

## Florida's Youth 2 Adult Transition (FLY2AT) Training Course for Professionals

### Module 3 Legal System & Finances Resource Companion Guide & Transcript

Main Content Speaker & Subject Matter Expert: Ann Siegel of Disability Rights of Florida

Module Curator: Sofia Thomas, DNP, MSN, MHA, APRN, FNP-C, CNN-NP, FNKF, FCDC

Photography & Media Specialist: Diane Wilkins Productions

Course Infrastructure and Technical Support: Florida Center for Integrated Media

#### **TITLE: Adult Decision Making**

**Ann Siegel:** It's common for parents or legal guardians to make most or all-important decisions for children under the age of 18. However, this model may fail to give young people the opportunity to develop the skills they'll need to make important, potentially life-altering decisions as adults.

As a rule, once an individual turns 18, all legal rights transfer from the parent or guardian to that young adult, including the right to contract for and consent to services. Including youth in important decisions *before* they turn 18 helps ensure they will be ready when the time comes for them to take the lead.

For youth that need added support in making important life decisions, we recommend the **Supported Decision-Making**, or SDM, process. SDM is person-centered and focuses on preserving as much control over decision-making as possible. The process is facilitated by a trusted team—in effect, an ongoing problem-solving team that assists the individual in planning for their future.

**Disability Rights Florida** supports this concept and believes this is a process that should not be left to the last minute.

**RESOURCE:** [Supported Decision-Making](#)

**RESOURCE:** [Disability Rights Florida](#)

#### **TITLE: THE ACA AND HEALTH INSURANCE**

Because of concerns about continued coverage and protections, it's important that youth and families be aware of the **Affordable Care Act** and the rights extended to them, as well as available health insurance options.

The Affordable Care Act, or ACA, allows young adults to stay on their parents' commercial or privately funded health care plan until the end of the year they turn 26. Some plans also offer Dependent Disabled Adult coverage beyond age 26 if the adult child is incapable of sustaining employment due to disability and dependence on the policyholder.

The **Health Insurance Marketplace**, or "exchange," was created through ACA to help uninsured people find and purchase health insurance. Protections, as well as deductibles and co-insurance expenses, can vary a great deal from plan to plan and from year to year.

Health insurance options include health maintenance organizations, or HMOs, and preferred provider organizations, or PPOs. Both typically require a monthly premium payment, as well as a deductible, copay, and/or or coinsurance—depending on the type of plan. HMOs usually limit coverage to care from providers and facilities that work for or contract with the HMO. With PPOs, there is usually a broader selection of providers, but participants pay more if they use providers that are outside the plan's contracted network.

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In addition to commercial health insurance plans, government-funded options such as Medicaid, Medicare, and TRICARE may be available.

**RESOURCE:** [Affordable Care Act](#)

**RESOURCE:** [Health Insurance Marketplace](#)

#### **TITLE: GOVERNMENT FUNDED OPTIONS**

##### **TITLE: Medicaid**

**Medicaid** is a joint federal and state program that finances the delivery of primary and acute medical services, as well as long-term services and supports. Medicaid services in Florida are administered by the Agency for Health Care Administration. Medicaid *eligibility* in Florida is determined by the **Department of Children and Families**—or by the Social Security Administration in the case of supplemental security income, or SSI, recipients.

States set eligibility criteria within federal minimum standards. General eligibility requirements include both *categorical* and *financial* determinations. Categorical requirements relate to particular “categories” of people, such as people that are elderly, individuals with disabilities, children, pregnant women, and parents) *Financial* determinations rest on income and asset limits. Individuals that receive SSI are automatically eligible for Medicaid in Florida.

**RESOURCE:** [Florida Medicaid](#)

**RESOURCE:** [Florida Agency for Health Care Administration \(ACHA\)](#)

**RESOURCE:** [Department of Children and Families](#)

**RESOURCE:** [Benefits.GOV](#)

##### **TITLE: Medicaid Category for Children**

Parents and caretakers may apply for Medicaid on behalf of children under age 21 living in their home, if the family income is under the limit for the child's age group. Families may also apply for medical assistance for children only through Florida Healthy Kids. Children that do not qualify for Medicaid under any of these coverage groups may be referred to the **Children's Health Insurance Program**, or CHIP, or to the **Federally Facilitated Marketplace**, or FFM.

**RESOURCE:** [Children's Health Insurance Program](#)

**RESOURCE:** [Federally Facilitated Marketplace](#)

##### **TITLE: TRICARE**

TRICARE is set of health care plans for uniformed service members, retired military members, and their families. Unmarried biological, adopted, and stepchildren can be covered until age 21—or age 23 if they are enrolled in college and if the eligible parent provides at least 50% of their financial support.

Older adult children may remain eligible for TRICARE if they are unable to support themselves due to a severe mental or physical disability.

At age 21 or 23, a young person may qualify for TRICARE Young Adult if they:

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- Are at least 21 but younger than 26, and
- Are unmarried.
- Are adult dependent children.

There are premiums for TRICARE Young Adult.

If the family does not qualify to purchase TRICARE Young Adult, they may purchase the Continued Health Care Benefit Program, a premium-based bridge plan that provides temporary health coverage for 18-36 months when a person loses eligibility for TRICARE. There are some exceptions to the age limit.

- Full-Time Student
- Disability Adult children may remain eligible for TRICARE if determined to be incapacitated. This means they must be unable to support themselves due to a severe mental or physical disability.

Your child can get TRICARE until their 23rd birthday or graduation (whichever is first) if enrolled full time at an approved college. The sponsor must provide at least 50% of the child's financial support while in college.

**RESOURCE:** [TRICARE](#)

#### **TITLE: Florida KidCare**

Florida KidCare is the name of Florida's Children's Health Insurance Program. CHIP is a partnership between the federal and state governments that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.

Florida KidCare has four program components: Medicaid for Children, Healthy Kids, MediKids, and the Children's Medical Services Managed Care Plan. Eligibility criteria are different for each program.

**RESOURCE:** [Florida KidCare](#)

#### **TITLE: Children's Medical Services Managed Care Plan**

Children's Medical Services operates the CMS Network, a statewide specialty plan for children from birth to 21 years of age that have serious and chronic physical, developmental, behavioral, or emotional conditions. Clinically eligible children can choose the CMS Network as a benefit plan option if they meet income eligibility requirements for Medicaid or CHIP.

**RESOURCE:** [Children's Medical Service Managed Care Plan \(CMSMCP\)](#)

#### **TITLE: Financial Support Options**

#### **TITLE: MEDICAID WAIVER PROGRAMS**

Medicaid waivers are for people with disabilities and chronic health conditions. They allow healthcare professionals to provide care in a person's home or community instead of a long-term care facility. The Home and Community-Based Services waiver programs and the Developmental Disabilities Individual Budgeting, or iBudget waiver, and the Statewide Medicaid Managed Care Long-Term Care Waiver are

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available in Florida. It is crucial to note that the waiver programs do have a waiting list. However, that should not deter eligible individuals from applying.

#### **TITLE: Home and Community-Based Services (HCBS) Waivers**

The Home and Community-Based Services waivers allow individuals to receive long-term care services and supports in their home or other community settings to avoid an institutional setting. Eligible individuals must demonstrate need for a level of care that would meet the state's eligibility requirements for services in an institutional setting.

The Florida HCBS Waivers are:

- The Developmental Disabilities Individual Budgeting, or iBudget, waiver,
- Statewide Medicaid Managed Care Long – Term Care Waiver
- The Model Waiver, and
- The Familial Dysautonomia Waiver

**RESOURCE:** [The Home and Community-Based Services waiver](#)

#### **TITLE: Developmental Disabilities Individual Budgeting (iBudget) Waiver**

The iBudget Waiver provides home and community-based services to people with developmental disabilities so they can live in their home or the community and avoid institutionalization, as assessed by the Agency for Persons with Disabilities, *with financial eligibility* determined by the Department of Children & Families. Individuals must demonstrate the need for a Level of Care determination by State of Florida Agency for Persons with Disabilities. Persons determined to be “in crisis” are placed at the top of the waiting list.

**RESOURCE:** [Developmental Disabilities Individual Budgeting, or iBudget waiver](#)

#### **TITLE: Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Waiver**

The Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Waiver program provides home and community-based services to individuals aged 18 and older that are eligible for Medicaid due to blindness or disability *and* are financially eligible as determined by DCF. Individuals must demonstrate the need for a “nursing facility” level of care. Applicants are given a priority rank that reflects their assessed need for long-term care services and determines placement on the waiting list.

**RESOURCE:** [Statewide Medicaid Managed Care Long-Term Care Waiver](#)

**TITLE SCREEN:** For more information and resources, please consult our companion guide.