

# Medicaid Impact Conference Session 2008

Document for Conference:  
April 17, 2008

**Revised Post Conference**

# Medicaid Impact Conference Issues

April 17, 2008

| #  | Issue   | Action  | Proposed Start Date | General Revenue | Trust Fund   | Total         |
|----|---|---|---------------------|-----------------|--------------|---------------|
| 1a | Applied Behavioral Analysis - Unlimited       | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for unlimited coverage  | 4/1/09              | \$38,095,821    | \$47,435,883 | \$85,531,704  |
| 1b | Applied Behavioral Analysis - Lifetime Cap    | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for a lifetime cap  | 4/1/09              | \$38,095,821    | \$47,435,883 | \$85,531,704  |
| 1c | Applied Behavioral Analysis - Max of \$36,000 | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for a maximum amount of services of \$36,000 annually   | 4/1/09              | \$25,390,472    | \$31,615,528 | \$57,006,000  |
| 1d | Applied Behavioral Analysis - Max of \$18,000 | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for a maximum amount of services of \$18,000 annually if limits could be applied to the Medicaid Title XIX piece.                                 | 4/1/09              | \$12,695,236    | \$15,807,764 | \$28,503,000  |
| 2a | Habilitative Services - Unlimited             | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate for unlimited coverage   | 4/1/09              | \$52,812,183    | \$65,760,297 | \$118,572,480 |
| 2b | Habilitative Services - Lifetime Cap          | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate for a lifetime cap of a specified amount based on industry or state Medicaid experience in providing these types of services to this population. | 4/1/09              | \$52,812,183    | \$65,760,297 | \$118,572,480 |

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April 17, 2008

| #  | Issue   | Action   | Proposed Start Date | General Revenue | Trust Fund    | Total        |
|----|---|--|---------------------|-----------------|---------------|--------------|
| 2c | Habilitative Services - Annual Maximum                            | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate with an annual maximum amount of services based on Medicaid or industry experience in providing these types of services to this population if limits could be applied to the Medicaid Title XIX piece.  | 4/1/09              | \$24,374,854    | \$30,350,906  | \$54,725,760 |
| 2d | Habilitative Services - Mid -Level                                | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate with a mid-level amount service based on Medicaid or industry experience in providing these types of services to this population if limits could be applied to the Medicaid Title XIX piece.  | 4/1/09              | \$12,187,427    | \$15,175,453  | \$27,362,880 |
| 3a | Eliminate 10% Cap for Full Pay /Add ABA and Habilitative Services | Estimated cost associated with removing the 10% on full pay Medikids and Florida Healthy kids and add Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) and habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XXI program. The additional services would be offered to the subsidized and full pay children. For Applied Behavioral Analysis, provide an estimate for unlimited coverage, one with a lifetime cap, one with a maximum amount of services of \$36,000 annually and one with a maximum amount of services of \$18,000 annually if limits could be applied to the Title XXIX piece. For habilitative services, provide an estimate for unlimited coverage and an estimate with a lifetime cap of a specified amount based on industry or Title XXI experience in providing these types of services to this population. Also provide estimates with an annual maximum amount of services and one with a mid-level amount service based on Title XXI or industry experience in providing these types of services to this population. |                     |                 | Indeterminate |              |

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|----|--|--|---|-----------------|--------------|--------------|
| 3b | ABA & Habilitative Services addition to Medikids and FHK | Estimate the cost of providing coverage for ABA and Habilitative services as defined in #1 and #2 above for the Medikids and FHK programs (including CMS Network).     | 4/1/09  | \$17,075,970    | \$42,650,026 | \$59,725,996 |
| 4  | Eliminate 10% Cap for Full Pay                           | Estimated costs associated with removing the 10% cap on full pay Medikids and Florida Healthy Kids under the current program structure.                                | Indeterminate   |                 |              |              |
| 5  | Early Steps Funding Increase                             | Increase in funding for Early Steps program to allow for adequate screening, diagnosis, and treatment of children with autism and developmental disabilities ages 0-3. | 1/1/09  | \$80,987,303    | \$11,070,170 | \$92,057,473 |
| 6a | Continuous coverage for Title XIX                        | Cost of 30-day continuous coverage period when children transfer from Medicaid to Title XXI.   | Unable to provide continuous coverage for a specific portion of a population. |                 |              |              |
| 6b | Presumptive Eligibility for Title XXI                    | Cost of 30-day presumptive coverage period when children transfer from Medicaid to Title XXI.  | 10/1/08   | \$14,216,822    | \$32,827,593 | \$47,044,416 |
| 7  | Exception to Kidcare Wait Period                         | Cost of permitting insured children to enroll in Kidcare without a waiting period if cost of employer coverage is 5% greater than family income.                       | 10/1/08   | \$201,778       | \$522,443    | \$724,221    |
| 8  | Reduce Wait Period                                       | Cost of reducing waiting period from 6 months to 90 days   | 10/1/08   | \$166,187       | \$421,879    | \$588,065    |
| 9  | Reduce Wait Period for Reinstatements                    | Cost of changing waiting period for reinstatement after non-payment of premiums from 60 to 30 days.  | 10/1/08   | \$1,542,845     | \$3,913,905  | \$5,456,750  |
| 10 | Addition of ABA Services                                 | Change in Medicaid state plan to include full EPSDT benefits, including coverage for ABA.  | Please refer to items 1 and 2 above   |                 |              |              |
| 11 |  | Change in Kidcare coverage to include coverage for ABA   |   |                 |              |              |

# ISSUE DETAIL

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 1a**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Applied Behavioral Analysis - Unlimited  |
| <b>Brief Description of Proposal:</b>             | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for unlimited coverage |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009   |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.  |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$85,531,704   |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services  |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>  |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b> |               | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Issue # 1a Cont.

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES | Chapter 409, F.S., to add behavioral services to the Medicaid State Plan program.  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to remove behavior and therapy services from the waiver for individuals under the age of 21.  |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to remove behavior and therapy services from the waivers for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO  |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 1a Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$85,531,704      | \$342,126,818          |                   |
| <b>General Revenue:</b>                      | \$38,095,821      | \$152,383,285          |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$47,435,883      | \$189,743,533          |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |



# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 1a Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

Concerns:

- Services should not overlap with education hours.
- Families with a child with a diagnosis of an autism spectrum disorder understand the definition of Autism.

Comments:

- Behavioral services are not currently available on the Medicaid State Plan. A state plan amendment would be needed to add the services to the Medicaid State Plan. A 1915(i) State Plan Amendment (SPA) is recommended. A 1915 (i) SPA will allow the state to limit the recipients who can access the services to children under the age of 21 who have been diagnosed with a developmental disability.
- Behavioral services are currently provided on the Developmental Disabilities Home and Community-Based Services Waiver and the Family and Supported Living Home and Community-Based Services Waiver.
- The behavioral services available on the waivers are defined as:
  - Behavior analysis services are provided to assist a person or persons to learn new behavior that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. The term “behavior analysis services” includes the terms “behavior programming” and “behavioral programs.” Behavior analysis includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior. It includes the identification of functional relationships between behavior and environment. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcement and other consequences are used based on identified functional relationships between behavior and environment, in order to produce practical behavior change.
  - Behavioral services must include procedures to ensure generalization and maintenance of behaviors. The services are designed to engineer environmental modifications including ongoing styles of interactions, and contingencies maintained by significant others in the recipient’s life. Training for parents, caregivers and staff is also part of the services when these persons are integral to the implementation or monitoring of a behavior analysis services plan. Services should be provided for a limited time and discontinued as the significant others gain skills and abilities to assist the recipient to function in more independent and less challenging ways.

# Medicaid Impact Conference Issues

April 17, 2008

- Behavior analysis does not rely on cognitive therapies and expressly excludes psychological testing, neuropsychology, psychotherapy, sex therapy, psychoanalysis, hypnotherapy and long-term counseling as treatment modalities. Provision of behavioral services must comply with rule 65G-4.009, F.A.C. Services provided by behavior analysts with limited experience in the problem area or by behavior analysts who are not Board Certified Behavior Analysts with three years of experience or licensure under Chapter 490 or 491, F.S., should receive oversight and approval of services with a more experienced behavior analyst or with the above described highest level of certification.
- Behavior assistant services are one-on-one activities related to the delivery of behavior analysis services, as defined under Behavior Analysis Services and Assessment, and are designated in and required by a behavior analysis service plan. Activities include monitoring of behavior analysis services, the implementation of behavioral procedures for acquisition of replacement skills and reduction of problematic behaviors, data collection and display (e.g., graphics) as authorized by a recipient's behavior analysis service plan and assist the person certified as a behavior analyst or licensed under Chapter 490 or 491, F.S., in training of caregivers. The behavior analysis service plan must be designed, implemented, monitored, and approved in accordance with rule 65G-4.009, F.A.C.
- Behavior assistant services are designed for recipients for whom traditional residential habilitation services have been documented unsuccessful or are considered to be inappropriate for health or safety reasons and for children who require behavioral services, but for whom providing services in the family home will likely be more effective and least restrictive. Services should be provided for a limited time and discontinued as the support persons gain skills and abilities to assist the recipient to function in more independent and less challenging ways. Behavioral assistant services for children should supplement and support, transfer stimulus control and generalize behavior change, the acquisition and reduction plans designed and implemented by the primary source of services for children, the education system.

## **Services Provided Under All Four DD Waivers**

### **Qualifications:**

- Autism (but not the full autism spectrum)
- at least 3 years old

### **Behavior Analysis & Behavior Assistant Services**

Behavior analysis services are provided to assist a person or persons to learn new behaviors that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging Behaviors.

16 units per day; 4 hours per day (combo of both)

Medicaid does not consider behavior analysis to be experimental  
Behavior Analyst—pay differently based on credentials

# Medicaid Impact Conference Issues

April 17, 2008

Level 1 Board Certified Behavior Analyst; Florida Certified Behavior Analyst with expanded privileges; or a person licensed under Chapter 490 or 491, F.S., (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor), with more than three years of experience post Certification or licensure.

Level 2 Board Certified Behavior Analyst; Florida Certified Behavior Analyst with expanded privileges; or a person licensed under Chapter 490 or 491, F.S., (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor), with less than three years of experience; or a Florida Certified Behavior Analyst with a Masters or Doctorate, regardless Of experience.

Level 3 Board or Florida Certified Associate Behavior Analyst or a Florida Certified Behavior Analyst with bachelors or high school diploma, Regardless of experience.

Behavior assistant—one level of payment

2006-07, dollars spent on the DD Waiver (all recipients are not diagnosed with Autism).

| Service                                | Dollars spent         | # served     | Rate                                |
|--|-----------------------|--------------|-------------------------------------|
| Behavioral Assessment                  | \$512,937             | 1,496        | \$308.43 to \$616.86                |
| Behavioral Assistant Services          | \$4,781,352           | 531          | \$3.82 to \$5.15 per quarter hour   |
| Behavioral Services - Bachelors Degree | \$5,269,408           | 2,253        | \$8.52 to \$12.81 per quarter hour  |
| Behavioral Services - Masters Degree   | \$4,807,435           | 1,589        | \$13.70 to \$20.60 per quarter hour |
| Behavioral Services - Doctorate Degree | \$8,214,326           | 2,823        | \$15.69 to \$23.58 per quarter hour |
|  | <b>\$23.5 million</b> | <b>8,692</b> |                                     |

DD and FSL waivers totaled \$26 million for Behavior Analysis. This is for all people on the waivers, not just those with autism.

Limit on Tiers:  
 Tier 1 - no limit (DD Waiver)  
 Tier 2 - \$55,000  
 Tier 3 - \$35,000  
 Tier 4 - \$14,792 (FSL Waiver)

# Medicaid Impact Conference Issues

April 17, 2008

**Respite:** Highly utilized by people with autism  
(little in terms of nursing, DME, incontinence)

- 30 days or 720 hours per year
- rate = \$1.72 to \$3.61 per quarter hour or \$68.57 to \$144.45 per day

Schools

--They may provide some behavior services, but most districts cannot afford it

## ABA

|                   |         | Caseloads | Caseloads<br>that Use<br>ABA<br>1 in 156 | Hours<br>per<br>week | Hours     | Cost at \$56.42<br>per Hour |
|-------------------|---------|-----------|--|----------------------|-----------|-----------------------------|
| ages              | 0-2     | 259,593   | 0  | 0                    |           |                             |
| ages              | 3-6     | 224,370   | 1,438                                    | 13                   | 972,088   | \$54,845,205                |
| ages              | 6-10    | 301,099   | 1,930                                    | 20                   | 2,007,200 | \$113,246,224               |
| ages              | over 10 | 462,618   | 2,966                                    | 20                   | 3,084,640 | \$174,035,389               |
|                   |         | 1,247,680 | 6,334                                    |                      |           | \$342,126,818               |
| General Revenue   |         |           |  |                      |           | \$152,383,285               |
| MCTF              |         |           |  |                      |           | \$189,743,533               |
| Phase in 9 months |         |           |  |                      |           | \$85,531,704                |
| General Revenue   |         |           |  |                      |           | \$38,095,821                |
| MCTF              |         |           |  |                      |           | \$47,435,883                |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 1b**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Applied Behavioral Analysis - Lifetime Cap   |
| <b>Brief Description of Proposal:</b>             | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for a lifetime cap |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009   |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.  |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$47,088,000   |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services  |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>  |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b> |               | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Issue #1b Cont.

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES | Chapter 409, F.S., to add behavioral services to the Medicaid State Plan program.  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to remove behavior and therapy services from the waiver for individuals under the age of 21.  |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to remove behavior and therapy services from the waivers for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO  |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue #1b Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | 12                |
| <b>Total (Savings) Cost of Proposal:</b>     | \$85,531,704      | \$342,126,818          | \$188,352,000     |
| <b>General Revenue:</b>                      | \$38,095,821      | \$152,383,285          | \$83,891,981      |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  | (\$0)             |
| <b>Medical Health Care Trust Fund:</b>       | \$47,435,883      | \$189,743,533          | \$104,460,019     |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  | (\$0)             |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  | (\$0)             |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  | (\$0)             |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  | (\$0)             |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  | (\$0)             |

# Medicaid Impact Conference Issues

April 17, 2008

**Work Papers/Notes/Comments:**

**Issue #1b Cont.**

**(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):**

Concerns:

- Services should not overlap with education hours.
- Families with a child with a diagnosis of an autism spectrum disorder understand the definition of Autism.

Comments:

- Behavioral services are not currently available on the Medicaid State Plan. A state plan amendment would be needed to add the services to the Medicaid State Plan. A 1915(i) State Plan Amendment (SPA) is recommended. A 1915 (i) SPA will allow the state to limit the recipients who can access the services to children under the age of 21 who have been diagnosed with a developmental disability.
- Behavioral services are currently provided on the Developmental Disabilities Home and Community-Based Services Waiver and the Family and Supported Living Home and Community-Based Services Waiver.
- The behavioral services available on the waivers are defined as:
  - Behavior analysis services are provided to assist a person or persons to learn new behavior that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. The term “behavior analysis services” includes the terms “behavior programming” and “behavioral programs.” Behavior analysis includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior. It includes the identification of functional relationships between behavior and environment. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcement and other consequences are used based on identified functional relationships between behavior and environment, in order to produce practical behavior change.
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- Behavior assistant services are one-on-one activities related to the delivery of behavior analysis services, as defined under Behavior Analysis Services and Assessment, and are designated in and required by a behavior analysis service plan. Activities include monitoring of behavior analysis services, the implementation of behavioral procedures for acquisition of replacement skills and reduction of problematic behaviors, data collection and display (e.g., graphics) as authorized by a recipient's behavior analysis service plan and assist the person certified as a behavior analyst or licensed under Chapter 490 or 491, F.S., in training of caregivers. The behavior analysis service plan must be designed, implemented, monitored, and approved in accordance with rule 65G-4.009, F.A.C.
- Behavior assistant services are designed for recipients for whom traditional residential habilitation services have been documented unsuccessful or are considered to be inappropriate for health or safety reasons and for children who require behavioral services, but for whom providing services in the family home will likely be more effective and least restrictive. Services should be provided for a limited time and discontinued as the support persons gain skills and abilities to assist the recipient to function in more independent and less challenging ways. Behavioral assistant services for children should supplement and support, transfer stimulus control and generalize behavior change, the acquisition and reduction plans designed and implemented by the primary source of services for children, the education system.

## **Services Provided Under All Four DD Waivers**

### **Qualifications:**

- Autism (but not the full autism spectrum)
- at least 3 years old

### **Behavior Analysis & Behavior Assistant Services**

Behavior analysis services are provided to assist a person or persons to learn new behaviors that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors.

16 units per day; 4 hours per day (combo of both)

Medicaid does not consider behavior analysis to be experimental

Behavior Analyst—pay differently based on credentials

# Medicaid Impact Conference Issues

April 17, 2008

Level 1 Board Certified Behavior Analyst; Florida Certified Behavior Analyst with expanded privileges; or a person licensed under Chapter 490 or 491, F.S., (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor), with more than three years of experience post certification or licensure.

Level 2 Board Certified Behavior Analyst; Florida Certified Behavior Analyst with expanded privileges; or a person licensed under Chapter 490 or 491, F.S., (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor), with less than three years of experience; or a Florida Certified Behavior Analyst with a Masters or Doctorate, regardless of experience.

Level 3 Board or Florida Certified Associate Behavior Analyst or a Florida Certified Behavior Analyst with bachelors or high school diploma, regardless of experience.

Behavior assistant—one level of payment

2006-07, dollars spent on the DD Waiver (all recipients are not diagnosed with Autism).

| Service                                | Dollars spent         | # served     | Rate                                |
|--|-----------------------|--------------|-------------------------------------|
| Behavioral Assessment                  | \$512,937             | 1,496        | \$308.43 to \$616.86                |
| Behavioral Assistant Services          | \$4,781,352           | 531          | \$3.82 to \$5.15 per quarter hour   |
| Behavioral Services - Bachelors Degree | \$5,269,408           | 2,253        | \$8.52 to \$12.81 per quarter hour  |
| Behavioral Services - Masters Degree   | \$4,807,435           | 1,589        | \$13.70 to \$20.60 per quarter hour |
| Behavioral Services - Doctorate Degree | \$8,214,326           | 2,823        | \$15.69 to \$23.58 per quarter hour |
|  | <b>\$23.5 million</b> | <b>8,692</b> |                                     |

DD and FSL waivers totaled \$26 million for Behavior Analysis. This is for all people on the waivers, not just those with autism.

Limit on Tiers:  
 Tier 1 - no limit (DD Waiver)  
 Tier 2 - \$55,000  
 Tier 3 - \$35,000  
 Tier 4 - \$14,792 (FSL Waiver)

# Medicaid Impact Conference Issues

April 17, 2008

**Respite:** Highly utilized by people with autism  
(little in terms of nursing, DME, incontinence)

- 30 days or 720 hours per year
- rate = \$1.72 to \$3.61 per quarter hour or \$68.57 to \$144.45 per day

Schools

--They may provide some behavior services, but most districts cannot afford it

|                                       |        | ABA           |
|---------------------------------------|--------|---------------|
| Lifetime analysis                     |        | \$72,000      |
| add each month                        | 34,022 |               |
| Needing therapy at 1 in 156           | 218    |               |
| Cost at Cap each month                |        | \$15,696,000  |
| Annual obligation                     |        | \$188,352,000 |
| General revenue                       |        | \$83,891,981  |
| MCTF                                  |        | \$104,460,019 |
| 9 month phase in                      |        |               |
| Annual obligation                     |        | \$47,088,000  |
| General revenue                       |        | \$20,972,995  |
| MCTF                                  |        | \$26,115,005  |
| Hours                                 |        | 1,276         |
| units                                 |        | 1,276         |
| weeks of treatment at 20 hours a week |        | 64            |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 1c**

|   |   |
|---|---|
| <b>Proposal Name:</b>                             | Applied Behavioral Analysis - Max of \$36,000   |
| <b>Brief Description of Proposal:</b>             | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for a maximum amount of services of \$36,000 annually |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09   |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009  |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.   |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$57,006,000  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>  |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b> |               | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Issue #1c Cont.

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES | Chapter 409, F.S., to add behavioral services to the Medicaid State Plan program.  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to remove behavior and therapy services from the waiver for individuals under the age of 21.  |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to remove behavior and therapy services from the waivers for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO  |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 1c Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$57,006,000      | \$228,024,000          |                   |
| <b>General Revenue:</b>                      | \$25,390,472      | \$101,561,890          |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$31,615,528      | \$126,462,110          |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

**Work Papers/Notes/Comments:**

**Issue # 1c Cont.**

**(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):**

Concerns:

- Services should not overlap with education hours.
- Families with a child with a diagnosis of an autism spectrum disorder understand the definition of Autism.

Comments:

- Behavioral services are not currently available on the Medicaid State Plan. A state plan amendment would be needed to add the services to the Medicaid State Plan. A 1915(i) State Plan Amendment (SPA) is recommended. A 1915 (i) SPA will allow the state to limit the recipients who can access the services to children under the age of 21 who have been diagnosed with a developmental disability.
- Behavioral services are currently provided on the Developmental Disabilities Home and Community-Based Services Waiver and the Family and Supported Living Home and Community-Based Services Waiver.
- The behavioral services available on the waivers are defined as:
  - Behavior analysis services are provided to assist a person or persons to learn new behavior that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. The term “behavior analysis services” includes the terms “behavior programming” and “behavioral programs.” Behavior analysis includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior. It includes the identification of functional relationships between behavior and environment. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcement and other consequences are used based on identified functional relationships between behavior and environment, in order to produce practical behavior change.
  - Behavioral services must include procedures to ensure generalization and maintenance of behaviors. The services are designed to engineer environmental modifications including ongoing styles of interactions, and contingencies maintained by significant others in the recipient’s life. Training for parents, caregivers and staff is also part of the services when these persons are integral to the implementation or monitoring of a behavior analysis services plan. Services should be provided for a limited time and discontinued as the significant others gain skills and abilities to assist the recipient to function in more independent and less challenging ways.

# Medicaid Impact Conference Issues

April 17, 2008

- Behavior analysis does not rely on cognitive therapies and expressly excludes psychological testing, neuropsychology, psychotherapy, sex therapy, psychoanalysis, hypnotherapy and long-term counseling as treatment modalities. Provision of behavioral services must comply with rule 65G-4.009, F.A.C. Services provided by behavior analysts with limited experience in the problem area or by behavior analysts who are not Board Certified Behavior Analysts with three years of experience or licensure under Chapter 490 or 491, F.S., should receive oversight and approval of services with a more experienced behavior analyst or with the above described highest level of certification.
- Behavior assistant services are one-on-one activities related to the delivery of behavior analysis services, as defined under Behavior Analysis Services and Assessment, and are designated in and required by a behavior analysis service plan. Activities include monitoring of behavior analysis services, the implementation of behavioral procedures for acquisition of replacement skills and reduction of problematic behaviors, data collection and display (e.g., graphics) as authorized by a recipient's behavior analysis service plan and assist the person certified as a behavior analyst or licensed under Chapter 490 or 491, F.S., in training of caregivers. The behavior analysis service plan must be designed, implemented, monitored, and approved in accordance with rule 65G-4.009, F.A.C.
- Behavior assistant services are designed for recipients for whom traditional residential habilitation services have been documented unsuccessful or are considered to be inappropriate for health or safety reasons and for children who require behavioral services, but for whom providing services in the family home will likely be more effective and least restrictive. Services should be provided for a limited time and discontinued as the support persons gain skills and abilities to assist the recipient to function in more independent and less challenging ways. Behavioral assistant services for children should supplement and support, transfer stimulus control and generalize behavior change, the acquisition and reduction plans designed and implemented by the primary source of services for children, the education system.

## **Services Provided Under All Four DD Waivers**

### **Qualifications:**

- Autism (but not the full autism spectrum)
- at least 3 years old

### **Behavior Analysis & Behavior Assistant Services**

Behavior analysis services are provided to assist a person or persons to learn new behaviors that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors.

16 units per day; 4 hours per day (combo of both)

Medicaid does not consider behavior analysis to be experimental

Behavior Analyst—pay differently based on credentials



# Medicaid Impact Conference Issues

April 17, 2008

Level 1 Board Certified Behavior Analyst; Florida Certified Behavior Analyst with expanded privileges; or a person licensed under Chapter 490 or 491, F.S., (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor), with more than three years of experience post certification or licensure.

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Level 3 Board or Florida Certified Associate Behavior Analyst or a Florida Certified Behavior Analyst with bachelors or high school diploma, regardless of experience.

Behavior assistant—one level of payment

2006-07, dollars spent on the DD Waiver (all recipients are not diagnosed with Autism).

| Service                                | Dollars spent         | # served     | Rate                                |
|--|-----------------------|--------------|-------------------------------------|
| Behavioral Assessment                  | \$512,937             | 1,496        | \$308.43 to \$616.86                |
| Behavioral Assistant Services          | \$4,781,352           | 531          | \$3.82 to \$5.15 per quarter hour   |
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| Behavioral Services - Doctorate Degree | \$8,214,326           | 2,823        | \$15.69 to \$23.58 per quarter hour |
|  | <b>\$23.5 million</b> | <b>8,692</b> |                                     |

DD and FSL waivers totaled \$26 million for Behavior Analysis. This is for all people on the waivers, not just those with autism.

Limit on Tiers:  
 Tier 1 - no limit (DD Waiver)  
 Tier 2 - \$55,000  
 Tier 3 - \$35,000  
 Tier 4 - \$14,792 (FSL Waiver)

# Medicaid Impact Conference Issues

April 17, 2008

**Respite:** Highly utilized by people with autism  
(little in terms of nursing, DME, incontinence)

- 30 days or 720 hours per year
- rate = \$1.72 to \$3.61 per quarter hour or \$68.57 to \$144.45 per day

Schools

--They may provide some behavior services, but most districts cannot afford it

|                   |         | Caseloads that Use ABA |              | ABA                |
|-------------------|---------|------------------------|--------------|--------------------|
|                   |         | Caseloads ABA          | that Use ABA | At \$36000per year |
|                   |         | 1 in 156               |              |                    |
| ages              | 0-2     | 259,593                | 0            |                    |
| ages              | 3-6     | 224,370                | 1,438        | \$51,768,000       |
| ages              | 6-10    | 301,099                | 1,930        | \$69,480,000       |
| ages              | over 10 | 462,618                | 2,966        | \$106,776,000      |
|                   |         | 1,247,680              | 6,334        | \$228,024,000      |
| General Revenue   |         |                        |              | \$101,561,890      |
| MCTF              |         |                        |              | \$126,462,110      |
| Phase in 9 months |         |                        |              | \$57,006,000       |
| General Revenue   |         |                        |              | \$25,390,472       |
| MCTF              |         |                        |              | \$31,615,528       |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 1d**

|   |   |
|---|---|
| <b>Proposal Name:</b>                             | Applied Behavioral Analysis - Max of \$18,000   |
| <b>Brief Description of Proposal:</b>             | Estimated cost to provide Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) in the Title XIX Medicaid program as a state plan service. Provide an estimate for a maximum amount of services of \$18,000 annually if limits could be applied to the Medicaid Title XIX piece. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09   |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009  |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.   |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$28,503,000  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>  |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b> |               | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Issue #1d Cont.

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES | Chapter 409, F.S., to add behavioral services to the Medicaid State Plan program.  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a 1915 (i) State Plan Amendment (SPA). The SPA would provide Medicaid state plan services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, advertisement, and section of a Peer Review Organization (PRO) to provide initial evaluations and provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to remove behavior and therapy services from the waiver for individuals under the age of 21.  |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to remove behavior and therapy services from the waivers for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO  |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 1d Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$28,503,000      | \$114,012,000          |                   |
| <b>General Revenue:</b>                      | \$12,695,236      | \$50,780,945           |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$15,807,764      | \$63,231,055           |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

**Work Papers/Notes/Comments:**

**Issue # 1d Cont.**

**(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):**

Concerns:

- Services should not overlap with education hours.
- Families with a child with a diagnosis of an autism spectrum disorder understand the definition of Autism.

Comments:

- Behavioral services are not currently available on the Medicaid State Plan. A state plan amendment would be needed to add the services to the Medicaid State Plan. A 1915(i) State Plan Amendment (SPA) is recommended. A 1915 (i) SPA will allow the state to limit the recipients who can access the services to children under the age of 21 who have been diagnosed with a developmental disability.
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Schools

--They may provide some behavior services, but most districts cannot afford it

## ABA

|                   |         | Caseloads<br>that Use<br>ABA<br>1 in 156 | At \$18000<br>per year |
|-------------------|---------|--|------------------------|
| ages              | 0-2     | 259,593                                  | 0                      |
| ages              | 3-6     | 224,370                                  | 1,438 \$25,884,000     |
| ages              | 6-10    | 301,099                                  | 1,930 \$34,740,000     |
| ages              | over 10 | 462,618                                  | 2,966 \$53,388,000     |
|                   |         | 1,247,680                                | 6,334 \$114,012,000    |
| General Revenue   |         |  | \$50,780,945           |
| MCTF              |         |  | \$63,231,055           |
| Phase in 9 months |         |  | \$28,503,000           |
| General Revenue   |         |  | \$12,695,236           |
| MCTF              |         |  | \$15,807,764           |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 2a**

|   |   |
|---|---|
| <b>Proposal Name:</b>                             | Habilitative Services - Unlimited   |
| <b>Brief Description of Proposal:</b>             | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate for unlimited coverage |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09   |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009  |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.   |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$118,572,480   |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>  |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b> |               | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify the limits for Medicaid state plan habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Analysis:

## Issue # 2a Cont.

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            |     |  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify limits for habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to reflect the policy and coverage changes for individuals under the age of 21.   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to reflect the policy and coverage changes for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO  |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 2a Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$118,572,480     | \$474,289,920          |                   |
| <b>General Revenue:</b>                      | \$52,812,183      | \$211,248,730          |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$65,760,297      | \$263,041,190          |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 2a Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

## What Medicaid Covers Under State Plan

- **Physical therapy:** develop, improve or restore neuro-muscular or sensory-motor function, relieve pain, or control postural deviations to attain maximum performance.
- **Occupational therapy:** addresses the developmental or functional needs of a child related to the performance of self-help skills; adaptive behavior; and sensory, motor and postural development.
- **Speech language pathology:** evaluation and treatment of disorders of verbal and written language, articulation, voice, fluency, phonology, mastication, etc.

## Requirements to receive State Plan therapy services

- Under age 21
- Medically necessary
- The services must be individualized, specific, **consistent with symptoms or confirmed diagnosis of the illness or injury under treatment**, and not in excess of the recipient's needs;
- Prescribed by the recipient's primary care provider, ARNP or PA, or a physician specialist. The prescription must include:
  - diagnosis;
  - type of evaluation requested or the specific type of service;
  - Duration and frequency of the therapy treatment; and
  - The physician's MediPass authorization number, if applicable.
- Renewed every 6 months
  - The primary care provider must review the recipient's renewed plan of care
  - If the services continue to be medically necessary, can prescribe the reauthorization of services.
- Plan of care developed by the therapist based on evaluation of patient. Includes:
  - Individualized, written program
  - Designed to meet the medical, health and habilitative needs of the recipient.
  - Achievable, measurable, time-related long and short term goals and objectives that are related to the functioning of the recipient and are based on the prescription;
  - Medications, treatments, and equipment required;
  - Diagnosis
  - Frequency, length of each treatment and the duration of the treatment;
  - Therapy methods and monitoring criteria;
  - Methods of demonstrating and teaching of caregivers; and
  - How the treatment will be coordinated with the other service needs

# Medicaid Impact Conference Issues

April 17, 2008

## State Plan Therapy Reimbursement and Limits

- \$16.97 per quarter hour
- 14 units of service per week, per therapy; equals 3.5 hours per week
- Will only reimburse one provider per day for the same therapy (e.g., if it's provided in school, can't also provide at home)

### Therapies

|                   |         | Caseloads | Caseloads<br>that Use<br>ABA<br>1 in 156 | Hours<br>per<br>week | Hours     | Cost at \$18<br>per qtr Hour |
|-------------------|---------|-----------|--|----------------------|-----------|------------------------------|
| ages              | 0-2     | 259,593   | 0  | 0                    |           |                              |
| ages              | 3-6     | 224,370   | 1,438                                    | 20                   | 1,495,520 | \$107,677,440                |
| ages              | 6-10    | 301,099   | 1,930                                    | 20                   | 2,007,200 | \$144,518,400                |
| ages              | over 10 | 462,618   | 2,966                                    | 20                   | 3,084,640 | \$222,094,080                |
|                   |         | 1,247,680 | 6,334                                    |                      |           | \$474,289,920                |
| General Revenue   |         |           |  |                      |           | \$211,248,730                |
| MCTF              |         |           |  |                      |           | \$263,041,190                |
| Phase in 9 months |         |           |  |                      |           | \$118,572,480                |
| General Revenue   |         |           |  |                      |           | \$52,812,183                 |
| MCTF              |         |           |  |                      |           | \$65,760,297                 |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 2b**

|   |   |
|---|---|
| <b>Proposal Name:</b>                             | Habilitative Services - Lifetime Cap  |
| <b>Brief Description of Proposal:</b>             | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate for a lifetime cap of a specified amount based on industry or state Medicaid experience in providing these types of services to this population. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09   |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009  |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.   |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$47,088,000  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services   |

## Key Elements:

|   | Yes/No | Explanation and Time Frame   |
|---|--------|--|
| <b>I. Anticipated implementation time line and process.</b> |        | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify the limits for Medicaid state plan habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Analysis:

## Issue # 2b Cont.

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            |     |  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify limits for habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to reflect the policy and coverage changes for individuals under the age of 21.   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to reflect the policy and coverage changes for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                |     |  |



# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 2b Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | 12                |
| <b>Total (Savings) Cost of Proposal:</b>     | \$118,572,480     | \$474,289,920          | \$188,352,000     |
| <b>General Revenue:</b>                      | \$52,812,183      | \$211,248,730          | \$83,891,981      |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  | (\$0)             |
| <b>Medical Health Care Trust Fund:</b>       | \$65,760,297      | \$263,041,190          | \$104,460,019     |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  | (\$0)             |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  | (\$0)             |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  | (\$0)             |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  | (\$0)             |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  | (\$0)             |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 2b Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

## What Medicaid Covers Under State Plan

- **Physical therapy:** develop, improve or restore neuro-muscular or sensory-motor function, relieve pain, or control postural deviations to attain maximum performance.
- **Occupational therapy:** addresses the developmental or functional needs of a child related to the performance of self-help skills; adaptive behavior; and sensory, motor and postural development.
- **Speech language pathology:** evaluation and treatment of disorders of verbal and written language, articulation, voice, fluency, phonology, mastication, etc.

## Requirements to receive SP therapy services

- Under age 21
- Medically necessary
- The services must be individualized, specific, **consistent with symptoms or confirmed diagnosis of the illness or injury under treatment**, and not in excess of the recipient's needs;
- Prescribed by the recipient's primary care provider, ARNP or PA, or a physician specialist. The prescription must include:
  - diagnosis;
  - type of evaluation requested or the specific type of service;
  - Duration and frequency of the therapy treatment; and
  - The physician's MediPass authorization number, if applicable.
- Renewed every 6 months
  - The primary care provider must review the recipient's renewed plan of care
  - If the services continue to be medically necessary, can prescribe the reauthorization of services.
- Plan of care developed by the therapist based on evaluation of patient. Includes:
  - Individualized, written program
  - Designed to meet the medical, health and habilitative needs of the recipient.
  - Achievable, measurable, time-related long and short term goals and objectives that are related to the functioning of the recipient and are based on the prescription;
  - Medications, treatments, and equipment required;
  - Diagnosis
  - Frequency, length of each treatment and the duration of the treatment;
  - Therapy methods and monitoring criteria;
  - Methods of demonstrating and teaching of caregivers; and
  - How the treatment will be coordinated with the other service needs

# Medicaid Impact Conference Issues

April 17, 2008

## State Plan Therapy Reimbursement and Limits

- \$16.97 per quarter hour
- 14 units of service per week, per therapy; equals 3.5 hours per week
- Will only reimburse one provider per day for the same therapy (e.g., if it's provided in school, can't also provide at home)

|                                       |        | Therapies     |
|---------------------------------------|--------|---------------|
| Lifetime analysis                     |        | \$72,000      |
| add each month                        | 34,022 |               |
| Needing therapy at 1 in 156           | 218    |               |
| Cost at Cap each month                |        | \$15,696,000  |
| Annual obligation                     |        | \$188,352,000 |
| General revenue                       |        | \$83,891,981  |
| MCTF                                  |        | \$104,460,019 |
| 9 month phase in                      |        |               |
| Annual obligation                     |        | \$47,088,000  |
| General revenue                       |        | \$20,972,995  |
| MCTF                                  |        | \$26,115,005  |
| Hours                                 |        | 1000          |
| units                                 |        | 4000          |
| weeks of treatment at 20 hours a week |        | 50            |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 2c**

|   |   |
|---|---|
| <b>Proposal Name:</b>                             | Habilitative Services - Annual Maximum  |
| <b>Brief Description of Proposal:</b>             | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate with an annual maximum amount of services based on Medicaid or industry experience in providing these types of services to this population if limits could be applied to the Medicaid Title XIX piece. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09   |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009  |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.   |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$54,725,760  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services   |

## Key Elements:

|   | Yes/No | Explanation and Time Frame   |
|---|--------|--|
| <b>I. Anticipated implementation time line and process.</b> |        | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify the limits for Medicaid state plan habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Analysis:

**Issue # 2c Cont.**

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            |     |  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify limits for habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to reflect the policy and coverage changes for individuals under the age of 21.   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to reflect the policy and coverage changes for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                |     |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 2c Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$54,725,760      | \$218,903,040          |                   |
| <b>General Revenue:</b>                      | \$24,374,854      | \$97,499,414           |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$30,350,906      | \$121,403,626          |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 2c Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

## What Medicaid Covers Under State Plan

- **Physical therapy:** develop, improve or restore neuro-muscular or sensory-motor function, relieve pain, or control postural deviations to attain maximum performance.
- **Occupational therapy:** addresses the developmental or functional needs of a child related to the performance of self-help skills; adaptive behavior; and sensory, motor and postural development.
- **Speech language pathology:** evaluation and treatment of disorders of verbal and written language, articulation, voice, fluency, phonology, mastication, etc.

## Requirements to receive SP therapy services

- Under age 21
- Medically necessary
- The services must be individualized, specific, **consistent with symptoms or confirmed diagnosis of the illness or injury under treatment**, and not in excess of the recipient's needs;
- Prescribed by the recipient's primary care provider, ARNP or PA, or a physician specialist. The prescription must include:
  - diagnosis;
  - type of evaluation requested or the specific type of service;
  - Duration and frequency of the therapy treatment; and
  - The physician's MediPass authorization number, if applicable.
- Renewed every 6 months
  - The primary care provider must review the recipient's renewed plan of care
  - If the services continue to be medically necessary, can prescribe the reauthorization of services.
- Plan of care developed by the therapist based on evaluation of patient. Includes:
  - Individualized, written program
  - Designed to meet the medical, health and habilitative needs of the recipient.
  - Achievable, measurable, time-related long and short term goals and objectives that are related to the functioning of the recipient and are based on the prescription;
  - Medications, treatments, and equipment required;
  - Diagnosis
  - Frequency, length of each treatment and the duration of the treatment;
  - Therapy methods and monitoring criteria;
  - Methods of demonstrating and teaching of caregivers; and
  - How the treatment will be coordinated with the other service needs

# Medicaid Impact Conference Issues

April 17, 2008

## State Plan Therapy Reimbursement and Limits

- \$16.97 per quarter hour
- 14 units of service per week, per therapy; equals 3.5 hours per week
- Will only reimburse one provider per day for the same therapy (e.g., if it's provided in school, can't also provide at home)

|                   |         | Therapies     |   |               |
|-------------------|---------|---------------|---|---------------|
|                   |         | Caseloads     | Caseloads<br>that Use<br>services<br>1 in 156 | At 24weeks    |
| ages              | 0-2     | 259,593       | 0   |               |
| ages              | 3-6     | 224,370       | 1,438   | \$49,697,280  |
| ages              | 6-10    | 301,099       | 1,930   | \$66,700,800  |
| ages              | over 10 | 462,618       | 2,966   | \$102,504,960 |
|                   |         | 1,247,680     | 6,334   | \$218,903,040 |
| General Revenue   |         | \$97,499,414  |   |               |
| MCTF              |         | \$121,403,626 |   |               |
| Phase in 9 months |         | \$54,725,760  |   |               |
| General Revenue   |         | \$24,374,854  |   |               |
| MCTF              |         | \$30,350,906  |   |               |



# Medicaid Impact Conference Issues

April 17, 2008

## Proposal: Issue # 2d

|   |   |
|---|---|
| <b>Proposal Name:</b>                             | Habilitative Services - Mid -Level  |
| <b>Brief Description of Proposal:</b>             | Estimate cost to provide habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XIX Medicaid program. Provide an estimate with a mid-level amount service based on Medicaid or industry experience in providing these types of services to this population if limits could be applied to the Medicaid Title XIX piece. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09   |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009  |
| <b>If not July 1, start date; please explain.</b> | Implementation could not occur prior to April 2009 due to contracting changes and required amendments to the state plan and handbook.   |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$27,362,880  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services   |

| Key Elements:  | Yes/No | Explanation and Time Frame   |
|--|--------|--|
| I. Anticipated implementation time line and process. |        | <ul style="list-style-type: none"> <li>• Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify the limits for Medicaid state plan habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include behavioral assessment, behavioral services at the determined level of need, and therapies at the determined level of need. 90 days</li> <li>• Review and approval by the Centers for Medicare and Medicaid Services (CMS). 90 to 180 days (90 day review period can be extended if CMS makes a Request for Additional Information)</li> <li>• Preparation, internal review, and approval of policies needed for enrollment of recipients. Provider recruitment and enrollment. 90 days</li> <li>• Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service. 120 days</li> </ul> |

# Medicaid Impact Conference Issues

April 17, 2008

## Analysis:

**Issue # 2d Cont.**

|   |     |  |
|---|-----|--|
| <b>II. Will this proposal require a change in Florida Statute?</b>                            |     |  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES | Preparation, internal review, and approval of a State Plan Amendment (SPA). The SPA would modify limits for habilitative services to individuals under the age of 21, who have been diagnosed with a developmental disability. The services would include therapies at the determined level of need. |
| <b>IV. Will this require the Procurement Process?</b>   | YES | Preparation, internal review, and amendment of Peer Review Organization (PRO) contract to provide prior authorization of services requested that extend beyond the established maximum number of units for the service.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES | Amend the Developmental Disabilities Waivers Coverage and Limitations Handbook to reflect the policy and coverage changes for individuals under the age of 21.   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | YES | Amend the four Developmental Disabilities Home and Community-Based Services Waivers to reflect the policy and coverage changes for individuals under the age of 21.  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO  |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO  |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                |     |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 2d Cont.

|   |                       |
|---|-----------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson         |
| <b>Secondary Analyst:</b>                         | Medicaid Services/DOH |
| <b>Assumptions (Data source and methodology):</b> |                       |
| <b>FY Impacted by Implementation:</b>             | FY08/09               |
| <b>Date Analysis Completed:</b>                   | 4/16/08               |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 3                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$27,362,880      | \$109,451,520          |                   |
| <b>General Revenue:</b>                      | \$12,187,427      | \$48,749,707           |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$15,175,453      | \$60,701,813           |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 2d Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

## What Medicaid Covers Under State Plan

- **Physical therapy:** develop, improve or restore neuro-muscular or sensory-motor function, relieve pain, or control postural deviations to attain maximum performance.
- **Occupational therapy:** addresses the developmental or functional needs of a child related to the performance of self-help skills; adaptive behavior; and sensory, motor and postural development.
- **Speech language pathology:** evaluation and treatment of disorders of verbal and written language, articulation, voice, fluency, phonology, mastication, etc.

## Requirements to receive SP therapy services

- Under age 21
- Medically necessary
- The services must be individualized, specific, **consistent with symptoms or confirmed diagnosis of the illness or injury under treatment**, and not in excess of the recipient's needs;
- Prescribed by the recipient's primary care provider, ARNP or PA, or a physician specialist. The prescription must include:
  - diagnosis;
  - type of evaluation requested or the specific type of service;
  - Duration and frequency of the therapy treatment; and
  - The physician's MediPass authorization number, if applicable.
- Renewed every 6 months
  - The primary care provider must review the recipient's renewed plan of care
  - If the services continue to be medically necessary, can prescribe the reauthorization of services.
- Plan of care developed by the therapist based on evaluation of patient. Includes:
  - Individualized, written program
  - Designed to meet the medical, health and habilitative needs of the recipient.
  - Achievable, measurable, time-related long and short term goals and objectives that are related to the functioning of the recipient and are based on the prescription;
  - Medications, treatments, and equipment required;
  - Diagnosis
  - Frequency, length of each treatment and the duration of the treatment;
  - Therapy methods and monitoring criteria;
  - Methods of demonstrating and teaching of caregivers; and
  - How the treatment will be coordinated with the other service needs

# Medicaid Impact Conference Issues

April 17, 2008

## State Plan Therapy Reimbursement and Limits

- \$16.97 per quarter hour
- 14 units of service per week, per therapy; equals 3.5 hours per week
- Will only reimburse one provider per day for the same therapy (e.g., if it's provided in school, can't also provide at home)

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 3a**

|  |  |
|--|--|
| <b>Proposal Name:</b>                            | Eliminate 10% Cap for Full Pay /Add ABA and Habilitative Services  |
| <b>Brief Description of Proposal:</b>            | Estimated cost associated with removing the 10% on full pay Medikids and Florida Healthy kids and add Applied Behavioral Analysis to children diagnosed with a developmental disability (including autism) and habilitative services (speech, occupational, and physical therapy) for children with a developmental disability (including autism) in Title XXI program. The additional services would be offered to the subsidized and full pay children. For Applied Behavioral Analysis, provide an estimate for unlimited coverage, one with a lifetime cap, one with a maximum amount of services of \$36,000 annually and one with a maximum amount of services of \$18,000 annually if limits could be applied to the Title XXIX piece. For habilitative services, provide an estimate for unlimited coverage and an estimate with a lifetime cap of a specified amount based on industry or Title XXI experience in providing these types of services to this population. Also provide estimates with an annual maximum amount of services and one with a mid-level amount service based on Title XXI or industry experience in providing these types of services to this population. |
| <b>Proposed State Fiscal Year: 00/00</b>         | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>           | Indeterminate  |
| <b>If not July 1, start date; explain.</b>       |  |
| <b>Total Cost/(Savings)/{Revenue}:</b>           | Indeterminate  |
| <b>Bureau(s) Responsible for Administration:</b> |  |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b> |
|---|---------------|-----------------------------------|
| <b>I. Anticipated implementation time line and process.</b>                                   |               |                                   |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            |               |                                   |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                |               |                                   |
| <b>IV. Will this require the Procurement Process?</b>   |               |                                   |
| <b>V. Will this proposal require an administrative rule?</b>                                  |               |                                   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> |               |                                   |
| <b>VII. Will this proposal require additional staffing?</b>                                   |               |                                   |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        |               |                                   |
| <b>VIV. Is this proposal included in the current Governors recommendations?</b>               |               |                                   |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 3a Cont.

|   |  |
|---|--|
| <b>Lead Analyst:</b>                              |  |
| <b>Secondary Analyst:</b>                         |  |
| <b>Assumptions (Data source and methodology):</b> |  |
| <b>FY Impacted by Implementation:</b>             |  |
| <b>Date Analysis Completed:</b>                   |  |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 12                | N/A                    | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | (\$0)             |                        |                   |
| <b>General Revenue:</b>                      | (\$0)             |                        |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             |                        |                   |
| <b>Medical Health Care Trust Fund:</b>       | (\$0)             |                        |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             |                        |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             |                        |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             |                        |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             |                        |                   |
| <b>Other State Funds:</b>                    | (\$0)             |                        |                   |

**Work Papers/Notes/Comments:**

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 3b**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | ABA & Habilitative Services addition to Medikids and FHK   |
| <b>Brief Description of Proposal:</b>             | Estimate the cost of providing coverage for ABA and Habilitative services as defined in #1 and #2 above for the Medikids and FHK programs. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 4/1/2009   |
| <b>If not July 1, start date; please explain.</b> |  |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$59,725,996   |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid and FHK and CMSN  |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>   |
|---|---------------|---|
| <b>I. Anticipated implementation time line and process.</b>                                   |               |   |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES           | Adding ABA and habilitative services to the benchmark services in s. 409.815, F.S.                  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES           | A state plan amendment would be required to add or modify limits for ABA and habilitative services. |
| <b>IV. Will this require the Procurement Process?</b>   | NO            | Enrollees would continue to use existing managed care plans.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | NO            |   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | NO            |   |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO            |   |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO            |   |
| <b>VIV. Is this proposal included in the current Governors recommendations?</b>               | NO            |   |



# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 3b Cont.

|   |                                   |
|---|-----------------------------------|
| <b>Lead Analyst:</b>                              | Fred Roberson                     |
| <b>Secondary Analyst:</b>                         | Greg Bracko/FHK/Medicaid Services |
| <b>Assumptions (Data source and methodology):</b> |                                   |
| <b>FY Impacted by Implementation:</b>             | FY08/09                           |
| <b>Date Analysis Completed:</b>                   | 4/16/08                           |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 12                | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$59,725,996      | \$238,903,984          |                   |
| <b>General Revenue:</b>                      | \$17,075,970      | \$68,303,880           |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$37,619,642      | \$150,478,569          |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | \$5,030,384       | \$20,121,535           |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 3b Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

|                  |          |               |              |                       |               |                               |
|------------------|----------|---------------|--------------|-----------------------|---------------|-------------------------------|
| FHK              | regular  | 234,968       | with DD      |                       | with DD       |                               |
|                  |          | \$113.48      | 1506         |                       | 1506          |                               |
|                  |          | \$319,983,353 | 20           | hours of ABA per week | 20            | Hours of therapy per week     |
|                  |          |               | 1,566,240    | total hours in a year | 1,566,240     | Total hours in a year         |
|                  |          |               | \$88,367,261 | Cost at \$56.42       | \$112,769,280 | cost at \$18 per quarter hour |
|                  |          |               | \$31.34      | increase in cap rate  | \$39.99       |                               |
| General revenue  |          |               | \$27,588,259 |                       | \$35,206,569  |                               |
| Title XXI        |          |               | \$60,779,002 |                       | \$77,562,711  |                               |
| Phase in 9 month |          |               | \$22,091,815 |                       | \$28,192,320  |                               |
| General revenue  |          |               | \$6,897,065  |                       | \$8,801,642   |                               |
| Title XXI        |          |               | \$15,194,750 |                       | \$19,390,678  |                               |
|                  | self pay | 22,673        | 145          |                       | 145           |                               |
|                  |          | \$115.33      | 20           | hours of ABA per week | 20            | Hours of therapy per week     |
|                  |          | \$31,378,721  | 150,800      | total hours in a year | 150,800       | Total hours in a year         |
|                  |          |               | \$8,508,136  | Cost at \$56.42       | \$10,857,600  | cost at \$18 per quarter hour |
|                  |          |               | \$31.27      | increase in cap rate  | \$39.91       |                               |
| Other            |          |               | \$8,508,136  |                       | \$10,857,600  |                               |
| Phase in 9 month |          |               | \$2,127,034  |                       | \$2,714,400   |                               |
| Other            |          |               | \$2,127,034  |                       | \$2,714,400   |                               |

# Medicaid Impact Conference Issues

April 17, 2008

|                   |           | ABA                                |                |       | Therapies |                          |                |         |                           |
|-------------------|-----------|------------------------------------|----------------|-------|-----------|--------------------------|----------------|---------|---------------------------|
|                   | Caseloads | Caseloads that Use ABA<br>1 in 156 | Hours per week | Hours |           | Cost at \$56.42 per Hour | Hours per week | Hours   | Cost at \$18 per qtr Hour |
| Medikids          |           |                                    |                |       |           |                          |                |         |                           |
|                   | 0-2       | 16,377                             | 0              | 0     |           |                          | 0              |         |                           |
|                   | 3-6       | 21,710                             | 139            | 13    | 93,964    | \$5,301,449              | 40             | 289,120 | \$5,204,160               |
|                   |           | 38,087                             | 139            | 13    |           | \$5,301,449              |                |         | \$5,204,160               |
| General Revenue   |           |                                    |                |       |           | \$1,655,112              |                |         | \$1,624,739               |
| TITLE XXI         |           |                                    |                |       |           | \$3,646,337              |                |         | \$3,579,421               |
| Phase in 9 months |           |                                    |                |       |           | \$1,325,362              |                |         | \$1,301,040               |
| General Revenue   |           |                                    |                |       |           | \$413,778                |                |         | \$406,185                 |
| MCTF              |           |                                    |                |       |           | \$911,584                |                |         | \$894,855                 |
| Full pay          |           |                                    |                |       |           |                          |                |         |                           |
|                   | 0-2       | 1,205                              | 0              | 0     |           |                          | 0              |         |                           |
|                   | 3-6       | 1,598                              | 10             | 13    | 6,760     | \$381,399                | 40             | 20,800  | \$374,400                 |
|                   |           | 2,803                              | 10             | 13    |           | \$381,399                |                |         | \$374,400                 |
| Other             |           |                                    |                |       |           | \$381,399                |                |         | \$374,400                 |
| Phase in 9 months |           |                                    |                |       |           | \$95,350                 |                |         | \$93,600                  |
| other             |           |                                    |                |       |           | \$95,350                 |                |         | \$93,600                  |

# Medicaid Impact Conference Issues

April 17, 2008

## Total issue Impact

| Annual | ABA           | Therapies     | Both          |
|--------|---------------|---------------|---------------|
| TOTAL  | \$102,558,245 | \$129,205,440 | \$231,763,685 |
| GR     | \$29,243,371  | \$36,831,308  | \$66,074,679  |
| MCTF   | \$64,425,339  | \$81,142,132  | \$145,567,471 |
| OTHER  | \$8,889,535   | \$11,232,000  | \$20,121,535  |

| 9 month Phase In | ABA          | Therapies    | Both         |
|------------------|--------------|--------------|--------------|
| TOTAL            | \$25,639,561 | \$32,301,360 | \$57,940,921 |
| GR               | \$7,310,843  | \$9,207,827  | \$16,518,670 |
| MCTF             | \$16,106,334 | \$20,285,533 | \$36,391,867 |
| OTHER            | \$2,222,384  | \$2,808,000  | \$5,030,384  |

## Addition of CMS Component

18720.5      446.52

|     | regular       | ABA           | Increase    |
|-----|---------------|---------------|-------------|
| FHK | 18,721        | 18,721        |             |
|     | \$446.52      | \$478.30      |             |
|     | \$100,311,611 | \$107,451,910 | \$7,140,299 |

|                  |             |
|------------------|-------------|
| General revenue  | \$2,229,201 |
| Title XXI        | \$4,911,098 |
| Phase in 9 month | \$1,785,075 |
| General revenue  | \$557,300   |
| Title XXI        | \$1,227,775 |

# Medicaid Impact Conference Issues

April 17, 2008

Total issue  
Impact Including  
CMS Network

| Annual | ABA           | Therapies     | Both          |
|--------|---------------|---------------|---------------|
| TOTAL  | \$102,558,245 | \$129,205,440 | \$238,903,984 |
| GR     | \$29,243,371  | \$36,831,308  | \$68,303,880  |
| MCTF   | \$64,425,339  | \$81,142,132  | \$150,478,569 |
| OTHER  | \$8,889,535   | \$11,232,000  | \$20,121,535  |

| 9 month Phase In | ABA          | Therapies    | Both         |
|------------------|--------------|--------------|--------------|
| TOTAL            | \$25,639,561 | \$32,301,360 | \$59,725,996 |
| GR               | \$7,310,843  | \$9,207,827  | \$17,075,970 |
| MCTF             | \$16,106,334 | \$20,285,533 | \$37,619,642 |
| OTHER            | \$2,222,384  | \$2,808,000  | \$5,030,384  |

# Medicaid Impact Conference Issues

April 17, 2008

## Proposal: Issue # 4

|   |   |
|---|---|
| <b>Proposal Name:</b>                             | Eliminate 10% Cap for Full Pay  |
| <b>Brief Description of Proposal:</b>             | Estimated costs associated with removing the 10% cap on full pay Medikids and Florida Healthy Kids under the current program structure. |
| <b>Proposed State Fiscal Year: 00/00</b>          |   |
| <b>Proposed Start Date: 00/00/0000</b>            | Indeterminate   |
| <b>If not July 1, start date; please explain.</b> |   |
| <b>Total Cost/(Savings)/(Revenue):</b>            | Indeterminate   |
| <b>Bureau(s) Responsible for Administration:</b>  |   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>  |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b>                                   |               |  |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES           | s. 409.814(5)(b) and (c) limits full pay enrollment in the MediKids and Healthy Kids programs to 10% of the total enrollees in each program. |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES           | Full pay enrollees are not Title XXI, so a State Plan Amendment is not needed.   |
| <b>IV. Will this require the Procurement Process?</b>   | NO            | Additional enrollees will use existing managed care plans  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | NO            |  |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | NO            |  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO            |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO            |  |
| <b>VIV. Is this proposal included in the current Governors recommendations?</b>               | NO            |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 4 Cont.

|   |  |
|---|--|
| <b>Lead Analyst:</b>                              |  |
| <b>Secondary Analyst:</b>                         |  |
| <b>Assumptions (Data source and methodology):</b> |  |
| <b>FY Impacted by Implementation:</b>             |  |
| <b>Date Analysis Completed:</b>                   |  |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 12                | N/A                    | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | (\$0)             |                        |                   |
| <b>General Revenue:</b>                      | (\$0)             |                        |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             |                        |                   |
| <b>Medical Health Care Trust Fund:</b>       | (\$0)             |                        |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             |                        |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             |                        |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             |                        |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             |                        |                   |
| <b>Other State Funds:</b>                    | (\$0)             |                        |                   |

**Work Papers/Notes/Comments:**

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 5**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Early Steps Funding Increase   |
| <b>Brief Description of Proposal:</b>             | Increase in funding for Early Steps program to allow for adequate screening, diagnosis, and treatment of children with autism and developmental disabilities ages 0-3. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 1/1/2009   |
| <b>If not July 1, start date; please explain.</b> |  |
| <b>Total Cost/(Savings)/{Revenue}:</b>            | \$92,057,473   |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid Services  |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>              |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b>                                   |               | January, 2009                                  |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | NO            |  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES           | If waiver is not used – both under XIX and XXI |
| <b>IV. Will this require the Procurement Process?</b>   | YES           |  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | YES           |  |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | Maybe         | Depends on what strategy will be used          |
| <b>VII. Will this proposal require additional staffing?</b>                                   | YES           |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO            |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO            |  |



# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 5 Cont.

|   |  |
|---|--|
| <b>Lead Analyst:</b>                              | DOH  |
| <b>Secondary Analyst:</b>                         | Fred Roberson  |
| <b>Assumptions (Data source and methodology):</b> | Early Steps Data System. Assumptions based on current growth rate and per annum expenditure per child under Part C |
| <b>FY Impacted by Implementation:</b>             | FY08/09  |
| <b>Date Analysis Completed:</b>                   | 4/17/08  |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 6                 | 6                      | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$92,057,473      | \$184,114,946          |                   |
| <b>General Revenue:</b>                      | \$80,987,303      | \$161,974,605          |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | \$11,070,170      | \$33,250,341           |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 5 Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):



## Early Intervention (Early Steps) Budget Estimates - April, 2008

| Fiscal Year        | # Children Enrolled | Early Steps Total Budget Authority Appropriation Minus Non-recurring TANF | TANF and/or Donations Trust | Part C Grant | % Federal Grant less TANF of total appropriation | Early Steps Total Budget Authority Appropriation per Child Enrolled |
|--------------------|---------------------|---|-----------------------------|--------------|--|---|
| 2006-07            | 37691               | \$46,024,475  | \$0                         | \$22,138,291 | 48.10%   | \$1,221   |
| 2007-08 (estimate) | 38023               | \$43,412,235  | \$3,800,000                 | \$22,723,694 | 52.34%   | \$1,242   |
| 2008-09            |                     |   |                             | \$22,688,864 |  |   |

Growth Percentage 0.88%

### BUDGET ESTIMATES

|         | PER CHILD > | \$1,200      | \$2,400      | \$3,600       | \$4,800       |
|---------|-------------|--------------|--------------|---------------|---------------|
| 2008-09 | 38357       | \$46,028,736 | \$92,057,473 | \$138,086,209 | \$184,114,946 |
| 2009-10 | 38695       | \$46,433,789 | \$92,867,579 | \$139,301,368 | \$185,735,157 |
| 2010-11 | 39035       | \$46,842,407 | \$93,684,813 | \$140,527,220 | \$187,369,627 |

# Medicaid Impact Conference Issues

April 17, 2008

The estimates below assume no TANF in the appropriation.

**PER CHILD**

|                   |                 |              |              |              |
|-------------------|-----------------|--------------|--------------|--------------|
| @48.10% of Budget | <b>@ \$1200</b> | 2008-09      | 2009-10      | 2010-11      |
|                   | Part C Grant    | \$22,140,341 | \$22,335,176 | \$22,531,725 |
|                   | State Funding   | \$23,888,396 | \$24,098,614 | \$24,310,681 |

**PER CHILD**

|                   |                 |              |              |              |
|-------------------|-----------------|--------------|--------------|--------------|
| @48.10% of Budget | <b>@ \$2400</b> | 2008-09      | 2009-10      | 2010-11      |
|                   | Part C Grant    | \$22,140,341 | \$22,335,176 | \$22,531,725 |
|                   | State Funding   | \$69,917,132 | \$70,532,403 | \$71,153,088 |

**PER CHILD**

|                   |                 |               |               |               |
|-------------------|-----------------|---------------|---------------|---------------|
| @48.10% of Budget | <b>@ \$3600</b> | 2008-09       | 2009-10       | 2010-11       |
|                   | Part C Grant    | \$22,140,341  | \$22,335,176  | \$22,531,725  |
|                   | State Funding   | \$115,945,869 | \$116,966,192 | \$117,995,495 |

**PER CHILD**

|                   |                 |               |               |               |
|-------------------|-----------------|---------------|---------------|---------------|
| @48.10% of Budget | <b>@ \$4800</b> | 2008-09       | 2009-10       | 2010-11       |
|                   | Part C Grant    | \$22,140,341  | \$22,335,176  | \$22,531,725  |
|                   | State Funding   | \$161,974,605 | \$163,399,982 | \$164,837,901 |

|       |               |
|-------|---------------|
| Total | \$184,114,946 |
| GR    | \$161,974,605 |
| Grant | \$22,140,341  |

|                        |              |
|------------------------|--------------|
| 6 Month Implementation | \$92,057,473 |
| GR                     | \$80,987,303 |
| Grant                  | \$11,070,170 |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 6a**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Continuous coverage for Title XIX  |
| <b>Brief Description of Proposal:</b>             | Cost of 30-day continuous coverage period when children transfer from Medicaid to Title XXI. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | N/A  |
| <b>If not July 1, start date; please explain.</b> | Continuous coverage cannot be provided to a portion of a population.                         |
| <b>Total Cost/(Savings)/{Revenue}:</b>            | N/A  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid and FHK   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b> |
|---|---------------|-----------------------------------|
| <b>I. Anticipated implementation time line and process.</b>                                   | N/A           |                                   |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | N/A           |                                   |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | N/A           |                                   |
| <b>IV. Will this require the Procurement Process?</b>   | N/A           |                                   |
| <b>V. Will this proposal require an administrative rule?</b>                                  | N/A           |                                   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | N/A           |                                   |
| <b>VII. Will this proposal require additional staffing?</b>                                   | N/A           |                                   |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | N/A           |                                   |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | N/A           |                                   |

# Medicaid Impact Conference Issues

April 17, 2008

**Analysis:**

**Issue # 6a Cont.**

|   |             |
|---|-------------|
| <b>Lead Analyst:</b>                              | Greg Bracko |
| <b>Secondary Analyst:</b>                         | KidCare     |
| <b>Assumptions (Data source and methodology):</b> | N/A         |
| <b>FY Impacted by Implementation:</b>             | N/A         |
| <b>Date Analysis Completed:</b>                   | 4/17/08     |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 12                | N/A                    | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | (\$0)             |                        |                   |
| <b>General Revenue:</b>                      | (\$0)             |                        |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             |                        |                   |
| <b>Medical Health Care Trust Fund:</b>       | (\$0)             |                        |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             |                        |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             |                        |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             |                        |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             |                        |                   |
| <b>Other State Funds:</b>                    | (\$0)             |                        |                   |

**Work Papers/Notes/Comments:**

**Issue # 6a Cont.**

|  |
|--|
| <b>(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):</b> |
|--|

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 6b**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Presumptive Eligibility for Title XXI  |
| <b>Brief Description of Proposal:</b>             | Cost of 30-day presumptive coverage period when children transfer from Medicaid to Title XXI.                            |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 10/1/08  |
| <b>If not July 1, start date; please explain.</b> | Implementation would occur October 1, 2008 to reflect the contracting period and current re-procurement process underway |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$47,044,416   |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid and FHK   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>   |
|---|---------------|---|
| <b>I. Anticipated implementation time line and process.</b>                                   |               |   |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES           | KidCare statutes do not currently authorize continuous or presumptive eligibility.  |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES           |   |
| <b>IV. Will this require the Procurement Process?</b>   | NO            | Transitional enrollees will use existing managed care plans   |
| <b>V. Will this proposal require an administrative rule?</b>                                  | NO            |   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | Possibly      | The Center for Medicare and Medicaid Services has indicated that presumptive eligibility for a limited population would not be approved under a State Plan Amendment. It is unknown if this would be approved through a waiver. |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO            |   |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | YES           | 2008 Bill Analyses SB2032 and SB2472  |
| <b>VIV. Is this proposal included in the current Governors recommendations?</b>               | NO            |   |

# Medicaid Impact Conference Issues

April 17, 2008

**Analysis:**

**Issue # 6b Cont.**

|   |             |
|---|-------------|
| <b>Lead Analyst:</b>                              | Greg Bracko |
| <b>Secondary Analyst:</b>                         | FHK         |
| <b>Assumptions (Data source and methodology):</b> |             |
| <b>FY Impacted by Implementation:</b>             | FY08/09     |
| <b>Date Analysis Completed:</b>                   | 4/17/08     |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 9                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$47,044,416      | \$62,725,888           |                   |
| <b>General Revenue:</b>                      | \$14,216,822      | \$18,955,763           |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$32,827,593      | \$43,770,124           |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | (\$0)             | (\$0)                  |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 6b Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

Service cost of one month presumptive Title XXI eligibility total cost without Family Contribution.

SFY 2008-2009.

**Assumptions:**

Program implementation date 7/1/2008.

New enrollment in the Kid Care Program in title XXI.

Title XXI Enhanced Federal Medical Assistance blended rate 68.78%

| Program component.                 | (A)                      | (B)   | Total A + B times<br>one month. | PMPM     | Annual Cost  | Federal      | State        |
|------------------------------------|--------------------------|---|---------------------------------|----------|--------------|--------------|--------------|
|                                    | Avg Monthly<br>Enrolment | Additional eligibles due<br>to presumptive eligibility. |                                 |          |              |              |              |
| <b>Florida Healthy Kids</b>        | 17,716                   | 4,429   | 265,740                         |          |              |              |              |
| Medical                            |                          |   |                                 | \$113.26 | \$30,097,712 |              |              |
| Dental                             |                          |   |                                 | \$11.59  | \$3,079,927  |              |              |
| Administration                     |                          |   |                                 | \$9.86   | \$2,620,196  |              |              |
| Less: Family Contribution          |                          |   |                                 | \$0.00   | \$0          |              |              |
| Net Cost                           |                          |   |                                 | \$134.71 | \$35,797,835 | \$24,621,751 | \$11,176,084 |
| <b>Medikids</b>                    | 2,188                    | 547   | 32,820                          |          |              |              |              |
| Medical                            |                          |   |                                 | \$132.33 | \$4,343,071  |              |              |
| Less: Family Contribution          |                          |   |                                 | \$0.00   | \$0          |              |              |
| Net Cost                           |                          |   |                                 | \$132.33 | \$4,343,071  | \$2,987,164  | \$1,355,907  |
| <b>Children's Medical Services</b> | 3,372                    | 843   | 50,580                          |          |              |              |              |
| Medical                            |                          |   |                                 | \$446.52 | \$22,584,982 |              |              |
| Less: Family Contribution          |                          |   |                                 | \$0.00   | \$0          |              |              |
| Net Cost                           |                          |   |                                 | \$446.52 | \$22,584,982 | \$15,533,950 | \$7,051,031  |
| <b>Total</b>                       | 23,276                   | 5,819   | 349,140                         |          |              |              |              |
| Medical                            |                          |   |                                 |          | \$57,025,765 |              |              |
| Dental                             |                          |   |                                 |          | \$3,079,927  |              |              |
| Administration                     |                          |   |                                 |          | \$2,620,196  |              |              |
| Less: Family Contribution          |                          |   |                                 |          | \$0          |              |              |
| Net Cost                           |                          |   |                                 |          | \$62,725,888 | \$43,770,124 | \$18,955,763 |



# Medicaid Impact Conference Issues

April 17, 2008

|  |              |
|--|--------------|
| Health Care Services (68500000)                      |              |
| Children's Special Health Care Trust Fund (68500100) |              |
| (1000-2) General Revenue (State)                     | \$18,955,763 |
| (2474-3) Medical Care Trust Fund                     | \$43,770,124 |
| (2339-2) Grants & Donations Trust Fund               | \$0          |
| Total  | \$62,725,888 |

## Footnotes

Per member per month. Source: Kid care Social Service Estimating Conference, February 1, 2008.

New caseload increases. Source: Kid care Social Service Estimating Conference, February 1, 2008.

Assumes all new eligibles would gain one additional month of coverage.

Assumes additional eligibles due to P.E. will receive one month of eligibility. (Assumed to be 25% of the new monthly eligibles enrolled on Title XXI.)

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 7**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Exception to Kidcare Wait Period   |
| <b>Brief Description of Proposal:</b>             | Cost of permitting insured children to enroll in Kidcare without a waiting period if cost of employer coverage is 5% greater than family income. |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 10/1/08  |
| <b>If not July 1, start date; please explain.</b> | Implementation would occur October 1, 2008 to reflect the contracting period and current re-procurement process underway                         |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$724,221  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid and FHK   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>                                     |
|---|---------------|---|
| <b>I. Anticipated implementation time line and process.</b>                                   |               |   |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | Yes           | s. 409.814(4)(f) does not provide any exceptions to waiting 6 months. |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | Yes           |   |
| <b>IV. Will this require the Procurement Process?</b>   | No            | Enrollees will use existing managed care plans                        |
| <b>V. Will this proposal require an administrative rule?</b>                                  | No            |   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | No            | .   |
| <b>VII. Will this proposal require additional staffing?</b>                                   | No            |   |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | YES           |   |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                |               |   |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 7 Cont.

|   |             |
|---|-------------|
| <b>Lead Analyst:</b>                              | Greg Bracko |
| <b>Secondary Analyst:</b>                         | FHK         |
| <b>Assumptions (Data source and methodology):</b> |             |
| <b>FY Impacted by Implementation:</b>             | FY08/09     |
| <b>Date Analysis Completed:</b>                   | 4/17/08     |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 9                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$724,221         | \$965,628              |                   |
| <b>General Revenue:</b>                      | \$201,778         | \$269,037              |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$465,919         | \$621,225              |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | \$56,525          | \$75,366               |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 7 Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

**Permitting insured children to enroll in the program without a waiting period if the cost of their employer based coverage is greater than 5% of their family income.**

**Assumptions:**

Program implementation date 7/1/2008.

Title XXI Enhanced Federal Medical Assistance rate 69.78%

Each month 600 applicants were denied coverage because the waiting period.

Annually this would be 7200 applicants.

|   |                       |           |       |            |           |           |
|---|-----------------------|-----------|-------|------------|-----------|-----------|
|   |                       |           | 7,200 |            |           |           |
| Percent expected to enroll into Florida Healthy Kids equal to | 75.0%                 |           | 5,400 |            |           |           |
| Percent expected to enroll into Medikids equal to             | 25.0%                 |           | 1,800 |            |           |           |
| Total   |                       | 100%      | 7,200 |            |           |           |
| Program component.  | Avg. Monthly caseload | \$PMPM    | Cost  | Annual     | Federal   | State     |
| <b>Florida Healthy Kids</b>                                   | 5,400                 |           |       |            |           |           |
| Medical   |                       | \$113.26  |       | \$611,604  |           |           |
| Dental  |                       | \$11.59   |       | \$62,586   |           |           |
| Administration  |                       | \$9.86    |       | \$53,244   |           |           |
| Less: Family Contribution                                     |                       | (\$10.65) |       | (\$57,510) |           |           |
| Net Cost  |                       | \$124.06  |       | \$669,924  | \$467,473 | \$202,451 |
| <b>Medikids</b>   | 1,800                 |           |       |            |           |           |
| Medical   |                       | \$132.33  |       | \$238,194  |           |           |
| Less: Family Contribution                                     |                       | (\$9.92)  |       | (\$17,856) |           |           |
| Net Cost  |                       | \$142.25  |       | \$220,338  | \$153,752 | \$66,586  |
| Net Cost  |                       | \$266.31  |       |            |           |           |
| <b>Total</b>  | 7,200                 |           |       |            |           |           |

# Medicaid Impact Conference Issues

April 17, 2008

|                           |  |  |           |                   |
|---------------------------|--|--|-----------|-------------------|
| Medical                   |  |  |           |                   |
| Dental                    |  |  |           | \$849,798         |
| Administration            |  |  |           | \$62,586          |
| Less: Family Contribution |  |  |           | \$53,244          |
| Net Cost                  |  |  |           | <u>(\$75,366)</u> |
|                           |  |  | \$890,262 | \$621,225         |
|                           |  |  |           | \$269,037         |

| 10/1/2008  |           | Annual   |           |
|--|-----------|--|-----------|
| Health Care Services<br>(68500000)                   |           | Health Care Services<br>(68500000)                   |           |
| Children's Special Health Care Trust Fund (68500100) |           | Children's Special Health Care Trust Fund (68500100) |           |
| (1000-2) General Revenue<br>(State)                  | \$201,778 | (1000-2) General Revenue<br>(State)                  | \$269,037 |
| (2474-3) Medical Care Trust<br>Fund                  | \$465,919 | (2474-3) Medical Care Trust<br>Fund                  | \$621,225 |
| (2339-2) Grants & Donations Trust Fund               | \$56,525  | (2339-2) Grants & Donations Trust Fund               | \$75,366  |
| Total  | \$724,221 | Total  | \$965,628 |

## Footnotes

Percent expected to enroll by program component. Source: Florida Healthy Kids Corp.  
 Per member per month. Source: February 1, 2008 Social Service Estimating Conference.  
 Caseload Source: Florida Healthy Kids Corp.

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 8**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Reduce Wait Period   |
| <b>Brief Description of Proposal:</b>             | Cost of reducing waiting period from 6 months to 90 days   |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 10/1/08  |
| <b>If not July 1, start date; please explain.</b> | Implementation would occur October 1, 2008 to reflect the contracting period and current re-procurement process underway |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$588,065  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid and FHK   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>                   |
|---|---------------|---|
| <b>I. Anticipated implementation time line and process.</b>                                   |               |   |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES           | s. 409.814(4)(f) requires a 6 month waiting period. |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES           |   |
| <b>IV. Will this require the Procurement Process?</b>   | NO            | Enrollees will use existing managed care plans      |
| <b>V. Will this proposal require an administrative rule?</b>                                  | NO            |   |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | NO            | .   |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO            |   |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | YES           | 2008 Bill Analyses                                  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO            |   |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 8 Cont.

|   |             |
|---|-------------|
| <b>Lead Analyst:</b>                              | Greg Bracko |
| <b>Secondary Analyst:</b>                         | FHK         |
| <b>Assumptions (Data source and methodology):</b> |             |
| <b>FY Impacted by Implementation:</b>             | FY08/09     |
| <b>Date Analysis Completed:</b>                   | 4/17/08     |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 9                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$588,065         | \$784,087              |                   |
| <b>General Revenue:</b>                      | \$166,187         | \$221,582              |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$383,736         | \$511,648              |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | \$38,143          | \$50,857               |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 8 Cont.

Reduces the Title XXI waiting period for applicants who voluntarily canceled health insurance from 6 to 3 months.

**Assumptions:**

Program implementation date 7/1/2008.

Title XXI Enhanced Federal Medical Assistance rate 68.78%

In the last 6 months 825 applicants were denied coverage because the waiting period was 6 months.

Annually this would be 1650 applicants. The most it would cost the state is 3 months of 1650 applicants.

|   |       |      |       |
|---|-------|------|-------|
|   |       |      | 1,650 |
| Percent expected to enroll into Florida Healthy Kids equal to | 79.3% |      | 1,309 |
| Percent expected to enroll into Medikids equal to             | 13.0% |      | 215   |
| Percent expected to enroll into CMS equal to                  | 7.0%  |      | 116   |
| Percent expected to enroll into Bnet equal to                 | .3%   |      | 5     |
| Percent expected to enroll into Children under 1              | .4%   |      | 5     |
| Total   |       | 100% | 1,650 |

| 2/1/2008 SSEC SFY 08-09 Mix |        |
|-----------------------------|--------|
| 211,270                     | 79.3%  |
| 34,625                      | 13.0%  |
| 18,721                      | 7.0%   |
| 775                         | 0.3%   |
| 872                         | 0.3%   |
| 266,263                     | 100.0% |

| Program component.                 | Avg. Monthly caseload | \$PMPM    | Annual Cost | Federal   | State     |
|------------------------------------|-----------------------|-----------|-------------|-----------|-----------|
| <b>Florida Healthy Kids</b>        | 1,309                 |           |             |           |           |
| Medical                            |                       | \$113.26  | \$444,845   |           |           |
| Dental                             |                       | \$11.59   | \$45,521    |           |           |
| Administration                     |                       | \$9.86    | \$38,727    |           |           |
| Less: Family Contribution          |                       | (\$10.65) | (\$41,829)  |           |           |
| Net Cost                           |                       | \$124.06  | \$487,264   | \$335,140 | \$152,124 |
| <b>Medikids</b>                    | 215                   |           |             |           |           |
| Medical                            |                       | \$132.33  | \$85,181    |           |           |
| Less: Family Contribution          |                       | (\$9.92)  | (\$6,386)   |           |           |
| Net Cost                           |                       | \$142.25  | \$78,795    | \$54,196  | \$24,600  |
| <b>Children's Medical Services</b> | 116                   |           |             |           |           |
| Medical                            |                       | \$446.52  | \$155,405   |           |           |
| Less: Family Contribution          |                       | (\$7.59)  | (\$2,642)   |           |           |
| Net Cost                           |                       | \$438.93  | \$152,763   | \$105,071 | \$47,693  |



# Medicaid Impact Conference Issues

April 17, 2008

|   |       |  |  |           |           |
|---|-------|--|--|-----------|-----------|
| <b>Behavioral Health Network</b>  | 5     |  |  |           |           |
| Medical   |       | \$1,000.00   | \$14,408   |           |           |
| Less: Family Contribution   |       | <u>\$0.00</u>  | <u>\$0</u>   |           |           |
| Net Cost  |       | \$1,000.00   | \$14,408   | \$9,910   | \$4,498   |
| <b>Medicaid Expansion "Children Under 1"</b>  |       |  |  |           |           |
| Medical   | 0     | \$352.00   | \$0  |           |           |
| Less: Family Contribution   |       | <u>\$0.00</u>  | <u>\$0</u>   |           |           |
| Net Cost  |       | \$352.00   | \$0  | \$0       | \$0       |
| <b>Total</b>  | 1,645 |  |  |           |           |
| Medical   |       |  | \$699,839  |           |           |
| Dental  |       |  | \$45,521   |           |           |
| Administration  |       |  | \$38,727   |           |           |
| Less: Family Contribution   |       |  | <u>(\$50,857)</u>                                    |           |           |
| Net Cost  |       |  | \$733,230  | \$511,648 | \$221,582 |
|   |       | Implement 10/1/08                                    | Annual   |           |           |
|   |       | Health Care Services (68500000)                      | Health Care Services (68500000)                      |           |           |
|   |       | Children's Special Health Care Trust Fund (68500100) | Children's Special Health Care Trust Fund (68500100) |           |           |
|   |       | (1000-2) General Revenue (State) \$166,187           | (1000-2) General Revenue (State) \$221,582           |           |           |
|   |       | (2474-3) Medical Care Trust Fund \$383,736           | (2474-3) Medical Care Trust Fund \$511,648           |           |           |
|   |       | (2339-2) Grants & Donations Trust Fund \$38,143      | (2339-2) Grants & Donations Trust Fund \$50,857      |           |           |
|   |       | <u>Total \$588,065</u>                               | <u>Total \$784,087</u>                               |           |           |
| <b>Footnotes</b>  |       |  |  |           |           |
| Percent expected to enroll by program component. Source: February 1, 2008, Social Service Estimating Conference caseload mix. |       |  |  |           |           |
| Per member per month. Source: February 1, 2008 Social Service Estimating Conference.  |       |  |  |           |           |
| Caseload Source: Florida Healthy Kids Corp.   |       |  |  |           |           |

# Medicaid Impact Conference Issues

April 17, 2008

**Proposal: Issue # 9**

|   |  |
|---|--|
| <b>Proposal Name:</b>                             | Reduce Wait Period for Reinstatements  |
| <b>Brief Description of Proposal:</b>             | Cost of changing waiting period for reinstatement after non-payment of premiums from 60 to 30 days.                      |
| <b>Proposed State Fiscal Year: 00/00</b>          | FY08/09  |
| <b>Proposed Start Date: 00/00/0000</b>            | 10/1/08  |
| <b>If not July 1, start date; please explain.</b> | Implementation would occur October 1, 2008 to reflect the contracting period and current re-procurement process underway |
| <b>Total Cost/(Savings)/(Revenue):</b>            | \$5,456,750  |
| <b>Bureau(s) Responsible for Administration:</b>  | Medicaid and FHK   |

| <b>Key Elements:</b>  | <b>Yes/No</b> | <b>Explanation and Time Frame</b>  |
|---|---------------|--|
| <b>I. Anticipated implementation time line and process.</b>                                   |               |  |
| <b>II. Will this proposal require a change in Florida Statute?</b>                            | YES           | s. 409.8132(8) F.S., and s. 624391(5)(b)(9) F.S., requires a 60 day waiting period for non-payment of premium. |
| <b>III. Will this proposal require a State Plan Amendment?</b>                                | YES           | A state plan amendment would be required to implement the change.  |
| <b>IV. Will this require the Procurement Process?</b>   | NO            | Enrollees will continue to use existing managed care plans.  |
| <b>V. Will this proposal require an administrative rule?</b>                                  | NO            |  |
| <b>VI. Will this proposal require a Federal waiver or modification to an existing waiver?</b> | NO            |  |
| <b>VII. Will this proposal require additional staffing?</b>                                   | NO            |  |
| <b>VIII. Is there a previous or concurrent Analysis by the Agency?</b>                        | NO            |  |
| <b>IV. Is this proposal included in the current Governors recommendations?</b>                | NO            |  |

# Medicaid Impact Conference Issues

April 17, 2008

Analysis:

Issue # 9 Cont.

|   |                        |
|---|------------------------|
| <b>Lead Analyst:</b>                              | Greg Bracko            |
| <b>Secondary Analyst:</b>                         | FHK                    |
| <b>Assumptions (Data source and methodology):</b> | See Detail Work papers |
| <b>FY Impacted by Implementation:</b>             | FY08/09                |
| <b>Date Analysis Completed:</b>                   | 4/17/08                |

| <b>Funding Sources:</b>                      | <b>Start Year</b> | <b>Additional Year</b> | <b>Annualized</b> |
|--|-------------------|------------------------|-------------------|
| <b>Number of Months in the Analysis:</b>     | 9                 | 12                     | N/A               |
| <b>Total (Savings) Cost of Proposal:</b>     | \$5,456,750       | \$7,275,666            |                   |
| <b>General Revenue:</b>                      | \$1,542,845       | \$2,057,127            |                   |
| <b>Administrative Trust Fund:</b>            | (\$0)             | (\$0)                  |                   |
| <b>Medical Health Care Trust Fund:</b>       | \$3,562,533       | \$4,750,044            |                   |
| <b>Refugee Assistance Trust Fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Tobacco Settlement Trust fund:</b>        | (\$0)             | (\$0)                  |                   |
| <b>Grants and Donation Trust Fund:</b>       | \$351,372         | \$468,496              |                   |
| <b>Public Medical Assistance Trust Fund:</b> | (\$0)             | (\$0)                  |                   |
| <b>Other State Funds:</b>                    | (\$0)             | (\$0)                  |                   |

# Medicaid Impact Conference Issues

April 17, 2008

Work Papers/Notes/Comments:

Issue # 9 Cont.

(i.e. Pros, Cons; Industry Concerns; Implementation obstacles):

Reduces the Title XXI penalty for non-payment of premium from 60 to 30 days.

**Assumptions:**

Program implementation date 7/1/2008.

Title XXI Enhanced Federal Medical Assistance blended rate 69.78%

3,800 enrollees lose eligibility each month for non-payment.

Annually this would be 45,600 enrollees losing eligibility each year.

The most it would cost the state is 1 month for 45,600 enrollees.

|   |       |      |        |
|---|-------|------|--------|
|   |       |      | 45,600 |
| Percent expected to enroll into Florida Healthy Kids equal to | 79.3% |      | 36,182 |
| Percent expected to enroll into Medikids equal to             | 13.0% |      | 5,930  |
| Percent expected to enroll into CMS equal to                  | 7.0%  |      | 3,206  |
| Percent expected to enroll into Bnet equal to                 | .3%   |      | 133    |
| Percent expected to enroll into Children under 1              | .3%   |      | 149    |
| Total   |       | 100% | 45,600 |

| 2/1/2008 SSEC SFY 08-09 Mix |        |
|-----------------------------|--------|
| 211,270                     | 79.3%  |
| 34,625                      | 13.0%  |
| 18,721                      | 7.0%   |
| 775                         | 0.3%   |
| 872                         | 0.3%   |
| 266,263                     | 100.0% |

| Program component.          | Avg. Monthly caseload | \$PMPM    | Annual Cost | Federal     | State       |
|-----------------------------|-----------------------|-----------|-------------|-------------|-------------|
| <b>Florida Healthy Kids</b> | 36,182                |           |             |             |             |
| Medical                     |                       | \$113.26  | \$4,097,967 |             |             |
| Dental                      |                       | \$11.59   | \$419,349   |             |             |
| Administration              |                       | \$9.86    | \$356,754   |             |             |
| Less: Family Contribution   |                       | (\$10.65) | (\$385,338) |             |             |
| Net Cost                    |                       | \$124.06  | \$4,488,732 | \$3,087,350 | \$1,401,382 |
| <b>Medikids</b>             | 5,930                 |           |             |             |             |
| Medical                     |                       | \$132.33  | \$784,697   |             |             |
| Less: Family Contribution   |                       | (\$9.92)  | (\$58,824)  |             |             |
| Net Cost                    |                       | \$142.25  | \$725,873   | \$499,256   | \$226,618   |

# Medicaid Impact Conference Issues

April 17, 2008

|   |              |  |  |             |                    |
|---|--------------|--|--|-------------|--------------------|
| <b>Children's Medical Services</b>  | 3,206        |  |  |             |                    |
| Medical   |              | \$446.52   | \$1,431,608  |             |                    |
| Less: Family Contribution   |              | <u>(\$7.59)</u>                                      | <u>(\$24,335)</u>                                    |             |                    |
| Net Cost  |              | \$438.93   | \$1,407,273  | \$967,922   | \$439,351          |
| <b>Behavioral Health Network</b>  | 133          |  |  |             |                    |
| Medical   |              | \$1,000.00   | \$132,726  |             |                    |
| Less: Family Contribution   |              | <u>\$0.00</u>  | <u>\$0</u>   |             |                    |
| Net Cost  |              | \$1,000.00   | \$132,726  | \$91,289    | \$41,437           |
| <b>Medicaid Expansion "Children Under 1"</b>  |              |  |  |             |                    |
| Medical   | 149          | \$352.00   | \$52,567   |             |                    |
| Less: Family Contribution   |              | <u>\$0.00</u>  | <u>\$0</u>   |             |                    |
| Net Cost  |              | \$352.00   | \$52,567   | \$36,156    | \$16,411           |
| <b>Total</b>  | 45,600       |  |  |             |                    |
| Medical   |              |  | \$6,499,564  |             |                    |
| Dental  |              |  | \$419,349  |             |                    |
| Administration  |              |  | \$356,754  |             |                    |
| Less: Family Contribution   |              |  | <u>(\$468,496)</u>                                   |             |                    |
| Net Cost  |              |  | \$6,807,170  | \$4,750,044 | \$2,057,127        |
|   |              | 10/1/08 Impelmentation                               | Annual   |             |                    |
|   |              | Health Care Services (68500000)                      | Health Care Services (68500000)                      |             |                    |
|   |              | Children's Special Health Care Trust Fund (68500100) | Children's Special Health Care Trust Fund (68500100) |             |                    |
|   |              | (1000-2) General Revenue (State)                     | (1000-2) General Revenue (State)                     |             | \$2,057,127        |
|   | \$1,542,845  | (2474-3) Medical Care Trust Fund                     | (2474-3) Medical Care Trust Fund                     |             | \$4,750,044        |
|   | \$3,562,533  | (2339-2) Grants & Donations Trust Fund               | (2339-2) Grants & Donations Trust Fund               |             | \$468,496          |
|   | \$351,372    |  |  |             |                    |
|   | <u>Total</u> | <u>\$5,456,750</u>                                   | <u>Total</u>   |             | <u>\$7,275,666</u> |
| <b>Footnotes</b>  |              |  |  |             |                    |
| Percent expected to enroll by program component. Source: February 1, 2008, Social Service Estimating Conference caseload mix. |              |  |  |             |                    |
| Per member per month. Source: February 1, 2008 Social Service Estimating Conference.  |              |  |  |             |                    |
| Caseload Source: Florida Healthy Kids Corp.   |              |  |  |             |                    |