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Florida's Medicaid Home and Community-Based Services Waivers

JULY 2009

Report No. 09-32



*Office of Program Policy Analysis & Government Accountability
an office of the Florida Legislature*

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 60 or older or age 18 to 59 and determined disabled by the Social Security Administration• be Medicaid eligible by meeting the Supplemental Security income and asset requirements• meet Nursing Home Level of Care¹• reside in home | | | | |
| Services Provided | <ul style="list-style-type: none">• adult companion• adult day health care• attendant care• caregiver training• case aide• case management• chore services• consumable medical supplies• counseling• escort services• financial assessment and risk reduction• home-delivered meals• home accessibility adaptations• homemaker• nutritional assessment and risk reduction• personal care• personal emergency response system• pest control• physical risk reduction• rehabilitation engineering• respite care• skilled nursing• specialized medical equipment and supplies• therapies: occupational, physical, respiratory, speech | | | | |
| 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 Waitlist ³ | | Total | DOEA | DCF | AHCA |
| | Enrollment | 9,051 | 8,316 | 695 | 40 |
| | Waitlist | 11,011 | 7,405 | 3,606 | None |
| Total Waiver Approved Enrollment | 12,087 | | | | |
| 2008-09 Funding | DOEA | <u>Total Appropriation</u> \$85,485,333 | <u>Federal Appropriation</u> \$46,647,642 | <u>State Appropriation</u> \$38,837,691 | |
| | DCF | <u>Total Appropriation</u> \$12,492,014 | <u>Federal Appropriation</u> \$6,928,071 | <u>State Appropriation</u> \$5,563,943 | |
| | AHCA | <u>Total Appropriation</u> \$13,799,141 | <u>Federal Appropriation</u> \$9,333,740 | <u>State Appropriation</u> \$4,465,401 | |
| 2007-08 Average Monthly Cost per Beneficiary ⁴ | DOEA | <u>Average Monthly Cost</u> \$755.48 | <u>FY 2007-08 Expenditures</u> \$81,744,747.54 | <u>FY 2007-08 Enrollee Months</u> 108,202 | |
| | DCF | <u>Average Monthly Cost</u> \$962.97 | <u>FY 2007-08 Expenditures</u> \$8,427,899.85 | <u>FY 2007-08 Enrollee Months</u> 8,752 | |
| | AHCA | <u>Average Monthly Cost</u> \$19,052.38 | <u>FY 2007-08 Expenditures</u> \$7,754,319.75 | <u>FY 2007-08 Enrollee Months</u> 407 | |
| 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 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 (CMS) program and thus "age out" of CMS.

³ All enrollment and waitlist information is provided as of February 28, 2009. 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. Due to funding limits this waiver was closed to new enrollees in February 2007 and reopened in October 2008, at which time the department authorized additional limited beneficiary enrollment.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

| ADULT DAY HEALTH CARE | | | |
|--|--|---|--|
| Counties Served | Lee and Palm Beach counties | | |
| Year Implemented | 2004 | | |
| Waiver Eligibility | Individual must <ul style="list-style-type: none"> • be age 75 or older and live with a caregiver • be Medicaid eligible by meeting the Supplemental Security income and asset requirements • meet Nursing Home Level of Care¹ • 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 Waitlist ² | Enrollment: 31 Waitlist: None | | |
| Total Waiver-Approved Enrollment | 130 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$1,946,858 | <u>Federal Appropriation</u> \$1,073,303 | <u>State Appropriation</u> \$873,555 |
| 2007-08 Average Monthly Cost per Beneficiary ³ | <u>Average Monthly Cost</u> \$1425.19 | <u>FY 2007-08 Expenditures</u> \$531,595 | <u>FY 2007-08 Enrollee Months</u> 373 |
| Type of Reimbursement | Contracted Negotiated Rate based on either a half-day or full-day stay. | | |

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 November 2008.

³ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

ASSISTED LIVING FOR THE ELDERLY

| | | | |
|--|---|---|---|
| Counties Served | Statewide | | |
| Year Implemented | 1995 | | |
| Waiver Eligibility | <p>Individual must</p> <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 by meeting the Supplemental Security income and asset requirements • meet Nursing Home Level of Care¹ • reside in an Assisted Living Facility (ALF) • meet one or more of the following: <ul style="list-style-type: none"> a. 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 b. have a diagnosis of Alzheimer's or other dementia and need assistance with two or more ADLs c. have a diagnosed degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard ALF, but are available in an ALF that is licensed for limited nursing or extended congregate care d. be a Medicaid-eligible beneficiary who meets ALF criteria e. 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 Provided ³ | <p>All services are provided within an Assisted Living Facility and include</p> <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 ○ medication administration (within the ALF license) ○ personal care ○ specialized medical equipment and supplies ○ therapeutic social and recreational activities ○ therapies: occupational, physical, speech | | |
| Operational Entity | Department of Elder Affairs | | |
| Enrollment and Waitlist ⁴ | <p>Enrollment: 2,376</p> <p>Waitlist: 429</p> | | |
| Total Waiver-Approved Enrollment | 5,630 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$32,668,316 | <u>Federal Appropriation</u> \$17,467,117 | <u>State Appropriation</u> \$15,201,199 |
| 2007-08 Average Monthly Cost per Beneficiary ⁵ | <u>Average Monthly Cost</u> \$871.74 | <u>FY 2007-08 Expenditures</u> \$27,802,534.03 | <u>FY 2007-08 Enrollee Months</u> 31,893 |
| 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 of February 28, 2009. 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. Due to funding limits this waiver was closed to new enrollees in February 2007 reopened in October 2008, at which time DOEA authorized additional limited beneficiary enrollment.

⁵ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

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 by meeting the Supplemental Security income and asset requirements • 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"> • adult day health care • adult companion • case management • chore services • counseling (in-home) • environmental accessibility adaptations • family training • financial assessment and risk reduction • home health aide | <ul style="list-style-type: none"> • personal care • personal emergency response system • respite care • skilled nursing • special drug and nutritional assessment services • special home delivered meals • special medical equipment and supplies • therapies: occupational, physical, speech | |
| Operational Entity | Department of Elder Affairs | | |
| Enrollment and Waitlist ² | Enrollment: 1,407 Waitlist: 4 | | |
| Total Waiver-Approved Enrollment | 1,825 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$15,435,800 | <u>Federal Appropriation</u> \$8,551,433.20 | <u>State Appropriation</u> \$6,884,366.80 |
| 2007-08 Average Monthly Cost per Beneficiary ³ | <u>Average Monthly Cost</u> \$923.19 | <u>FY 2007-08 Expenditures</u> \$14,048,204.29 | <u>FY 2007-08 Enrollee Months</u> 15,217 |
| 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 November 2008. 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 2007-08 expenditures by total number of enrollee months.

| NURSING HOME DIVERSION | | | |
|--|--|--|--|
| Counties Served ¹ | 33 counties: Alachua, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Flagler, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Johns, St. Lucie, Volusia | | |
| Year Implemented | 1998 | | |
| Waiver Eligibility | Individual must <ul style="list-style-type: none"> • be age 65 or older • be Medicaid eligible by meeting the Supplemental Security income and asset requirements • be Medicare Parts A and B eligible • meet Nursing Home Level of Care² • have two or more unmet long-term care services needs • reside in own home, in their caregiver's home, or in an Assisted Living Facility (ALF) | | |
| Services Provided | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><i>Acute Medical Services</i></p> <ul style="list-style-type: none"> • community mental health services • dental • hearing and visual services (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 </div> <div style="width: 48%;"> <p><i>Long-Term Care Community Services (continued)</i></p> <ul style="list-style-type: none"> • 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 and speech • nursing facility services/long-term care • transportation (optional) <p>Some plans offer additional optional services listed at: http://204.156.255.8/welcome/newsite/scbs/nhd_benefit_grid.html</p> </div> </div> | | |
| Operational Entity | Department of Elder Affairs | | |
| Enrollment and Waitlist ³ | Enrollment: 16,000 Waitlist: 1,512 | | |
| Total Waiver-Approved Enrollment | 14,925 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$306,373,201 | <u>Federal Appropriation</u> \$169,772,831 | <u>State Appropriation</u> \$136,600,370 |
| 2007-08 Average Monthly Cost per Beneficiary ⁴ | <u>Average Monthly Cost</u> \$1,777.88 | <u>FY 2007-08 Expenditures</u> \$226,213,566.53 | <u>FY 2007-08 Enrollee Months</u> 127,238 |
| Type of Reimbursement | Capitated risk-adjusted monthly rate that varies by plan and county. ⁵ | | |

¹ Nursing Home Diversion is authorized to expand to an additional 27 counties; however the waiver is not yet operational because no providers have contracted to provide services in those counties. Currently, seven counties are in the process of setting up provider networks.

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 February 28, 2009. 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. DOEAF closed the waiver to new enrollees in January 2009.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

⁵ 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

| ALZHEIMER'S DISEASE | | | |
|---|--|--|--|
| Counties Served | Broward, Miami-Dade, Palm Beach and Pinellas Counties | | |
| Year Implemented | 2005 | | |
| Waiver Eligibility | Individual must <ul style="list-style-type: none"> • be age 60 or older • be Medicaid eligible by meeting the Supplemental Security income and asset requirements • have a diagnosis of Alzheimer's Disease made or confirmed by a memory disorder clinic, a board certified neurologist, or a physician with experience in neurology¹ • meet Nursing Home Level of Care² • live with a caregiver in a private residence | | |
| Services Provided | <ul style="list-style-type: none"> • adult day health care • behavioral assessment and intervention • caregiver training • environmental accessibility adaptations • incontinence supplies • personal care • pharmacy/medication review • respite care • wanderer alarm systems • wanderer identification and location programs <p>A case manager authorizes services based on the beneficiaries' documented need.</p> | | |
| Operational Entity | Department of Elder Affairs | | |
| Enrollment and Waitlist³ | Enrollment: 345 Waitlist: 25 | | |
| Total Waiver-Approved Enrollment | 350 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$5,057,409 | <u>Federal Appropriation</u> \$2,821,408 | <u>State Appropriation</u> \$2,236,001 |
| 2007-08 Average Monthly Cost per Beneficiary⁴ | <u>Average Monthly Cost</u> \$1,225.408 | <u>FY 2007-08 Expenditures</u> \$3,779,118.71 | <u>FY 2007-08 Enrollee Months</u> 3,084 |
| Type of Reimbursement | Fee-for-Service: Florida Medicaid approved rate or the provider's customary fee, whichever is lower. | | |

¹ Alzheimer's, the most common form of dementia, is a progressive and fatal brain disease for which there is no cure.

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 November 2008. 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 Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

| 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 by meeting the Supplemental Security income and asset requirements • 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: 90 Waitlist: None | | |
| Total Waiver-Approved Enrollment | 100 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$1,709,870 | <u>Federal Appropriation</u> \$948,294 | <u>State Appropriation</u> \$761,576 |
| 2007-08 Average Monthly Cost per Beneficiary⁴ | <u>Average Monthly Cost</u> \$319.50 | <u>FY 2007-08 Expenditures</u> \$232,279.11 | <u>FY 2007-08 Enrollee Months</u> 727 |
| 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 2008.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

| FAMILIAL DYSAUTONOMIA | | | |
|---|--|---|---|
| Counties Served | Statewide | | |
| Year Implemented | 2007 | | |
| Waiver Eligibility | Individual must <ul style="list-style-type: none"> • be age 3 or older • be Medicaid eligible by meeting the Supplemental Security income and asset requirements • 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: 7 Waitlist: None | | |
| Total Waiver-Approved Enrollment | 20 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$418,000 | <u>Federal Appropriation</u> \$246,160 | <u>State Appropriation</u> \$171,840 |
| 2007-08 Average Monthly Cost per Beneficiary⁴ | <u>Average Monthly Cost</u> \$377.37 | <u>FY 2007-08 Expenditures</u> \$28,303.12 | <u>FY 2007-08 Enrollee Months</u> 75 |
| 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 October 2008.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

| PROJECT AIDS CARE (PAC) | | | |
|--|---|--|--|
| Counties Served | Statewide | | |
| Year Implemented | 1991 | | |
| Waiver Eligibility | Individual must <ul style="list-style-type: none"> • be Medicaid eligible by meeting the Supplemental Security income and asset requirements • 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 enrolled in a Medicaid Health Maintenance Organization (HMO) 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 PAC 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 Waitlist ¹ | Enrollment: 4,147 Waitlist: None | | |
| Total Waiver-Approved Enrollment | 5,900 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$8,722,138 | <u>Federal Appropriation</u> \$4,832,064.45 | <u>State Appropriation</u> \$3,890,073.55 |
| 2007-08 Average Monthly Cost per Beneficiary ² | <u>Average Monthly Cost</u> \$136.90 | <u>FY 2007-08 Expenditures</u> \$6,989,342.33 | <u>FY 2007-08 Enrollee Months</u> 51,054 |
| Type of Reimbursement | Mixed: Medicaid reimburses case management at a contracted negotiated monthly rate per beneficiary and all other services as fee-for-service based on the authorized fee schedule. | | |

¹ All enrollment and waitlist information is provided as of November 2008.

² Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

TRAUMATIC BRAIN AND SPINAL CORD INJURY

| | | | |
|--|--|--|--|
| Counties Served | Statewide | | |
| Year Implemented | 1999 | | |
| Waiver Eligibility | <p>Individual must</p> <ul style="list-style-type: none"> • be age 18 or older • be Medicaid eligible by meeting the Supplemental Security income and asset requirements • must 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 equine 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 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: 329 Waitlist: 576 | | |
| Total Waiver-Approved Enrollment | 375 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$10,379,000 | <u>Federal Appropriation</u> \$5,749,966 | <u>State Appropriation</u> \$4,629,034 |
| 2007-08 Average Monthly Cost per Beneficiary ³ | <u>Average Monthly Cost</u> \$2,507.14 | <u>FY 2007-08 Expenditures</u> \$6,957,326.09 | <u>FY 2007-08 Enrollee Months</u> 2,775 |
| 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 and waitlist information is provided as of November 2008. 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 2007-08 expenditures by total number of enrollee months.

| 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 by meeting the Supplemental Security income and asset requirements • 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 Waitlist ³ | Enrollment: 5 Waitlist: 3 | | |
| Total Waiver-Approved Enrollment | 5 | | |
| 2008-09 Funding | <u>Total Appropriation</u> \$14,915 | <u>Federal Appropriation</u> \$8,272 | <u>State Appropriation</u> \$6,643 |
| 2007-08 Average Monthly Cost per Beneficiary ⁴ | <u>Average Monthly Cost</u> \$416.73 | <u>FY 2007-08 Expenditures</u> \$12,918.50 | <u>FY 2007-08 Enrollee Months</u> 31 |
| 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 November 2008.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures by total number of enrollee months.

Florida's Developmental Disabilities Medicaid HCBS Waivers

| DEVELOPMENTAL DISABILITIES TIER 1, 2, 3, and 4 ¹ | | | | |
|---|--|--------|--|--------|
| Counties Served | Statewide | | | |
| Year Implemented | | | | |
| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
| | 1985 | 2008 | 2008 | 1998 |
| | To implement Ch. 2007-64, <i>Laws of Florida</i> , 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 and Family and Supported Living 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, with the exception of Tier 1, each tier has an annual per-client spending limit. | | | |
| Waiver Eligibility ² | All Individuals must <ul style="list-style-type: none">• be age 3 or older• be Medicaid eligible by meeting the Supplemental Security income and asset requirements• 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 (ICF/DD)• meet specific criteria for assignment to a tier<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. | | | |
| Services Provided | <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 | |

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

DEVELOPMENTAL DISABILITIES TIER 1, 2, 3, and 4 (continued)

| | | | | | | | |
|--|--|-------------------------|----------|---------------------|----------------------------|--|--------|
| Operational Entity | Agency for Persons with Disabilities | | | | | | |
| Enrollment and Waitlist ³ | | | | | | | |
| | | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Beneficiaries Pending Tier Assignment ⁴ | Total |
| | Enrollment | 3,344 | 3,468 | 5,030 | 12,835 | 5,253 | 29,930 |
| | Waitlist | | | | | | 18,439 |
| Annual Maximum Allowable Spending Per Beneficiary | | | | | | | |
| | | Tier 1 | Tier 2 | Tier 3 | Tier 4 | | |
| | | No maximum | \$55,000 | \$35,000 | \$14,792 | | |
| 2008-09 Funding Tier 1, 2, and 3 | Total Appropriation | Federal Appropriation | | State Appropriation | | | |
| | \$ 763,375,972 | \$ 427,726,529 | | \$ 335,649,443 | | | |
| 2008-09 Funding Tier 4 | Total Appropriation | Federal Appropriation | | State Appropriation | | | |
| | \$ 70,153,798 | \$ 38,907,297 | | \$ 31,246,501 | | | |
| 2007-08 TIER 1 Average Monthly Cost Per Beneficiary ⁵ | Average Monthly Cost Per Beneficiary | FY 2007-08 Expenditures | | | FY 2007-08 Enrollee Months | | |
| | \$2,911.22 | \$848,341,178.98 | | | 291,404 | | |
| 2007-08 TIER 4 Average Monthly Cost Per Beneficiary ⁶ | Average Monthly Cost Per Beneficiary | FY 2007-08 Expenditures | | | FY 2007-08 Enrollee Months | | |
| | \$656.49 | \$44,677,110.82 | | | 68,055 | | |
| 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. | | | | | | |

³ All enrollment and waitlist information provided as of January 1, 2009. All tiers share one waitlist and beneficiaries are placed in the appropriate tier based on a needs assessment which determines the individual's needs, risk level, and the spending needed per year to address the beneficiary's needs.

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

⁵ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures of Tier 1 by total number of enrollee months. Tiers 2 and 3 were not operational until October 2008.

⁶ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2007-08 expenditures of Tier 4 by total number of enrollee months.

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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