nursing Home Transition claims are included in these expenditures.

⁷ 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			
Counties Served	Statewide		
Year Implemented	2005		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age 18 or older • be Medicaid eligible • have a diagnosis of cystic fibrosis¹ • meet Inpatient hospital level of care² 		
Services Provided	<ul style="list-style-type: none"> • acupuncture • case management • chore services • counseling (individual and family) • dental • homemaker • nutritional assessment and risk reduction • personal care • personal emergency response service • prescribed drugs • respite care • skilled nursing • specialized medical equipment and supplies • therapies: exercise, massage, physical, and respiratory • transportation • vitamins and nutritional supplements 		
Operational Entity	Department of Health		
Enrollment and Waitlist³	Enrollment: 95 Waitlist: None		
Total Waiver-Approved Enrollment	150		
2011-12 Funding	<u>Total Appropriation</u> \$ 1,906,408	<u>Federal Funds</u> \$ 1,156,398	<u>State Funds</u> \$ 750,010
2010-11 Average Monthly Cost per Beneficiary⁴	<u>Average Monthly Cost</u> \$ 499.82	<u>FY 2010-11 Expenditures</u> \$ 924,659.40	<u>FY 2010-11 Enrollee Months</u> 1,850
Type of Reimbursement	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

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

³ All enrollment and waitlist information is provided as of November 2011.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011.

Florida's Disease-Specific Medicaid HCBS Waivers

Familial Dysautonomia			
Counties Served	Statewide		
Year Implemented	2007		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age three or older • be Medicaid eligible • have a diagnosis of familial dysautonomia¹ • meet inpatient hospital level of care² 		
Services Provided	<ul style="list-style-type: none"> • behavioral services • consumable medical supplies • dental • durable medical equipment • non-residential support • respite care • support coordination 		
Operational Entity	Agency for Health Care Administration		
Enrollment and Waitlist³	Enrollment: 9 Waitlist: None		
Total Waiver-Approved Enrollment	20		
2011-12 Funding	<u>Total Appropriation</u> \$ 418,000	<u>Federal Funds</u> \$ 234,080	<u>State Funds</u> \$ 183,920
2010-11 Average Monthly Cost per Beneficiary⁴	<u>Average Monthly Cost</u> \$ 263.46	<u>FY 2010-11 Expenditures</u> \$ 26,082.11	<u>FY 2010-11 Enrollee Months</u> 99
Type of Reimbursement	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

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

³ All enrollment and waitlist information is provided as of December 2011.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011.

Florida's Disease-Specific Medicaid HCBS Waivers

Project Aids Care			
Counties Served	Statewide		
Year Implemented	1991		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be Medicaid eligible • have a diagnosis of acquired immune deficiency syndrome (AIDS) documented by a physician • have an AIDS related opportunistic infection • be at-risk of hospitalization or institutionalization in a skilled nursing facility • be determined disabled according to the Social Security Administration • not be enrolled in a Medicaid health maintenance organization unless residing in the Medicaid Reform areas 		
Services Provided	<ul style="list-style-type: none"> • case management • chore services • day health care • education and support • environmental accessibility adaptations • home-delivered meals • homemaker • personal care • restorative massage • skilled nursing • specialized medical equipment and supplies • specialized personal care services for children in foster care • therapeutic management of substance abuse <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>		
Operational Entity	Agency for Health Care Administration		
Enrollment and Waitlist¹	Enrollment: 5,133 Waitlist: None		
Total Waiver-Approved Enrollment	5,900		
2011-12 Funding	<u>Total Appropriation</u> \$ 8,722,140.00	<u>Federal Funds</u> \$ 4,884,398.40	<u>State Funds</u> \$ 3,837,741.60
2010-11 Average Monthly Cost per Beneficiary²	<u>Average Monthly Cost</u> \$ 153.55	<u>FY 2010-11 Expenditures</u> \$ 10,028,030.79	<u>FY 2010-11 Enrollee Months</u> 65,306
Type of Reimbursement	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.		

¹ All enrollment and waitlist information is provided as of December 2011.

² Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011.

Florida's Disease-Specific Medicaid HCBS Waivers

Traumatic Brain and Spinal Cord Injury			
Counties Served	Statewide		
Year Implemented	1999		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age 18 or older • be Medicaid eligible • have one of the injuries described below <ul style="list-style-type: none"> ▪ 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 ▪ 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. • meet nursing home level of care¹ • 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>. 		
Services Provided	<ul style="list-style-type: none"> • adaptive health and wellness • assistive technologies • attendant care • behavioral programming • adult companion • consumable medical supplies • counseling (personal adjustment) • environmental accessibility adaptations • life skills training • personal care • rehabilitation engineering evaluation • support coordination 		
Operational Entity	Department of Health		
Enrollment and Waitlist ²	Enrollment: 291 Waitlist: 458		
Nursing Home Transition Enrollment²	Enrollment: 57		
Total Waiver-Approved Enrollment	375		
2011-12 Funding	<u>Total Appropriation</u> \$ 18,506,240	<u>Federal Funds</u> \$ 17,137,651	<u>State Funds</u> \$ 1,368,589
Nursing Home Transition 2011-12 Funding	<u>Total Appropriation</u> \$ 1,182,871	<u>Federal Funds</u> \$ 661,698	<u>State Funds</u> \$ 521,173
2010-11 Average Monthly Cost per Beneficiary ³	<u>Average Monthly Cost</u> \$ 2,752.44	<u>FY 2010-11 Expenditures</u> \$ 10,891,411.92	<u>FY 2010-11 Enrollee Months</u> 3,957
Type of Reimbursement	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

² All enrollment information is provided as of November 2011 and waitlist information as of December 2011. 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.

³ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011. Nursing Home Transition claims are included in these expenditures.

Florida's Disease-Specific Medicaid HCBS Waivers

Model Waiver Program			
Counties Served	Statewide		
Year Implemented	1991		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> • be age 20 or younger • be Medicaid eligible • be determined disabled according to the Social Security Administration • diagnosed with a degenerative spinocerebellar disease¹ • meet inpatient hospital level of care² 		
Services Provided	<ul style="list-style-type: none"> • assistive technology • environmental accessibility adaptations • respite care • service evaluation 		
Operational Entity	Agency for Health Care Administration		
Enrollment and Waitlist³	Enrollment: 5 Waitlist: 3		
Total Waiver-Approved Enrollment	5		
2011-12 Funding	<u>Total Appropriation</u> \$ 25,078	<u>Federal Funds</u> \$ 14,029	<u>State Funds</u> \$ 11,049
2010-11 Average Monthly Cost per Beneficiary⁴	<u>Average Monthly Cost</u> \$ 659.95	<u>FY 2010-11 Expenditures</u> \$ 25,078	<u>FY 2010-11 Enrollee Months</u> 38
Type of Reimbursement	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

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

³ All enrollment and waitlist information is provided as of December 2011.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures by total number of enrollee months. Total expenditures reflect claims paid through November 2011.

Florida's Developmental Disabilities Medicaid HCBS Waivers

Developmental Disabilities Tier 1, 2, 3, 4, and iBudget ¹					
Counties Served	Statewide (Tiers 1 through 4 are statewide and iBudget is currently enrolling individuals in a limited area.)				
Year Implemented	Tier 1 1985	Tier 2 2008	Tier 3 2008	Tier 4 1998	iBudget 2011
Waiver Eligibility³	<p>To implement <u>Ch. 2007-64, <i>Laws of Florida</i></u>, the Agency for Persons with Disabilities created a four-tier waiver system in 2008. This system comprises four waivers: two new waivers that define Tiers 2 and 3 with the existing Developmental Disabilities (Tier 1) and Family and Supported Living (Tier 4) waivers, implemented in 1985 and 1998, respectively. Each tier has specific need criteria that determine the tier under which beneficiaries will be served. In addition, each tier has an annual per-client spending limit.</p> <p><u>Chapter 2010-157, <i>Laws of Florida</i></u>, established the iBudget Florida Program, which is a new waiver that will replace the current tier system. This program will provide 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 supports paid for by the waiver and provide tools and resources to help consumers and families control their budgets. The agency is currently enrolling individuals in Pensacola and Tallahassee into the iBudget Florida waiver.²</p> <p>All Individuals must</p> <ul style="list-style-type: none"> • be age three or older • be Medicaid eligible • be registered as an eligible beneficiary with the Agency for Persons with Disabilities or its contractor • meet level of care criteria for intermediate care facilities for the developmentally disabled. <p>Individuals must meet specific criteria under the tier system</p> <ul style="list-style-type: none"> ▪ Tier 1 must have intensive medical, behavioral, or adaptive needs. ▪ 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. ▪ Tier 3 must not meet criteria for Tiers 1 or 2. ▪ Tier 4 must live in their family home, foster home, or own home. 				

¹ 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.

² The agency has not implemented the iBudget algorithm for determining client costs and instead is planning to implement a hybrid model which will incorporate the algorithm and the individual's current cost plan amount.

³ For information on additional requirements based on age, living arrangements, exceptional behavioral problems, and authorization for certain services see Rule 65G-4.0026-00291, *Florida Administrative Code*.

Florida's Developmental Disabilities Medicaid HCBS Waivers

Developmental Disabilities Tier 1, 2, 3, 4, and iBudget (continued)

Services Provided –Tiers	<u>Tier 1, 2, and 3</u> <ul style="list-style-type: none"> • adult day training • adult dental • behavior analysis • behavior assistant • companion • dietician services • environmental accessibility adaptations • in-home support • medication review • personal care • personal emergency response system • private duty nursing • residential habilitation • residential nursing • respite care • skilled nursing • special medical home care • specialized medical equipment and supplies • specialized mental health services • support coordination • supported employment • supported living coaching • therapies: occupational, physical, respiratory, speech • transportation 	<u>Tier 4</u> <ul style="list-style-type: none"> • adult day training • behavior analysis • behavior assistant • environmental accessibility adaptations • in-home support • personal emergency response system • respite care • specialized medical equipment and supplies • support coordination • supported living coaching • supported employment • transportation
Services Provided – iBudget⁴	<u>Group 1- Life Skills Development</u> <ul style="list-style-type: none"> • Level 1 (formerly companion) • Level 2 (formerly supported employment) • Level 3 (formerly adult day training) • family and legal representative training <u>Group 2- Supplies and Equipment</u> <ul style="list-style-type: none"> • consumable medical supplies • durable medical equipment and supplies • environmental accessibility adaptations • personal emergency response systems <u>Group 3- Personal Supports</u> <ul style="list-style-type: none"> • personal supports • respite care <u>Group 4- Residential Services</u> <ul style="list-style-type: none"> • residential habilitation • specialized home care • supported living coaching <u>Group 5- Support Coordination</u> <ul style="list-style-type: none"> • limited • full • enhanced 	<u>Group 6- Therapeutic Supports and Wellness</u> <ul style="list-style-type: none"> • private duty nursing • residential nursing • skilled nursing • dietician • therapies: occupational, physical, respiratory, speech • specialized mental health counseling • behavior analysis • behavior assistant <u>Group 7- Transportation</u> <u>Group 8- Dental Services</u> <ul style="list-style-type: none"> • adult dental <p>The Agency for Persons with Disabilities website (http://apd.myflorida.com/ibudget/docs/services.pdf) offers more information on these services.</p>

⁴ Beneficiaries can select from an array of services that are similar to those provided under their current tier. These services have been combined into new categories. Once the iBudget waiver is fully implemented, beneficiaries previously assigned to Tier 4 will have a wider array of services from which to select, including adult dental. All selected services must be reviewed and approved by the support coordinator.

Florida's Developmental Disabilities Medicaid HCBS Waivers

Developmental Disabilities Tier 1, 2, 3, 4, and iBudget (continued)								
Operational Entity	Agency for Persons with Disabilities							
Enrollment and Waitlist ⁵		<u>Total</u>	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>	<u>Beneficiaries Pending Tier Assignment</u> ⁶	<u>iBudget</u>
	Enrollment	29,624	5,344	4,052	6,116	10,071	1,023	3,018
	Waitlist	20,822						
Annual Maximum Allowable Spending per Beneficiary ⁷	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>	<u>iBudget</u>			
	None	\$53,625	\$34,125	\$14,422	Individually Based			
2011-12 Tier 1, 2, 3, 4, and iBudget Funding	<u>Total Appropriation</u>	<u>Federal Funds</u>		<u>State Funds</u>				
	\$ 810,437,372	\$ 453,358,666		\$ 357,078,706				
2010-11 Average Monthly Cost Per Beneficiary for TIER 1, 2, and 3 ⁸	<u>Average Monthly Cost Per Beneficiary</u>			<u>FY 2010-11 Expenditures</u>		<u>FY 2010-11 Enrollee Months</u>		
	\$ 3,845.34			\$ 814,874,563.57		211,912		
2010-11 Average Monthly Cost Per Beneficiary for TIER 4 ⁹	<u>Average Monthly Cost Per Beneficiary</u>			<u>FY 2010-11 Expenditures</u>		<u>FY 2010-11 Enrollee Months</u>		
	\$ 662.87			\$ 88,167,014.37		133,007		
Type of Reimbursement	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.							

⁵ All enrollment and waitlist information provided as of November 2011. 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.

⁶ 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.

⁷ Legislation, as directed by [Ch. 2010-157, Laws of Florida](#), to implement a new annual maximum allowable spending per beneficiary of \$150,000 for Tier 1 was not implemented because the maximum spending cap did not meet federal requirements for home and community-based services waivers. Specifically, the average cost of \$150,000 exceeded the average annual institutional cost of \$114,500 for an individual in an intermediate care facility for the developmentally disabled.

⁸ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures of Tiers 1, 2, and 3 by total number of enrollee months. Total expenditures reflect claims paid through November 2011. iBudget waiver claims are included in these expenditures.

⁹ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2010-11 expenditures of Tier 4 by total number of enrollee months. Total expenditures reflect claims paid through November 2011. iBudget waiver claims are included in these expenditures.

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



OPPAGA provides performance and accountability information about Florida government in several ways.

- Reports deliver program evaluation and policy analysis to assist the Legislature in overseeing government operations, developing policy choices, and making Florida government better, faster, and cheaper.
- PolicyCasts, short narrated slide presentations, provide bottom-line briefings of findings and recommendations for select reports.
- Government Program Summaries (GPS), an online encyclopedia, www.oppaga.state.fl.us/government, provides descriptive, evaluative, and performance information on more than 200 Florida state government programs.
- The [Florida Monitor Weekly](#), an electronic newsletter, delivers brief announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.
- Visit OPPAGA's website at www.oppaga.state.fl.us

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

OPPAGA Website: www.oppaga.state.fl.us

Project supervised by Jennifer Johnson (850/488-1023)

Project conducted by Heather Orender (850/487-9165)

R. Phillip Twogood, Coordinator