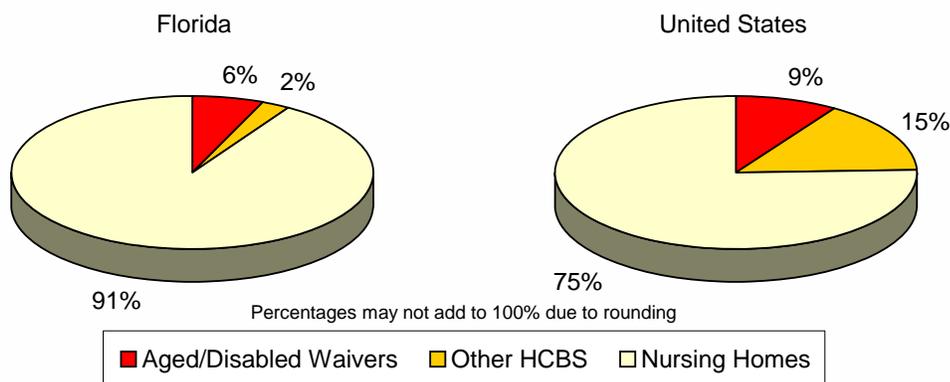


State Long-Term Care Reform in
FLORIDA

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Florida and the U.S., 2006



Compared to the U.S. average, Florida allocates a greater percentage (91 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Florida spent 6 percent on waiver services and 2 percent on other home and community-based services (HCBS), including personal care.

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	40,115	55,680	+15,565	\$210	\$384	+\$174
Nursing Homes	91,985	114,134	+22,149	\$1,703	\$2,396	+\$693

Florida still has an unbalanced Medicaid LTC system for older people and adults with physical disabilities, but it has a state-funded HCBS program for low-income, older adults. The number of Medicaid participants who received nursing home services greatly outnumbered those who received HCBS. From FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was nearly four times the increase in spending on HCBS (participants and expenditures are underreported because they do not include the Florida Frail Elder Option or the Diversion programs, Medicaid-managed care programs for people who are nursing home eligible).

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

Medicaid is not the only source of funding for LTC in Florida. Community Care for the Elderly (CCE), a state-funded program for persons age 60 and older, served approximately 33,000 people in FY 2007 with expenditures of about \$44 million. This program diverts frail elders from nursing home and hospital care by providing adult day services, adult day health, case management, chore, companionship, home-delivered meals, home health aide, homemaker, information and referral, personal care, and respite care. The state's area agencies on aging subcontract with about 58 agencies to provide services, and clients are assessed a co-payment based on a sliding income scale. CCE saves Florida nearly \$500 million annually in nursing home costs and currently has more than 17,000 individuals on its waitlist.

Major Initiative

The 2004 Florida legislature created a statewide Aging Resource Center initiative to reduce fragmentation in the elder services delivery system by having the state's 11 Area Agencies on Aging (AAAs) transition to Aging Resource Centers (ARCs). This involves taking on additional responsibilities, including screening older persons for services and streamlining eligibility determinations. The Department of Elder Affairs selected three AAAs as pilot sites to receive start-up and implementation funding. For FY 2006–07, the legislature appropriated \$3.3 million for statewide implementation. As of 2008, all AAAs successfully transitioned to ARCs. Based on a March 2008 report by the Florida Office of Program Policy Analysis & Government Accountability (OPPAGA), the agencies reported positive results since becoming ARCs, including “wider recognition as seniors’ gateway to services, more control over access to services...and more statewide uniformity in the information collected about information and referral services.” To share information on a range of new community programs and services, each ARC has a Local Coalition Workgroup composed of representatives of agencies and organizations serving elders, stakeholders, consumers, housing authorities, local government, and selected community-based organizations. The members also contribute their individual professional expertise to train ARC staff and stakeholders.

“Aging Resources Centers”

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Other Developments

Consumer Direction. The state received federal approval to expand its Consumer-Directed Care Plus program to 1,168 persons, up from the 125 enrolled in the program in early 2007. Enrollment began March 1, 2007, with services effective July 1, 2007. Effective March 2008, Consumer Direction became a 1915(j) state plan amendment, making consumer-directed services available to anyone on the Aged and Disabled Adult Waiver as well as those on the Traumatic Brain Injury/Spinal Cord Injury Waiver.

Nursing Home Diversion. This Medicaid-funded, voluntary managed care program seeks to provide LTC in the least restrictive setting. During the 2008 legislative session, Florida expanded the program by 4,000 slots, on top of the current cap of 10,000, to help address some of the 4,716 individuals on the waitlist.

Managed LTC. Florida is implementing an integrated capitated demonstration project for Medicaid beneficiaries and those age 60 and older in two areas of the state. Participation in the program (“Senior Care”) will be voluntary and open to any willing provider. The federal Centers for Medicare & Medicaid Services approved the waiver application in September 2006, and the state expects to enroll participants in November 2008.