

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Disabled & Elderly Health Programs Group**

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FEB 01 2013

Justin Senior  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop #8  
Tallahassee, Florida 32308

Dear Mr. Senior:

The Centers for Medicare & Medicaid Services (CMS) is approving your request for an initial 1915(c) Home and Community Based Services (HCBS) waiver for individuals who are aged 65 and older and for individuals with physical disabilities from ages 18 through 64 years old. This waiver will provide HCBS for individuals who, absent the waiver, would require a nursing facility level of care. The state has titled the waiver "Florida Long-Term Care Managed Care" and it has been assigned control number FL0962.R00, which should be referenced in all future correspondence relating to this program. This approval does not relieve the state of its obligations under the Americans with Disabilities Act (ADA) and the Olmstead decision.

Concurrently, the CMS is approving Florida's initial 1915(b) program authorized under section 1915(b)(1) and (4) of the Social Security Act (the Act) under CMS control number FL-17.R00.00. This 1915(b) waiver allows Florida to require mandatory enrollment of all individuals into the state's contracted managed long term care plans for services approved under the 1915(c) waiver.

For the 1915(c) waiver, the state has requested a waiver of 1902(a)(10)(B) of the Act in order to waive comparability of services. The managed care program is authorized under section 1915(b)(1) and (4) of the Act and provides for waivers of the following sections of Title XIX:

- Section 1902 (a)(1) Statewideness
- Section 1902 (a)(23) Freedom of Choice
- Section 1902 (a)(10)(B) Comparability of Services

The 1915(c) waiver will provide participant direction opportunities and will offer the following services: adult day health care, case management, homemaker, respite, attendant care, intermittent and skilled nursing, medical equipment and supplies, occupational therapy, personal care, physical therapy, respiratory therapy, speech therapy, transportation, adult companion, assisted living, behavior management, caregiver training, home accessibility adaptations, home delivered meals, medication administration, medication management, nutritional assessment and risk reduction, and personal emergency response system.

The following number of unduplicated recipients and the estimates of average per capita cost of waiver services have been approved:

Waiver Year	Unduplicated Recipients (Factor C)	Average Per Capita Cost of Waiver Services (Factor C x Factor D)
1 - (7/01/2013 to 6/30/2014)	36,795	\$417,469,400.33
2 - (7/01/2014 to 6/30/2015)	36,795	\$429,801,046.23
3 - (7/01/2015 to 6/30/2016)	36,795	\$442,085,666.86

These approvals are subject to the agreement to serve no more individuals than those indicated above. If the state wishes to serve more individuals or make any other alterations to these waivers, an amendment must be submitted for approval.

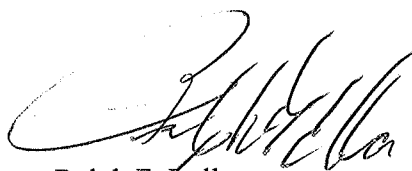
The state has agreed to work on an ongoing basis to assure continuous quality and quality improvements in this waiver. The state will report performance measure information to the CMS on a quarterly basis during the first two years of the approved waiver.

Additionally, our decision is based on the evidence submitted to the CMS demonstrating that the state's managed care proposal is consistent with the purposes of the Medicaid program, will meet all of the statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing services to these beneficiaries in Florida's Medicaid population.

These waivers are effective for the three year period beginning July 1, 2013, through June 30, 2016 and operate concurrently. The state may request renewal of these authorities by providing evidence and documentation of satisfactory performance and oversight. Florida's request that these authorities be renewed should be submitted to the CMS no later than March 31, 2016. The state will report all managed care waiver expenditures on the CMS 64-9 and 1915(c) waiver expenditures on the CMS 372 report. Florida will also be responsible for documenting cost-effectiveness, access, and quality in subsequent renewal requests.

We appreciate the cooperation and effort provided by you and your staff during the development of these new waiver programs. Please contact Kathy Lochary ([katherine.lochary@cms.hhs.gov](mailto:katherine.lochary@cms.hhs.gov)) or Lovie Davis ([lovie.davis@cms.hhs.gov](mailto:lovie.davis@cms.hhs.gov)) of the CMS Central Office or Kim Adkins McCoy ([kimberly.adkinsmccoy@cms.hhs.gov](mailto:kimberly.adkinsmccoy@cms.hhs.gov)) or Cheryl Brimage ([cheryl.brimage@cms.hhs.gov](mailto:cheryl.brimage@cms.hhs.gov)) of the CMS Regional Office with any questions related to this approval letter.

Sincerely,



Ralph F. Lollar  
Director  
Division of Long Term Services & Supports



Nancy Klimon, DrPH  
Director  
Division of Integrated Health Systems

cc: Beth Kidder  
Jackie Glaze