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*Better Health Care for all Floridians*

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**FOR IMMEDIATE RELEASE**

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## **Common Questions and FACTS about Services for Medically Complex Children**

### *Who chooses where children receive their care?*

**FACT:** The choice of location where a child receives services is made by the parents or legal guardians. Florida is required by federal Medicaid law to provide parents an option of whether to have their child receive medical care in their home, in a nursing facility or in a waiver facility, if eligible.

### *What does federal Medicaid law require states to provide at home?*

**FACT:** The federal program requires states to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to children and young adults under 21 years of age. In Florida, medically complex children living at home receive medically necessary services – private duty nursing, personal care, home attendants and durable medical goods among other services – up to 24 hours per day, seven days per week.

Working with the family, the child's personal physician and Florida's professionals determine the kind and amount of care that is medically necessary. The child's parents or legal guardian determine whether the child remains in the family home, resides in a nursing facility, or, if the child is eligible, receives waiver services including residence in group homes.

### *What does federal Medicaid law requires states to provide in nursing facilities?*

**FACT:** Federal Medicaid law requires all states to make medically necessary care available in nursing facilities. Thus, when medically necessary, nursing facility care is a federal entitlement of Medicaid recipients regardless of age. If Florida denied medically necessary nursing facility care as an option for parents who choose it for their child, it would be violating federal law.

### *Has Florida cut aid to families of medically complex children?*

**FACT:** No funds have been cut for in-home services and each child is individually assessed for the amount and scope of care they receive. Medically necessary care is an entitlement, thus every service is required to be paid for regardless of the estimated budget.

More community-based services are available now than ever before. Florida has led the nation in its efforts to provide optional Medicaid services through waivers. Florida has an extensive array of such optional Medicaid waiver services, and spent more than \$81 million in fiscal year 2011-12 on Medicaid waiver services in the home for these recipients under the age of 21. This is the last complete fiscal year for which claims are available.



Further, Florida added \$36 million in funding for the Developmental Disability Medicaid Waiver (DD waiver) and new funding for 40 slots in the Traumatic Brain and Spinal Cord Injury waiver (TBI/SCI waiver) for the 2013-14 fiscal year.

***Has Florida increased payments to nursing facilities to incentivize having children receive care there as opposed to at home?***

**FACT:** Florida's Medicaid nursing home reimbursement rates have increased in the past several years due to funding by the federal government, not state funding. That increase across time is due to Florida's implementation of the long-term care quality assessment policy which, effective April 1, 2009, permitted nursing facilities themselves to put up their own dollars to receive a federal match. During that same period, the state-funded portion of payments toward nursing facility rates has declined every year compared with inflation.

*The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 45,000 health care facilities and 37 health maintenance organizations, and publishes health care data and statistics at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). Additional information about Agency initiatives is available via [Facebook \(AHCAFlorida\)](#), [Twitter \(@AHCA\\_FL\)](#) and [YouTube \(/AHCAFlorida\)](#).*

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