

FLORIDA

Agency for Health Care Administration
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Home and Community-Based 1915(c) Waivers and Concurrent 1915(b) Managed Care Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long-term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) combined with HCBS (1915c), and HCBS (1915c) waiver programs.

In Florida, the Cystic Fibrosis, Project AIDS Care, and Traumatic Brain Injury waivers have been moved to operate in conjunction with their Managed Care Waiver. Respite is included under the LTC side of the waiver. The Medicaid waivers that include respite are:

[FL Developmental Disabilities \(DD\) Individual Budgeting](#)

Provides adult day training, residential habilitation, respite, support coordination, adult dental services, occupational therapy, physical therapy, respiratory therapy, skilled nursing, specialized medical equipment and supplies, specialized mental health counseling, speech therapy, transportation, behavior analysis services, behavior assistant services, dietitian services, environmental accessibility adaptations, companion, supported employment, personal emergency response system (PERS), personal supports, private duty nursing, residential nursing, special medical home care, and supported living coach.

[FL Familial Dysautonomia Waiver](#)

Provides respite, support coordination, adult dental, behavioral services, consumable medical supplies, durable medical equipment, and non-residential support services for individuals 3 through 64 years old diagnosed as medically fragile.

[FL Model Waiver](#)

Provides respite, transition case management, assistive technology and service evaluation, and environmental accessibility adaptations for individuals from birth through age 20 diagnosed as medically fragile.

[FL Traumatic Brain and Spinal Cord Injury](#)

Services include residential habilitation, assistive technology, attendant care, behavior programming, community support coordination, consumable medical supplies, occupational therapy (OT), physical therapy (PT), personal adjustment counseling, personal care, transition case management, companion care, emergency alert response system installation/monitoring/maintenance, environmental accessibility adaptations, life skills training, rehabilitation engineering evaluation, and transitional environmental accessibility adaptations for individuals 18 years or older diagnosed with a traumatic brain and/or spinal cord injury and medically stable. Operates in combination with the 1915(b) Mandatory Managed Care waiver.

[FL Long-Term Care Managed Care](#)

Provides adult day health, case management, homemaker, respite, attendant care, intermittent/skilled nursing, medical equipment and supplies, occupational therapy (OT), physical therapy (PT), personal care, respiratory therapy, speech therapy, transportation, adult companion, assisted living, behavior management, caregiving training, home accessibility adaptations, home delivered meals, medication administration, medication management, nutritional assessment and risk reduction, personal emergency response systems, structured family caregiving, and hospice for individuals aged 65 years and older and for individuals with physical disabilities between the ages of 18 and 64.

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FL Developmental Disabilities Individual Budgeting Waiver (0867.R02.00) State Operating Agency: Florida Agency for Persons with Disabilities (APD)

Description	<p>The purpose of the waiver is to promote and maintain the health of participants with developmental disabilities; to minimize the effects of illness and disabilities through the provision of needed supports and services in order to delay or prevent institutionalization; and to foster the principles of self-determination as a foundation for supports and services.</p> <p>This waiver reflects the use of an individual budgeting model that allows more opportunities to participate in determining service choices. Each recipient and their parent/guardian are involved in the budget process to choose their services/providers and make changes as their needs change without additional authorization.</p> <p>The supports and services provided are adult day training, residential habilitation, respite, support coordination, adult dental services, occupational therapy, physical therapy, respiratory therapy, skilled nursing, specialized medical equipment and supplies, specialized mental health counseling, speech therapy, transportation, behavior analysis services, behavior assistant services, dietitian services, environmental accessibility adaptations, companion, supported employment, personal emergency response system (PERS), personal supports, private duty nursing, residential nursing, special medical home care, and supported living coach.</p>
Waiver Type	1915(c)
Target Population-Eligibility	Individuals ages 3 and older diagnosed with autism, intellectual disability or development disability living in their own home, family home, licensed home, or other home-like setting in the community
Level of Care	Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
Respite Services	<p>Respite is provided to individuals unable to care for themselves, furnished on a short-term basis for a planned absence or need for relief of those persons normally providing their care. Respite may be provided in these locations: individual's home, foster home, group home, or Assisted Living Facility.</p> <p>If a nurse is needed for respite, a prescription from a physician, ARNP, or physician assistant is required.</p> <p>Respite services are limited to the amount, duration, and scope of the service described on the recipient's support plan and current approved cost plan.</p>
Respite Provider Eligibility	Information on becoming a provider of services: https://apd.myflorida.com/providers/enrollment/
Caregiver Eligibility	Respite may not be provided by relatives, legal guardians, or legally responsible persons.
Enrollment Limit	34,742: Year 1; 36,242: Year 2; 37,742: Year 3; 39,242: Year 4; 40,742: Year ending 03/31/2024
How to Apply	<p>The local <i>Agency for Persons with Disabilities</i> (APD) office can assist individuals with the application process. All information/application are at https://apd.myflorida.com/customers/application/</p> <p>The locations of local APD offices can be found at https://apd.myflorida.com/region/.</p>
Contact Information	<p>Agency for Persons with Disabilities, 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950.</p> <p>Local: (850) 488-4257, Toll-Free: (866)273-2273 or Email: APD.Info@apdcares.org</p>
Link to Waiver Application	Link at Medicaid.gov (go down to "Approved Application(s) and Related Documents": https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8507
Expiration Date	03/31/2024
Date of Last Update	07/15/2019

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FL Familial Dysautonomia Waiver (40205.R02.00)

State Operating Agency: Agency for Health Care Administration, Medicaid Services Bureau

Description	<p>This waiver serves participants diagnosed with Familial Dysautonomia (FD). FD is a genetic disorder that affects the development and survival of certain nerve cells in the autonomic nervous system, which control involuntary actions such as digestion, breathing, production of tears, and the regulation of blood pressure and body temperature.</p> <p>The waiver services are support coordination, respite services, non-residential support services, consumable medical supplies, durable medical equipment, behavior services, and dental services.</p>
Waiver Type	1915(c)
Target Population-Eligibility	Individuals ages 3 - 64 years with a diagnosis of Familial Dysautonomia
Level of Care	Individuals require level of care available in a hospital.
Respite Services	Respite care is a service providing supportive care and supervision to a participant when the primary caregiver who is unable to perform these duties due to a planned brief absence, an emergency absence or when the caregiver is available, but temporarily physically unable to care for or supervise the participant for a brief period. Respite care may be provided in the participant's own home or family home. Respite services are determined individually and limited by the participant's plan of care or support plan.
Respite Provider Eligibility	Information on becoming a provider of services: https://portal.flmmis.com/FLPublic/Provider_ProviderServices/tabId/39/Default.aspx
Caregiver Eligibility	Respite may not be provided by a relative, legal guardian, or legally responsible person.
Enrollment Limit	15: Year ending 12/31/2019; renewal application submitted and pending
How to Apply	This waiver has a direct contact, who will guide you through all steps of the process.
Contact Information	Government Operations Consultant for this waiver: Etashia Gonzales, (850) 412-4261
Link to Waiver Application	Link at Medicaid.gov (go down to "Approved Application(s) and Related Documents": https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8509
Expiration Date	12/31/2019
Date of Last Update	07/16/2019

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FL Model Waiver (40166.R05.00)

State Operating Agency: Department of Health, Children's Medical Services (CMS)

Description	<p>This waiver provides services to eligible children under 21 years of age who have degenerative spinocerebellar disease and are living at home or are medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days prior to entrance on the waiver.</p> <p>The Model Waiver is a deeming waiver in which parental income is disregarded and the child is considered to be a family of one. This type of waiver allows children, who are otherwise ineligible for Medicaid, to become Medicaid eligible for the waiver and all Medicaid State Plan services. Recipients are enrolled with Florida's Children's Medical Services (CMS) for nurse case management and care coordination</p> <p>Waiver services include respite, nursing home transition case management, assistive technology and service evaluation, and environmental accessibility adaptations.</p>
Waiver Type	1915(c)
Target Population-Eligibility	Individuals 20 years or younger diagnosed as having a degenerative spinocerebellar disease or deemed medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days prior to enrollment.
Level of Care	Individuals require level of care available in a hospital and nursing facility (NF).
Respite Services	<p>Respite is provided on a short-term basis as a temporary support to the recipient's family. It may be provided in the absence of or for relief of the recipient's family. Respite may be used to meet a range of recipient needs including family emergencies, planned absences, such as vacations, hospitalizations or business trips, relief from the stresses of caregiving, and giving the child respite from his family. Respite have been determined medically necessary are limited to the amount, duration, and scope of the service described on the recipient's support plan and current approved cost plan.</p> <p>Respite providers are not reimbursed separately for transportation and travel cost. These costs are integral components of respite care services and are included in the basic fee. Respite can be used to provide temporary relief to primary caregivers when this function cannot be accommodated by other providers (e.g., homemaker, home health aide, companion, day care, etc.) with their other duties.</p> <p>Respite care services can be provided on a 24-hour basis but are limited to a total of ten 24-hour days per calendar year.</p>
Respite Provider Eligibility	Information on becoming a provider of services: https://portal.flmmis.com/FLPublic/Provider_ProviderServices/tabId/39/Default.aspx
Caregiver Eligibility	Respite may not be provided by relatives, legal guardians, or legally responsible persons.
Enrollment Limit	20 (includes 15 reserved spaces): Year ending 06/30/2020
How to Apply	To be assessed, contact the Children's Multidisciplinary Assessment Team (CMAT). If you haven't applied for Medicaid in Florida, contact the Department of Children and Families.
Contact Information	CMAT: (850) 245-4200. Department of Children and Families: http://www.myflorida.com/accessflorida To contact local services based on county via telephone, please visit the Children's Medical Service website to find the appropriate number for statewide offices. http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/contact/area_offices.html
Link to Waiver Application	Link at Medicaid.gov (go down to "Approved Application(s) and Related Documents": https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8512
Expiration Date	06/30/2020
Date of Last Update	07/16/2019

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FL Traumatic Brain and Spinal Cord Injury (0342.R03.00)

State Operating Agency: Florida Department of Health (DOH)

Description	<p>This purpose of this waiver is to maintain and promote the health and functioning of individuals with a brain or spinal cord injury through the provision of supports and services in order to delay or prevent hospitalization or institutionalization. The goal of the program is to provide a choice of services that will allow eligible recipients to live safely at home or in the community. As of January 2018, this waiver transitioned to operate in combination with the 1915(b) Mandatory Managed Care waiver.</p> <p>Services include residential habilitation, assistive technology, attendant care, behavior programming, community support coordination, consumable medical supplies, occupational therapy (OT), physical therapy (PT), personal adjustment counseling, personal care, transition case management, companion care, emergency alert response system installation/monitoring/maintenance, environmental accessibility adaptations, life skills training, rehabilitation engineering evaluation, and transitional environmental accessibility adaptations.</p>
Waiver Type	1915(c) in combination with the 1915(b)/(c) Florida Long-term Care (LTC) Waiver and 1915(b) mandatory Managed Care waiver
Target Population-Eligibility	Individuals 18 years or older diagnosed with a traumatic brain and/or spinal cord injury and medically stable, which is defined as the absence of any of the following: (1) An active, life threatening condition (e.g., sepsis, respiratory, or other condition requiring system therapeutic measures); (2) IV drip to control or support blood pressure; or (3) intracranial pressure or arterial monitor.
Level of Care	Individuals require level of care available in a nursing facility (NF).
Respite Services	This waiver does not include formal respite services, but offers companion care which is supervision, socialization and assistance of a non-medical nature. Companion services may include tasks such as meal preparation, laundry, shopping and community access as specified on the recipient's plan of care. Companion services do not entail any invasive or hands-on nursing care. Providers may perform light housekeeping tasks that are incidental to the care and supervision of the recipient. All direct service professionals providing TBI/SCI waiver services have the responsibility to encourage the waiver participant's independence, inclusion, and integration into the community. Companion care may be provided for a maximum of six (6) hours per day, 365 days per year.
Respite Provider Eligibility	Florida Medicaid Traumatic Brain Injury and Spinal Cord Injury Waiver Handbook, coverage policies, and fee schedules are available on the http://portal.flmmis.com/flpublic/Default.aspx . Select "Provider Services", then under "Provider Support" select "Provider Handbooks", or "Provider Fee Schedules".
Caregiver Eligibility	Companion care may be provided by relatives, but not legal guardians or legally responsible persons.
Enrollment Limit	468: Year ending 06/30/2018
How to Apply	Apply through Department of Health's website at http://www.floridahealth.gov/diseases-and-conditions/brain-and-spinal-cord-injuries/index.html or call DOH's Brain and Spinal Cord Injury Program (BSCIP) Central Registry at: 1 (800) 342-0778 for application.
Contact Information	Brain and Spinal Cord Injury Program (BSCIP) 850-245-4045 (ex. 2744) https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/TBI-SCI.shtml
Link to Waiver Application	https://ahca.myflorida.com/medicaid/hcbs_waivers/tbi_waiver_2015-12.shtml
Expiration Date	06/30/2022
Date of Last Update	09/10/2019

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FL Long-Term Managed Care (0962.R00.00)

State Operating Agency: Agency for Health Care Administration, Division of Medicaid

Description	<p>This waiver combines home and community-based services (HCBS) for older adults and adults (18-64) with physical disabilities previously provided by the Aged/Disabled Adult, Assisted Living, Channeling for the Frail Elderly and Nursing Home Diversion waivers. Eligible recipients receive HCBS through the Florida Long-Term Care Managed Care Program. In January 2018 the Adults with Cystic Fibrosis, Traumatic Brain and Spinal Cord Injury, and Project AIDS Care waivers were also transitioned to long-term managed care.</p> <p>Waiver services include adult day health, case management, homemaker, respite, attendant care, intermittent/skilled nursing, medical equipment and supplies, occupational therapy (OT), physical therapy (PT), personal care, respiratory therapy, speech therapy, transportation, adult companion, assisted living, behavior management, caregiving training, home accessibility adaptations, home delivered meals, medication administration, medication management, nutritional assessment and risk reduction, personal emergency response systems, and structured family caregiving.</p> <p>Hospice is a state plan service covered under the 1915(b) waiver. Most long-term care members will be dually eligible for Medicare and Medicaid, thereby, having most hospice services reimbursed through Medicare.</p>
Waiver Type	1915(c) operated concurrently with 1915(b) mandatory Managed Care waiver
Target Population-Eligibility	Individuals 65 years of age or older or age 18-64 diagnosed with a physical disability including cystic fibrosis.
Level of Care	Individuals require level of care available in a nursing facility (NF).
Respite Services	Respite care is provided to participants unable to care for themselves furnished on a short-term basis in the participant's home due to the absence, or need, for relief of persons normally providing the care. Respite care does not substitute for the care usually provided by a registered nurse, a licensed practical nurse or a therapist.
Respite Provider Eligibility	Information on becoming a provider of services: http://ahca.myflorida.com/MCHQ/Licensee_Provider_Resources.shtml
Caregiver Eligibility	Respite may be provided by relatives and legally responsible persons but not by legal guardians.
Enrollment Limit	62,500: Year ending 12/27/2021
How to Apply	Application information is available at http://www.flmedicaidmanagedcare.com/
Contact Information	Contact Florida Statewide Medicaid Managed Care Helpline (877) 711-3662 or visit http://ahca.myflorida.com/Medicaid/statewide_mc/recipients.shtml
Link to Waiver Application	Link at Medicaid.gov (go down to "Approved Application(s) and Related Documents": https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24301
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Date of Last Update	07/16/2019