The Florida Senate

Issue Brief 2011-208 *December 2010*

Committee on Children, Families, and Elder Affairs

HEALTH CARE REFORM AND DISABLED AND ELDER ADULTS

Statement of the Issue

On March 23, 2010, comprehensive health reform, the Patient Protection and Affordable Care Act (PPACA) (H.R. 3590), was signed into law. On March 30, H.R. 4872, the Health Care and Education Reconciliation Act of 2010, which amends the PPACA, was enacted. Public Laws 111-148 and 111-152 are referred to as the Affordable Care Act. The Affordable Care Act will be implemented over a multi-year period and affect insurance, Medicare, Medicaid, prescription drugs, quality improvement, health workforce, long-term care, medical malpractice, prevention/wellness, individuals and employers, and taxes.

These reforms will require states to reassess the delivery of health care to their Medicaid populations, particularly those groups receiving long-term care services like disabled adults and the elderly. This Issue Brief provides programmatic, demographic, utilization, and expenditure data relating to Florida's provision of health care services to disabled and elder adults.

Discussion

Florida Medicaid Program

Florida's Medicaid Program is jointly funded by the federal, state, and county governments to provide medical care to eligible individuals. Florida implemented its Medicaid program on January 1, 1970, to provide medical services to indigent people. The Agency for Health Care Administration (AHCA) is the single state agency responsible for the Florida Medicaid Program.[1]

Some Medicaid services are mandatory and must be covered by any state participating in the Medicaid program pursuant to federal law[2], and include[3]

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services	Hospital inpatient services	Physician services
Family planning services	Hospital outpatient services	Advanced Registered Nurse Practitioner (ARNP) services
Home health care services	Nursing facility services	
Transportation services	Rural health clinic services	
Independent laboratory services		
Portable x-ray services		

[1] The statutory provisions for the Medicaid program appear in ss. 409.901-409.9205, F.S.
[2] Title XIX of the Social Security Act, 42 U.S.C. 1396 *et seq.*
[3] *See* s. 409.905, F.S.

Others are optional:[4]

Adult dental services	Adult health screening services	Birth center services	Assistive-care services	State hospital services for age 65 and older
Children's dental services	Healthy Start services	Child Welfare Targeted Case Management services		
Ambulatory surgical center services	Case management services	Chiropractic services	Community mental health services	Dialysis facility services
Durable medical equipment	Hearing services	Home and community-based services (HCBS)[5]	Hospice care services	Intermediate Care Facility/ Developmentally Disabled
Intermediate care services	Optometric services	Physician Assistant services	Podiatric services	Prescribed drugs
RN First Assistant services	Visual services	HCBS for Autism Spectrum Disorder and other developmental disabilities[6]	Anesthesiologist Assistant services	

A state may choose to include optional services in its Medicaid plan, but if included, such services must be offered to all individuals statewide who meet Medicaid eligibility criteria as though they are mandatory benefits.[7] Collectively, these primary, acute and institutional offerings comprise the State Plan services.

Similarly, some eligibility categories are mandatory[8] and some are optional.[9] Payments for services to individuals in the optional eligibility categories are subject to the availability of monies and any limitations established by the General Appropriations Act or ch. 216, F.S. For fiscal year 2010-2011, the Florida Medicaid Program is projected to cover 2,968,000 people[10] at an estimated cost of $20.2 billion.[11]

The Department of Children and Family Services

The Department of Children and Family Services' (DCF) is created and organized with the express mission "to work in partnership with local communities to ensure the safety, well-being, and self-sufficiency of the people served."[12] The DCF Adult Protective Services Program Office is responsible for conducting investigations of alleged abuse or neglect of vulnerable adults and for providing case management to abused or neglected

[4] *See* s. 409.906, F.S.
[5] These services are only available to waiver participants.
[6] These services are only available to waiver participants.
[7] *See* 42 U.S.C. 1396a.(a)
[8] Section 409.903, F.S.
[9] Section 409.904, F.S.
[10] Social Services Estimating Conference - July 2010 Forecast Medicaid Caseloads, results of July 12, 2010 Estimating Conference. Available at http://edr.state.fl.us/Content/conferences/medicaid/medcases.pdf (Last visited November 5, 2010).
[11] Social Services Estimating Conference, Medicaid Services Expenditures, August 17, 2010. Available at http://edr.state.fl.us/Content/conferences/medicaid/medhistory.pdf (Last visited November 5, 2010).
[12] Section 20.19, F.S.

vulnerable adults who need additional services to protect them from further harm.[13] The Office administers the ADA waiver program for disabled adults age 18-59, and two home and community-based services programs funded by general revenue, the Community Care for Disabled Adults Program and the Home Care for Disabled Adults Program.[14]

The Department of Elder Affairs

The Department of Elder Affairs (DOEA or Department) is the state agency responsible for administering human services programs to elders (adults age 60 and older;) for developing policy recommendations for long-term care; and for implementing federal- and state-funded programs and services for the state's elderly population.[15] The Department contracts with the 11 not for profit Area Agencies on Aging (AAA) to provide long-term care and prevention and early intervention programs to clients through a network of local lead agencies.[16]

- DOEA operates several general-revenue funded programs, which provide a wide variety of home- and community-based services for elders, including adult day care, caregiver training and support, case management, congregate meals, counseling, education/training, home-delivered meals, personal care, respite and transportation.[17]
- The Department contracts for the provision of the federally-funded Older Americans Act (OAA) programs to adults age 60 and older and their caregivers.[18] The programs provide supportive services designed to allow seniors to live independently in the community; congregate or home-delivered meals; periodic health-promotion and disease-prevention services; and caregiver support.
- In partnership with AHCA, DOEA operates the HCBS Medicaid waiver programs funded by federal and state general revenues which serve the elderly.

Florida's HCBS Programs for Disabled and Elder Adults

Disabled and elder adults are served through several Medicaid HCBS programs:[19] the Aged and Disabled Adult (ADA) Waiver; the Consumer-Directed Care Plus (CDC+) program; the Long-Term Care Community Diversion Pilot Project (the Nursing Home Diversion program); the Program of All-Inclusive Care for the Elderly (PACE); the Alzheimer's Disease Waiver; the Assisted Living for the Frail Elderly (ALE) Waiver; the Channeling Waiver; and the Adult Day Health Care (ADHC) Waiver.

> **ADA Waiver**: The ADA program is dually administered by the Department of Children and Families and the Department of Elder Affairs. DCF administers the program for disabled adults age 18 to 59, while DOEA administers the program for persons age 60 and older. This program serves Medicaid-eligible frail elders and persons with disabilities at risk of nursing home placement. ADA provides services and items in the client's home --- including chore, homemaker, personal care, respite, case management, adult day health care, counseling, case aide, physical therapy, caregiver training and support, emergency alert response, consumable medical supplies, home-delivered meals, environmental modifications, health risk management, and speech and occupational therapy.
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> **CDC+ Program**: The Consumer-Directed Care Plus (CDC+) Program is a self-directed option for seniors participating in the Aged and Disabled Adult Waiver. The CDC+ Program allows participants to hire workers and vendors of their own choosing – including family members or friends – to help with daily needs such as house cleaning, cooking and getting dressed. The program provides trained

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[13] *See* Chapter 415, F.S.
[14] *See* Chapter 410, F.S.
[15] *See* Section 430.03, F.S.
[16] Section 20.41(6), F.S.
[17] The Alzheimer's Disease Initiative; Community Care for the Elderly (CCE); Home Care for the Elderly (HCE); Respite for Elders Living in Everyday Families (RELIEF); and various local service programs throughout the state.
[18] *See* fn. 15.
[19] The program descriptions derive generally from *2010 Summary of Programs and Services*, March 2010, Florida Department of Elder Affairs, available at http://elderaffairs.state.fl.us/english/pubs/pubs/sops2010/First_page_2010SOPS.html (last visited November 1, 2010).

consultants to help consumers manage their budgets and make decisions. Participants may manage their own care or they may elect to have a friend or family member represent them in making decisions about their services. The Department also provides fiscal employer agent services for individuals served through the Department of Health's Traumatic Brain and Spinal Cord Injury Waiver, as well as for adults with disabilities under the age of 60 served through DCF.

Long-Term Care Community Diversion Pilot Project: The Nursing Home Diversion program serves the most frail individuals age 65 and older, otherwise eligible for Medicaid nursing home placement, through a managed care provider (MCO). The state, through a monthly capitated rate, pays for Medicare co-insurance and deductibles and other medical services not covered by Medicare. The rate also covers all home- and community-based services and unlimited nursing home care. Contractors are at risk for in-home and nursing home services and may choose to use assisted living facilities as a lower-cost option to nursing home care when appropriate as an alternative to nursing home care. By receiving integrated acute and long-term services, such as home-delivered meals, coordination of health services and intensive case management, clients are better able to remain in the community. The project is operated in 32 counties with 15 providers.

Program of All Inclusive Care for the Elderly: The PACE model is a project within the Nursing Home Diversion Program that targets individuals 55 and older who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home- and community-based services at a cost less than nursing home care. PACE enrollees have both their medical and long-term care needs managed through a single provider. In addition to services covered under the Nursing Home Diversion program, the PACE project includes all services covered by Medicare. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the all necessary medical and long-term care services. In addition, PACE sites receive an enhanced capitation payment from Medicare, beyond that of a traditional Medicare health maintenance organization. PACE delivers many services being through adult day care centers and case management is provided by multi-disciplinary teams. The program is available in Miami-Dade, Martin and St. Lucie, and Lee counties.

Alzheimer's Disease Waiver: This program provides specialized services designed to maintain individuals aged 60 or older with Alzheimer's disease within the community. Each recipient's service package is tailored to meet his or her needs as indicated by the needs assessment and care planning process --- clients in the later stages of Alzheimer's disease are expected to require a more intense service package than those in the earlier stages. The waiver program provides case management, adult day health care, respite care, wanderer alarm system, wanderer identification and location program, caregiver training, behavioral assessment and intervention, incontinence supplies, personal care, environmental modification and pharmacy review. The Alzheimer's Disease Waiver is available in Broward, Miami-Dade, Palm Beach and Pinellas counties.

Assisted Living for the Frail Elderly Waiver: The ALE Waiver is for individuals age 60 and older who are at risk of nursing home placement and who meet additional specific criteria related to their ability to function. Because of their frailty, recipients need additional support and services, which are made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses.

Channeling Waiver: The Channeling waiver is operated through an annual contract with an organized health care delivery system in Miami-Dade and Broward counties. Eligible clients are age 65 and older who meet nursing home level of care criteria and who live in the service area. Through contracts with the Department, the organization receives a per-diem payment to provide, manage and coordinate enrollees' long-term care service needs. Services include adult day health care, case management, chore services, companion services, counseling, environmental accessibility adaptations, family training, financial education and protection services, home health aide services, occupational therapy, personal care services, personal emergency response systems, physical therapy, respite care, skilled nursing, special home-delivered meals, special drug and nutritional assessments, special medical supplies, and speech therapy.

Adult Day Health Care Waiver: The ADHC waiver provides a combination of integrated health and social services with the goal of delaying or preventing placement into a long-term care facility. The services are aimed at preserving the individual's physical and mental health while providing relief for the family/caregiver from 24-hour care responsibilities. To be eligible for ADHC, an individual must be a resident of Lee or Palm Beach counties age 75 or older, meet nursing home level of care, and live in the community with a caregiver. Services include case management, nursing, social services, personal care assistance, rehabilitative therapies, meals, counseling, transportation and caregiver assessments. An individualized plan of care is developed to meet the client's health and supportive needs, and all services are provided at the day health care facility.

Florida Medicaid Reform and Long-Term Care

Medicaid Reform Waiver. During the 2005 legislative session, AHCA was authorized to apply for a Section 1115 waiver to implement a Medicaid managed care pilot program.[20] The agency began implementing the pilot program in Broward and Duval Counties, and expanded to Baker, Clay and Nassau Counties in year 2 of the program.[21]

Florida's Medicaid Reform waiver is a five-year demonstration, which began July 1, 2006, and runs through June 30, 2011.[22, 23] Long-term care services, including nursing home, institutional and community-based waiver services for elder and disabled adults, were expected to be included in the program by year 3 or 4;[24] however, to date they are not offered under Medicaid Reform.

Other Florida Long-Term Care Initiatives

Florida Senior Care Waiver. As part of the 2005 Medicaid reform efforts, the Legislature directed AHCA, in partnership with the Department of Elderly Affairs (DOEA), to create an integrated fixed-payment service delivery system for Medicaid recipients aged 60 or older.[25] The Agency received approval from the Centers for Medicaid and Medicare Services for 1915(b) and 1915(c) waivers to implement Florida Senior Care effective November 1, 2006, through October 31, 2008, contingent upon [Florida] legislative approval. Under Florida Senior Care:

- Coordinated care organizations would integrate all Medicaid services delivered to participants age sixty or older who are enrolled in the program.
- Physician services, hospitalization, prescription drugs, durable medical equipment, transportation, mental health services, and more would be included.
- Home and community based waiver services would be limited, but the managed care organization could provide additional services as a substitute for other, more expensive services such as nursing home care.
- A capitated payment structure would give managed care organizations the flexibility to expend resources on the care needed most in the settings desired most by elder participants.

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[20] Laws of Florida, Ch. 2005-133.
[21] Section 409.91211, F.S.
[22] Agency for Health Care Administration, *Centers for Medicare and Medicaid Services Special Terms and Conditions, Medicaid Reform 1115 Demonstration.* Available at http://ahca.myflorida.com/Medicaid/medicaid_reform/waiver/pdfs/cms_special_terms_and_conditions.pdf> (Last visited October 23, 2010).
[23] The 2010 Legislature required that AHCA request an extension of the waiver from the Centers for Medicare and Medicaid Services (CMS) to ensure that the Medicaid Reform Pilot remains active. Laws of Florida, ch. 2010-144, Section 1.
[24] *Florida Medicaid Reform Questions & Answers*, Question 19. Available at http://ahca.myflorida.com/medicaid/medicaid_reform/waiver/pdfs/florida_medicaid_reform_question_answers.pdf (last visited November 1, 2010).
[25] Some groups were specifically excluded: individuals enrolled in the developmental disabilities waiver program, family and supported living waiver program, project AIDS care waiver program, traumatic brain injury and spinal cord injury waiver program, consumer directed care waiver program, program for all inclusive care for the elderly waiver program, and residents of institutional care facilities for the developmentally disabled.

- For those participants who were also enrolled with Medicare, Florida Senior Care would provide care coordination between Medicaid and Medicare services.
- Two pilot areas of the state were chosen:
  - Enrollment for participants in the Panhandle counties of Escambia, Santa Rosa, Okaloosa, and Walton was mandatory.
  - Participation in the Central Florida pilot counties of Orange, Seminole, Osceola, and Brevard was voluntary.
- Individuals participating would choose among at least two plans from managed care organizations that would coordinate service delivery.
- AHCA would approve the managed care organizations and administer their competitively-procured contracts. All program decisions would be made by the agency in partnership with DOEA, who was to share operational responsibilities for the Florida Senior Care program.
- Funding for the program would come from individual Medicaid services line items in the budget, as appropriated by the Legislature, in proportion to the population age 60 and older served in the pilot areas. Service funds would be pooled in order to make fixed monthly payments to the care plans for each enrolled individual.

In 2007, the Legislature revisited the program's design and directed AHCA[26] to modify its operation.

- The law substituted Miami-Dade and Monroe counties for the Panhandle area as a pilot site and made enrollment in the program voluntary in all counties.
- It expanded participation to include persons who are dually-eligible for Medicare and Medicaid, not just those aged 60 and older.
- The competitive procurement requirement was deleted, and all entities who met AHCA's minimum standards would be eligible to provide services.
- Informal and formal provider grievance systems to address provider payment and contract issues were to be developed.
- A ten-day prompt-pay provision for nursing home claims was required.

The Agency for Health Care Administration determined in August 2008 that the mandated program redesign could not be implemented.[27]

> With both a greater number of health plans and voluntary enrollments, it is unclear what mix of recipients will choose to enroll in the program and it is not clear how plans will generate sufficient enrollment or case mix spread to meet the program's original objectives. Specifically, under the current program design the pilot program now has limited ability to expand access to home and community based services and to provides these services to Medicaid recipients before they reach a crisis, or nursing home level of care.
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> The legislatively mandated pilot areas for the program have changed from the Pensacola and Orlando areas to the Miami and Orlando areas. With many home and community based alternatives already available in the Miami area, this area of the state has the lowest incidence of nursing home utilization in the state. There were only 5% of Florida Senior Care eligible recipients in nursing homes in 2005-2006 in the Miami area, compared with an average of over 30% statewide for that same period. In addition, the Orlando area also has a number of existing home and community based alternatives, so beneficiaries in both areas of the state would not be adversely impacted by not implementing the pilot program at this time.

The waiver authorities for Florida Senior Care expired in October, 2008, and the program was never put into operation, although the statutory mandate continues to exist.[28]

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[26] Laws of Florida, Ch. 2007-82, s. 1.
[27] Schedule VIIIB-2 Priority Listing for Possible Reduction 10/15/2008, Issue Title: Florida Senior Care Pilot Program Administrative Funding.
[28] Section 409.912(5), F.S.

Demographics

Disabled Adults. The Department of Children and Families served over 4,900 clients age 18-59 on the ADA Waiver statewide as of August 17, 2010.

- Of those, approximately 800 are receiving services through the ADA waivers, and over 4,100 persons are on the waiting list for services.
- The majority of clients are age 35 to 59.

Attachment 1, *Demographic Information on Aged and Disabled Adult Waiver Enrollees and Client on the Waiting List (as of August 17, 2010)*, and *County of Residence for Aged and Disabled Adult Waiver Enrollees and Clients on the Waiting List (as of August 17, 2010)*, prepared by OPPAGA, provide additional detailed demographic information.

Elder Adults. In State Fiscal Year 2009-2010, DOEA served over 37,000 persons in the HCBS Medicaid Waiver programs.[29] Over 36,000 persons are on the waiting list for the various DOEA programs as of October 28, 2010.[30]

Although eligibility for these Medicaid waivers varies slightly, all of the HCBS programs require that individuals meet at least nursing home level of care. DOEA's CARES Program staff assesses an applicant's physical and mental capabilities and limitations, health care needs, and social support systems. A consulting physician then reviews the assessment with CARES staff and makes a level of care determination about the applicant's medical eligibility for Medicaid. During this consultation, the team also makes a recommendation for the least restrictive placement that will meet the applicant's service needs. The recommendation may be to place the client in a nursing home; an assisted living facility; an adult family care home; or to provide needed services in the client's own home or the home of a caregiver.[31] Attachment 2, *Characteristics of Florida's Elders*, provides additional information.

Residents of Nursing Homes. In Calendar Year 2009 statewide, Medicaid clients had over 68,000 stays in a nursing home, ranging from a few days to the entire year.[32] The median resident age was 81, and two-thirds were female. The vast majority of residents needed the same or greater levels of support and assistance during that year, suggesting that a transition back to the community was unlikely, and almost 21,000 clients died while in nursing home care. Attachment 3, *Demographic Information on Nursing Home Residents by Level of Care for Calendar Year 2009*, and Attachment 4, *Location of Nursing Home Residents by Medicaid Area Offices for Calendar Year 2009*, prepared by OPPAGA, provide additional detailed demographic information.

Expenditures

In State Fiscal Year 2009-2010, total funding for the HCBS Medicaid Waiver programs administered through DOEA exceeded $471.9 million. This figure includes both state and federal revenues. In addition, some of the clients receive services through the Medicaid State Plan. Attachment 5, *HCBS Medicaid Waiver Programs 2005-2010*, provides program-specific expenditure information.

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[29] Attachment 5, *HCBS Medicaid Waiver Programs 2005-2010*, provides program-specific enrollment information.

[30] *Department of Elder Affairs StateWide Analysis Assessed Prioritized Consumer List Totals by Assessed Rank Level and Program as of 10/28/2010*, Unduplicated Consumer Count by Programs. On file with the Senate Committee on Children, Families, and Elder Affairs.

[31] *GPS Program Summary Department of Elder Affairs Nursing Home Pre-Admission Screening (CARES)*, last updated 5/4/10 by OPPAGA. Available at http://www.oppaga.state.fl.us/profiles/5029/ (last visited November 1, 2010).

[32] This is not an unduplicated count, *i.e.*, one client could account for several stays throughout the year. The August 2010 Revenue Estimating Conference projects a total (unduplicated) nursing home caseload of almost 43,000 (exclusive of General Care use) for State Fiscal Year 2010-2011. *Social Services Estimating Conference - August 2010 Long Term Medicaid Forecast*. Available at http://edr.state.fl.us/Content/conferences/medicaid/medltexp.pdf (last visited November 1, 2010).

Managed Care for the Disabled and Elderly in Other States

Ten other states provide long-term care services to elders and disabled adults through managed care programs --- Arizona, Hawaii, Massachusetts, Minnesota, New Mexico, New York, Tennessee, Texas, Washington, and Wisconsin. The programs vary in enrollment from 600 in New York to 164,000 in Texas. Attachment 6, *Summary of Other States' Core Components for Medicaid Managed Long-Term Care Programs for Elders*, prepared by OPPAGA, provides additional details.

Of note, most states have a limited number of plans per geographic area. Regional plans focus on serving urban areas; states with plans serving rural areas allow for adjustment of network standards based on available providers.[33]

Most states cover primary and acute care, home and community-based services, and institutional care, but some limit the number of days for which the plan must pay for institutional care.[34]

If a state mandates participation in a Medicaid plan and that plan is also integrated with a Medicare special needs plan,[35] federal law requires that enrollment in the Medicare plan must be voluntary. As a result, most states which mandate enrollment do not operate large-scale integrated efforts with Medicare plans.[36]

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[33] *Overview of Program Features and Observations from State Administrators*, prepared by OPPAGA. On file with the Committee on Children, Families, and Elder Affairs.

[34] *Id.*

[35] Medicare Special Needs Plans are a type of Medicare Advantage Plan (Part C) for people with certain chronic diseases and conditions or who have specialized needs (such as people who have both Medicare and Medicaid or people who live in certain institutions). *See Your Guide to Medicare Special Needs Plans*, Revised November 2009, Centers for Medicare & Medicaid Services. Available at http://www.medicare.gov/Publications/Pubs/pdf/11302.pdf (last visited November 1, 2010).

[36] *Id.*

Attachment 1

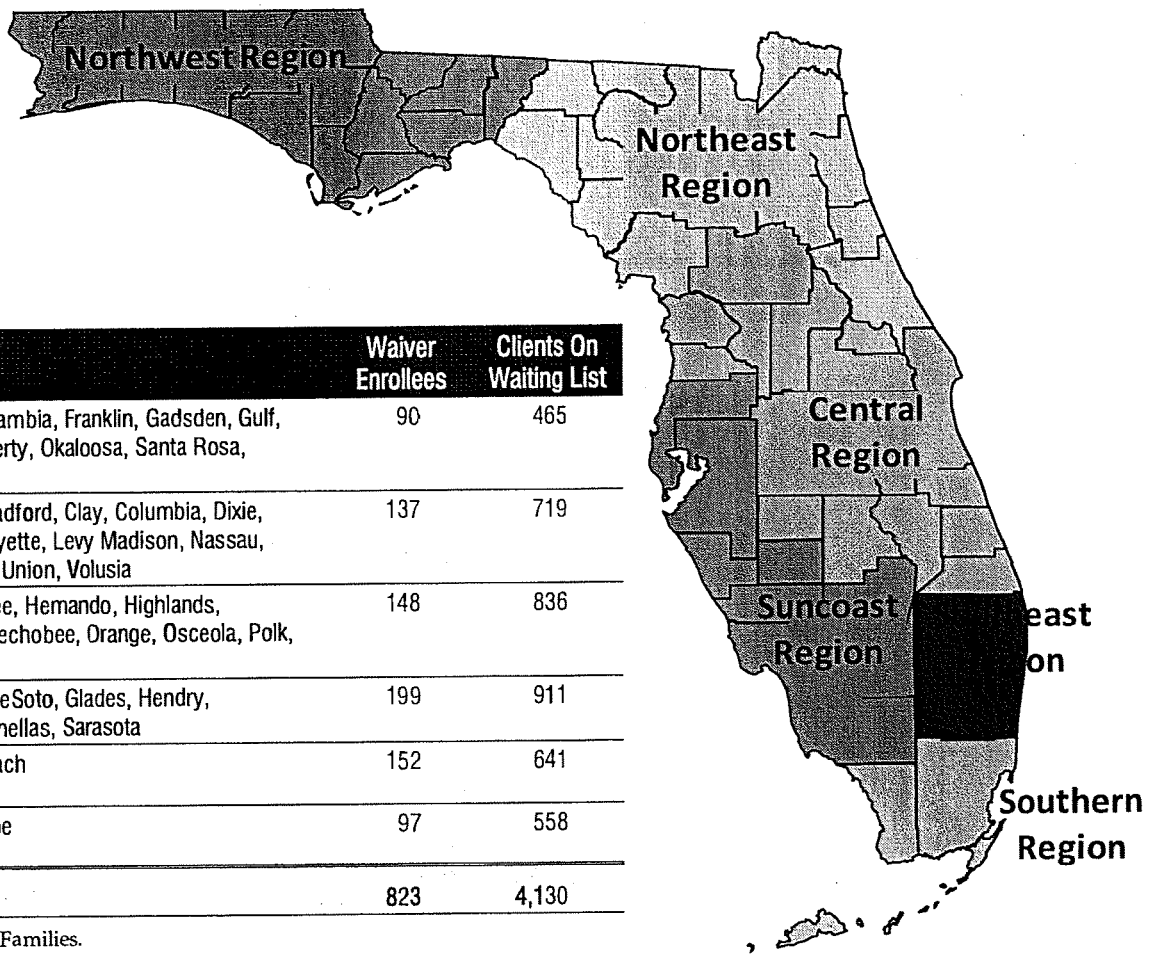
Demographic Information on Aged and Disabled Adult Waiver Enrollees and Clients on the Waiting List (as of August 17, 2010)

Demographics		Waiver Enrollees	Clients On Waiting List
Age	18-34	102	401
	35-59	721	3,729
Race	Caucasian	542	2,401
	Black	203	1,062
	Hispanic	71	490
	Asian or Pacific Islander	4	18
	American Indian/ Alaskan Native	0	6
	Not Provided	3	153
Gender[1]	Male	383	1,580
	Female	440	2,234
	Not Provided	0	316
Total Number of Clients		823	4,130

[1] Gender information was not available for 316 persons on the waiting list.

Source: Department of Children and Families.

County of Residence for Aged and Disabled Adult Waiver Enrollees and Clients on the Waiting List (as of August 17, 2010)



County	Waiver Enrollees	Clients On Waiting List
Northwest Region – Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, Washington	90	465
Northeast Region – Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy Madison, Nassau, Putnam, Suwannee, St. John's, Taylor, Union, Volusia	137	719
Central Region – Brevard, Citrus, Hardee, Hernando, Highlands, Indian River, Lake, Marion, Martin, Okeechobee, Orange, Osceola, Polk, Seminole, St. Lucie, Sumter	148	836
Suncoast Region – Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Sarasota	199	911
Southeast Region – Broward, Palm Beach	152	641
Southern Region – Miami-Dade, Monroe	97	558
Statewide Total	823	4,130

Source: Department of Children and Families.

ATTACHMENT 2: CHARACTERISTICS OF FLORIDA'S ELDERS

PERCENT OF POPULATION				
COUNTY	BELOW POVERTY LEVEL 60+	ALHZEIMER'S DISEASE 65+	LIVING ALONE 60+	65+ WITH SELF-CARE DISABILITIES
TOTALS	**8.6%**	**15.1%**	**23.0%**	**10.1%**
Alachua	9.1%	14.5%	23.8%	11.9%
Baker	9.7%	11.9%	18.3%	17.7%
Bay	9.1%	13.2%	24.1%	13.1%
Bradford	14.4%	14.2%	21.9%	12.4%
Brevard	7.3%	14.5%	22.5%	8.9%
Broward	9.9%	16.7%	28.5%	10.0%
Calhoun	17.1%	14.8%	26.6%	19.6%
Charlotte	6.0%	15.8%	20.7%	8.3%
Citrus	7.7%	15.0%	19.6%	7.9%
Clay	6.6%	13.2%	17.5%	12.6%
Collier	5.5%	14.0%	18.3%	5.6%
Columbia	11.9%	13.6%	24.8%	13.2%
DeSoto	7.5%	13.9%	16.6%	8.9%
Dixie	15.5%	13.1%	24.4%	15.6%
Duval	10.1%	14.3%	26.2%	13.5%
Escambia	8.7%	14.9%	23.8%	14.6%
Flagler	5.4%	13.5%	17.0%	9.4%
Franklin	12.4%	12.9%	23.3%	14.8%
Gadsden	14.6%	13.9%	24.9%	14.8%
Gilchrist	13.4%	12.9%	19.9%	13.2%
Glades	9.2%	12.2%	20.1%	10.8%
Gulf	12.3%	13.5%	24.5%	13.9%
Hamilton	16.8%	14.3%	23.8%	13.2%
Hardee	14.8%	14.8%	20.0%	13.5%
Hendry	12.2%	13.5%	21.8%	12.6%
Hernando	6.7%	15.1%	18.8%	9.6%
Highlands	8.2%	15.7%	20.8%	9.0%
Hillsborough	9.0%	14.6%	24.2%	12.2%
Holmes	15.4%	14.3%	25.5%	14.0%
Indian River	6.1%	16.2%	23.2%	7.3%
Jackson	17.0%	15.0%	29.2%	16.4%
Jefferson	15.3%	15.0%	19.2%	21.1%
Lafayette	15.8%	13.7%	27.1%	11.2%
Lake	6.8%	14.1%	20.1%	8.6%
Lee	5.9%	14.7%	20.0%	7.9%
Leon	7.0%	14 6%	24.2%	13.0%
Levy	11.6%	13.5%	24.0%	11.2%
Liberty	18.4%	13.0%	29.2%	19.8%
Madison	19.1%	14.9%	26.2%	14.7%

ATTACHMENT 2: CHARACTERISTICS OF FLORIDA'S ELDERS

	PERCENT OF POPULATION			
COUNTY	BELOW POVERTY LEVEL 60+	ALHZEIMER'S DISEASE 65+	LIVING ALONE 60+	65+ WITH SELF-CARE DISABILITIES
Manatee	6.4%	16.0%	24.6%	7.9%
Marion	8.3%	14.8%	20.7%	9.3%
Martin	5.6%	15.7%	22.7%	6.0%
Miami-Dade	15.0%	14.5%	20.0%	13.4%
Monroe	8.5%	13.1%	20.9%	7.3%
Nassau	7.9%	11.8%	19.8%	13.0%
Okaloosa	5.6%	12.9%	22.0%	10.9%
Okeechobee	9.9%	14.4%	21.0%	9.3%
Orange	8.4%	13.6%	21.1%	12.3%
Osceola	8.3%	13.2%	18.7%	9.3%
Palm Beach	6.7%	16.9%	24.7%	8.4%
Pasco	8.0%	15.8%	23.5%	8.5%
Pinellas	7.9%	16.7%	29.2%	9.0%
Polk	8.4%	14.6%	21.7%	10.9%
Putnam	11.9%	13.3%	24.8%	14.4%
St . Johns	6.2%	14.1%	21.1%	8.3%
St . Lucie	7.8%	14.8%	20.3%	9.0%
Santa Rosa	8.2%	12.4%	19.2%	12.4%
Sarasota	5.1%	16.6%	22.9%	7.7%
Seminole	6.4%	13.6%	21.4%	11.3%
Sumter	7.9%	13.8%	19.0%	10.9%
Suwannee	12.0%	14.8%	23.4%	13.0%
Taylor	14.9%	13.3%	25.7%	14.4%
Union	14.0%	12.4%	19.4%	20.3%
Volusia	7.3%	15.6%	23.8%	9.0%
Wakulla	10.2%	11.8%	17.9%	12.8%
Walton	9.4%	13.5%	22.2%	14.6%
Washington	16.4%	14.3%	24.8%	16.2%

Source - 2010 Summary of Programs and Services, Department of Elder Affairs. Department of Elder Affairs calculations based on University of Florida, Bureau of Economic and Business Research (BEBR) population estimates for 11/3/08; Florida Legislature, Office of Economic and Demographic Research projections for 11/08; and U.S. Bureau of the Census 2000 data.

Demographic Information on Nursing Home Residents by Level of Care for Calendar Year 2009

Demographics		Skilled Nursing	Intermediate Care I[1]	Intermediate Care II[2]	Persons Receiving Services Paid for by Medicaid Co-Payments	Persons Who Switched Between Levels of Care (Excluding Skilled Nursing)	Persons Who Switched Between Levels of Care (Including Skilled Nursing)	Total
Total Number of Residents		**11,337**	**38,945**	**928**	**635**	**4,301**	**12,485**	**68,631**
Age	Median Age	82.0	82.0	84.0	72.0	80.0	80.0	81.0
	Mean Age	76.5	78.3	80.9	70.7	77.4	77.2	77.7
Gender	Male	3,948	13,231	264	286	1,520	4,368	23,617
	Female	7,387	25,705	663	349	2,781	8,114	44,999
	Unknown	1	6	1	0	0	3	11
Died During Calendar Year	No	7,489	26,903	457	381	3,098	9,580	47,908
	Yes	3,848	12,042	471	254	1,203	2,905	20,723
Long-Term Care Minimum Data Set (MDS) Indicators[3]								
Resident has support person positive about discharge								
No		7,008	25,433	586	128	2,771	8,832	44,758
Yes		1,513	4,731	104	299	578	1,483	8,708
Overall change in self-sufficiency care needs								
No change or deteriorated - receives more support		9,097	31,669	756	407	3,421	10,547	55,897
Improved - receives fewer supports, needs less restrictive level of care		363	1,355	32	97	176	413	2,436
Cognitive skills for daily decision-making								
Independent - decisions consistent/reasonable		1,810	5,768	96	224	673	1,921	10,492
Modified Independence - some difficulty in new situations only		1,812	6,816	161	105	834	2,147	11,875
Moderately Impaired - decisions poor; cues/supervision required		3,782	14,127	337	130	1,451	4,775	24,602
Severely Impaired - never/rarely made decisions		1,974	6,245	193	44	637	2,073	11,166
Activities of Daily Living (ADL) Functional Rehabilitation Potential								
None of the below		3,604	11,851	284	338	1,552	4,392	22,021
Resident or staff believe resident is capable of increased independence in at least some ADLs, resident is able to perform tasks/activity slowly, and/or there is a difference in ability from morning to evening		4,930	18,388	408	93	1,806	5,948	31,573
Received Hospice Care								
No		8,701	30,424	703	474	3,375	10,457	54,134
Yes		764	2,610	85	30	222	504	4,215
Cardiovascular Condition – Arteriosclerotic Heart Disease, Cardiac Dysrhythmias, Congestive Heart Failure, and/or Other Cardiovascular Disease								
No		2,349	8,381	178	225	979	3,019	15,131
Yes		6,729	23,095	574	289	2,557	7,621	40,865
Stroke – Cerebrovascular Accident/Stroke and/ or Transient Ischemic Attack								
No		4,415	15,104	358	386	1,733	5,116	27,112
Yes		5,016	17,783	435	129	1,893	5,857	31,113
Muscoskeletal – Missing Limb, Osteoporosis, and/or Pathological Bone Fracture								
No		4,730	16,666	397	269	1,960	6,009	30,031
Yes		3,528	12,278	294	81	1,226	3,839	21,246

Attachment 3

Demographics	Skilled Nursing	Intermediate Care I[1]	Intermediate Care II[2]	Persons Receiving Services Paid for by Medicaid Co-Payments	Persons Who Switched Between Levels of Care (Excluding Skilled Nursing)	Persons Who Switched Between Levels of Care (Including Skilled Nursing)	Total
Paralysis – Hemiplegia/Hemiparesis, Paraplegia, Quadriplegia, and/or Traumatic Brain Injury							
No	6,045	21,139	510	435	2,381	7,096	37,606
Yes	3,386	11,748	283	80	1,245	3,877	20,619
Neurological Condition – Aphasia, Cerebral Palsy, Multiple Sclerosis, Parkinson's Disease, and/or Seizure Disorder							
No	5,401	18,923	492	428	2,155	6,265	33,664
Yes	4,030	13,964	301	87	1,471	4,708	24,561
Dementia – Alzheimer's Disease and/or dementia other than Alzheimer's Disease							
No	2,255	7,389	157	220	939	2,792	13,752
Yes	6,003	21,555	534	130	2,247	7,056	37,525
Mental Health - Anxiety Disorder, Depression, Manic Depression Bipolar Disease, and/or Schizophrenia							
No	1,542	4,817	105	201	580	1,645	8,890
Yes	7,889	28,070	688	314	3,046	9,328	49,335

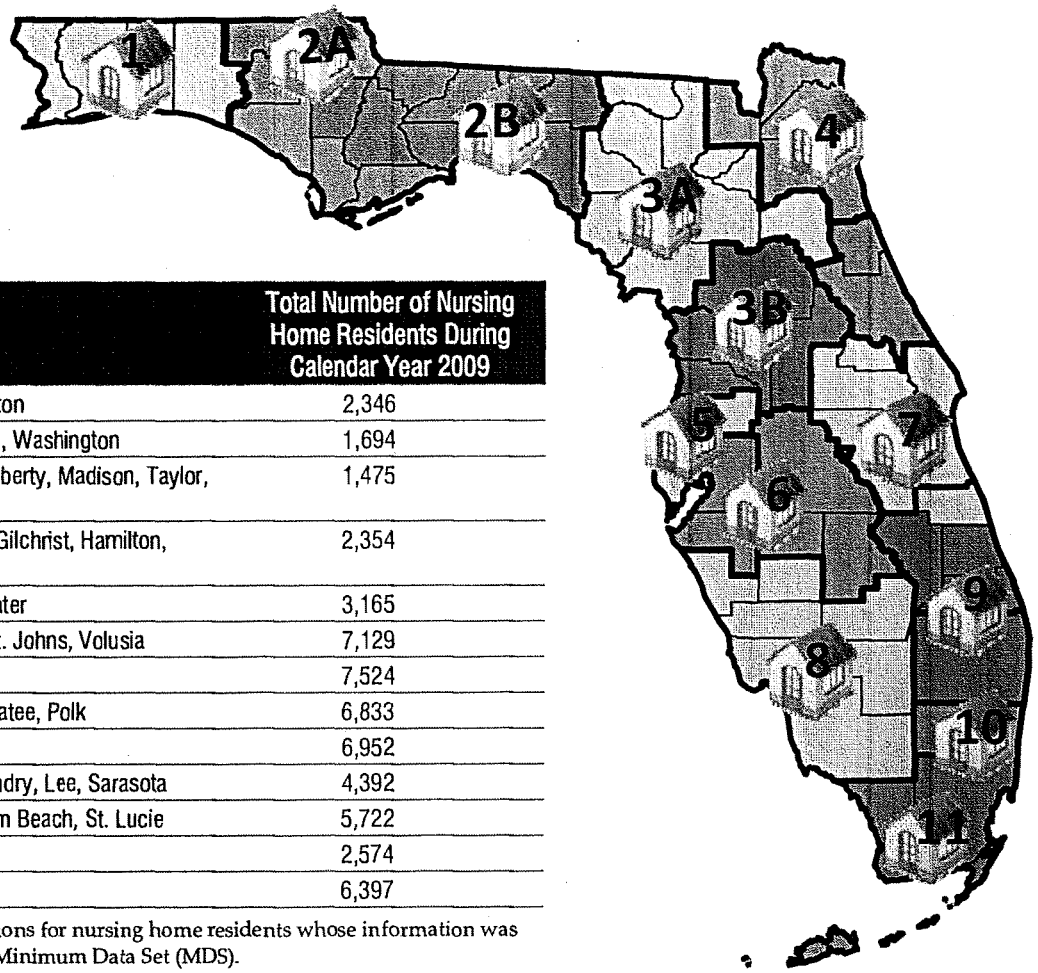
[1] Intermediate Care I residents are incapacitated mentally or physically and require extensive health related care and services.

[2] Intermediate Care II residents are mildly incapacitated or ill to a degree which requires medical supervision, but limited health related care and services.

[3] The Long-Term Care Minimum Data Set (MDS) is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all residents in a Medicaid and/or Medicaid-certified long-term care facility. The MDS contains items that measure physical, psychological, and psychosocial functioning. Information on all indicators was not available for all clients.

Source: OPPAGA analysis of information provided by the Agency for Healthcare Administration and consultation with the Florida State University Pepper Center.

Location of Nursing Home Residents by Medicaid Area Offices for Calendar Year 2009[1]



Medicaid Area Office	Total Number of Nursing Home Residents During Calendar Year 2009
Area 1– Escambia, Okaloosa, Santa Rosa, Walton	2,346
Area 2A – Bay, Franklin, Gulf, Holmes, Jackson, Washington	1,694
Area 2B – Calhoun, Franklin, Gadsden, Leon, Liberty, Madison, Taylor, Wakulla	1,475
Area 3A – Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	2,354
Area 3B – Citrus, Hernando, Lake, Marion, Sumter	3,165
Area 4 – Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	7,129
Area 5 – Pasco, Pinellas	7,524
Area 6 – Hardee, Highlands, Hillsborough, Manatee, Polk	6,833
Area 7– Brevard, Orange, Osceola, Seminole	6,952
Area 8 – Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	4,392
Area 9 – Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	5,722
Area 10 – Broward	2,574
Area 11 – Miami-Dade, Monroe	6,397

[1] This data does not include 10,074 county locations for nursing home residents whose information was not recorded in the federal Long-Term Care Minimum Data Set (MDS).

Source: OPPAGA analysis of data provided by the Agency for Healthcare Administration.

Attachment 5: HCBS Medicaid Waiver Programs 2005-2010

HCBS PROGRAMS	STATE FISCAL YEAR	FEDERAL AND STATE FUNDING	CLIENTS SERVED
Aged and Disabled Adult Waiver (Includes CDC+)	2005-2006	$88,569,763	12,854
	2006-2007	$85,594,582	13,420
	2007-2008	$85,485,333	10,808
	2008-2009	$85,485,333	10,344
	2009-2010	$87,197,330	10,551
Long-Term Care Community Diversion Pilot Program (Includes PACE)	2005-2006	$274,713,462	9,348
	2006-2007	$200,870,188	5,319
	2007-2008	$224,335,496	13,024
	2008-2009	$306,373,201	19,032
	2009-2010	$327,899,046	20,369
Alzheimer's Disease Waiver	2005-2006	$5,038,809	80
	2006-2007	$5,057,409	109
	2007-2008	$5,057,409	320
	2008-2009	$5,057,406	350
	2009-2010	$5,020,209	350
Assisted Living for the Frail Elderly Waiver	2005-2006	$31,626,666	5,141
	2006-2007	$33,186,632	4,639
	2007-2008	$33,186,632	3,186
	2008-2009	$33,129,879	3,398
	2009-2010	$35,165,608	3,607
Channeling Waiver	2005-2006	$12,918,308	1,646
	2006-2007	$12,918,308	1,673
	2007-2008	$14,152,393	1,627
	2008-2009	$15,435,800	1,442
	2009-2010	$14,700,762	1,800
Adult Day Health Care Waiver	2005-2006	$1,946,858	41
	2006-2007	$1,946,858	47
	2007-2008	$1,946,858	53
	2008-2009	$1,946,858	47
	2009-2010	$1,946,858	150

Source - 2010 Summary of Programs and Services, Department of Elder Affairs

Summary of Other States' Core Plan Components for Medicaid Managed Long-Term Care Programs for Elders

State and Program Name	Eligibility	Geographic Area Covered	Number Served (approximate)	Voluntary/ Mandatory	Scope of Services	Federal Authority
Arizona Arizona Long-Term Care System (ALTCS)	Medicaid eligible elders (65+) and physically and developmentally disabled adults who meet nursing home level of care requirements	Statewide	50,200	Mandatory except for Native Americans	Primary/Acute, Behavioral Case Management, Home and Community-Based Services, and Institutional Care	Medicaid State Plan and 1115 Medicaid waiver
Hawaii Quest Expanded Access (QExA)	Medicaid eligible elders (65+) and physically and developmentally disabled children and adults, regardless of level of care needs	Statewide	42,000	Mandatory	Primary/Acute, Home and Community-Based Services, and Institutional Care (for elders and physically disabled only)	1115 Medicaid waiver
Massachusetts Senior Care Options (SCO)	Medicaid and Medicare dually eligible elders (65+) regardless of level of care needs	8 of 14 counties	14,500	Voluntary	Primary/Acute, Home and Community-Based Services, Institutional Care, Integrated with Medicare Special Needs Plan (SNP)	Medicaid state plan
Minnesota Minnesota Senior Care Plus (MSC+)	Medicaid eligible elders (65+) (most participants are also eligible for Medicare) regardless of level of care needs	Statewide	12,150	Mandatory	Primary/Acute, Home and Community-Based Services, Institutional Care up to 180 days, excludes Medicare Part D prescription drug coverage	1915(b)(c) Medicaid waiver
Minnesota Senior Health Options (MSHO)	Medicaid and Medicare dually eligible elders (65+) regardless of level of care needs	Statewide	36,100	Voluntary	Primary/Acute, Home and Community-Based Services, Institutional Care up to 180 days, Integrated with Medicare Special Needs Plan (SNP) including Medicare Part D prescription drug coverage	1915(b)(c) Medicaid waiver
New Mexico Coordination of Long-Term Services (CoLTS)	Medicaid and Medicare dually eligible elders (65+) regardless of level of care needs, and certain children and adults who meet nursing home level of care requirements (may be Medicaid only or dually eligible)	Statewide	38,000	Mandatory	Primary/Acute, Home and Community-Based Services, Institutional Care, Integrated with Medicare Special Needs Plans (SNP) for the dually eligible members who voluntarily select the same company for Medicare services	1915(b)(c) Medicaid waiver
New York Medicaid Advantage Plus	Medicaid and Medicare dually eligible adults (18+) who meet nursing home level of care requirements	Selected areas, mostly urban	600	Voluntary	Primary/Acute, Behavioral Health, Dental, Home and Community-Based Services, Institutional Care, Integrated with Medicare Special Needs Plan (SNP) including Medicare Part D prescription drug coverage	1915(a) Medicaid Waiver

State and Program Name	Eligibility	Geographic Area Covered	Number Served (approximate)	Voluntary/ Mandatory	Scope of Services	Federal Authority
Tennessee TennCare Choices	Medicaid Eligible elders (65+) and adults (21+) with physical disabilities who meet nursing home level of care requirements	Statewide	27,000	Mandatory	Primary/Acute, Behavioral Health, Home and Community-Based Services, and Institutional Care	1115 Medicaid waiver
Texas Star+Plus	Medicaid eligible elders (65+) and disabled adults (21+) who meet nursing home level of care requirements Adults and children receiving Supplemental Security Income (SSI)	5 urban regions (29 counties)	164,000	Mandatory for elders, disabled adults and dually eligible adults receiving SSI Voluntary for children receiving SSI	Primary/Acute excluding inpatient hospitalization, and prescription drugs, and including inpatient behavioral health, and Home and Community-Based Services	1915(b)(c) Medicaid waiver
Washington Washington Medicaid Integration Project (WMIP)	Medicaid and Supplemental Security Income (SSI) eligible adults (21+) who meet nursing home level of care requirements On a case by case basis, plans may request to serve those who do not meet level of care criteria	1 county (Snohomish) with a urban/rural mix	3,600 (approximately 325 receive long-term care services)	Voluntary	Primary/Acute including behavioral health and chemical dependency, Home and Community-Based Services, Institutional Care up to 180 days, and Integrated with Medicare Special Needs Plan (SNP)	1915(c) Medicaid waiver
Wisconsin Family Care Partnership Program	Both programs serve Medicaid and Medicare eligible elders (65+) and adults (18+) with physical and developmental disabilities who meet nursing home level of care requirements	Expanding statewide, some areas have one or the other program or both	3,550	Voluntary	Primary/Acute, Home and Community-Based Services, Institutional Care, Integrated with Medicare Special Needs Plan (SNP)	1915(b)(c) Medicaid waiver
Family Care			28,000	Voluntary	Certain Medicaid state plan services such as home health and personal care, Home and Community-Based Services, and Institutional Care	

Source: OPPAGA research and analysis of other states' managed long-term care programs.