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

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# Introduction

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

Medicaid HCBS waivers are authorized by Section 2176 of the Omnibus Budget Reconciliation Act of 1981 and incorporated into Title XIX of the Social Security Act as Section 1915(c). States can use this authority to offer a broad array of services not otherwise available through Medicaid that are intended to prevent or delay institutional placement. Florida’s HCBS waivers vary on a number of dimensions. Some waivers are limited to persons with specific diseases or physical conditions (such as cystic fibrosis); others serve broader groups (such as persons who are elderly and/or have disabilities). Waivers also differ with respect to the number and types of services provided, payment method, and whether waiver services are available statewide or limited to a few counties.<sup>2</sup> In Fiscal Year 2012-13, the Legislature appropriated \$1.47 billion to state agencies to serve beneficiaries in these 14 waivers.<sup>3, 4</sup>

The 2011 Legislature directed the Agency of Health Care Administration to create the Statewide Medicaid Managed Care Program, which has two components, the Managed Medical Assistance and the Long-Term Care Managed Care programs.<sup>5</sup> In February 2013, the agency received waiver approval from the federal Centers for Medicare & Medicaid Services to implement the long-term care component of the program for individuals who are age 65 and older and individuals with physical disabilities ages 18 through 64. As such, the HCBS waivers that are administered by the Department of Elder Affairs and the portion of the Aged and Disabled Adult waiver that is administered by the Department of Children and Families will be transitioned to a managed care organization by October 2013.<sup>6</sup>

# 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

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

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

<sup>3</sup> The HCBS Developmental Disabilities waiver program is made up of five individual waivers. The Adult Day Health Care waiver expired on March 31, 2012, and all recipients were transitioned to a comparable waiver by the end of October 2012.

<sup>4</sup> The 2012 Legislature specified in proviso that the Agency for Health Care Administration, in consultation with the Department of Children and Families, Department of Elder Affairs, and Department of Health, is authorized to transfer funds from the nursing home care budget to the Aging and Disabled Adult, Assisted Living for the Elderly, Nursing Home Diversion, and Traumatic Brain and Spinal Cord Injury waivers budgets to transition eligible beneficiaries from skilled nursing facilities to home and community-based alternatives.

<sup>5</sup> Section [409.964](#), F.S.

<sup>6</sup> Section [409.978](#), F.S.

# 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"><li>• be age 65 or older or age 18 to 64 and determined disabled by the Social Security Administration</li><li>• be Medicaid eligible</li><li>• meet nursing home level of care<sup>1</sup></li><li>• reside in home</li></ul>			
Services Provided	<ul style="list-style-type: none"><li>• adult companion</li><li>• adult day health care</li><li>• attendant care</li><li>• caregiver training</li><li>• case aide</li><li>• case management</li><li>• chore services</li><li>• consumable medical supplies</li><li>• counseling</li><li>• escort services</li><li>• financial assessment and risk reduction</li><li>• home-delivered meals</li><li>• home accessibility adaptations</li><li>• homemaker</li><li>• nutritional assessment and risk reduction</li><li>• personal care</li><li>• personal emergency response system</li><li>• pest control</li><li>• physical risk reduction</li><li>• rehabilitation engineering</li><li>• respite care</li><li>• skilled nursing</li><li>• specialized medical equipment and supplies</li><li>• therapies: occupational, physical, respiratory, and speech</li><li>• transition case management</li></ul>			
Operational Entity <sup>2</sup>	Department of Elder Affairs (DOEA), ages 60 or older Department of Children and Families (DCF), ages 18 to 59 Agency for Health Care Administration (AHCA), Aging Out Program <sup>3</sup>			
Enrollment and Waitlist <sup>4</sup>		<div>Total</div>	<div>DOEA</div>	<div>DCF</div> <div>AHCA</div>
	Enrollment	10,560	8,912	1,60246
	Waitlist	22,545	18,314	4,231None
Nursing Home Transition Enrollment <sup>5</sup>		<div>Total</div>	<div>DOEA</div>	<div>DCF</div>
	Enrollment	633	460	173
Total Waiver Approved Enrollment	12,087			
2012-13 Funding <sup>6</sup>	DOEA	<div>Total Appropriation</div> <div>\$ 106,651,856</div>	<div>Federal Funds</div> <div>\$ 61,976,029.00</div>	<div>State Funds</div> <div>\$ 44,675,827.00</div>
	DCF	<div>Total Appropriation</div> <div>\$ 49,274,133.00</div>	<div>Federal Funds</div> <div>\$ 28,445,957.00</div>	<div>State Funds</div> <div>\$ 20,828,176.00</div>
	AHCA	<div>Total Appropriation</div> <div>\$ 13,799,141.00</div>	<div>Federal Funds</div> <div>\$ 7,966,244</div>	<div>State Funds</div> <div>\$ 5,832,897</div>

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

<sup>2</sup> Beginning August 2013, all case management for the Department of Children and Families' portion of this waiver is scheduled to transfer to managed care organizations; the management of the waitlist will be transferred to the Department of Elder Affairs.

<sup>3</sup> The Aging Out Program is for beneficiaries age 21 or older who no longer qualify to receive home-based medical services through the Department of Health's Children's Medical Services Program and thus "age out" of Children's Medical Services.

<sup>4</sup> All enrollment and waitlist information is provided for the Department of Elder Affairs and the Agency for Healthcare Administration as of December 2012; information for the Department of Children and Families is as of January 15, 2013. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, the availability and amount of services a beneficiary may need, and funding limits.

<sup>5</sup> Enrollment information for Nursing Home Transition is provided for the Department of Elder Affairs and the Department of Children and Families as of January 15, 2013.

<sup>6</sup> Nursing home transition costs are managed through the Department of Children and Families and the Department of Elder Affairs waiver appropriations. The Department of Elder Affairs can request authority from the Legislative Budget Commission to use additional funds for nursing home transition if it uses the funds appropriated to the waiver.

## Florida's Elder and Disabled Medicaid HCBS Waivers

Aged and Disabled Adult Services (continued)				
<b>2011-12 Average Monthly Cost per Beneficiary<sup>7</sup></b>	DOEA	<u>Average Monthly Cost</u> \$ 921.95	<u>FY 2011-12 Expenditures</u> \$ 98,250,967.24	<u>FY 2011-12 Enrollee Months</u> 106,569
	DCF	<u>Average Monthly Cost</u> \$ 1,678.47	<u>FY 2011-12 Expenditures</u> \$ 23,710,074.02	<u>FY 2011-12 Enrollee Months</u> 14,126
	AHCA	<u>Average Monthly Cost</u> \$ 20,145.92	<u>FY 2011-12 Expenditures</u> \$ 9,085,809.05	<u>FY 2011-12 Enrollee Months</u> 451
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.			

<sup>7</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012. Nursing Home Transition claims are included in these expenditures.

## Florida's Elder and Disabled Medicaid HCBS Waivers

Adult Day Health Care <sup>1</sup>			
<b>Counties Served</b>	Lee County		
<b>Year Implemented</b>	2004		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 60 or older and live with a caregiver</li> <li>• be Medicaid eligible</li> <li>• meet nursing home level of care<sup>2</sup></li> <li>• not reside in an institutional setting</li> </ul>		
<b>Services Provided</b>	All services are provided within an Adult Day Health Care facility and include <ul style="list-style-type: none"> <li>• assistance with daily living activities</li> <li>• case management</li> <li>• counseling</li> <li>• health care monitoring</li> <li>• intake and assessment</li> <li>• medical direction</li> <li>• medication management</li> <li>• nutritionally balanced meals/snacks</li> <li>• personal care assistance</li> <li>• therapeutic social and recreational activities</li> <li>• therapies: occupational, physical, speech</li> <li>• transportation</li> </ul>		
<b>Operational Entity</b>	Department of Elder Affairs		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 0 Waitlist: None		
<b>Total Waiver-Approved Enrollment</b>	0		
<b>2012-13 Funding</b>	<u>Total Appropriation</u> \$ 0	<u>Federal Funds</u> \$ 0	<u>State Funds</u> \$ 0
<b>2011-12 Average Monthly Cost per Beneficiary<sup>4</sup></b>	<u>Average Monthly Cost</u> \$ 1,400.62	<u>FY 2011-12 Expenditures</u> \$ 296,931.00	<u>FY 2011-12 Enrollee Months</u> 212
<b>Type of Reimbursement</b>	Contracted, negotiated rate based on either a half-day or full-day stay.		

<sup>1</sup> The Adult Day Health Care waiver expired March 31, 2012, and all recipients were transitioned to comparable elder waivers by the end of October 2012.

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

<sup>3</sup> All enrollment and waitlist information is provided as of December 2012.

<sup>4</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012.

# Florida's Elder and Disabled Medicaid HCBS Waivers

Assisted Living for the Elderly			
Counties Served	Statewide		
Year Implemented	1995		
Waiver Eligibility	<p>Individual must</p> <ul style="list-style-type: none"> <li>• be age 65 or older or age 60 to 64 and be determined disabled by the Social Security Administration</li> <li>• be Medicaid eligible</li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• reside in an assisted living facility</li> <li>• meet one or more of the following                             <ul style="list-style-type: none"> <li>▪ require assistance with four or more activities of daily living (ADLs), three ADLs plus supervision or administration of medication, or total help with one or more ADLs<sup>2</sup></li> <li>▪ have a diagnosis of Alzheimer's or other dementia and need assistance with two or more ADLs</li> <li>▪ have a diagnosed degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard assisted living facility but are available in an assisted living facility that is licensed for limited nursing or extended congregate care</li> <li>▪ be a Medicaid-eligible beneficiary who meets assisted living facility criteria</li> <li>▪ be awaiting discharge from a nursing facility and unable to return to a private residence because of a need for supervision, personal care, and/or periodic nursing services</li> </ul> </li> </ul>		
Services Provided <sup>3</sup>	<p>All services are provided within an assisted living facility and include</p> <ul style="list-style-type: none"> <li>• case management</li> <li>• incontinence supplies</li> <li>• expanded assisted living services, which may include the following                             <ul style="list-style-type: none"> <li>▪ attendant call system</li> <li>▪ attendant care</li> <li>▪ behavior management</li> <li>▪ chore services</li> <li>▪ companion services</li> <li>▪ homemaker</li> <li>▪ intermittent nursing</li> <li>▪ personal care</li> <li>▪ medication administration (within the assisted living facility license)</li> <li>▪ specialized medical equipment and supplies</li> <li>▪ therapeutic social and recreational activities</li> <li>▪ therapies: occupational, physical, and speech</li> <li>▪ transition case management</li> </ul> </li> </ul>		
Operational Entity	Department of Elder Affairs		
Enrollment and Waitlist <sup>4</sup>	Enrollment: 3,256      Waitlist: 2,204		
Nursing Home Transition Enrollment <sup>5</sup>	Enrollment: 352		
Total Waiver-Approved Enrollment	5,630		
2012-13 Funding <sup>6</sup>	<u>Total Appropriation</u> \$ 37,257,303.00	<u>Federal Funds</u> \$ 21,508,641.00	<u>State Funds</u> \$ 15,748,662.00
2011-12 Average Monthly Cost per Beneficiary <sup>7</sup>	<u>Average Monthly Cost</u> \$ 963.89	<u>FY 2011-12 Expenditures</u> \$ 42,456,347.18	<u>FY 2011-12 Enrollee Months</u> 44,047
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.		

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

<sup>2</sup> Activities of daily living include cooking, cleaning, grooming, and bathing.

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

<sup>4</sup> All enrollment and waitlist information is provided as of December 2012. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, availability and amount of services a beneficiary may need, and funding limits.

<sup>5</sup> Enrollment information for Nursing Home Transition is provided as of December 2012.

<sup>6</sup> Nursing home transition costs are managed through the Department of Elder Affairs waiver appropriation. The Department of Elder Affairs can request authority from the Legislative Budget Commission to use additional funds for nursing home transition if they use the funds appropriated to the waiver.

<sup>7</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012. Nursing Home Transition claims are included in these expenditures.

## Florida's Elder and Disabled Medicaid HCBS Waivers

Channeling for the Frail Elder			
<b>Counties Served</b>	Broward and Miami-Dade counties		
<b>Year Implemented</b>	1985		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 65 or older</li> <li>• be Medicaid eligible</li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• have two or more unmet long-term care services needs</li> <li>• reside in home or with a caregiver in Broward or Miami-Dade counties</li> <li>• have a cost of care that does not exceed 85% of the Medicaid nursing home payment in Broward or Miami-Dade counties</li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• adult day health care</li> <li>• adult companion</li> <li>• case management</li> <li>• chore services</li> <li>• counseling (in-home)</li> <li>• environmental accessibility adaptations</li> <li>• family training</li> <li>• financial assessment and risk reduction</li> <li>• home health aide</li> <li>• personal care</li> <li>• personal emergency response system</li> <li>• respite care</li> <li>• skilled nursing</li> <li>• special drug and nutritional assessment services</li> <li>• special home delivered meals</li> <li>• special medical equipment and supplies</li> <li>• therapies: occupational, physical, speech</li> </ul>		
<b>Operational Entity</b>	Department of Elder Affairs		
<b>Enrollment and Waitlist<sup>2</sup></b>	Enrollment: 1,243 Waitlist: 462		
<b>Total Waiver-Approved Enrollment</b>	1,825		
<b>2012-13 Funding</b>	<u>Total Appropriation</u> \$ 8,740,761.00	<u>Federal Funds</u> \$ 5,046,041.33	<u>State Funds</u> \$ 3,694,719.67
<b>2011-12 Average Monthly Cost per Beneficiary<sup>3</sup></b>	<u>Average Monthly Cost</u> \$ 968.54	<u>FY 2011-12 Expenditures</u> \$ 14,646,260.09	<u>FY 2011-12 Enrollee Months</u> 15,122
<b>Type of Reimbursement</b>	Contracted, negotiated per person daily rate with the Miami Jewish Home and Hospital in Broward and Miami-Dade counties.		

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

<sup>2</sup> All enrollment and waitlist information is provided as of December 2012. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, the availability and amount of services a beneficiary may need, and funding limits.

<sup>3</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012.



## Florida's Elder and Disabled Medicaid HCBS Waivers

Nursing Home Diversion		
Counties Served <sup>1</sup>	Statewide (except Dixie County)	
Year Implemented	1998	
Waiver Eligibility	<p>Individual must</p> <ul style="list-style-type: none"> <li>• be age 65 or older</li> <li>• be Medicaid eligible</li> <li>• be Medicare Parts A and B eligible</li> <li>• meet nursing home level of care<sup>2</sup></li> <li>• reside in own home, in their caregiver's home, or in an assisted living facility</li> <li>• meet one or more of the following                             <ul style="list-style-type: none"> <li>▪ require some help with five or more activities of daily living (ADLs)</li> <li>▪ require some help with four or more ADLs plus require supervision or assistance with administration of medication</li> <li>▪ require total help with two or more ADLs</li> <li>▪ have a diagnosis of Alzheimer's disease or dementia and require some help with three or more ADLs</li> <li>▪ have a diagnosis of a degenerative chronic condition requiring daily nursing services</li> </ul> </li> </ul>	
Services Provided	<p><i>Acute Medical Services</i></p> <ul style="list-style-type: none"> <li>• community mental health</li> <li>• dental</li> <li>• hearing and visual (optional)</li> <li>• independent laboratory and x ray</li> <li>• inpatient hospital</li> <li>• outpatient hospital/emergency</li> <li>• physicians</li> <li>• prescribed drugs</li> </ul>	<p><i>Long-Term Care Community Services</i></p> <ul style="list-style-type: none"> <li>• adult companion</li> <li>• adult day health care</li> <li>• assisted living</li> <li>• case management</li> <li>• chore services</li> <li>• consumable medical supplies</li> <li>• environmental accessibility adaptations</li> <li>• escort services</li> <li>• family training</li> <li>• financial assessment and risk reduction</li> <li>• home-delivered meals</li> <li>• home health care</li> <li>• homemaker</li> <li>• nutritional assessment and risk reduction</li> <li>• personal care</li> <li>• personal emergency response system</li> <li>• respite care</li> <li>• therapies: occupational, physical, respiratory, and speech</li> <li>• nursing facility services/long-term care</li> <li>• transportation (optional)</li> </ul> <p>Some plans offer additional optional services. The Department of Elder Affairs' website (<a href="http://elderaffairs.state.fl.us/english/nhd.php">http://elderaffairs.state.fl.us/english/nhd.php</a>) includes a list of providers, their contacts, and links to their websites.</p>
Operational Entity	Department of Elder Affairs	
Enrollment and Waitlist <sup>3</sup>	<p>Enrollment: 21,381</p> <p>Waitlist: 12,524</p>	

<sup>1</sup> The 2010 Legislature authorized the Agency for Health Care Administration and the Department of Elder Affairs to expand Nursing Home Diversion to all 67 counties. The program is currently operational in 66 counties; Dixie County does not have an adequate provider network to become operational at this time.

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

<sup>3</sup> All enrollment and waitlist information is provided as of December 2012.



## Florida's Elder and Disabled Medicaid HCBS Waivers

Nursing Home Diversion (continued)			
<b>Nursing Home Transition Enrollment<sup>4</sup></b>	Enrollment: 2,337		
<b>Total Waiver-Approved Enrollment<sup>5</sup></b>	18,961		
<b>2012-13 Funding<sup>6</sup></b>	<u>Total Appropriation</u> \$ 359,036,110.00	<u>Federal Funds</u> \$ 207,271,547.00	<u>State Funds</u> \$ 151,764,563.00
<b>2011-12 Average Monthly Cost per Beneficiary<sup>7</sup></b>	<u>Average Monthly Cost</u> \$ 1,420.51	<u>FY 2011-12 Expenditures</u> \$ 316,956,285.57	<u>FY 2011-12 Enrollee Months</u> 223,128
<b>Type of Reimbursement</b>	Capitated, risk-adjusted monthly rate that varies by plan and county. <sup>8</sup>		

<sup>4</sup> Enrollment information for Nursing Home Transition is provided as of December 2012.

<sup>5</sup> The 2012 Legislature approved an additional 1,896 slots for the program. The waiver renewal application was approved by the federal Centers for Medicare & Medicaid Services in October 2012.

<sup>6</sup> Nursing home transition costs are managed through the Department of Elder Affairs waiver appropriation. The Department of Elder Affairs can request authority from the Legislative Budget Commission to use additional funds for nursing home transition if it uses the funds appropriated to the waiver.

<sup>7</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012. Nursing Home Transition claims are included in these expenditures.

<sup>8</sup> The Department of Elder Affairs risk adjusts base rates using several factors including level of assistance needed with activities of daily living, instrumental activities of daily living, the presence of specific chronic conditions, and level of cognitive impairment.

## Florida's Disease-Specific Medicaid HCBS Waivers

Adult Cystic Fibrosis			
Counties Served	Statewide		
Year Implemented	2005		
Waiver Eligibility	Individual must <ul style="list-style-type: none"> <li>• be age 18 or older</li> <li>• be Medicaid eligible</li> <li>• have a diagnosis of cystic fibrosis<sup>1</sup></li> <li>• meet inpatient hospital level of care<sup>2</sup></li> </ul>		
Services Provided <sup>3</sup>	<ul style="list-style-type: none"> <li>• case management</li> <li>• chore services</li> <li>• counseling (individual and family)</li> <li>• dental</li> <li>• homemaker</li> <li>• personal care</li> <li>• personal emergency response service</li> <li>• prescribed drugs</li> <li>• respite care</li> <li>• skilled nursing</li> <li>• specialized medical equipment and supplies</li> <li>• therapies: massage, physical, and respiratory</li> <li>• vitamins and nutritional supplements</li> </ul>		
Operational Entity	Department of Health		
Enrollment and Waitlist <sup>4</sup>	Enrollment: 110 Waitlist: None		
Total Waiver-Approved Enrollment	150		
2012-13 Funding	<u>Total Appropriation</u> \$ 2,471,114	<u>Federal Funds</u> \$ 1,426,574	<u>State Funds</u> \$ 1,044,540
2011-12 Average Monthly Cost per Beneficiary <sup>5</sup>	<u>Average Monthly Cost</u> \$ 454.93	<u>FY 2011-12 Expenditures</u> \$ 495,421.68	<u>FY 2011-12 Enrollee Months</u> 1,089
Type of Reimbursement	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

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

<sup>3</sup> The department added home delivered meals to the waiver services. However, it will not implement this change until it promulgates a rule, which the department anticipates will be accomplished by April 2013. In addition, the department eliminated acupuncture, nutritional consultation, exercise therapy, and transportation.

<sup>4</sup> All enrollment and waitlist information is provided as of November 2011.

<sup>5</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012.

## Florida's Disease-Specific Medicaid HCBS Waivers

Familial Dysautonomia			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	2007		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age three or older</li> <li>• be Medicaid eligible</li> <li>• have a diagnosis of familial dysautonomia<sup>1</sup></li> <li>• meet inpatient hospital level of care<sup>2</sup></li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• behavioral services</li> <li>• consumable medical supplies</li> <li>• dental</li> <li>• durable medical equipment</li> <li>• non-residential support</li> <li>• respite care</li> <li>• support coordination</li> </ul>		
<b>Operational Entity</b>	Agency for Health Care Administration		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 8 Waitlist: None		
<b>Total Waiver-Approved Enrollment</b>	20		
<b>2012-13 Funding</b>	<u>Total Appropriation</u> \$ 418,000	<u>Federal Funds</u> \$ 245,241	<u>State Funds</u> \$ 172,759
<b>2011-12 Average Monthly Cost per Beneficiary<sup>4</sup></b>	<u>Average Monthly Cost</u> \$ 193.83	<u>FY 2011-12 Expenditures</u> \$ 19,964.02	<u>FY 2011-12 Enrollee Months</u> 103
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

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

<sup>3</sup> All enrollment and waitlist information is provided as of December 2012.

<sup>4</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012.

## Florida's Disease-Specific Medicaid HCBS Waivers

Project AIDS Care			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	1991		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be Medicaid eligible</li> <li>• have a diagnosis of acquired immune deficiency syndrome (AIDS) documented by a physician</li> <li>• have an AIDS-related opportunistic infection</li> <li>• be at risk of hospitalization or institutionalization in a skilled nursing facility</li> <li>• be determined disabled according to the Social Security Administration</li> <li>• not be enrolled in a Medicaid managed care plan</li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• case management</li> <li>• chore services</li> <li>• day health care</li> <li>• education and support</li> <li>• environmental accessibility adaptations</li> <li>• home-delivered meals</li> <li>• homemaker</li> <li>• personal care</li> <li>• restorative massage</li> <li>• skilled nursing</li> <li>• specialized medical equipment and supplies</li> <li>• specialized personal care services for children in foster care</li> <li>• therapeutic management of substance abuse</li> </ul> <p>The Project AIDS Care case manager, in consultation with the beneficiary and a registered nurse care manager, develops a plan of care and authorizes services.</p>		
<b>Operational Entity</b>	Agency for Health Care Administration		
<b>Enrollment and Waitlist<sup>1</sup></b>	Enrollment: 6,844 Waitlist: None		
<b>Total Waiver-Approved Enrollment<sup>2</sup></b>	7,400		
<b>2012-13 Funding</b>	<u>Total Appropriation</u> \$ 8,699,566	<u>Federal Funds</u> \$ 5,104,035	<u>State Funds</u> \$ 3,595,531
<b>2011-12 Average Monthly Cost per Beneficiary<sup>3</sup></b>	<u>Average Monthly Cost</u> \$ 147.10	<u>FY 2011-12 Expenditures</u> \$ 10,506,106.99	<u>FY 2011-12 Enrollee Months</u> 71,423
<b>Type of Reimbursement</b>	Fee-for-Service: Medicaid reimburses case management at a monthly fixed rate per beneficiary and all other services based on the Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

<sup>1</sup> All enrollment and waitlist information is provided as of December 2012.

<sup>2</sup> In October 2012, the waiver renewal, which included this increase in slots, was approved by the federal Centers for Medicare & Medicaid.

<sup>3</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012.

## Florida's Disease-Specific Medicaid HCBS Waivers

Traumatic Brain and Spinal Cord Injury			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	1999		
<b>Waiver Eligibility</b>	<p>Individual must</p> <ul style="list-style-type: none"> <li>• be age 18 or older</li> <li>• be Medicaid eligible</li> <li>• have one of the injuries described below                             <ul style="list-style-type: none"> <li>▪ traumatic brain injury, defined as an insult to the skull, brain, or its covering from external trauma, which produces an altered state of consciousness or anatomic, motor, sensory, or cognitive/behavioral deficits</li> <li>▪ spinal cord injury, defined as a lesion to the spinal cord or cauda equina resulting from external trauma with evidence of significant involvement of two of the following: motor deficit, sensory deficit, or bowel and bladder dysfunction</li> </ul> </li> <li>• meet nursing home level of care<sup>1</sup></li> <li>• be referred to the state's Brain and Spinal Cord Injury Program's central registry in accordance with s. 381.75, <i>Florida Statutes</i>.</li> </ul>		
<b>Services Provided<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• adaptive health and wellness</li> <li>• assistive technologies</li> <li>• attendant care</li> <li>• behavioral programming</li> <li>• adult companion</li> <li>• consumable medical supplies</li> <li>• counseling (personal adjustment)</li> <li>• environmental accessibility adaptations</li> <li>• life skills training</li> <li>• personal care</li> <li>• rehabilitation engineering evaluation</li> <li>• support coordination</li> </ul>		
<b>Operational Entity</b>	Department of Health		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 286 Waitlist: 309		
<b>Nursing Home Transition Enrollment<sup>2</sup></b>	Enrollment: 59		
<b>Total Waiver-Approved Enrollment<sup>4</sup></b>	375		
<b>2012-13 Funding</b>	<u>Total Appropriation</u> \$ 13,933,171	<u>Federal Funds</u> \$ 12,478,239	<u>State Funds</u> \$ 1,454,932
<b>Nursing Home Transition 2012-13 Funding</b>	<u>Total Appropriation</u> \$ 1,264,216	<u>Federal Funds</u> \$ 517,907	<u>State Funds</u> \$ 746,309
<b>2011-12 Average Monthly Cost per Beneficiary<sup>5</sup></b>	<u>Average Monthly Cost</u> \$ 2,852.94	<u>FY 2011-12 Expenditures</u> \$ 11,023,774.83	<u>FY 2011-12 Enrollee Months</u> 3,864
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

<sup>2</sup> The department added occupational therapy, physical therapy, and residential habilitation as waiver services. However, it will not implement this change until it promulgates a rule, which the department anticipates will be accomplished by April 2013.

<sup>3</sup> All enrollment information is provided as of November 2011 and waitlist information is provided as of November 2012. Delays in moving beneficiaries from the waitlist to enrolled status are due to attrition, the availability and amount of services a beneficiary may need, and funding limits.

<sup>4</sup> The 2012 Legislature increased the waiver appropriation to add slots to the waiver and reduce the waitlist. The Agency for Healthcare Administration will request an amendment to the waiver for an additional 35 slots from the federal Centers for Medicare & Medicaid Services by May 2013. This will increase the approved enrollment from 375 to 410.

<sup>5</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012. Nursing Home Transition claims are included in these expenditures.

## Florida's Disease-Specific Medicaid HCBS Waivers

Model Waiver Program			
<b>Counties Served</b>	Statewide		
<b>Year Implemented</b>	1991		
<b>Waiver Eligibility</b>	Individual must <ul style="list-style-type: none"> <li>• be age 20 or younger</li> <li>• be Medicaid eligible</li> <li>• be determined disabled according to the Social Security Administration</li> <li>• diagnosed with a degenerative spinocerebellar disease<sup>1</sup></li> <li>• meet inpatient hospital level of care<sup>2</sup></li> </ul>		
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• assistive technology</li> <li>• environmental accessibility adaptations</li> <li>• respite care</li> <li>• service evaluation</li> </ul>		
<b>Operational Entity</b>	Agency for Health Care Administration		
<b>Enrollment and Waitlist<sup>3</sup></b>	Enrollment: 5 Waitlist: 3		
<b>Total Waiver-Approved Enrollment</b>	5		
<b>2012-13 Funding</b>	<u>Total Appropriation</u> \$ 22,574.00	<u>Federal Funds</u> \$ 13,031.97	<u>State Funds</u> \$ 9,542.03
<b>2011-12 Average Monthly Cost per Beneficiary<sup>4</sup></b>	<u>Average Monthly Cost</u> \$ 582.10	<u>FY 2011-12 Expenditures</u> \$ 22,702	<u>FY 2011-12 Enrollee Months</u> 39
<b>Type of Reimbursement</b>	Fee-for-Service: Florida Medicaid-approved rate or the provider's customary fee, whichever is lower.		

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

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

<sup>3</sup> All enrollment and waitlist information is provided as of December 2012.

<sup>4</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures by total number of enrollee months. Total expenditures reflect claims paid through December 2012.

# Florida's Developmental Disabilities Medicaid HCBS Waivers

Developmental Disabilities Tier 1, 2, 3, 4, and iBudget <sup>1</sup>					
Counties Served	Statewide				
Year Implemented	Tier 1 1985	Tier 2 2008	Tier 3 2008	Tier 4 1998	iBudget 2011
	<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 (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>Chapter 2011-135, <i>Laws of Florida</i>, 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 iBudget Florida waiver will be fully implemented in all counties by July 2013.<sup>2</sup></p>				
Waiver Eligibility <sup>3</sup>	<p>All Individuals must</p> <ul style="list-style-type: none"> <li>• be age three or older</li> <li>• be Medicaid eligible</li> <li>• be registered as an eligible beneficiary with the Agency for Persons with Disabilities or its contractor</li> <li>• meet level of care criteria for intermediate care facilities for the developmentally disabled</li> </ul> <p>Individuals must meet specific criteria under the tier system.</p> <ul style="list-style-type: none"> <li>• Tier 1 must have intensive medical, behavioral, or adaptive needs.</li> <li>• Tier 2 must live in a licensed residential facility and require more than five hours a day of residential habilitation or reside in supported living arrangements and receive more than six hours of in-home support.</li> <li>• Tier 3 must not meet criteria for Tiers 1 or 2.</li> <li>• Tier 4 must live in their family home, foster home, or own home.</li> </ul>				
Services Provided – iBudget <sup>4</sup>	<div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 300px;"> <p><b><u>Group 1 - Life Skills Development</u></b></p> <ul style="list-style-type: none"> <li>• Level 1 (formerly companion)</li> <li>• Level 2 (formerly supported employment)</li> <li>• Level 3 (formerly adult day training)</li> <li>• family and legal representative training</li> </ul> <p><b><u>Group 2 - Supplies and Equipment</u></b></p> <ul style="list-style-type: none"> <li>• consumable medical supplies</li> <li>• durable medical equipment and supplies</li> <li>• environmental accessibility adaptations</li> <li>• personal emergency response systems</li> </ul> <p><b><u>Group 3 - Personal Supports</u></b></p> <ul style="list-style-type: none"> <li>• personal supports</li> <li>• respite care</li> </ul> <p><b><u>Group 4 - Residential Services</u></b></p> <ul style="list-style-type: none"> <li>• residential habilitation</li> <li>• specialized home care</li> <li>• supported living coaching</li> </ul> <p><b><u>Group 5 - Support Coordination</u></b></p> <ul style="list-style-type: none"> <li>• limited</li> <li>• full enhanced</li> </ul> </div> <div style="flex: 1; min-width: 300px;"> <p><b><u>Group 6 - Therapeutic Supports and Wellness</u></b></p> <ul style="list-style-type: none"> <li>• private duty nursing</li> <li>• residential nursing</li> <li>• skilled nursing</li> <li>• dietician</li> <li>• therapies: occupational, physical, respiratory, speech</li> <li>• specialized mental health counseling</li> <li>• behavior analysis</li> <li>• behavior assistant</li> </ul> <p><b><u>Group 7 - Transportation</u></b></p> <p><b><u>Group 8 - Dental Services</u></b></p> <ul style="list-style-type: none"> <li>• adult dental</li> </ul> <p>The Agency for Persons with Disabilities website (<a href="http://apd.myflorida.com/ibudget/docs/services.pdf">http://apd.myflorida.com/ibudget/docs/services.pdf</a>) offers more information on these services.</p> </div> </div>				

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

<sup>2</sup> As of January 2013, the iBudget Program has been implemented in all Florida's counties except for Broward and Palm Beach, where it will be fully implemented by April 2013, and Miami-Dade and Monroe counties, where it will be fully implemented by July 2013.

<sup>3</sup> For information on additional requirements based on age, living arrangements, exceptional behavioral problems, and authorization for certain services, see Rule 65G-4.0026-00291, *F.A.C.*

<sup>4</sup> 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, shown above as groups. 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 <sup>5</sup>							Beneficiaries Pending Tier Assignment <sup>6</sup>	iBudget
	Enrollment	Total	Tier 1	Tier 2	Tier 3	Tier 4		
	Waitlist	29,082	3,510	2,372	3,491	5,779	625	13,305
		22,069						
Annual Maximum Allowable Spending per Beneficiary	Tier 1	Tier 2	Tier 3	Tier 4	iBudget			
	None	\$53,625	\$34,125	\$14,422	Individually Based			
2012-13 Tier 1, 2, 3, 4, and iBudget Funding	Total Appropriation	Federal Funds	State Funds					
	\$ 877,061,351	\$ 506,327,517	\$ 370,733,834					
2011-12 Average Monthly Cost Per Beneficiary for TIER 1, 2, and 3 <sup>7</sup>	Average Monthly Cost Per Beneficiary			FY 2011-12 Expenditures		FY 2011-12 Enrollee Months		
	\$ 3,671.67			\$ 698,962,019.41		190,366		
2011-12 Average Monthly Cost Per Beneficiary for TIER 4 <sup>8</sup>	Average Monthly Cost			FY 2011-12 Expenditures		FY 2011-12 Enrollee Months		
	\$ 597.98			\$ 83,168,241.89		139,082		
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.							

<sup>5</sup> All enrollment and waitlist information is provided as of November 2012. All tiers share one waitlist and beneficiaries are placed in the appropriate tier based on a needs assessment that determines the individual's needs, risk level, and the spending needed per year to address the beneficiary's needs.

<sup>6</sup> These beneficiaries are receiving services and are awaiting a tier placement based on a needs assessment that determines the individual's needs, risk level, and the spending needed per year to address the beneficiary's needs.

<sup>7</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures of Tiers 1, 2, and 3 by total number of enrollee months. Total expenditures reflect claims paid through December 2012. These expenditures also include claims for individuals formerly in these tiers that are now in the iBudget program.

<sup>8</sup> Average monthly cost per beneficiary was calculated by dividing total Fiscal Year 2011-12 expenditures of Tier 4 by total number of enrollee months. Total expenditures reflect claims paid through December 2012. These expenditures also include claims for individuals formerly in this tier that are now in the iBudget program.

# *The Florida Legislature*

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



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