

COL A93  
 SCH VIIIB-2  
 REDUCTIONS  
 POS AMOUNT  
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CODES

AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
MEDICAID SERV/INDIVIDUALS			68501400
HEALTH AND HUMAN SERVICES			13
HEALTH SVCS/INDIVIDUALS			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
SAVINGS ASSOCIATED WITH EXPANSION OF THE TELEPHONY PROJECT AND THE COMPRENSIVE CARE MANAGEMENT PILOT PROGRAM TO PREVENT FRAUD			33V4570
SPECIAL CATEGORIES			100000
HOME HEALTH SERVICES			101561
GENERAL REVENUE FUND	-MATCH	145,190-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	188,810-	2474 3
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TOTAL APPRO.....		334,000-	
		=====	
PERSONAL CARE SERVICES			102538
GENERAL REVENUE FUND	-MATCH	521,640-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	678,360-	2474 3
		-----	
TOTAL APPRO.....		1,200,000-	
		=====	
PRIVATE DUTY NURSING SVCS			102685
GENERAL REVENUE FUND	-MATCH	2,086,560-	1000 2
MEDICAL CARE TRUST FUND	-FEDERL	2,713,440-	2474 3
		-----	
TOTAL APPRO.....		4,800,000-	
		=====	
TOTAL: SAVINGS ASSOCIATED WITH EXPANSION OF THE TELEPHONY PROJECT AND THE COMPRENSIVE CARE MANAGEMENT PILOT PROGRAM TO PREVENT FRAUD			33V4570
TOTAL ISSUE.....		6,334,000-	
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AGENCY ISSUE NARRATIVE:  
 SCH VIIIB-2 NARR 12-13 NARRATIVE:  
 PRIORITY #2

IT COMPONENT? NO

ISSUE TITLE: Savings Associated with Expansion of the Telephony Project and the Comprehensive Care Management Pilot  
 Program to Prevent Fraud

COL A93		
SCH VIIIB-2		
REDUCTIONS		
POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
MEDICAID SERV/INDIVIDUALS		68501400
HEALTH AND HUMAN SERVICES		13
HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
SAVINGS ASSOCIATED WITH EXPANSION OF THE TELEPHONY PROJECT AND THE COMPREHENSIVE CARE MANAGEMENT PILOT PROGRAM TO PREVENT FRAUD		33V4570

ISSUE SUMMARY: The Agency for Health Care Administration (Agency) has submitted a Fiscal Year (FY) 2012-13 Legislative Budget Request (LBR) (Issue Code 3000070) for \$1,887,500 in additional contracted services funds to expand the Telephony Project and to expand the Comprehensive Care Management Pilot Program (CCM). The Agency is estimating \$6,334,000 in savings during FY 2012-13 if the additional contracted services funds were to be received.

ISSUE DETAIL: The estimated \$6.3 million in savings will be derived from funding that will expand the Telephony Project into the four counties, in addition to Miami-Dade in which the program is currently operational, that have the highest expenditures for home health visits: Broward, Escambia, Martin, and Palm Beach. This issue also includes savings through expansion of the Comprehensive Care Management Pilot Program from only home health visit monitoring in Miami-Dade County to monitoring of home health visits, private duty nursing, and personal care services in Miami-Dade, Broward, Orange, and Palm Beach counties.

The Agency implemented the Home Health Services Delivery Monitoring and Verification (DMV) Project in Miami-Dade County on July 1, 2010. After one year of operations, the Telephony Project has contributed to decreased expenditures for home health visits and decreased unduplicated recipient counts in Miami-Dade County. During FY 2009-10, 253 providers in Miami-Dade were reimbursed \$43,285,931 for home health visits. Through the end of FY 2010-11, 301 providers were reimbursed \$29,247,542 for home health visits. Expansion of the project may lead to greater savings (estimated 10% of current reimbursement) in Medicaid expenditures for home health visits. Additionally, there is the potential that home health agencies may begin to migrate from the project pilot area in Miami-Dade County to other counties, particularly Broward County. Expansion of this project could result in estimated savings of \$334,000 for 6 months of activity (annualized savings would be \$668,000) in FY 2012-13. The estimated cost for this expansion is \$500,000 which was requested in the Agency's LBR (Issue Code 3000070).

In 2009, the Florida Legislature enacted Senate Bill 1986, Chapter 2009-223, Laws of Florida, Section 32, authorizing the Agency to implement a comprehensive care management pilot project for home health services. This includes face-to-face assessments by a nurse licensed pursuant to chapter 464, Florida Statutes, consultation with physicians ordering services to substantiate the medical necessity for services, and on-site or desk reviews of recipient's medical records in Miami-Dade County. Since project implementation in Miami-Dade on July 1, 2010, 3,450 face-to-face assessments have been completed.

The agency was also authorized to enter into a contract with a qualified organization to implement the pilot project and to seek amendments to the Medicaid State Plan and waivers of federal laws, as necessary, to implement the pilot project which has resulted in a significant reduction in expenditures due to the formation of the two pilot projects in Miami-Dade.

Through findings obtained via the project need assessments for home health services, the Agency terminated three (3) home



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AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
MEDICAID SERV/INDIVIDUALS		68501400
HEALTH AND HUMAN SERVICES		13
HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
SAVINGS ASSOCIATED WITH EXPANSION OF THE TELEPHONY PROJECT AND THE COMPRENSIVE CARE MANAGEMENT PILOT PROGRAM TO PREVENT FRAUD		33V4570

SOURCE OF FUNDS:

Medical Care Trust Fund (State 43.47%)  
 Medical Care Trust Fund (Federal 56.53%)

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LIMIT THE MEDICALLY NEEDED PROGRAM TO PHYSICIAN SERVICES ONLY FOR ADULTS AND CONTINUE FUNDING FOR CHILDREN AND PREGNANT WOMEN SPECIAL CATEGORIES HOSPITAL INPATIENT SERVICE		33V6000
		100000
		101582

GENERAL REVENUE FUND	-MATCH	169,199,066-	1000	2
GRANTS AND DONATIONS TF	-MATCH	281,001-	2339	2
MEDICAL CARE TRUST FUND	-FEDERL	213,284,945-	2474	3
TOTAL APPRO.....		<u>382,765,012-</u>		
		=====		

HOSPITAL OUTPATIENT SVCS			101596	
GENERAL REVENUE FUND	-MATCH	51,444,771-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	66,900,688-	2474	3
TOTAL APPRO.....		<u>118,345,459-</u>		
		=====		

PRESCRIBED MEDICINE/DRUGS			102681	
GENERAL REVENUE FUND	-MATCH	30,391,200-	1000	2
GRANTS AND DONATIONS TF	-MATCH	56,643,540-	2339	2
MEDICAL CARE TRUST FUND	-FEDERL	27,736,026-	2474	3
TOTAL APPRO.....		<u>114,770,766-</u>		
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 COL A93  
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 POS AMOUNT  
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AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
MEDICAID SERV/INDIVIDUALS		68501400
HEALTH AND HUMAN SERVICES		13
HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
LIMIT THE MEDICALLY NEEDED PROGRAM TO PHYSICIAN SERVICES ONLY FOR ADULTS AND CONTINUE FUNDING FOR CHILDREN AND PREGNANT WOMEN		33V6000
TOTAL: LIMIT THE MEDICALLY NEEDED PROGRAM TO PHYSICIAN SERVICES ONLY FOR ADULTS AND CONTINUE FUNDING FOR CHILDREN AND PREGNANT WOMEN		33V6000
TOTAL ISSUE.....	615,881,237-	

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AGENCY ISSUE NARRATIVE:

SCH VIIIB-2 NARR 12-13 NARRATIVE: IT COMPONENT? NO  
 PRIORITY #4

ISSUE TITLE: Limit the Medically Needy Program to Physician Services Only for Adults and Continue Funding for Children and Pregnant Women

ISSUE SUMMARY: This budget reduction issue proposes to limit participation in the Medically Needy Program for Adults to Physician Services only and continue to fund services for children and pregnant women. This would have an impact in Fiscal Year (FY) 2012-13 of \$251 million in General Revenue and \$364.8 million in trust funds for a total of \$615.9 million. This reduction includes rebates and would be effective October 1, 2012.

ISSUE DETAIL:

The Medically Needy Program is for persons who have income above regular Medicaid levels, but incur medical expenses that cause income to qualify. Currently, there are 35,609 individuals in this optional eligibility group who are above the income limit to qualify for Medicaid and are non-pregnant adults (parents, care takers, and disabled pending Supplemental Security Income (SSI)). This issue reduces the program eligibility and coverage to only physician services for adults as well as children and pregnant women. This change would result in a total of 6,233 children and pregnant women who would continue to receive services through the Medically Needy program.

Crossover payments, premiums and deductibles would continue for Qualified Medicare Beneficiaries (QMB) eligibles as well as premiums for Special Low Income Beneficiaries (SLMB) and Qualified Individuals (QI) eligibles. There are currently 6,688 individuals in this group.

The top 94.6% of projected expenditures for FY 2012-13 under the Medically Needy program for current eligibles not including Physician Services are as follows:

Hospital Inpatient - \$349,524,924 - 56.75%  
 Hospital Outpatient - \$118,345,459 - 19.21%

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	CODES
AGENCY/HEALTH CARE ADMIN	68000000
PGM: HEALTH CARE SERVICES	68500000
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400
HEALTH AND HUMAN SERVICES	13
<u>HEALTH SVCS/INDIVIDUALS</u>	<u>1301.00.00.00</u>
PROGRAM REDUCTIONS	33V0000
LIMIT THE MEDICALLY NEEDY PROGRAM	
TO PHYSICIAN SERVICES ONLY FOR	
ADULTS AND CONTINUE FUNDING FOR	
CHILDREN AND PREGNANT WOMEN	33V6000

Prescribed Medicine - \$114,770,766 - 18.64%  
 Other (Hospital Inpatient) - \$33,240,088 - 5.40%

The "Other" 5.40% portion of this reduction (\$33,240,088) has been included in Hospital Inpatient for ease of presentation below. However, once the Social Services Estimating Conference reaches consensus on the workload issue for FY 2012-13 there should be sufficient General Revenue Hospital Inpatient appropriation to achieve the reduction.

Legislative Authority is needed to achieve this reduction.

BUDGET SUMMARY:

FY 2012-13	Recurring
Health Care Services (68500000)	
Medicaid Services to Individuals (68501400)	
Health Services to Individuals (1301000000)	
Hospital Inpatient Service (101582)	
General Revenue (FSI 2)	(169,199,066)
Medical Care Trust Fund (FSI 3)	(\$213,284,945)
Grants and Donations Trust Fund (FSI 2)	(\$281,001)
Total	(\$382,765,012)
Hospital Outpatient Service (101596)	
General Revenue (FSI 2)	(\$51,444,771)
Medical Care Trust Fund (FSI 3)	(\$66,900,688)
Total	(\$118,345,459)
Prescribed Medicine/Drugs (102681)	
General Revenue (FSI 2)	(\$30,391,200)
Medical Care Trust Fund (FSI 3)	(\$27,736,026)
Grants and Donations Trust Fund (FSI 2)	(\$56,643,540)
Total	(\$114,770,766)
Issue Total	
General Revenue (FSI 2)	(\$251,035,037)
Medical Care Trust Fund (FSI 3)	(\$307,921,659)

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 POS AMOUNT  
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AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
MEDICAID SERV/INDIVIDUALS		68501400
HEALTH AND HUMAN SERVICES		13
HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000

LIMIT THE MEDICALLY NEEDY PROGRAM TO PHYSICIAN SERVICES ONLY FOR ADULTS AND CONTINUE FUNDING FOR CHILDREN AND PREGNANT WOMEN		33V6000
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Grants and Donations Trust Fund (FSI 2)	(\$56,924,541)
Total	(\$615,881,237)

SOURCE OF FUNDS:  
 General Revenue (1000) (State 40.76%)  
 Medical Care Trust Fund (2474) (Federal 50.00%)  
 Grants and Donations (2339) (State 9.24%)

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ELIMINATE OPTIONAL ELIGIBILITY CATEGORY - MEDICAID FOR AGED AND DISABLED		33V6100
SPECIAL CATEGORIES		100000
HOSPITAL INPATIENT SERVICE		101582

GENERAL REVENUE FUND	-MATCH	132,797,050-	1000	2
GRANTS AND DONATIONS TF	-MATCH	208,745-	2339	2
MEDICAL CARE TRUST FUND	-FEDERL	174,157,438-	2474	3
TOTAL APPRO.....		307,163,233-		
		=====		

HOSPITAL OUTPATIENT SVCS		101596		
GENERAL REVENUE FUND	-MATCH	15,559,832-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	20,234,582-	2474	3
TOTAL APPRO.....		35,794,414-		
		=====		

PHYSICIAN SERVICES		102541		
GENERAL REVENUE FUND	-MATCH	25,675,319-	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	33,389,135-	2474	3
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		REDUCTIONS	
POS	AMOUNT		CODES
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AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
MEDICAID SERV/INDIVIDUALS			68501400
HEALTH AND HUMAN SERVICES			13
HEALTH SVCS/INDIVIDUALS			<u>1301.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
ELIMINATE OPTIONAL ELIGIBILITY			
CATEGORY - MEDICAID FOR AGED AND			
DISABLED			33V6100
SPECIAL CATEGORIES			100000
PHYSICIAN SERVICES			102541
TOTAL APPRO.....	59,064,454-		
	=====		
PREPAID HEALTH PLANS			
			102673
GENERAL REVENUE FUND	-MATCH 69,027,881-		1000 2
MEDICAL CARE TRUST FUND	-FEDERL 89,766,416-		2474 3
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TOTAL APPRO.....	158,794,297-		
	=====		
PRESCRIBED MEDICINE/DRUGS			
			102681
GENERAL REVENUE FUND	-MATCH 18,523,045-		1000 2
GRANTS AND DONATIONS TF	-MATCH 33,668,452-		2339 2
MEDICAL CARE TRUST FUND	-FEDERL 17,082,662-		2474 3
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TOTAL APPRO.....	69,274,159-		
	=====		
TOTAL: ELIMINATE OPTIONAL ELIGIBILITY			33V6100
CATEGORY - MEDICAID FOR AGED AND			
DISABLED			
TOTAL ISSUE.....	630,090,557-		
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AGENCY ISSUE NARRATIVE:

SCH VIIIB-2 NARR 12-13 NARRATIVE:

IT COMPONENT? NO

PRIORITY #3

ISSUE TITLE: Eliminate the Optional Eligibility Category for MEDS-AD

ISSUE SUMMARY: This budget reduction issue proposes to eliminate the optional eligibility category for MEDS-AD. This would have an impact in Fiscal Year (FY) 2012-13 of \$261.6 million in General Revenue and \$368.5 million in trust funds for a total of \$630.1 million. This reduction includes rebates and would be effective October 1, 2012.

ISSUE DETAIL: The MEDS-AD Waiver program is for persons who are at least 65 years old or disabled, with an income up to



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	COL A93 SCH VIIIB-2 REDUCTIONS	
	POS	AMOUNT
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AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
MEDICAID SERV/INDIVIDUALS		68501400
HEALTH AND HUMAN SERVICES		13
HEALTH SVCS/INDIVIDUALS		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
ELIMINATE OPTIONAL ELIGIBILITY		
CATEGORY - MEDICAID FOR AGED AND		
DISABLED		33V6100

88% of the Federal Poverty Level that is within the State asset limits, without Medicare, or dually eligible and meet specific waiver inclusions. The optional eligibility group has a relatively low number of people; 33,313 eligibles who do not otherwise qualify for Medicaid. A total of 33,313 individuals will be affected, all from the SSI eligibility group. These individuals are aged, blind or disabled with incomes at about the Supplemental Security Income (SSI) level but below 88% of the Federal Poverty Level.

The estimated reduction assumes that all services and costs for eligibles in long term care facilities and home and community based waiver programs would continue to be incurred. This assumption is made due to the fact that the eligibles in this waiver would otherwise meet the eligibility requirements for the institutional care program or the home and community based waiver program with the exception of the allowed asset limits. The MEDS-AD waiver allows for assets to reach \$5,000 for an individual and \$6,000 for a couple. There are currently 5,108 individuals in this group. The remaining individuals that would be affected due to the elimination of the waiver program would be those who are Medicaid only (non-dual) who do not reside in a long term care facility or participate in a home and community based waiver program.

The top 97.22% of expenditures for the affected eligibles are as follows:

Hospital Inpatient - \$289,699,100 - 45.98%  
 Prepaid Health Plans - \$158,794,297 - 25.20%  
 Prescribe Medicine - \$69,274,159 - 10.99%  
 Physician Services - \$59,064,453 - 9.37%  
 Hospital Outpatient - \$35,794,415 - 5.68%  
 Other (Hospital Inpatient) - \$17,464,133 - 2.78%

The "Other" 2.78% portion of this reduction (\$17,464,133) has been lumped into Hospital Inpatient for ease of presentation below. However, once the Social Services Estimating Conference reaches consensus on the workload issue for FY 2012-13 there should be sufficient General Revenue Hospital Inpatient appropriation to achieve the reduction.

Legislative Authority is needed to achieve this reduction.

BUDGET SUMMARY:

FY 2012-13	Recurring
Health Care Services (68500000)	
Medicaid Services to Individuals (68501400)	
Health Services to Individuals (1301000000)	
Hospital Inpatient Service (101582)	

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 COL A93  
 SCH VIIIB-2  
 REDUCTIONS  
 POS AMOUNT  
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AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID SERV/INDIVIDUALS</u>		68501400
HEALTH AND HUMAN SERVICES		13
<u>HEALTH SVCS/INDIVIDUALS</u>		<u>1301.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
ELIMINATE OPTIONAL ELIGIBILITY		
CATEGORY - MEDICAID FOR AGED AND		
DISABLED		33V6100

General Revenue (FSI 2)	(132,797,050)
Medical Care Trust Fund (FSI 3)	(\$174,157,438)
Grants and Donations (FSI 2)	(\$208,745)
Total	(\$307,163,233)

Prepaid Health Plans (102673)	
General Revenue (FSI 2)	(\$69,027,881)
Medical Care Trust Fund (FSI 3)	(\$89,766,416)
Total	(\$158,794,297)

Prescribed Medicine/Drugs (102681)	
General Revenue (FSI 2)	(\$18,523,045)
Medical Care Trust Fund (FSI 3)	(\$17,082,662)
Grants and Donations (FSI 2)	(\$33,668,452)
Total	(\$69,274,159)

Physician Services (102541)	
General Revenue (FSI 2)	(\$25,675,319)
Medical Care Trust Fund (FSI 3)	(\$33,389,135)
Total	(\$59,064,454)

Hospital Outpatient Service (101596)	
General Revenue (FSI 2)	(\$15,559,832)
Medical Care Trust Fund (FSI 3)	(\$20,234,582)
Total	(\$35,794,414)

Issue Total	
General Revenue (FSI 2)	(\$261,583,127)
Medical Care Trust Fund (FSI 3)	(\$334,630,233)
Grants and Donations (FSI 2)	(\$33,877,197)
Total	(\$630,090,557)

SOURCE OF FUNDS:  
 General Revenue (1000) (State 41.52%)  
 Medical Care Trust Fund (2474) (Federal 53.11%)  
 Grants and Donations (2339) (State 5.37%)

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SCH VIIIB-2  
REDUCTIONS  
POS AMOUNT  
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CODES  
  
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AGENCY/HEALTH CARE ADMIN  
PGM: HEALTH CARE SERVICES  
MEDICAID SERV/INDIVIDUALS  
HEALTH AND HUMAN SERVICES  
HEALTH SVCS/INDIVIDUALS

TOTAL: HEALTH SVCS/INDIVIDUALS  
BY FUND TYPE

GENERAL REVENUE FUND 515,371,554-  
TRUST FUNDS 736,934,240-  
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TOTAL PROG COMP..... 1252,305,794-  
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1301.00.00.00  
  
1000  
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		COL A93	
		SCH VIIIB-2	
		REDUCTIONS	
POS	AMOUNT		CODES
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AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
MEDICAID LONG TERM CARE			68501500
HEALTH AND HUMAN SERVICES			13
LONG-TERM CARE			<u>1303.00.00.00</u>
PROGRAM REDUCTIONS			33V0000
ELIMINATION OF MEDICAID RELATED			
WAIVER SERVICES			33V4640
SPECIAL CATEGORIES			100000
HOME & COMMUNITY BASED SVC			101554
MEDICAL CARE TRUST FUND	-MATCH	38,365,404-	2474 2
	-FEDERL	50,055,851-	2474 3
		-----	
TOTAL MEDICAL CARE TRUST FUND		88,421,255-	2474
		=====	
TOTAL APPRO.....		88,421,255-	
		=====	
ALF WAIVER			101557
MEDICAL CARE TRUST FUND	-MATCH	6,153,214-	2474 2
	-FEDERL	7,930,589-	2474 3
		-----	
TOTAL MEDICAL CARE TRUST FUND		14,083,803-	2474
		=====	
TOTAL APPRO.....		14,083,803-	
		=====	
NURSNG HOME DIVRSN WAIVER			109970
MEDICAL CARE TRUST FUND	-MATCH	14,510,845-	2474 2
	-FEDERL	18,707,915-	2474 3
		-----	
TOTAL MEDICAL CARE TRUST FUND		33,218,760-	2474
		=====	
TOTAL APPRO.....		33,218,760-	
		=====	
TOTAL: ELIMINATION OF MEDICAID RELATED			33V4640
WAIVER SERVICES			
TOTAL ISSUE.....		135,723,818-	
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AGENCY ISSUE NARRATIVE:  
 SCH VIIIB-2 NARR 12-13 NARRATIVE:  
 PRIORITY #1

IT COMPONENT? NO

COL A93 SCH VIIIB-2 REDUCTIONS		CODES
POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN		68000000
PGM: HEALTH CARE SERVICES		68500000
<u>MEDICAID LONG TERM CARE</u>		68501500
HEALTH AND HUMAN SERVICES		13
<u>LONG-TERM CARE</u>		<u>1303.00.00.00</u>
PROGRAM REDUCTIONS		33V0000
ELIMINATION OF MEDICAID RELATED		
WAIVER SERVICES		33V4640

ISSUE TITLE: Elimination of Medicaid Related Waiver Services

ISSUE SUMMARY: This budget reduction issue is the companion issue to issues proposed by other state agencies proposing reductions to Medicaid Services.

ISSUE DETAIL: The issue from Agency for Persons with Disabilities - Issue Code 33V0800 proposes to reduce \$83,075,564 in the Home and Community Services Waiver category (\$36,029,872 in General Revenue and \$47,045,692 in the Operations and Maintenance Trust Fund (double budget)). Their narrative reads "This category provides the vast majority of service funding for Agency for Persons with Disabilities clients. It is likely that some individuals will have quite dramatic service reductions as the essential health and safety services are given funding priority. The agency anticipates the complete implementation of the iBudget Florida program by the end of Fiscal Year (FY) 2011-12. Through use of the iBudget algorithm, the agency will apply the proposed reductions in this issue equitably to all waiver recipients. All services would be negatively impacted including employment and training, residential supports, support coordination, therapies, respite, companion, in-home supports, supportive living, behavioral supports and waiver funded medical services."

The Department of Elder Affairs has several issues included in their reduction exercise.

Issue Code 33V0010 - proposes to reduce the Aged and Disabled Waiver to allow for only 9,000 slots during fiscal year 2012-2013. This would reduce General Revenue in their department by \$2,335,532. This would impact 519 frail elders.

Issue Code 33V0060 - proposes to reduce the Nursing Home Diversion Waiver to allow for only 17,465 slots for fiscal year 2012-2013. This would reduce General Revenue in their department by \$14,510,845. This would impact 1,799 frail elders.

Issue Code 33V0030 - proposes to reduce the Assisted Living Waiver to allow for only 900 slots for fiscal year 2012-2013. This would reduce General Revenue in their department by \$6,153,214. This would impact 1,341 frail elders.

In order to keep the Medicaid Service budget in balance, the Agency for Health Care Administration (Agency) would propose a reduction of \$58,999,144 in the Medical Care Trust Fund. The General Revenue funds from these agencies are deposited into the Agency's Medical Care Trust Fund to pay the claims for their client services through the fiscal agent.

BUDGET SUMMARY:

Health Care Services (68500000)  
 Medicaid Long Term Care (68501500)  
 Long Term Care (1303000000)

FY 2012-13

Recurring

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 POS AMOUNT  
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AGENCY/HEALTH CARE ADMIN  
 PGM: HEALTH CARE SERVICES  
MEDICAID LONG TERM CARE  
 HEALTH AND HUMAN SERVICES  
LONG-TERM CARE

68000000  
 68500000  
 68501500  
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1303.00.00.00  
 33V0000  
 33V4640

PROGRAM REDUCTIONS  
 ELIMINATION OF MEDICAID RELATED  
 WAIVER SERVICES

Special Category:  
 Home and Community Based Services (101554)  
 Medical Care Trust Fund (FSI 2) (\$58,999,144)  
 Medical Care Trust Fund (FSI 3) (\$76,724,674)

SOURCE OF FUNDS:  
 Medical Care Trust Fund (State 43.47%)  
 Medical Care Trust Fund (Federal 56.53%)

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TOTAL: LONG-TERM CARE  
 BY FUND TYPE  
 TRUST FUNDS..... 135,723,818-  
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1303.00.00.00  
 2000