

Health Care Services Policy Committee

Meeting Packet

**Thursday, January 21, 2010
8:00 - 10:00 AM
306 HOB**

**Larry Cretul
Speaker**

**Paige Kreegel
Chair**



The Florida House of Representatives

Health Care Services Policy Committee

Agenda

January 21, 2010

8:00 AM – 10:00 AM

306 HOB

- I. Call to Order/Roll Call
- II. Presentation by Department of Revenue, Executive Director, Lisa Echeverri.
- III. Presentation by APD, Director, Jim DeBeaugrine; and Chief of Staff, Tamara Demko.
 - A. Waitlist prioritization
 - B. Legislative package
 - C. Individual Budget project
- IV. Adjournment.



Department of Revenue Child Support Enforcement Program

**Lisa Echeverri
Executive Director
January 21, 2010**

Helping children receive the support they need and deserve

Federally Required Program

- A federally compliant child support program is a condition of the State receiving the TANF Block Grant (\$622.7 million)

- Required Services
 - Paternity establishment
 - Support order establishment
 - Support order review and modification
 - Location of parents, employers, assets
 - Payment collection and disbursement
 - Order enforcement





Over 825,260 open cases, involving over 1 million children

- Families receiving public assistance are required to receive services
 - Temporary Cash Assistance
 - Medicaid
 - Food Stamps
- Former public assistance families continue to receive services
- Any family can apply for services
- Other states and countries request services



Child Support Cases - Statewide

- The Department of Revenue does not handle all child support cases in Florida

- The Department provides services under the federally required program in 65 counties and through contracts in two counties
 - Miami-Dade County cases are handled by the State Attorney's Office
 - Manatee County cases are handled by the Clerk of Court

Partnerships

State and Federal Agencies

Agency for Health Care Administration
Department of Business and Professional Regulation
Department of Corrections
Department of Health
Department of State
Florida Department of Law Enforcement
Florida Wildlife Conservation Commission
Office of the State Courts Administrator
Social Security Administration
Northwood Shared Resource Center

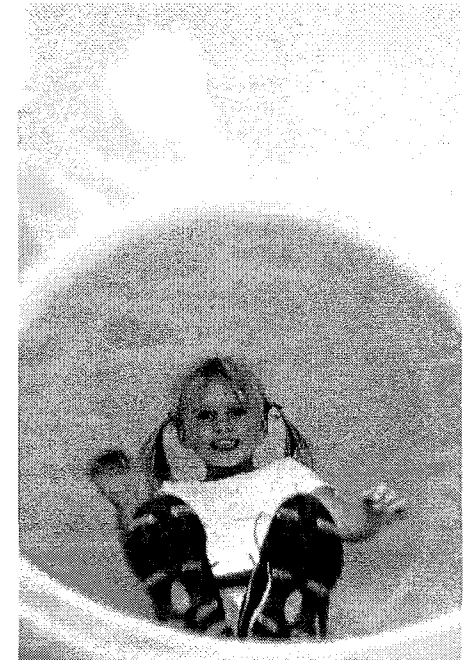
Agency for Workforce Innovation
Department of Children and Families
Department of Financial Services
Department of Highway Safety and Motor Vehicles
Division of Administrative Hearings
Florida Lottery
Office of the Attorney General
Internal Revenue Service
U.S. Department of State
Northwest Shared Resource Center

Local Government

- Clerks of the Circuit Court: Filing, official records, enforcement actions
- Sheriffs: Service of process and execution of arrest warrants
- State Attorney: Legal Representation

Private Companies

- Employers
- Financial Institutions
- Hospitals
- Genetic Testing
- Legal Representation and Service of Process
- Payment Processing





Paternity Establishment

Takes all administrative and judicial actions to establish paternity. Assists parents to determine who the biological father is through genetic testing.

- 105,379 children born out-of-wedlock statewide in calendar year 2009
 - 94,775 paternities established statewide in calendar year 2009 (information as of 1/11/2010)
- 100,568 children in our caseload need paternity established
- 17,678 genetic tests conducted in FFY 08/09
 - 4,498 exclusions
 - 13,180 positive results
- The percentage of children born out-of-wedlock has increased by over 6% in the last five years



Support Order Establishment

Establishes initial child support orders and modifies existing orders when the circumstances of the family change

- 223,973 cases need a support order established
 - 39,197 new support orders established or modified
 - Over 11,000 new cases that need orders established are added per month

- During SFY 08-09, \$48 million in child support collections on orders established in this same fiscal year

- Implemented an administrative process to establish paternity and child support orders. Over the past three years the number of orders established administratively has increased by 287%.



Case Processing

Completes all activities to open and reopen cases; collects and maintains case, financial and location data; receives and responds to verbal and written inquiries

- 1.1 million cases maintained during the year
 - 159,311 new service requests and 84,025 reopened cases
 - 219,515 cases closed
 - 23,821 caseload growth

- Over 15 million customer contacts
 - 14.6 million telephone calls to call center and automated payment line
 - 826,907 walk-in visits to local offices

- In SFY 2008/09 we saw a 7.3% increase in new service requests and 6.6% increase in reopened cases resulting in a 3% new growth in total caseload



Payment Processing and Enforcement

Takes all administrative and judicial action to enforce support orders when the parent does not pay voluntarily, and receipts and disburses collections to families

- Over \$1.41 billion collected and distributed
 - 98% within 24 hours
 - 93% of all disbursements sent electronically

- Fewer than 30% of parents in our caseload pay their full child support obligation on a monthly basis

- 92% of collections received were due to enforcement actions taken
 - 1.6 million enforcement actions initiated
 - \$1.285 billion in enforced collections

Child Support Funding

State Fiscal Year 2009-10 General Appropriations Act

■ Federal Funds

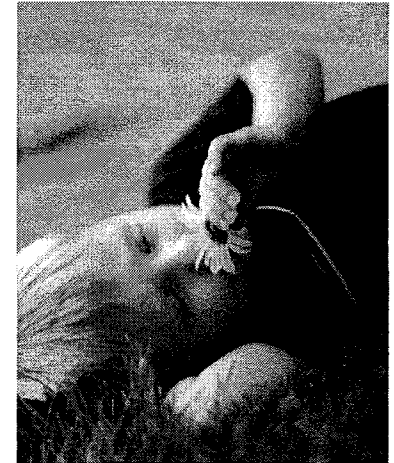
- \$28.4 million - Federal Performance Incentives
- \$193.2 million - Federal Matching Funds (66% of eligible expenditures)

■ State Funds

- \$53.5 million in General Revenue
- \$18.0 million in State Trust Funds

■ Payments to Local Entities (SFY 08/09 expenditures)

- \$23.5 million to Clerks of Court
- \$1.8 million to Sheriffs
- \$20.9 million to Miami-Dade State Attorney's Office
- \$3.4 million to Manatee County Clerk of Court





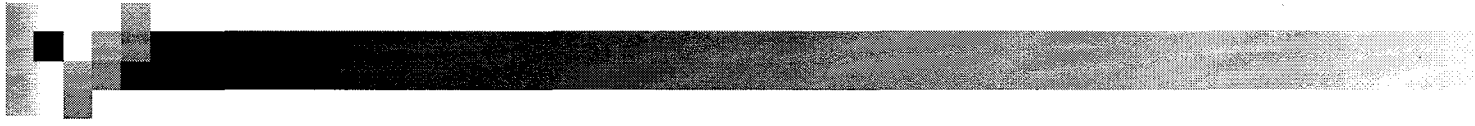
2010 Child Support Enforcement Program Proposals

- Medical Support Improvements
- Modification of Support Obligations
- Administrative Process Improvements
- Marriage Application, Dissolution of Marriage and Paternity Establishment
- Payment Processing
- Federal Waiver Request
- Electronic Filing Deadline
- Assignment of Rights
- Debt Compromise Program
- Clerk's Depository/Private Child Support Cases



Child Support Enforcement Program Challenges and Opportunities

- Increased use of administrative process to establish paternity and child support orders
- Voluntary collections declining while enforced collections have increased
- New phone system with enhanced features with Southwood relocation
 - Skill-based routing
 - Ease of change/adaptability
 - Increased capacity to handle high call volume
- CAMS I automated many enforcement activities; location of parents, employers and assets; and some customer service functions
- CAMS II will include establishment, payment processing, financial accounting, and remaining case management and customer service functions



Questions?

APD Waitlist Prioritization



agency for persons with disabilities

State of Florida

Update on Developmental Disabilities Waiver Waitlist Prioritization

**House Health Care Services Policy Committee
January 21, 2010**

Jim DeBeaugrine, Director

Charlie Crist, Governor



What is the DD/HCBS Waiver?

- The DD/HCBS Waiver is a Medicaid program that provides home and community-based supports and services.
- Individuals eligible for the DD/HCBS Waiver have a developmental disability, are Medicaid eligible, and live in their own home, family home or a home-like setting.
- The DD/HCBS Waiver is funded federally by the Centers for Medicare and Medicaid Services (CMS) as well as matching state dollars.
- The waiver is executed by APD, under the authorization of the Agency for Health Care Administration (AHCA), Division of Medicaid.



What is the Waitlist?

- The waitlist consists of individuals who are eligible for APD services and the DD/HCBS waiver.
- These individuals may be enrolled off of the waitlist and onto the DD/HCBS Waiver when APD has funding available.
- Individuals are presently listed on the waitlist in order of the date they were determined eligible for APD services and the DD/HCBS waiver. In other words, first come first served.
- Currently there are approximately 19,000 individuals on the waitlist.



What is Waitlist Prioritization?

- In 2009 the Legislature amended 393.065, F.S. to establish a prescribed priority order for APD to use in addressing the waitlist for waiver services.
- Implementation of waitlist prioritization is required by July 1, 2010.
- In order to comply with 393.065, F.S., an agency rule is being developed to describe the process APD will use to implement waitlist prioritization.

Categories for Waitlist Prioritization as Defined in Statute

- **Category 1:** includes clients deemed to be in crisis as described in rule.
- **Category 2:** includes children on the waitlist who are from the child welfare system with an open case in the Department of Children and Families' (DCF) statewide automated child welfare information system.



Categories for Waitlist Prioritization as Defined in Statute continued

- **Category 3:** includes

- ▶ clients whose caregiver has a documented condition that is expected to render them unable to provide care within the next year and for whom a caregiver is required but no alternate caregiver is available;
- ▶ At substantial risk of incarceration or court commitment without supports;
- ▶ Whose documented behaviors or physical needs place them or their caregiver at risk of serious harm and other supports are not currently available to alleviate the situation; or
- ▶ Who are identified as ready for discharge within the next year from a state mental health hospital or skilled nursing facility and who require a caregiver but for whom no caregiver is available.



Categories for Waitlist Prioritization as Defined in Statute continued

- **Category 4:** includes, but is not required to be limited to, clients whose caregivers are 70+ years of age and for whom a caregiver is required but no alternative caregiver is available.
- **Category 5:** includes, but is not required to be limited to, clients who are expected to graduate within the next year from secondary school, and need support to obtain or maintain competitive employment, or to pursue an accredited program of postsecondary education to which they have been accepted.
- **Category 6:** includes clients 21+ years of age who do not meet the criteria for category 1, 2, 3, 4, or 5.
- **Category 7:** includes clients younger than 21 years of age who do not meet the criteria for category 1, 2, 3, or 4.



Schedule of Rule Workshops

- Three rule workshops were held around the state:
 1. November 16, 2009, 6:00 – 8:00 PM in Tallahassee
 2. November 17, 2009, 6:00 PM – 8:00 PM in Miami
 3. November 18, 2009, 6:00 PM – 8:00 PM in Orlando

Purpose of the Public Rule Workshops

- To obtain input from the public regarding the rule language that will be used to implement statutory language for waitlist prioritization.
- To provide clarification on statutory language in order to assist the public in providing input.
- To assist the agency in development of rule language to implement the law.

Volume of Public Comments

- Attendance at public workshops
 - ▶ Tallahassee: 34 public attendees
 - ▶ Miami: 37 public attendees
 - ▶ Orlando: 26 public attendees
- Comments were received via email, mail and fax through December 16, 2009. Approximately 20-25 different parties provided feedback.



Summary of General Public Comments Received

- Require waitlist prioritization to be implemented only if APD has funding to serve the waitlist beyond categories 1 & 2. It is an unnecessary administrative burden to categorize the waitlist unless there is funding available to serve.
- Base criteria on the actual needs of the client instead of family or societal situation and caregiver circumstance.
- The wording “but is not required to be limited to” should be addressed in the rule to allow for some kind of “needs based” criteria in every category to account for the diversity of individuals on the waitlist.
- Categorization should also be based on a needs assessment and not just age.
- Lack of available insurance should be considered in the criteria.
- Dual diagnosis should be weighted more heavily. A developmental disability plus a medical issue and behavioral needs is more severe.

Summary of General Public Comments Received cont'd

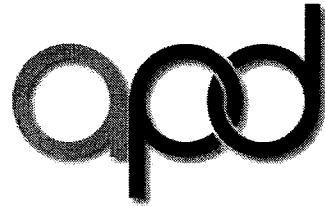
- Alternative funding sources that are not waiver related should be considered to help individuals on the waitlist get some relief while waiting for full services.
- A “single service option” should be implemented. Many individuals receive services they do not need. A “single service option” would create a more equitable distribution of limited resources to offer more individuals less services.
- Children who are intensely medically involved or have behavior problems should be given a higher consideration, particularly if their situation will soon propel them into a crisis situation.
- “Caregiver” should be defined as a relative or an unpaid friend who has resided in Florida for at least a year.
- Children should be a priority, especially if they have autism, because it is a tremendous strain on the parents.



Schedule for Rule Development

- Comments from the Rule Development Workshops will be used to develop a proposed rule in February.
- The proposed rule will then be posted in the Florida Administrative Weekly (FAW) in March.
- Public Hearings will be scheduled and conducted on the proposed rule in March.
- Comments from these public hearings will be incorporated into the proposed rule in April.
- The final draft of the proposed rule will be posted with the Florida Department of State (DOS) in May.
- The proposed rule is then effective 20 days after filing with (DOS).
- Current law requires implementation of the rule by July 1, 2010.

QUESTIONS?



agency for persons with disabilities
State of Florida

**Agency for Persons with Disabilities
Legislative Proposals**

**House Health Care Services Policy Committee
January 21, 2010**

Jim DeBeaugrine, Director

Charlie Crist, Governor



Licensure

- **Executive Summary:** This proposal assists APD in the performance of its regulatory and oversight functions while enhancing the safety and well-being of the approximately 6,000 residents of APD-licensed residential facilities. **Effective Date: July 1, 2010.**
- Language adds the following violations to those that APD may revoke or suspend a license for, fine a licensee for, or deny an application for licensure for:
 - ▶ Submitted false or inaccurate information in order to obtain payment for services.
 - ▶ Used the funds, property, or identity of a client for the purpose of self-gain.
 - ▶ Compromised the health, safety, or welfare of a client.
 - ▶ Violated the rights of a client as provided in s. 393.13 (3), F.S.
 - ▶ Denied access to clients by the client's guardian, a minor's parent, waiver support coordinator, an agency employee, or other authorized person.
- Language also allows information in the central abuse hotline and DCF's automated abuse information system to be used by APD as part of its licensure or registration process.

Abuse, Neglect and Exploitation

- **Executive Summary:** This proposal clarifies the Agency's position that all forms of abuse, neglect, and exploitation committed against individuals with developmental disabilities are unacceptable, regardless of the place where such acts are committed. This proposal also intends to make residential facility staff training requirements consistent with language in the Medicaid Waiver Handbook, which addresses all forms of abuse, neglect, and exploitation. **Effective Date: July 1, 2010.**
- Language adds "abuse, neglect, and exploitation, as defined in sections 39.01 and 415.102, F.S." to requirements facilities and programs must train staff to detect, report, and prevent. Currently only "sexual abuse" is listed.
- Language also adds ""sexual abuse, abuse, neglect, and exploitation, as defined in sections 39.01 and 415.102, F.S. " to the Bill of Rights for Persons with Developmental Disabilities which currently only states "sexual abuse". It also strikes the current language stating "residential facilities", making the location of where such acts take place irrelevant.

On-Site Validation of Competency

- **Executive Summary:** This proposal helps our clients live and work in their communities without having to go to burdensome efforts to find assistance with new medications. It also support our providers in assisting with medications in a timely fashion. **Effective Date: July 1, 2010.**
- Currently unlicensed providers who administer medications or supervise the self administration of medications must be assessed annually for competency in all allowed routes of administration before assisting with that route. The topical, transdermal and otic routes are not used as often as other routes, so a client needing a medication by one of those routes is less likely to be available at the time a staff member needs initial validation or annual revalidation. In addition, the topical, transdermal, and otic routes do not involve the mucosa or gastrointestinal tract, making them the least complicated routes of administration.
- Language allows the topical, transdermal, and otic routes, to be validated by simulation during the required training course, and does not require annual revalidation for these routes.

Exemption from DOAH

- **Executive Summary:** This proposal will provide less formal hearings reduce the need for legal representation for all parties, speed up the process, and reduce costs of hearings. Speedier proceedings will correct errors sooner. **Effective Date: July 1, 2010.**
- This proposal reinstates the practice and procedure in effect when APD was part of the Department of Children and Family Services. The proposed language would simplify the conduct of hearings for all participants, speed resolution of requests for hearings and reduce the costs of processing hearings.
- Language exempts hearings conducted within APD from being conducted by an administrative law judge.



agency for persons with disabilities

QUESTIONS?



agency for persons with disabilities

State of Florida

**Agency for Persons with Disabilities
Individual Budget Development Process**

**House Health Care Services Policy Committee
January 21, 2010**

Jim DeBeaugrine, Director

Charlie Crist, Governor



agency for persons with disabilities

iBudget



iBudget Background

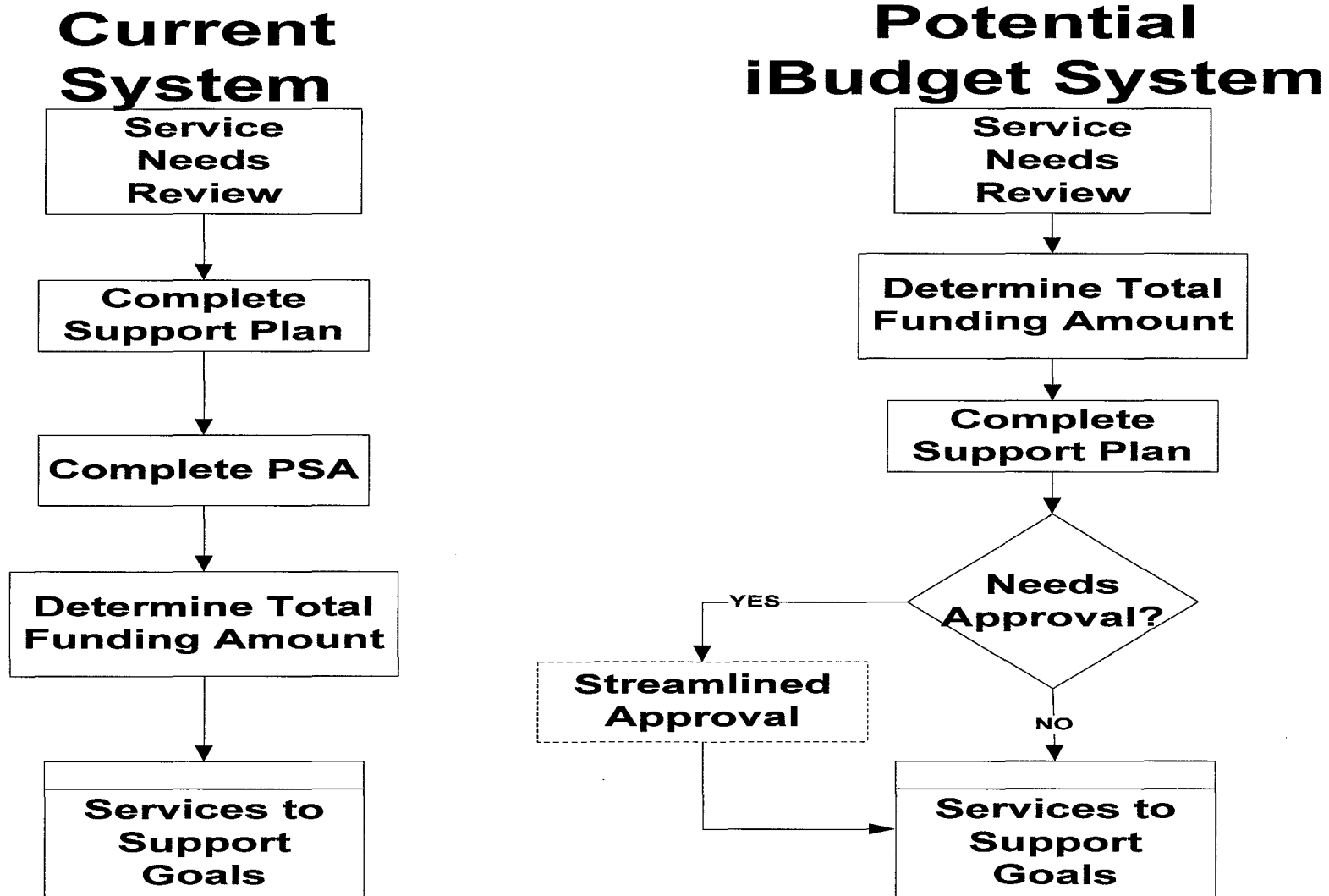
- **Challenges to Overcome:**
 - ▶ **The current system is complex.**
 - ▶ **More consumer control is possible.**
 - ▶ **Managing funding can be difficult.**
 - ▶ **The waitlist continues to grow.**



Concept Development

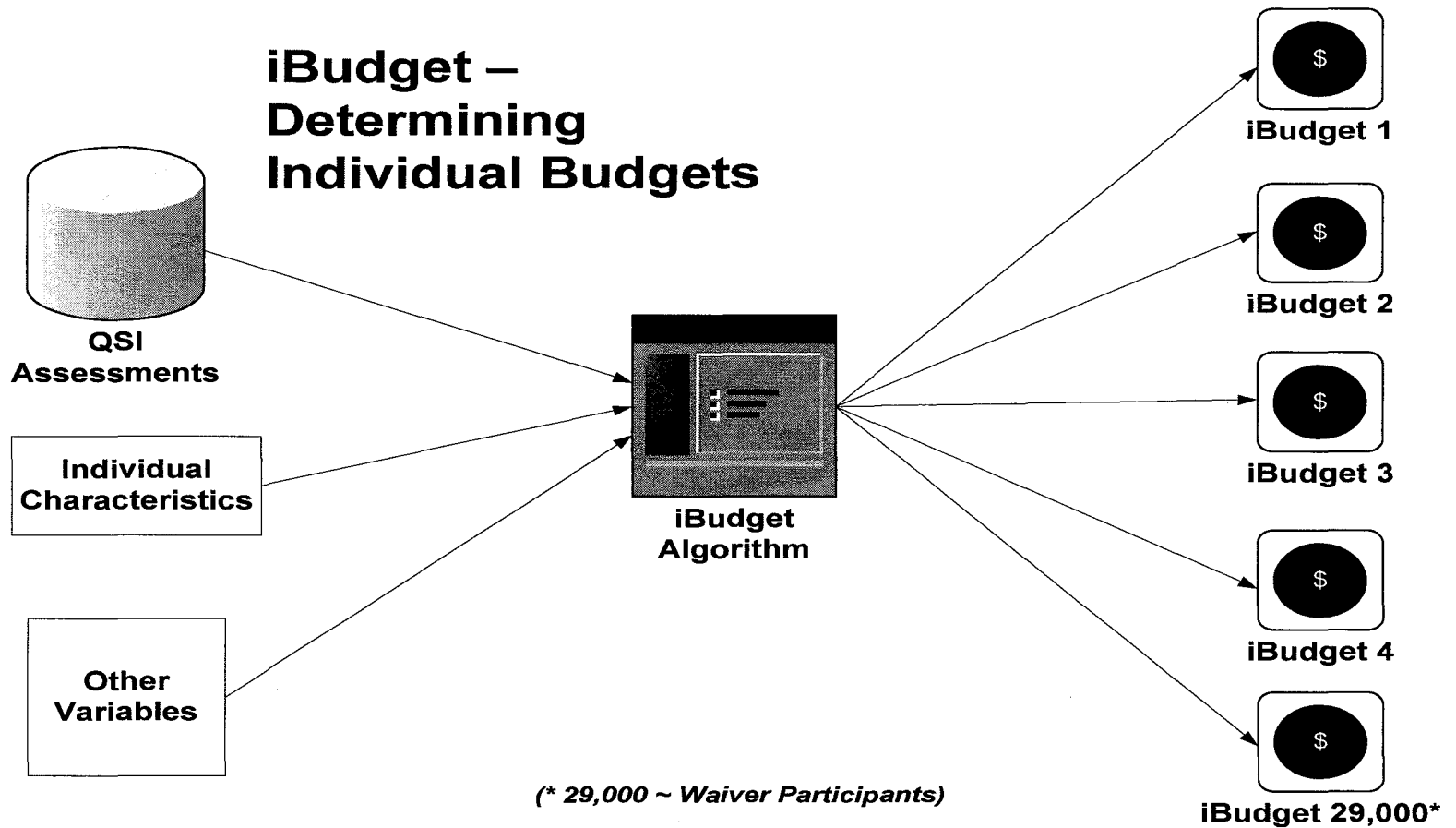
- **In the 2009 Session, the Florida Legislature directed APD to develop and implement a plan for a new system in which APD customers who are currently using the Medicaid waiver to pay for services would receive an annual budget based on a statistically valid methodology/algorithm.**
- **This concept, iBudget, is based on each person having an individualized budget where they prioritize how they spend the money allocated to them.**
- **This will provide for more consumer direction relating to service selection and frequency.**
- **APD is currently holding statewide iBudget stakeholder forums and seeking input on this potential new way of handling and providing benefits.**
- **APD will submit the iBudget Florida plan to the Legislature in February 2010.**

Current System vs. iBudget





Determining Individual Budgets





Steps in Development

- **APD has conducted research:**
 - ▶ **Other states have similar systems such as:**
 - **Georgia**
 - **Minnesota**
 - **Connecticut**
- **Gathered stakeholder input:**
 - ▶ **16 dedicated self advocates, family members, waiver support coordinators, providers and state agency representatives.**
- **Utilized Consultant Assistance**
- **Listened to Consumers, Families, and Providers in public meetings and through APD's website**



What is an Algorithm

- **Mathematical formula that considers data (consumer characteristics) and determines a budget amount.**
- **Captures patterns of spending for similar consumers from previous years.**
- **It is a starting point from which APD will work with stakeholders to refine and enhance over time.**



Consumers and Their Families Will Benefit From:

- **Greater ability to choose services that matter to them and their unique situations.**
- **Greater flexibility to respond to changing needs.**
- **Reduced bureaucracy and “red tape.”**
- **Support coordinators freed to focus on providing help that makes a real difference.**
- **Confidence that their funding is fair compared to other consumers who are similarly situated.**
- **Reduced likelihood of policy changes that cause significant disruption due to budget deficits.**
- **Security of a financially stable system that will be there to serve them down the road.**
- **Greater control over their lives.**
- **Greater opportunity for APD to use new funds to serve the wait list and fairly meet consumers’ changed needs rather than resolve deficits.**



The State of Florida Will Benefit From:

- **Predictable APD spending that is within the Agency's budget.**
- **A system which requires less Legislative intervention.**
- **Access to greater information about the needs of APD consumers who are waiting for waiver services and the funding required to serve them.**
- **Reduced spending on administration of the waiver system.**
- **Consumers and families who are more satisfied with the system of care.**



Implementation Plan

- **Pending feedback from the Legislature:**
 - ▶ **Draft to the Legislature on February 1, 2010.**
 - ▶ **CMS approval sought as soon as possible.**
 - ▶ **Phase-in begins Summer/Fall 2010.**
 - ▶ **QSI improvements/algorithm refinement through Spring/Summer 2011.**
 - ▶ **Wider phase in begins Summer/Fall 2011.**

QUESTIONS?