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

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Report No. 10-10



*Office of Program Policy Analysis & Government Accountability
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Introduction

OPPAGA produced this profile of Florida’s Medicaid Home and Community-Based Services (HCBS) waivers as a resource for interested policy makers and stakeholders. The profile summarizes each of Florida’s HCBS waivers by providing uniform information about each waiver (eligibility criteria, services provided, persons served, expenditures, etc.) that can help inform funding and policy. Each profile also identifies the state agency responsible for operating the waiver program; additional information about the waivers can be obtained from that agency.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 traumatic brain and spinal cord injuries); 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 2009-10 the Legislature appropriated \$1.45 billion to state agencies to serve beneficiaries in these 15 waivers.

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¹ Agencies with waiver responsibilities include the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, 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 two counties.

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">• 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	<table><tr><td></td><td>Total</td><td>DOEA</td><td>DCF</td><td>AHCA</td></tr><tr><td>Enrollment</td><td>9,656</td><td>8,712</td><td>904</td><td>40</td></tr><tr><td>Waitlist</td><td>10,986</td><td>7,254</td><td>3,732</td><td>None</td></tr></table>					Total	DOEA	DCF	AHCA	Enrollment	9,656	8,712	904	40	Waitlist	10,986	7,254	3,732	None
	Total	DOEA	DCF	AHCA															
Enrollment	9,656	8,712	904	40															
Waitlist	10,986	7,254	3,732	None															
Total Waiver Approved Enrollment	12,087																		
2009-10 Funding	DOEA	<u>Total Appropriation</u> \$87,197,330.00	<u>Federal Funds</u> \$58,980,274.01	<u>State Funds</u> \$28,217,055.99															
	DCF	<u>Total Appropriation</u> \$12,492,014.00	<u>Federal Funds</u> \$8,449,599.00	<u>State Funds</u> \$4,042,415.00															
	AHCA	<u>Total Appropriation</u> \$13,799,141.00	<u>Federal Funds</u> \$9,333,740.00	<u>State Funds</u> \$4,465,401.00															
2008-09 Average Monthly Cost per Beneficiary ⁴	DOEA	<u>Average Monthly Cost</u> \$757.54	<u>FY 2008-09 Expenditures</u> \$70,416,322.67	<u>FY 2008-09 Enrollee Months</u> 92,954															
	DCF	<u>Average Monthly Cost</u> \$1,053.19	<u>FY 2008-09 Expenditures</u> \$9,170,097.08	<u>FY 2008-09 Enrollee Months</u> 8,707															
	AHCA	<u>Average Monthly Cost</u> \$18,830.50	<u>FY 2008-09 Expenditures</u> \$8,417,231.36	<u>FY 2008-09 Enrollee Months</u> 447															
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 program and thus "age out" of Children's Medical Services.

³ All enrollment and waitlist information is provided for Department of Children and Families and Agency for Healthcare Administration as of December 2009. All enrollment information is provided for Department of Elder Affairs as of September 2009 and waitlist information as of December 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.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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 • 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: 33 Waitlist: None		
Total Waiver-Approved Enrollment	150		
2009-10 Funding	<u>Total Appropriation</u> \$1,946,858	<u>Federal Funds</u> \$1,316,855	<u>State Funds</u> \$630,003
2008-09 Average Monthly Cost per Beneficiary ³	<u>Average Monthly Cost</u> \$1,390.85	<u>FY 2008-09 Expenditures</u> \$538,259.00	<u>FY 2008-09 Enrollee Months</u> 387
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 December 2009.

³ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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 • 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"> 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 assisted living facility, but are available in an assisted living facility that is licensed for limited nursing or extended congregate care d. be a Medicaid-eligible beneficiary who meets assisted living facility 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 • 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 assisted living facility license) ○ personal care ○ specialized medical equipment and supplies ○ therapeutic social and recreational activities ○ therapies: occupational, physical, speech • incontinence supplies 		
Operational Entity	Department of Elder Affairs		
Enrollment and Waitlist ⁴	<p>Enrollment: 2,650 Waitlist: 329</p>		
Total Waiver-Approved Enrollment	5,630		
2009-10 Funding	<u>Total Appropriation</u> \$35,165,608	<u>Federal Funds</u> \$23,786,017	<u>State Funds</u> \$11,379,591
2008-09 Average Monthly Cost per Beneficiary ⁵	<u>Average Monthly Cost</u> \$838.54	<u>FY 2008-09 Expenditures</u> \$22,845,186.70	<u>FY 2008-09 Enrollee Months</u> 27,244
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 information is provided as of September 2009 and waitlist information as of December 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.

⁵ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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 • 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 Waitlist²	Enrollment: 1,489 Waitlist: 67		
Total Waiver-Approved Enrollment	1,825		
2009-10 Funding	<u>Total Appropriation</u> \$14,700,762	<u>Federal Funds</u> \$9,943,596	<u>State Funds</u> \$4,757,166
2008-09 Average Monthly Cost per Beneficiary³	<u>Average Monthly Cost</u> \$1,039.22	<u>FY 2008-09 Expenditures</u> \$15,370,048.33	<u>FY 2008-09 Enrollee Months</u> 14,790
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 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.

³ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 expenditures by total number of enrollee months.

NURSING HOME DIVERSION

Counties Served ¹	37 counties: Alachua, Brevard, Broward, Charlotte, Citrus, Clay, Collier, 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, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia		
Year Implemented	1998		
Waiver Eligibility	Individual must <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 • 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 		
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: 16,500 Waitlist: None		
Total Waiver-Approved Enrollment	14,925		
2009-10 Funding⁴	<u>Total Appropriation</u> \$338,177,729	<u>Federal Funds</u> \$228,743,416	<u>State Funds</u> \$109,434,313
2008-09 Average Monthly Cost per Beneficiary ⁵	<u>Average Monthly Cost</u> \$1,601.49	<u>FY 2008-09 Expenditures</u> \$245,300,865.59	<u>FY 2008-09 Enrollee Months</u> 153,170
Type of Reimbursement	Capitated risk-adjusted monthly rate that varies by plan and county. ⁶		

¹ Nursing Home Diversion is authorized to expand to an additional 23 counties; however the waiver is not yet operational because no providers have contracted to provide services in those counties. The Department of Elder Affairs has requested approval from the Centers for Medicare and Medicaid Services to expand to the remaining seven counties.

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 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.

⁴ The Nursing Home Diversion appropriation includes \$10,278,683 for the Program of All-Inclusive Care for the Elderly.

⁵ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 expenditures by total number of enrollee months.

⁶ 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 • 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 • case management • caregiver training • environmental accessibility adaptations • incontinence supplies • personal care • pharmacy/medication review • respite care • wanderer alarm systems • wanderer identification and location programs A case manager authorizes services based on the beneficiaries' documented need.		
Operational Entity	Department of Elder Affairs		
Enrollment and Waitlist ³	Enrollment: 273 Waitlist: 85		
Total Waiver-Approved Enrollment	350		
2009-10 Funding	<u>Total Appropriation</u> \$5,020,209	<u>Federal Funds</u> \$3,395,669	<u>State Funds</u> \$1,624,540
2008-09 Average Monthly Cost per Beneficiary ⁴	<u>Average Monthly Cost</u> \$1,417.17	<u>FY 2008-09 Expenditures</u> \$5,962,050.06	<u>FY 2008-09 Enrollee Months</u> 4,207
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 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 December 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. In February 2009 the department suspended all new enrollments into this waiver.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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 • 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 Waitlist ³	Enrollment: 97 Waitlist: 23		
Total Waiver-Approved Enrollment	100		
2009-10 Funding	<u>Total Appropriation</u> \$386,632	<u>Federal Funds</u> \$230,632	<u>State Funds</u> \$156,000
2008-09 Average Monthly Cost per Beneficiary ⁴	<u>Average Monthly Cost</u> \$414.70	<u>FY 2008-09 Expenditures</u> \$463,631.51	<u>FY 2008-09 Enrollee Months</u> 1,118
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 December 2009.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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 • 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: 8 Waitlist: None		
Total Waiver-Approved Enrollment	20		
2009-10 Funding	<u>Total Appropriation</u> \$418,000	<u>Federal Funds</u> \$246,160	<u>State Funds</u> \$171,840
2008-09 Average Monthly Cost per Beneficiary⁴	<u>Average Monthly Cost</u> \$463.87	<u>FY 2008-09 Expenditures</u> \$25,049.07	<u>FY 2008-09 Enrollee Months</u> 54
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 2009.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 expenditures by total number of enrollee months.

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 Waitlist ¹	Enrollment: 4,609 Waitlist: None		
Total Waiver-Approved Enrollment	5,900		
2009-10 Funding	<u>Total Appropriation</u> \$8,722,138.00	<u>Federal Funds</u> \$4,971,618.66	<u>State Funds</u> \$3,750,519.34
2008-09 Average Monthly Cost per Beneficiary ²	<u>Average Monthly Cost</u> \$141.65	<u>FY 2008-09 Expenditures</u> \$7,737,275.93	<u>FY 2008-09 Enrollee Months</u> 54,623
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 2009.

² Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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 • 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	<p>Enrollment: 327</p> <p>Waitlist: 605</p>		
Total Waiver-Approved Enrollment	375		
2009-10 Funding	<u>Total Appropriation</u> \$9,000,000	<u>Federal Funds</u> \$6,087,600	<u>State Funds</u> \$2,912,400
2008-09 Average Monthly Cost per Beneficiary ³	<u>Average Monthly Cost</u> \$2,361.47	<u>FY 2008-09 Expenditures</u> \$2,472,462.11	<u>FY 2008-09 Enrollee Months</u> 1,047
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 December 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.

³ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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 • 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: 1		
Total Waiver-Approved Enrollment	5		
2009-10 Funding	<u>Total Appropriation</u> \$24,514.80	<u>Federal Funds</u> \$16,581.81	<u>State Funds</u> \$7,932.99
2008-09 Average Monthly Cost per Beneficiary ⁴	<u>Average Monthly Cost</u> \$721.02	<u>FY 2008-09 Expenditures</u> \$24,514.80	<u>FY 2008-09 Enrollee Months</u> 34
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 2009.

⁴ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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	<table><tr><td>Tier 1</td><td>Tier 2</td><td>Tier 3</td><td>Tier 4</td></tr><tr><td>1985</td><td>2008</td><td>2008</td><td>1998</td></tr></table> <p>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.</p>				Tier 1	Tier 2	Tier 3	Tier 4	1985	2008	2008	1998
Tier 1	Tier 2	Tier 3	Tier 4									
1985	2008	2008	1998									
Waiver Eligibility ²	<p>All Individuals must</p> <ul style="list-style-type: none">• be age 3 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• 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	<p>Tier 1, 2, and 3</p> <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		<p>Tier 4</p> <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	Enrollment Waitlist	Tier 1	Tier 2	Tier 3	Tier 4	Beneficiaries Pending Tier Assignment ⁴	Total
		3,901	3,530	5,329	12,526	4,500	29,786
							18,961
Annual Maximum Allowable Spending Per Beneficiary		Tier 1	Tier 2	Tier 3	Tier 4		
		No maximum	\$55,000	\$35,000	\$14,792		
2009-10 Funding Tier 1, 2, and 3		Total Appropriation \$849,699,685	Federal Funds \$574,736,867	State Funds \$274,962,818			
Funding Tier 4		Total Appropriation \$74,557,478	Federal Funds \$41,349,577	State Funds \$33,207,901			
2008-09 TIER 1, 2, and 3 Average Monthly Cost Per Beneficiary ⁵		Average Monthly Cost Per Beneficiary \$3,341.90		FY 2008-09 Expenditures \$767,150,206.73		FY 2008-09 Enrollee Months 229,555	
2008-09 TIER 4 Average Monthly Cost Per Beneficiary ⁶		Average Monthly Cost Per Beneficiary \$645.59		FY 2008-09 Expenditures \$75,189,668.78		FY 2008-09 Enrollee Months 116,467	
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 September 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 2008-09 expenditures of Tiers 1, 2, and 3 by total number of enrollee months.

⁶ Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2008-09 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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Becky Vickers, Staff Director (850/487-1316)
Project supervised by Yvonne Bigos (850/487-9230)
Project conducted by Heather Orender (850/487-9165)
Gary R. VanLandingham, OPPAGA Director