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Committee on Health Policy

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## **REVIEW OF THE MEDICAID HOME AND COMMUNITY-BASED WAIVER PROGRAM FOR PERSONS WITH ALZHEIMER'S DISEASE**

### **SUMMARY**

Subsections (7), (8), and (9) of s. 430.502, F.S., require the Agency for Health Care Administration (AHCA) and the Department of Elderly Affairs (DOEA) to implement a Medicaid home and community-based waiver program for persons with Alzheimer's Disease. The goal of the waiver program is to allow Medicaid recipients with Alzheimer's Disease to live in the community as long as possible and avoid long-term care in nursing facilities. Section 430.502(9), F.S., specifies that the authority to continue the Medicaid Alzheimer's Disease waiver program expires at the close of the 2008 Regular Session unless the Legislature takes action to continue the program.

The Alzheimer's Disease waiver program was implemented beginning in August 2004. During the course of this review, professional staff found that the program was slow in being implemented, has had low enrollment (only 52 percent of available slots had been filled at the time of the review), has significantly higher average annual costs per member than similar groups not receiving waiver services, and has been only modestly successful in keeping Medicaid recipients with Alzheimer's Disease in the community compared to a comparison group that did not receive waiver services. However, information used to derive these findings was limited by the short duration the program has been fully operational.

Based on the limited availability of program data, professional staff recommends that the Alzheimer's Disease waiver program should be saved from repeal for a period of two years. This will allow sufficient time to conduct a comprehensive study comparing the cost savings and nursing home diversion effectiveness of this and similar home and community-based waiver initiatives. The study should also examine whether the state could achieve similar results by using the flexibility provided to states through the federal Deficit

Reduction Act (DRA) of 2005 to provide home and community-based care benefits without these waiver programs.

### **BACKGROUND**

Dementia describes a group of symptoms related to a brain disorder that seriously affects a person's ability to carry out activities of daily living like cooking, driving, shopping, or attending to personal hygiene. The two most common forms of dementia among older people are Alzheimer's Disease (which initially involves the parts of the brain that control thought, memory, and language) and multi-infarct dementia (caused by a series of small strokes or changes in the brain's blood supply which results in the death of brain tissue). It is still not known what causes Alzheimer's Disease and there is no cure.<sup>1</sup>

Alzheimer's Disease afflicts approximately 5.1 million persons in the United States as of 2007. It is estimated that 360,000 Floridians had Alzheimer's disease in 2000, and this number is expected to reach 450,000 by 2010 (a 25 percent increase). Ninety-six percent of persons with Alzheimer's Disease are 65 years of age or older.<sup>2</sup> The mortality rate for persons with Alzheimer's Disease has increased over the last few years. Alzheimer's Disease is now the seventh leading cause of death in the United States (65,965 deaths in 2004). While age-adjusted death rates decreased significantly from 2003 to 2004 for 9 of the 15 leading causes of death, significant increases in mortality rates

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<sup>1</sup> National Institute on Aging. "Alzheimer's Disease: Fact Sheet." Found at: <http://www.nia.nih.gov/Alzheimers/Publications/adfact.htm> (last visited on September 7, 2007).

<sup>2</sup> Alzheimer's Association. *Alzheimer's Disease Facts and Figures 2007*. Found at: [http://www.alz.org/national/documents/Report\\_2007FactsAndFigures.pdf](http://www.alz.org/national/documents/Report_2007FactsAndFigures.pdf) (last visited on September 7, 2007).

occurred for unintentional injuries, hypertension, and Alzheimer's Disease.<sup>3</sup>

This increase in Alzheimer's Disease morbidity and mortality has direct fiscal effects on federal and state health programs. Persons with Alzheimer's Disease and other dementias tend to use more medical services and have higher overall medical expenses than persons without these conditions. In 2000, Medicare spent nearly three times as much, on average, for people with Alzheimer's Disease and other dementias as for beneficiaries without dementia (\$13,207 versus \$4,454 per beneficiary). The drivers behind the cost differentials include more hospital stays and physician visits. Additionally, approximately 30 percent of Medicare beneficiaries with Alzheimer's Disease and other dementias also receives services financed by Medicaid, especially long-term care services. Among nursing home patients with Alzheimer's Disease and other dementias, 51 percent used Medicaid to pay for their nursing home care in 2000.<sup>4</sup>

### The Alzheimer's Disease Initiative

Because of the large number of persons at risk for Alzheimer's Disease in Florida, the Legislature created the Alzheimer's Disease Initiative (ADI) in 1985 to provide a continuum of services to meet the changing needs of individual's with Alzheimer's Disease, and similar memory disorders, and their families. The initiative is comprised of four components: 1) memory disorder clinics that provide diagnosis, research, treatment, and referrals; 2) model day care programs to test new care alternatives; 3) a research database and brain bank to support research; and 4) supportive services, including case management, counseling, consumable medical supplies, respite for caregivers, and nine other services as part of Medicaid's Alzheimer's Home and Community-Based Waiver Program.<sup>5</sup> The statutory authorization for the ADI is found in ss. 430.501-430.504, Florida Statutes.

### Medicaid Home and Community-based Services Waiver Programs

In 1999, the U.S. Supreme Court handed down the *Olmstead* decision,<sup>6</sup> which interpreted the 'integration mandate' of the Americans with Disabilities Act (ADA) of 1990, to require public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." To facilitate states' ability to meet this directive, the federal government approved the expansion of home and community-based services (HCBS) waiver programs originally authorized in 1981. These programs allow states to provide Medicaid services in the home for persons who would otherwise require institutional care in a hospital, nursing facility, or intermediate care facility. These programs are federally-approved Medicaid initiatives authorized by Title XIX of the Social Security Act, Section 1915.

States may offer a variety of services to consumers under an HCBS waiver program and the number of services that can be provided is not limited. These programs may provide a combination of both traditional medical services (i.e., dental services, skilled nursing services, etc.) as well as non-medical services (i.e., respite care, case management, environmental modifications, etc.). Family members and friends may be providers of waiver services if they meet the specified provider qualifications. The HCBS waiver programs are initially approved for 3 years and may be renewed at 5-year intervals.<sup>7</sup> If a state terminates a HCBS waiver, federal law requires that recipients receive continued services in an amount that does not violate the comparability of service requirements established in the Social Security Act.<sup>8</sup> In effect, the state has to transition recipients into programs with comparable services.

Florida currently operates the following home and community-based services waiver programs:<sup>9</sup>

- Adult Cystic Fibrosis
- Aged/Disabled Adult Services

<sup>3</sup> Centers for Disease Control and Prevention. National Vital Statistics Reports. "Deaths: Final Data for 2004." August 21, 2007. Found at:

[http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_19.pdf) (last visited on September 7, 2007).

<sup>4</sup> Alzheimer's Association. Alzheimer's Disease Facts and Figures 2007. Found at: [http://www.alz.org/national/documents/Report\\_2007FactsAndFigures.pdf](http://www.alz.org/national/documents/Report_2007FactsAndFigures.pdf) (last visited on September 7, 2007).

<sup>5</sup> The Department of Elder Affairs. Found at: <http://elderaffairs.state.fl.us/english/alzheimers.html> (last visited on September 7, 2007).

<sup>6</sup> *Olmstead v. L. C.* (98-536) 527 U.S. 581 (1999).

<sup>7</sup> U.S. Centers for Medicare and Medicaid Services. Found at:

[http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/05\\_HCBSWaivers-Section1915\(c\).asp](http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp) (last visited on September 13, 2007).

<sup>8</sup> 42 C.F.R. 441.356.

<sup>9</sup> Found at: [http://www.fdhc.state.fl.us/Medicaid/hcbs\\_waivers/index.shtml](http://www.fdhc.state.fl.us/Medicaid/hcbs_waivers/index.shtml) (last visited on September 13, 2007).

- Adult Day Health Care
- Assisted Living for the Elderly
- Alzheimer's Disease
- Channeling Services for the Frail Elderly
- Consumer Directed Care Plus
- Developmental Disabilities
- Familial Dysautonomia
- Family and Supported Living Model
- Nursing Home Diversion
- Project AIDS Care (PAC)
- Traumatic Brain Injury and Spinal Cord Injury

### **Recent Changes In Federal Medicaid Law Pertaining To Home and Community-based Waivers**

Congress provided new flexibility to state Medicaid programs through the passage of the Deficit Reduction Act (DRA) of 2005.<sup>10</sup> President Bush signed the measure into law on February 8, 2006. The DRA includes both mandatory and optional policy changes for state Medicaid programs that affect issues as diverse as eligibility verification requirements to Medicaid "buy-in" programs for families with children with special health care needs.

Among the DRA changes is a provision allowing states to include home and community-based services for the elderly and disabled as an optional benefit instead of requiring a waiver.<sup>11</sup> In addition, unlike other optional services (such as rehabilitation or personal care), states would be allowed to cap the number of people eligible for the services through modifications to the needs-based eligibility criteria established by the state. The DRA also removes the prior statutory requirement that beneficiaries get needed services at home only if they would need institutional care without them. States can now provide home and community based care under their state plans to those who may not yet be at risk for immediate institutionalization.

### **The Medicaid Home and Community-based Waiver Program for Persons with Alzheimer's Disease**

Subsections (7), (8), and (9) of s. 430.502, F.S., require the AHCA and the DOEA to implement a Medicaid home and community-based waiver program for persons with Alzheimer's Disease.<sup>12</sup> The goal of the waiver program is to allow Medicaid recipients with Alzheimer's Disease to live in the community as long

as possible and avoid long-term care in nursing facilities.

In November 2003, the Florida Medicaid program submitted a 1915(b)(4) and a 1915(c) waiver application to the federal Centers for Medicare and Medicaid Services (CMS). As approved by the CMS, the waivers created the Medicaid Alzheimer's Home and Community-Based Waiver Program "to assist persons with Alzheimer's Disease to remain in the community and maintain their functioning as long as possible by providing supportive services to the beneficiaries and their caregivers." The waivers were approved by the CMS in early 2004.

The Medicaid Alzheimer's Disease waiver program serves persons aged 60 years and over who have a specific diagnosis of Alzheimer's Disease (no other dementias qualify) and who have a live-in caregiver. Eligible waiver participants must be diagnosed with Alzheimer's Disease by a physician, as confirmed by a Memory Disorder Clinic, a board certified neurologist, or a licensed medical doctor with experience in neurology. Eligible participants must also meet the nursing home level of care criteria as assessed by the DOEA's Comprehensive Assessment Review and Evaluation Services (CARES) unit. Persons already living in a nursing home or an intermediate care facility for individuals with mental retardation, the medically needy, and those persons receiving services through another Medicaid, home and community-based waiver program are ineligible for participation in the Medicaid Alzheimer's Disease waiver program.

The authorized services delivered through the Medicaid Alzheimer's Disease waiver program include:

- Case management;
- Adult day care;
- Respite care;
- Wanderer alarm systems;
- Wanderer identification and location programs;
- Caregiver training;
- Behavioral assessment and intervention;
- Incontinence supplies;
- Personal care assistance;
- Environmental modifications; and,
- Pharmacy review.

All other medically necessary services are paid for on a fee-for-service basis through either Medicare or

<sup>10</sup> P.L. 109-171.

<sup>11</sup> Section 6086 of the DRA of 2005.

<sup>12</sup> Ch. 2003-57, s. 26, L.O.F.

Medicaid, including long-term care (e.g., nursing home services, etc).

The Alzheimer's Disease waiver program was implemented in three areas of the state: Miami-Dade/Broward, Palm Beach, and Pinellas Counties. The AHCA and the DOEA selected vendors through a competitive bid process. Each vendor, in turn, was contracted to develop a network of service providers to deliver direct waiver services consistent with those listed above. Vendors are also responsible for:

- Assisting with screening, assessing, and enrolling eligible participants;
- Planning and implementing a continuing array of these services as the recipients' conditions decline;
- Coordinating the discharge of participants from the program to appropriate settings when necessary;
- Documenting successful interventions for dissemination to other practitioners; and,
- Assisting the state Medicaid program in evaluating the program to determine if it should be implemented in more geographic locations.

The authority to continue the Medicaid Alzheimer's Disease waiver program expires at the close of the 2008 Regular Session unless the Legislature takes action to continue the program.<sup>13</sup>

## **METHODOLOGY**

Professional staff from the Senate Health Policy Committee and the Senate Children, Families, and Elder Affairs Committee conducted a joint project to develop recommendations regarding reauthorization of the waiver program. Professional staff conducted interviews with operational staff in the AHCA and the DOEA and with staff of the contract vendors to assess the implementation of the waiver program. Professional staff also reviewed data related to the waiver program's implementation and reviewed evaluations of the waiver program conducted by the Louis de la Parte Florida Mental Health Institute at the University of South Florida, including interviewing the principal investigator about the research findings. Professional staff also analyzed vendor contracts provided by the agency.

## **FINDINGS**

The objectives of this interim project were to determine: how many people are enrolled in and using the waiver services; whether the waiver program is

considered effective and efficient in helping individuals with Alzheimer's Disease remain in the community; and, whether the waiver should be reauthorized during the 2008 Regular Session of the Legislature.

### **The Alzheimer Disease Waiver Program Was Slow In Being Implemented and Has Had Limited Participation**

The federal CMS originally approved the Medicaid Alzheimer's Disease waivers in early 2004. The AHCA and the DOEA selected two vendors through a competitive bid process to begin providing services by the end of August 2004. Miami Jewish Home and Hospital for the Aged, Inc., was selected to serve Miami-Dade and Broward Counties, and Gulf Coast Jewish Family Services Inc., was selected to serve Pinellas County. The award of the third contract was delayed due to a bid protest. After re-bidding, Alzheimer Community Care, Inc., was selected to serve Palm Beach County in the summer of 2005.

Each contract is for a 36-month period, the beginning and end dates varying by each vendor. The contract with Gulf Coast Jewish Family Services, Inc., is for \$388,800 (\$135 per member at a maximum average caseload of 90 individuals), and is effective from February 15, 2005, through February 14, 2008. The contract with Miami Jewish Home and Hospital for the Aged, Inc., is for \$874,800 (\$135 per member at a maximum average caseload of 180 individuals), and is effective from March 15, 2005, through March 14, 2008. The contract with Alzheimer's Community Care, Inc., is for \$388,800 (\$135 per member at a maximum average caseload of 80 individuals), and is effective from September 20, 2005, through June 30, 2008.

Once the contracts were awarded, the vendors began establishing their provider networks, a task that proved more difficult than expected due to problems with the paperwork requirements for creating a Medicaid provider number (particularly as they relate to fingerprinting requirements). Other implementation delays were the result of problems with coding changes in the Medicaid claims processing systems that made it difficult for providers to receive payment once they submitted their claims. Also, vendors believe that the turnover in agency and department personnel caused significant delays in implementation. Finally, agency personnel reported that the vendors did not have adequate networks to allow implementation.

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<sup>13</sup> S. 430.502(9), F.S.

Irrespective of the reasons for the delays, the result was that the first recipients did not begin receiving services until enrollment began in Miami-Dade and Broward Counties in October 2005 (although the contract was signed in March 2005). Other problems, such as high staff turnover, with the vendor during the introduction of the program in Pinellas County delayed recipients receiving services there until January 2006 (the current program administrator was only in this position for approximately four months at the time of this review). Despite the bid protest and re-bidding process, recipients began receiving services in Palm Beach County in February 2006, mainly because the vendors served patients through alternative funding sources.

Overall enrollment in the program is low. The waiver program has a goal of enrolling 350 recipients. As of June 2007, all three vendors had enrolled only 185 recipients, most of them in Miami-Dade and Broward Counties. Some of the reasons provided by the vendors for the low enrollment include the delayed startup discussed above, the restrictive eligibility criteria (especially the limitation of only persons with Alzheimer's Disease being eligible, instead of persons with Alzheimer's Disease and other forms of dementia, and the age limitation), and the difficulty in receiving referrals for those vendors who are not DOEA lead agencies (i.e., Alzheimer's Community Care, Inc., in Palm Beach County).

### **The Medicaid Alzheimer's Disease Waiver Program Appears to be Successful at Keeping Patients in the Community, but at a Significant Cost**

The contracted vendors are responsible for coordinating and administering services to help Alzheimer's Disease patients and their caregivers to remain in their communities. The vendors are contractually responsible for: conducting outreach to identify potential participants; conducting initial eligibility assessments; assisting the applicant through the medical and financial eligibility determination process; establishing case management plans; conducting case management and counseling; caregiver training and support; contracting with other providers, primarily home health agencies and other community providers; monitoring provider services; and face-to-face and telephonic interviews of patients and the caregivers to determine their health status and well-being. Most vendors report that their case management services, caregiver training, adult day care, and respite services are the most important services they provide through their contracts.

To determine the effectiveness of these contracts, the AHCA and the DOEA contracted with the Louis de la Parte Florida Mental Health Institute at the University of South Florida to evaluate the Medicaid Alzheimer's Disease waiver program. The AHCA provided professional staff of the Legislature with a copy of its most recent report released in June 2007.<sup>14</sup> The evaluation asked six questions, including whether the program has delayed participants' admissions to hospitals and nursing homes and whether the program has generated cost savings.

In order to answer these questions, the institute compared four groups of Medicaid recipients with Alzheimer's Disease, 60 years of age or older, living in the community with a live-in caregiver. The first group consisted of persons enrolled in the Alzheimer's Disease waiver program for at least 6 months. The second group consisted of persons enrolled in the Alzheimer's Disease waiver program for at least 12 months. The third group consisted of those persons who met the same basic characteristics as those persons enrolled in the Alzheimer's Disease waiver program, but who participated in the Aged and Disabled waiver program for at least 8 of the 12 months studied. The inclusion of this group allowed for a comparison of the Alzheimer's Disease waiver program with another Medicaid home and community-based waiver program. The fourth group had all the characteristics as the participants in the Alzheimer's Disease waiver program, but had not participated in any waiver program for more than 5 months of the 12 months studied. This final group was included as a control group.

Using administrative enrollment and claims data from the AHCA and the DOEA, and records maintained by the vendors, the groups were compared on demographic characteristics (age range, mean age, gender, race/ethnicity), per member per month (PMPM) costs, total per member per year (PMPY) costs, and average number of days in the community, hospital, or nursing home (diversion efficacy comparison).<sup>15</sup> Cost comparisons included waiver service costs and costs for services that were not

<sup>14</sup> Chiriboga, David, et.al. Florida's Medicaid Alzheimer's Home and Community-Based Waiver Program: An Interim Report. Louis de la Parte Florida Mental Health Institute. University of South Florida. June 2007.

<sup>15</sup> The population sizes for these comparisons were small; however, the differences between the waiver and non-waiver groups were statistically significant at the p=.01 level.

covered by the waiver (e.g., mental health services, prescription drugs, nursing home admissions, etc.). Table 1 provides the findings on the cost and diversion comparisons.

<b>Table 1. Cost and Diversion Comparisons</b>				
	<b>Alzheimer Waiver (6 months of activity)</b>	<b>Alzheimer Waiver (12 months of activity)</b>	<b>Aged and Disabled Waiver</b>	<b>Non-Waiver Group</b>
<b>Average PMPM</b>	987	1,076	1,397	636
<b>Average Total PMPY</b>	8,657	12,909	16,650	7,011
<b>Average Days in the Community*</b>	360.79 (17.80)		357.99 ( 20.09)	353.03 (43.76)
<b>Average Days in Nursing Home*</b>	3.61 (16.95)		4.79 (19.53)	9.16 (42.81)
<b>Average Days in Hospital*</b>	0.61 (1.53)		2.22 (4.07)	2.53 (5.71)

\*The 6 Month and 12 Month Alzheimer Waiver groups were combined into a single Alzheimer Waiver group for the comparisons of days in the community, nursing home, and hospital. The standard deviation is in parentheses.

Based on an analysis of the data in Table 1, it appears that participants in either the 6-month or 12-month Alzheimer’s Disease waiver program groups had lower costs in all three comparisons to those recipients in the Aged and Disabled waiver program. This difference was most significant the longer the person participated in the Alzheimer’s Disease waiver program (with an average difference of over \$3,740 per person between the 12-month Alzheimer’s Disease waiver program and the Aged and Disabled waiver program). However, the non-waiver group had the lowest average annual expenditures of all the comparison groups with almost \$5,900 less in expenditures on average per person than the 12-month Alzheimer’s Disease waiver program participant.<sup>16</sup>

Although more expensive, the Alzheimer’s Disease waiver program was the most effective at delaying the entrance into nursing homes. Participants in the program only spent an average of 3.6 days in nursing

homes over the course of a year, compared to an average of 4.79 days in nursing homes for persons in the Aged and Disabled waiver program, and an average of 9.16 days in nursing homes for the non-waiver group. Based on these findings, the program appears to be a successful nursing home diversion program, although its costs do not appear to support the minimal gain in delaying institutionalization.

### **FY 2007-08 Budget Reduction Exercises**

In mid-summer 2007, the Legislature’s Office of Economic and Demographic Research (EDR) projected substantial state revenue shortfalls caused by changes in Florida’s economy. As a result, the Legislature and the Office of the Governor conducted budget reduction exercises beginning in late July to identify possible programs for cost reductions or elimination. The Office of the Governor, the DOEA, and legislative staff all identified the Alzheimer’s Disease waiver program as a potential area for reduction.

The DOEA and the Office of the Governor introduced two basic scenarios during these exercises. The first scenario would close the program to new enrollees and any of the appropriations associated with unfilled waiver slots would be returned to general revenue. Current enrollees would remain in the waiver and continue to receive services through the contracted vendors. If this scenario is adopted, authorizing statutes would have to be amended and the vendors would have to agree that they could operate the program with fewer enrollees. In addition, the AHCA and the DOEA would need to determine to which alternative waiver programs Alzheimer’s Disease waiver recipients would transition, if the vendors will not agree to continue providing services to only current enrollees, or if maintaining a separate waiver loses economies of scale due to natural attrition. Finally, the state would have to decide where to cut off new enrollment as the vendors report that there are many applicants currently moving through the process of medical and financial eligibility determination.

The second scenario being considered is to close the waiver program to new enrollees and to transition existing enrollees into another home and community based Medicaid waiver, such as the Aged and Disabled Adult (ADA) Medicaid waiver, effectively repealing the Alzheimer’s Disease waiver program. Similar to the Alzheimer’s Disease waiver, the purpose of the ADA waiver is to help individuals who are at risk of nursing home placement to remain at home or in a community setting. Participants must meet the same disability and financial criteria as Medicaid residents in nursing

<sup>16</sup> Professional staff interviewed the principal investigator of the interim report to determine whether these substantial differences in costs could be attributed to methodological issues, such as small sample sizes or selection bias. The researchers felt that these cost differences were not the result of methodological issues.

homes. Wider ranges of services are provided through this waiver, although at a significantly higher cost per participant according to the recent study of the Alzheimer's Disease waiver conducted by the University of South Florida.<sup>17</sup> Alzheimer's Disease advocates believe that the ADA waiver providers do not have the expertise necessary to serve the specialized needs of Alzheimer's Disease patients and that the ADA waiver does not provide the significant level of assistance to the caregiver in these situations to keep the individual out of an institutional setting. Finally, most of the other waivers, including the ADA waiver, are no longer accepting new enrollees as they filled all appropriated slots soon after the beginning of the current fiscal year (FY 2007-08). Appropriations Committees would need to determine a method to transition the funding associated with current Alzheimer's Disease waiver enrollees to an alternative waiver program without creating new slots or increasing average cost that would become permanent expansions of the other waiver programs.

By the end of Special Session 2007C, the Legislature decided to not take any budget reductions on this issue because enrollment in the Alzheimer's Disease waiver program had increased to the point that cost savings would have been minimal, or non-existent, by the time the reductions could be implemented.

Disease waiver program should be saved from repeal for a period of two years. During this two year time period, it is recommended that a comprehensive study comparing cost savings and nursing home diversion effectiveness of this and similar home and community-based waiver initiatives be conducted. The study should also examine whether the state could achieve similar results by using the flexibility provided to states through the federal DRA to provide home and community-based care benefits without these waiver programs.

## RECOMMENDATIONS

Section 430.502(9), F.S., specifies that the authority to continue the Medicaid Alzheimer's Disease waiver program expires at the close of the 2008 Regular Session unless the Legislature takes action to continue the program.

The Alzheimer's Disease waiver program has been slow in being implemented, has had low enrollment, has significantly higher average annual costs per member than similar groups not receiving waiver services, and has been modestly successful in keeping Medicaid recipients with Alzheimer's Disease in the community. However, information used to derive these findings was limited by the short duration the program has been fully operational.

Based on the limited availability of program data, professional staff recommends that the Alzheimer's

<sup>17</sup> Chiriboga, David, et.al. Florida's Medicaid Alzheimer's Home and Community-Based Waiver Program: An Interim Report. Louis de le Parte Florida Mental Health Institute. University of South Florida. June 2007.