NORC at the University of Chicago

Case Study

HCBS Case Study: Florida

Project Description

NORC, in partnership with the Commonwealth Fund, conducted a comprehensive analysis of Medicaid Home and Community-Based Services (HCBS) across the United States. Following a manual analysis of all active 1915(c) waivers mapped to HCBS service types, eligibility, and scope by state, as well as a study leveraging Medicaid data, Colorado and Florida were selected to be featured as case studies of successful HCBS implementation, defined as a majority of Long-Term Services and Supports (LTSS) users receiving HCBS and adoption of 1915(c) waivers and/or other approaches to support a wide range of target groups. NORC conducted a comprehensive review of state waivers, HCBS state plan benefits, and relevant literature, complemented by in-depth interviews with subject matter experts. This work examined successes in serving diverse populations, adaptations to anticipated Medicaid budget changes, and distilled key lessons for sustaining HCBS programs.

Background

STATE MEDICAID OVERVIEW

The Florida Agency for Health Care Administration (AHCA) administers Florida's Medicaid program. Florida's home and community-based services (HCBS) programs are primarily administered through AHCA, along with partnerships with the Department of Elder Affairs, Department of Children and Families, and the Agency for Persons with Disabilities. Most Florida Medicaid members are enrolled in the Statewide Medicaid Managed Care (SMMC) program, also administered by the AHCA, which includes the Long-Term Care (LTC) program, the Managed Medical Assistance (MMA) program, and the Dental Program. In 2023, HCBS payments were 69.9% of Florida's total LTSS expenditures.[1] Florida has not implemented the Affordable Care Act's (ACA) Medicaid expansion, which extends coverage to most adults earning up to 138% of the Federal Poverty Level and offers states an enhanced federal matching rate for those populations.[2]

Florida Medicaid Population Characteristics

- As of November 2025, 1 in 5 (4.0 million) Floridians enrolled
- As of 2023, Hispanic individuals comprised 35% of enrollees, followed by White enrollees at 25%
- As of November 2025, 95.4% resided in urban areas; 4.6% in rural areas of the state
- As of November 2025, 4.0% (159,947) used SMMC LTC Capitated programs
- As of 2023, 260,995 members were served by the LTSS programs; 197,942 (75.8% of LTSS) were served by HCBS waivers

WAIVER AND STATE PLAN AUTHORITIES UTILIZED

Florida transitioned to the SMMC in 2014; SMMC 3.0 launched in February 2025 with expanded benefits and introduced value-based purchasing, realigning and decreasing SMMC licensure regions from 11 to 9 regions, compared to SMMC 1.0 and SMMC 2.0.[3] By realigning licensure regions to create larger regions, Medicaid plans can increase the number of providers and facilities in their networks,[4] improving access to SMMC providers in rural areas of Florida and other regions with limited provider availability.[5]

Florida currently offers four 1915(c) and one 1915(b)(c) HCBS waivers. Appendix A provides an overview of the purpose of each waiver and a comparison of the services and target groups for each waiver. Across Florida HCBS waivers, services are provided to the following target groups: Medically Fragile (all ages), HIV/AIDS (18+), Brain Injury (18+), Aged and Disabled (18+), and Developmental Disabilities (3+).

Florida's 1915(b)(c) LTC Waiver is a capitated managed care program, offered through the SMMC LTC and MMA plans, that provides HCBS and nursing facility services to eligible members aged 18 or older who require long-term services and supports, aiming to delay or prevent institutionalization and maintain stable health in community settings. As of November 2025, about 68.9% (or 110,197 out of 159,338) of SMMC LTC Capitated program enrollees received HCBS.[6] The waiver is capped at a maximum of 113,000 enrollees by Year 5. The SMMC LTC Program Waitlist is based on a priority score, ensuring the frailest and neediest are prioritized. The 1915(c) Developmental Disabilities Individual Budgeting (iBudget) Waiver provides HCBS services and supports to eligible members ages 3+ with developmental disabilities living in home-based settings. The iBudget Waiver limits the number of enrollees to a maximum of 40,742 at any point during Year 1, increasing to 46,137 by Year 5 of the Waiver. Eligible members are placed on the iBudget pre-enrollment list (waitlist), based on priority category. The priority categories are the following: 1) Crisis; 2) Transitions from Child Welfare; 3) Intensive Needs; 4) Caregiver Over Age 60; 5) Transitions from School; 6) Age 21 and Older; and 7) Under Age 21. The pre-enrollment list currently has 17,433 individuals on the waitlist as of December 19, 2025.[7] The iBudget Waiver operates with concurrent 1915(j) authority to provide the Consumer Directed Care Plus (CDC+) Program, which authorizes enrollees to pay their own relatives for personal assistance services. The 1915(c) Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) Waiver serves eligible members 18+ with intellectual or developmental disabilities, enrolling individuals from the iBudget pre-enrollment list**.** The waiver will serve up to 2,108 individuals by Year 2 of the waiver. The 1915(c) Familial Dysautonomia (FD) Waiver provides HCBS services to eligible members ages 3-64 with FD who live in home-based settings. Only 15 enrollees are served by this waiver. The 1915(c) Model Waiver serves eligible children 20 years or younger who are medically fragile or diagnosed with degenerative spinocerebellar disease, with the goal of preventing institutionalization. Only 20 individuals are served by this waiver. Additionally, Florida provides several other LTSS services to help members remain in home and community-based settings, including the Program of All-Inclusive Care for the Elderly (PACE).

Case management is listed as a service in all five HCBS 1915(c) and 1915(b)/(c) waivers in Florida. Waiver Support Coordinators are used in the iBudget, ICMC, and Familial Dysautonomia waivers to provide assistance with gaining access to waiver services, coordination, and monitoring, limited by the scope outlined in the enrollees recipient's care plan. In the LTC Waiver, each enrollee receives a case manager who is responsible for "authorizing, coordinating, and monitoring the provision of wavier services according to the enrollee's written plan of care." Contracted Vendors are utilized for care coordination services such as to provide procurement and care plan development in the Model Waiver.

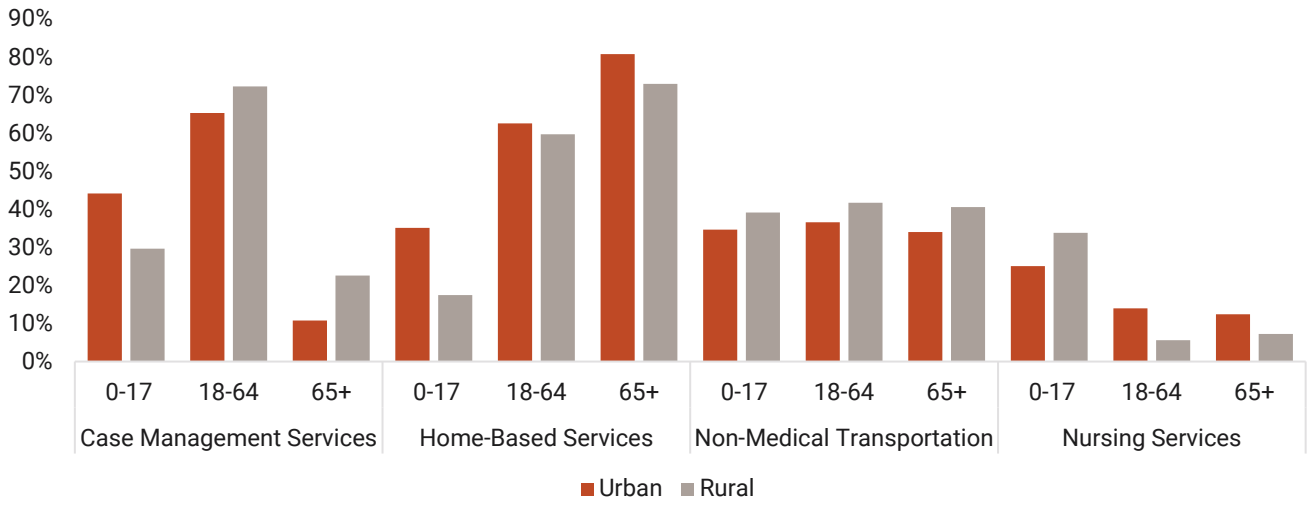
ACCESS AND EQUITY

A recent Florida law (HB 855), passed during the 2022 legislative session, requires all SMMC plans to report and publish performance measures stratified by age, sex, race, ethnicity, primary language, and disability status starting with the 2026 data year. While some demographic data for LTSS populations is available through national evaluations,[8] Florida lacks standardized, plan-level reporting. HB 855 closes this gap by mandating comprehensive stratified performance data, improving transparency and enabling recipients to compare plan performance

The Rural Health Transformation (RHT) Program, launched by CMS in July 2025 as part of H.R.1, seeks to improve rural health outcomes and offset revenue losses from changes to Medicaid State Directed Payments. Although none of the initiatives in Florida's AHCA-led program explicitly focus on the Medicaid, HCBS, or LTSS populations, efforts such as community paramedicine and remote patient telemonitoring may indirectly support LTSS by and reducing reliance on institutional settings.[9] Stakeholders also noted that providers were offered nine distinct opportunities to learn about the program, signaling improved coordination and communication by state health agencies.[10]

The NORC team conducted an analysis of 2022 T-MSIS data on HCBS utilization (see Appendix A for methodology and data) and found urban–rural disparities across age groups. Rural beneficiaries were more likely to access more environmental or logistical supports such as home-based services and technical modifications for children, case management and non-medical transportation for adults and older adults, and participant training and supportive employment for older adults, while urban beneficiaries tended to receive more direct or "hands on" services, including case management and participant training for children, caregiver support and nursing services for adults and older adults, and home based services for older adults (see Exhibit 1).

Exhibit 1. Percentage of Beneficiaries Receiving Services, High Urban/Rural Usage



INNOVATIONS IN HCBS

In August 2025, the AHCA renamed the IDD Pilot Program to the ICMC Waiver, due to upcoming changes and state rollout. The IDD Pilot Program was a voluntary pilot program that provided MMA, LTC, and Developmental Disabilities Individual Budgeting (iBudget) Waiver services to members over the age of 18 who were in pre-enrollment categories 1-6 for the iBudget Waiver and who lived in the selected pilot program regions of Florida.[11] Compared to the IDD Pilot Program, the ICMC Program offers additional services, greater participant control over service delivery, and has expanded statewide, increasing the number of enrollees from 600 in Waiver Year 1 to 2,108 participants in Waiver Years 2 and 3. The ICMC Waiver now includes all iBudget pre-enrollment categories, drawing eligible members from the iBudget Waiver pre-enrollment list, alleviating some of demand on the iBudget waitlist.

> **"Florida's [approach to medically fragile kids is] more robust than we've seen in any other state… I hope it becomes a model in other states so that medically fragile kids have an opportunity to be at home." - Key Stakeholder**

Florida will be prioritizing the medically fragile population in the coming years.[12] Recent law (Florida Senate Bill 1490) mandates a redesign of the Model Waiver to explicitly include children receiving Private Duty Nursing (PDN) services, introducing a new tiered service array to support transitioning medically fragile children to community, rather than institutional, settings. AHCA will also work with stakeholders to conduct an evaluation of the Waiver to redesign and establish specific

performance metrics around access, quality, and outcomes for the PDN population. Due to the upcoming changes in the Model Waiver to support children receiving PDN services, and the inclusion of PDN services and family home health aide through the Children's Medical Services mandated within the same law (Florida Senate Bill 1490), Florida is a leader in finding innovative solutions to bringing children from institutionalized settings back into the home, providing training and support to facilitate the solution.[13]

Florida utilized funding from the American Rescue Plan Act (ARPA) Section 9817 to enhance access to HCBS and strengthen the direct care workforce. Approximately $1.1 billion supported provider stabilization, workforce development, and system improvements. The ARPA Spending Plan focused on financial support for HCBS waiver providers, capacity building, and retention efforts.

As of October 27, 2023, the AHCA received 2,077 applications for one-time provider stipend and retention payments. Disbursements included $358,991,998 to iBudget Waiver providers and $103,978,521 to LTC Waiver providers. Additionally, $97,224,382 was distributed to HCBS Waiver providers for retention payments to contracted (not employed directly) workers. HCBS Waiver provider stipends were offered to providers enrolled as Assistive Care Services, Home Health Services, HCBS, and Case Management Agency types. Non-Waiver HCBS provider retention payments were extended to providers of assistive care, home health care, personal care, rehabilitative services, and private duty nursing.

Florida ARPA Spending Plan:

- One-time financial support for HCBS waiver providers.
- Purchased delayed egress systems for group homes and adult day training centers.
- Supported in-home care for Floridians aged 60+ as an alternative to institutional care.
- Funded contracted services to ensure program implementation and compliance reporting.
- Expanded iBudget Waiver, reducing the pre-enrollment list.
- Increased Pediatric Extended Care rates by 5.7%.

In addition, $4,648,708 in one-time subsidies for family-type living arrangements were disbursed. Between July 1, 2021, and June 30, 2022, Florida's Agency for Persons with Disabilities sent letters to 1,227 members offering removal from the iBudget waitlist; 637 accepted and enrolled in the iBudget waiver as of November 1, 2022. An additional 1,639 members were enrolled in the iBudget waiver between July 1, 2022, and June 30, 2023. All of Florida's ARPA activities ended on June 30, 2023, with final subsidy payments ending December 31, 2023.

IMPACT OF H.R.1

Although Florida is not a Medicaid Expansion state, H.R.1 introduces policy changes such as changes in provider tax regulations, caps in payments, and budget cuts that will impact HCBS and Medicaid in Florida:

- LeadingAge Southeast notes that Florida relies on provider taxes to fund Medicaid. H.R.1 prohibits new provider taxes and caps increases on existing ones after July 4, 2025, limiting Florida's ability to raise revenue. Further, the Florida Hospital Association finds that because provider taxes support nursing facility reimbursements, these restrictions are expected to result in significant funding cuts for nursing homes, which will affect LTSS programs and availability.
- LeadingAge Southeast reports that H.R.1's cap on State Directed Payments (SDPs) will require reductions beginning in 2028 and limit future payment growth in Florida. A CMS brief notes that nursing facility services—along with other Medicaid-covered health care services—will be affected, impacting both reimbursement levels and access to LTSS.
- According to a KFF analysis, the projected $911 billion reduction in federal Medicaid spending over the next decade under H.R.1 (Congressional Budget Office estimates) could significantly impact HCBS programs nationwide. Because HCBS is often provided through 1915(c) waivers, states may limit enrollment in waiver programs in order to accommodate budget reductions. If Florida responds to these budget cuts by decreasing the number of people covered by HCBS waivers, waiting lists, such as the iBudget pre-enrollment list and the SMMC LTC Program waitlist, may increase.

Conclusion

Florida demonstrates a comprehensive approach to HCBS, introducing innovative solutions such as realigning and adding value-based purchasing to the SMMC program, adapting the IDD Pilot Program into the more inclusive ICMC waiver, and redesigning the Model Waiver to incorporate the PDN population. The state has also leveraged federal grants and funding from ARPA and H.R.1 to strengthen programs for Medicaid and HCBS populations. While service disparities between urban and rural HCBS populations remain, Florida is actively working toward solutions through initiatives like the RHT Program.

ACKNOWLEDGEMENTS

Supported by the Commonwealth Fund, a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice and policy. The views presented here are those of the author and not necessarily those of the Commonwealth Fund, its directors, officers, or staff.

Appendix A: Waiver Details

The information below outlines current Florida HCBS waiver details and includes a concise comparison of these waivers by target groups and services, as summarized in Table 1.

- **Long-Term Care (LTC) Waiver:** Originally approved in 2013[14] and set to expire in 2029, this 1915(b)(c) waiver serves adults (over the age of 18) who need long-term supports and services, including those with cystic fibrosis, AIDS, or traumatic brain or spinal cord injuries. The waiver focuses on delaying institutional care while maintaining health are home or in the community; nursing facility care is also an option. The waiver provides a Participant Direction Option (PDO) to enrollees receiving any of the five PDO services, which allows enrollees to select and train their own direct service workers. The AHCA manages the LTC program, sets coverage policy, and gets those eligible for services enrolled in a LTC plan. The Department of Children and Families (DCF) determines financial eligibility for services. The Department of Elder Affairs (DOEA) determines medical eligibility and level of care needed. It is a capitated, managed care program and is offered by SMMC LTC plans and Managed Medical Assistance (MMA) Comprehensive plans. The LTC Waiver has a waitlist, SMMC LTC Program Waitlist, based on a priority score which ensures the frailest and neediest are prioritized.[15] The LTC Waiver limits the number of enrollees to a maximum of 84,000 at any point during Year 1, increasing to 113,000 by Year 5 of the Waiver. Additionally, 150 slots are specifically reserved for adults with Cystic Fibrosis within this waiver.
- **Developmental Disabilities Individual Budgeting (iBudget) Waiver:** Originally approved in 2011[16] and set to expire in 2029, this 1915(c) waiver aims to support members ages 3+ with developmental disabilities by promoting health and independence, aiming to prevent hospitalization or institutionalization. Services are delivered in home or community settings. The iBudget waiver is managed by the Florida Agency for Persons with Disabilities (APD) in partnership with the Agency for Health Care Administration (AHCA) as the single state Medicaid Agency. It is a fee-for-service program and isn't offered by health plans serving Medicaid enrollees. The iBudget Waiver limits the number of enrollees to a maximum of 40,742 at any point during Year 1, increasing to 46,137 by Year 5 of the Waiver. The iBudget Waiver has a "pre-enrollment" list (waitlist) of eligible but not enrolled individuals, which APD maintains. As of 12/19/2025, there are 17,433 individuals pre-enrolled for the iBudget Waiver.[17] The Waiver operates with concurrent 1915(j) authority to provide the Consumer Directed Care Plus (CDC+) Program, which authorizes beneficiaries to pay their own relatives for personal assistance services.
- **Model Waiver:** First implemented in 1991[18] and set to expire in 2030, this 1915(c) waiver is designed to "provide services to eligible children 20 years of age or younger who are medically complex/medically fragile or diagnosed with degenerative spinocerebellar disease." The waiver provides services to avoid institutionalization and supports health in the home and community. It is a fee-for-service program and isn't offered by health plans serving Medicaid enrollees. While the Model Waiver doesn't have a stated waitlist, enrollment is capped at 20 slots, with 15 slots reserved for children transitioning from skilled nursing facilities to community.
- **Familial Dysautonomia Waiver:** Approved most recently on December 13, 2024 and set to expire on December 31, 2029,[19] this 1915(c) waiver offers HCBS and supports for members with Familial Dysautonomia who live in their or their family's homes. The waiver aims to maintain health and minimize the effects of illness and disability to prevent hospital placement or institutionalization. It is a fee-for-service program and isn't offered by health plans serving Medicaid enrollees. While the Familial Dysautonomia Waiver doesn't have a stated waitlist, only 15 individuals are served with this Waiver.

Florida Medicaid, through the AHCA, launched a 3-year waiver effective October 1, 2025. This program was originally introduced as the IDD Pilot Program in 2023 and was expanded in October 2025 to become the ICMC Waiver.

- **Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) Waiver:** Approved in 2024 and set to expire in 2027, this 1915(c) waiver "is a voluntary, comprehensive program consisting of Managed Medical Assistance (MMA) services, Long-Term Care (LTC) Waiver services, and Florida Developmental Disabilities Individual Budgeting (iBudget) Waiver services." The codification of the ICMC Waiver serves to expand services statewide, increase participation, add participant direction services, and add additional services, compared to the original IDD Pilot Program. The AHCA works closely with the APD to administer this waiver. The waiver will serve up to 2,108 enrollees by Year 2 of the waiver. Choosing ICMC removes enrollees from the iBudget "pre-enrollment" list.

Table 1. Florida Waiver Comparison

Waiver	Model Waiver	Long-Term Care Waiver	Familial Dysautonomia Waiver	iBudget Waiver	ICMC Waiver
Waiver Target Group(s)	**Medically Fragile**	**Medically Fragile; HIV/AIDS; Brain Injury; Aged & Disabled**	**Medically Fragile**	**IDD**	**IDD**
Ages Served	0-20	18+	3-64	3+	18+
Caregiver Support Services	X	X	X	X	X
Case Management	X	X	X	X	X
Community Transition Services					
Day Services		X	X	X	X
Home-Based Services		X		X	X
Home-Delivered Meal Services		X			X
Participant Training					
Round-the-Clock Services		X		X	X
Supported Employment Services				X	X
Equipment, Technology, and Modifications	X	X	X	X	X
Services Supporting Self-Direction					
Non-Medical Transportation		X		X	X
Nursing Services		X		X	X
Other Services					
Other Health and Therapeutic Services		X	X	X	X
Other Mental Health and Behavioral Services		X	X	X	X

Appendix B: Methodology

This case study relies on data gathered through a systematic review of 1915(c) waivers and Medicaid State Plan optional benefits, analysis of T-MSIS analytic files (TAF) to understand HCBS utilization across states and select candidate states for case study development, and interviews with state staff to understand lessons learned and future strategies to continue the breadth and reach of HCBS in selected states. We describe the methods used for these activities below.

LANDSCAPE ANALYSIS OVERVIEW:

NORC accessed and reviewed the most current waiver documentation (application or amendment) published on the Medicaid.gov website as of January 2025 for all active 1915(c) waiver programs in all 50 states and the District of Columbia.* For the scope of services, a full list of state services (as named in the waivers) were abstracted using the terms adopted by the state. Based on the names, descriptions, and existing categorization of each service, they were then coded into one of sixteen categories, using several existing taxonomy resources.[20,21,22] This coding grouped 4,521 services into the sixteen categories, any that were unclear were checked against the waiver application for the state's categorization or the full service description and then was analyzed by the frequency of categories across the 262 waivers.

HCBS SERVICE ANALYSIS:

Using CY 2022 TAF data, NORC identified LTSS users following the methodology established by Mathematica, which is used to estimate LTSS expenditures and users by state and setting (HCBS vs. institutional).[23] We produced counts of HCBS users by service type and validated counts against data tables also produced by Mathematica.[24] These data were first used to identify states with a large proportion of dollars and individuals using LTSS who got their care in the home or community setting relative to institutional settings. Based on that analysis, the top seven states were identified and then evaluated for range of target populations served, the varying number of waivers, and the additional 1915 waivers utilized.

In addition, NORC facilitated key informant interviews with subject matter experts from NASHP, MACPAC, KFF, and ADvancing States, in addition to NORC internal experts, to understand which states have taken proactive steps to expand or safeguard HCBS access. From our analyses and these discussions, NORC selected Colorado and Florida in collaboration with The Commonwealth Fund as exemplar states in their reach of populations needing LTSS in HCBS. In Colorado, 88% of LTSS users receive HCBS and 54% of HCBS users are accessing services through the nine 1915(c) waivers, which cover a wide range of target groups. Colorado also utilizes a 1915(k) waiver. In Florida, 72% of LTSS users receive HCBS and 35% of HCBS users are accessing services through the four 1915(c) waivers, which cover an equally wide range of target groups. Floria also utilizes a 1915(j) waiver.

NORC further analyzed the TAF data to understand the use of selected types of HCBS, organized by service type overall and by urban and rural locations in the state. For this analysis, each state's services were coded to 14 categories, following the methodology outlined in the CMS TAF Methodology Brief and the Supplement Billing Codes Mapping. The only difference is that we grouped a number of HCBS-related services into an "Other Services" category. We analyzed the data to first identify Medicaid enrollees using one or more of the 14 HCBS services and then examined the relative proportion of those using each service type based on urban/rural residence, defined as metro or non-metro based on county of residence. Differences in the proportion of the population using each service type by urban/rural residence were estimated using a Chi-square test, with statistical significance reported as appropriate. Based on this analysis, we examined whether service profiles look different in urban and rural regions of the state.

* The only exception is the MS 01.R02.00 waiver and the CO 0268.R06.00 waivers which were inaccessible during the original search and were filled in later.

Tables 2-4 below details the number and percentage of beneficiaries accessing services in the different service categories in metro and non-metro Florida.

KEY INFORMANT INTERVIEWS:

NORC identified key informants from Colorado and Florida to conduct in-depth interviews (IDI). An IDI was conducted with a member of a Colorado state agency involved with Medicaid. Another IDI was conducted with members of a Florida non-profit organization closely involved with the state's Medicaid work. During the IDIs, NORC asked questions focusing on HCBS within Medicaid. Key topics, such as the evolution and shifts within the Medicaid and HCBS space, waitlists, rural and urban differences, future priorities and lessons learned were covered during the course of the IDIs. NORC then incorporated information from the IDIs into the case studies.

Table 2: Access and Utilization Differences Across Rural and Urban Regions in 2022, Among Ages 0-17

Ages 0 - 17	Overall (n= 13,702 Beneficiaries)		Metro (n= 13,439 Beneficiaries)		Non-Metro (n= 263 Beneficiaries)	
Service	Total Beneficiaries	% Beneficiaries Receiving Services	Total Beneficiaries	% Beneficiaries Receiving Services	Total Beneficiaries	% Beneficiaries Receiving Services
Case management services±	6,017	43.9%	5,939	44.2%	78	29.7%
Caregiver support services	1,217	8.9%	1,198	8.9%	19	7.2%
Day services	1,003	7.3%	**	**	*	*
Home-based services±	4,769	34.8%	4,723	35.1%	46	17.5%
Home delivered meals	83	0.6%	**	**	*	*
Non-medical transportation	4,764	34.8%	4,661	34.7%	103	39.2%
Nursing services	3,462	25.3%	3,373	25.1%	89	33.8%
Participant training±	3,609	26.3%	3,582	26.7%	27	10.3%
Round-the-clock services	661	4.8%	649	4.8%	12	4.6%
Technical modifications or equipment±	5,829	42.5%	5,683	42.3%	146	55.5%
Any other HCBS services	8,708	63.6%	8,526	63.4%	182	69.2%

Table 3: Access and Utilization Differences Across Rural and Urban Regions in 2022, Among Ages 18-64

Ages 18 - 64	Overall (n=52,131 Beneficiaries)		Metro (n=50,353 Beneficiaries)		Non-Metro (n=1,778 Beneficiaries)	
Service	Total Beneficiaries	% Beneficiaries Receiving Services	Total Beneficiaries	% Beneficiaries Receiving Services	Total Beneficiaries	% Beneficiaries Receiving Services
Case management services±	34,175	65.6%	32,889	65.3%	1,286	72.3%
Caregiver support services±	1,119	2.1%	1,105	2.2%	14	0.8%
Community transition	88	0.2%	**	**	*	*
Day services	13,197	25.3%	12,747	25.3%	450	25.3%
Home-based services	32,574	62.5%	31,512	62.6%	1,062	59.7%
Home delivered meals	6,709	12.9%	6,484	12.9%	225	12.7%
Non-medical transportation±	19,184	36.8%	18,442	36.6%	742	41.7%
Nursing services±	7,139	13.7%	7,039	14.0%	100	5.6%
Participant training	4,743	9.1%	4,568	9.1%	175	9.8%
Round-the-clock services	9,507	18.2%	9,150	18.2%	357	20.1%
Supported employment	17,225	33.0%	16,676	33.1%	549	30.9%
Technical modifications or equipment	17,566	33.7%	16,983	33.7%	583	32.8%
Any other HCBS services	26,002	49.9%	25,177	50.0%	825	46.4%

Table 4: Access and Utilization Differences Across Rural and Urban Regions in 2022, Among Ages 65+

Ages 65+	Overall (n=73,007 Beneficiaries)		Metro (n=71,694 Beneficiaries)		Non-Metro (n=1,313 Beneficiaries)	
Service	**Total Beneficiaries**	**% Beneficiaries Receiving Services**	**Total Beneficiaries**	**% Beneficiaries Receiving Services**	**Total Beneficiaries**	**% Beneficiaries Receiving Services**
Case management services±	8,026	11.0%	7,729	10.8%	297	22.6%
Caregiver support services±	5,620	7.7%	5,594	7.8%	26	2.0%
Community transition	467	0.6%	451	0.6%	16	1.2%
Day services	7,877	10.8%	7,776	10.8%	101	7.7%
Home-based services±	58,875	80.6%	57,917	80.8%	958	73.0%
Home delivered meals	28,444	39.0%	27,964	39.0%	480	36.6%
Non-medical transportation±	24,952	34.2%	24,419	34.1%	533	40.6%
Nursing services±	9,014	12.3%	8,919	12.4%	95	7.2%
Participant training±	1,773	2.4%	1,705	2.4%	68	5.2%
Round-the-clock services	20,493	28.1%	20,109	28.0%	384	29.2%
Supported employment±	1,409	1.9%	1,309	1.8%	100	7.6%
Technical modifications or equipment	28,040	38.4%	27,501	38.4%	539	41.1%
Any other HCBS services	24,063	33.0%	23,579	32.9%	484	36.9%

* Data suppressed (n<11)
** Secondary suppression
± p<0.0001 (urban–rural differences were statistically significant)

References

[1] Stepanczuk, Cara, Caitlin Murray, Alexandra Carpenter, Aidan Larsen, and Andrea Wysocki (October 17, 2025). *Medicaid Long-Term Services and Supports Annual Expenditures and Users: Calendar Year 2023 Transformed Medicaid Statistical Information System Analytic File Data.* Mathematica. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-brief-2023.pdf

[2] Kaiser Family Foundation (KFF) (2025, September 29). *Status of State Medicaid Expansion Decisions*. KFF. https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions/

[3] Florida Agency for Health Care Administration (2025). *Statewide Medicaid Managed Care*. Florida Agency for Health Care Administration. https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care

[4] Florida Agency for Health Care Administration (n.d.). *New Statewide Medicaid Managed Care (SMMC) Regions*. Florida Agency for Health Care Administration. https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/new-smmc-regions

[5] Interview with key stakeholders, December 3, 2025.

[6] Florida Agency for Health Care Administration (2023, December). *Medicaid Monthly Enrollment Report*. Florida Agency for Health Care Administration. https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report

[7] Florida Agency for Persons with Disabilities (n.d.). *Agency Reports*. Florida Agency for Persons with Disabilities. https://apd.myflorida.com/resources/reports.htm

[8] Stepanczuk, Cara, Caitlin Murray, Alexandra Carpenter, Aidan Larsen, and Andrea Wysocki (October 17, 2025). *Medicaid Long-Term Services and Supports Annual Expenditures and Users: Calendar Year 2023 Transformed Medicaid Statistical Information System Analytic File Data.* Mathematica. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-brief-2023.pdf

[9] Florida Agency for Health Care Administration (n.d.). *Rural Health Transformation Program*. Florida Agency for Health Care Administration. https://ahca.myflorida.com/rural-health-transformation-program

[10] Interview with key stakeholders, December 3, 2025.

[11] Florida Agency for Health Care Administration (2025, August). *Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) Program Status Report*. Florida Agency for Health Care Administration. https://ahca.myflorida.com/content/download/27086/file/Intellectual%20and%20Developmental%20Disabilities%20Comprehensive%20Managed%20Care%20Status%20Report.pdf

[12] Interview with key stakeholders, December 3, 2025.

[13] Interview with key stakeholders, December 3, 2025.

[14] Centers for Medicare & Medicaid Services (n.d.). *FL Long -Term Care Waiver (0962.R02.00)*. Medicaid.gov. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81391

[15] Florida Agency for Health Care Administration (n.d.). *SMMC LTC Program Waitlist Release*. Florida Agency for Health Care Administration. https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program/smmc-ltc-program-waitlist-release

[16] Brian Meyer (2025, February 11). *Intellectual & Developmental Disabilities (IDD) Pilot*. Florida Agency for Health Care Administration. https://ahca.myflorida.com/content/download/26105/file/Intellectual%20%26%20Developmental%20Disabilities%20IDD%20Pilot.pdf

[17] Florida Agency for Persons with Disabilities (n.d.). *Agency Reports*. Florida Agency for Persons with Disabilities. https://apd.myflorida.com/resources/reports.htm

[18] Office of Program Policy Analysis and Government Accountability (2012, January). *Profile of Florida's Medicaid Home and Communicty-Based Services Waivers*. Office of Program Policy Analysis and Government Accountability. https://oppaga.fl.gov/Documents/Reports/12-03.pdf

[19] Centers for Medicare & Medicaid Services (n.d.). *FL Familial Dysautonomia Waiver (402025.R04.00)*. Medicaid.gov. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81356

[20] Centers for Medicare & Medicaid Services (2023, July). *Identifying home and community-based services and the enrollees who use them in the TAF* (Brief No. 7061). U.S. Department of Health & Human Services. https://www.medicaid.gov/dq-atlas/downloads/supplemental/7061-Identifying-HCBS-in-TAF.pdf

[21] Centers for Medicare & Medicaid Services (n.d.). *HCBS Taxonomy Category Definitions*. https://wms-mmdl.cms.gov/WMS/help/TaxonomyCategoryDefinitions.pdf

[22] Centers for Medicare & Medicaid Services (2019). *HCBS Taxonomy: MAX 2019 Implementation Brief*. U.S. Department of Health & Human Services. https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/medicaiddatasourcesgeninfo/downloads/max_ib19_taxonomy.pdf

[23] Centers for Medicare & Medicaid Services (2024, August 29). *Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2022*. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-users-expenditures-method-2022.pdf

[24] Centers for Medicare & Medicaid Services (2024, November 18). *LTSS Expenditures and User Data*. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-expenditures-user-data-2022.zip