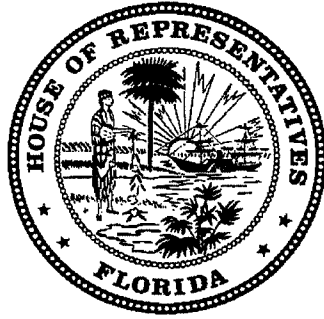




Health Care Appropriations Subcommittee

Meeting Packet

**February 22, 2011
1:00 p.m. – 4:00 p.m.
Webster Hall**



AGENDA

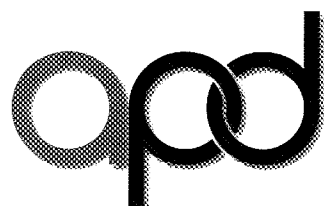
Health Care Appropriations Subcommittee

February 22, 2011

1:00 p.m. – 4:00 p.m.

Webster Hall

- I. Call to Order/Roll Call
- II. Opening Remarks
- III. Overview of Agency for Persons with Disabilities Programs/Implementation of Tier Structure
 - Richard Maxey, Budget Director
 - Mike Palecki, General Counsel
- IV. Overview of Medicaid Medically Needy Program—Options for Efficiencies
 - Roberta Bradford, Deputy Secretary for Medicaid
- V. Overview of the Department of Elder Affairs Programs and Services
 - Chuck Corley, Interim Secretary
- VI. Department of Children & Families—Options for Administrative Efficiencies
 - Nevin Smith, Budget Director
- VII. Closing Remarks/Adjournment



agency for persons with disabilities
State of Florida

Overview of Programs and Implementation of Tier Structure

**Health Care Appropriations Subcommittee
February 22, 2011**



Overview of Waiver Programs

- ◆ In 2004, Chapter 20.197, Florida Statutes, created the Agency for Persons with Disabilities to provide services to persons with developmental disabilities in accordance with Chapter 393, including the operation of state institutional programs and the programmatic management of Medicaid waiver services.
- ◆ APD provides services to persons three years of age or older with a diagnosis of spina bifida, mental retardation, cerebral palsy, autism, and Prader-Willi syndrome.
- ◆ Service types include: Community-Based, Residential (Developmental Disability Centers) and Forensic (Mentally Retarded Defendant Program)



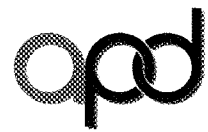
Agency Functions

- ◆ The Agency for Persons with Disabilities
 - ▶ Assists people who have developmental disabilities and their families.
 - ▶ Provides assistance to identify the needs of people with developmental disabilities and funding to purchase supports and services.
 - ▶ Supports individuals in their communities to avoid unnecessary and costly institutionalization.
 - ▶ Fulfills an important role in serving as a central point of interagency coordination for individuals with developmental disabilities.



Developmental Disability Centers (DDCS)

- ◆ APD Administers 3 Developmental Disabilities Centers that are operated 24 hours over 3 shifts – 365 days per year
 - ▶ **Sunland Center – Marianna, FL.**
Capacity: ICF/DD = 345 and Forensic = 34
Total: 379
 - ▶ **Tacachale – Gainesville, FL**
Capacity: ICF/DD = 492 and Forensic/Post = 54
Total: 546
 - ▶ **Mentally Retarded Defendant Program (Forensic) - Chattahoochee, FL**
Capacity: Total 146
Male = 130 and Female = 16
Total: 146
- ◆ Forensic and Post Forensic consumer beds are not eligible for Medicaid (FMAP) and are entirely funded through General Revenue



Four Tier Waiver System

- ◆ In 2007, the Florida Legislature passed SB 1124 requiring a four-tiered waiver system for individuals receiving Medicaid Home and Community-Based Care (HCBS) Waiver services from APD.
- ◆ Assignment to a tier is based on identified need and statutory eligibility criteria provided in s. 393.0661(3), F.S.



Tier 1 Waiver

Formerly the Developmental Disabilities/Home and Community Based Waiver

- ◆ Tier 1 is capped at \$150,000/year and includes:
 - ▶ Individuals who have intensive medical or adaptive needs that are essential for avoiding institutionalization and cannot be met in Tier 2, 3, or 4.
 - ▶ Individuals with behavioral problems that are exceptional in intensity, duration, or frequency and present a substantial risk of harm to themselves or others, and these needs cannot be met in Tier 2, 3, or 4.
- ◆ Approximately 5,394 individuals are currently enrolled in Tier 1.

Tier 2 Waiver

- ◆ Tier 2 is capped at \$53,625/year and includes:
 - ▶ Individuals whose service needs include placement in a licensed residential facility and authorization for a specified level of residential habilitation services.
 - ▶ Individuals in supported living settings who are authorized to receive more than six hours a day of in-home support services.
- ◆ Approximately 4,355 individuals are currently enrolled in Tier 2.

Tier 3 Waiver

- ◆ Tier 3 is capped at \$34,125/year and includes:
 - ▶ Individuals who require services provided in a licensed residential placement and are not eligible for Tier 1 or 2.
 - ▶ Individuals 21+ who reside in their own home and receive In-Home Support Services and are not eligible for Tier 1 or 2.
 - ▶ Individuals 22+ who are authorized to receive services from a behavior analyst and/or a behavior assistant.
 - ▶ Individuals under 22 years of age who are authorized to receive combined services from a behavior analyst and/or behavior assistant and are not eligible for Tier 1 or Tier 2.
- ◆ Approximately 6,361 individuals are currently enrolled in Tier 3.



Tier 4 Waiver

Formerly the Family and Supported Living Waiver

- ◆ Tier 4 is capped at \$14,442/year and includes:
 - ▶ Individuals who were previously receiving services through the Family and Supported Living Waiver and had no significant change in condition or circumstance.
 - ▶ Individuals not eligible for assignment to Tier 1, 2, or 3.
 - ▶ Individuals who are under 21 years of age and reside in their own home or family home.
 - ▶ Individuals who are dependent children who reside in residential facilities licensed by the Department of Children and Families (DCF).
- ◆ Approximately 11,945 individuals are currently enrolled in Tier 4.



Consumer Directed Care Plus (CDC+)

- The Consumer Directed Care Plus (CDC+) Program is a long-term care program alternative to the Medicaid Home and Community-Based Services (HCBS) Medicaid Waiver.
- The CDC+ Waiver allows individuals to direct their own care and develop a purchasing plan to manage their allocated monthly budgets in order to meet their long-term care needs.
- Individuals with developmental disabilities receive an 8% discount rate on the total cost of Medicaid services on their cost plan.
- If the consumer does not like the way a service is being provided or if the provider is unreliable, the consumer can fire them and hire someone else.

Clients Served

- ◆ As of January, 1 2011, APD serves a total of 30,043 individuals
 - ▶ Home and Community Based Services (HCBS) Waiver Enrollment

Tier 1	Tier 2	Tier 3	Tier 4	Total
5,042	4,234	5,852	11,188	26,316
 - ▶ Consumer Directed Care Plus (CDC+) Waiver Enrollment

Tier 1	Tier 2	Tier 3	Tier 4	Total
195	37	403	762	1,397
 - ▶ To Be Determined Status: 2,330*
 - ▶ Individuals who were added to the waiver through attrition

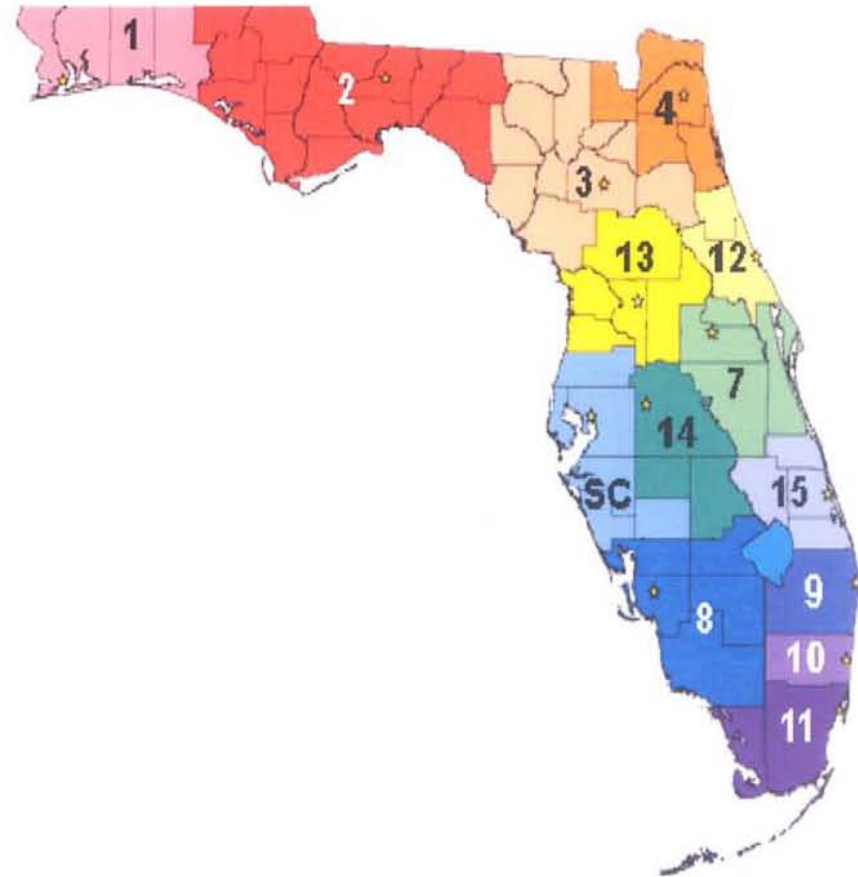
Added	Removed
82	63
 - ▶ * New waiver enrollees or those for whom a proposed tier assignment is under appeal



Wait List

- Wait List by Area/Region of Residence

District	Count	% Total
01	1,151	5.9%
02	1,029	5.2%
03	441	2.2%
04	1,299	6.6%
07	2,365	12.0%
08	778	4.0%
09	1,085	5.5%
10	1,526	7.8%
11	3,266	16.6%
12	468	2.4%
13	1,094	5.6%
14	719	3.7%
15	565	2.9%
SC	3,887	19.8%
Total	19,673	100.0%



* As of January, 1 2011, these numbers exclude persons enrolled in the Family and Supported Living (FSL) Waiver

Funding

- ◆ The Agency relies primarily on three (3) sources of funding to provide its services to the developmental disabilities community:
 - ▶ General Revenue,
 - ▶ The joint state/federal Medicaid program, and
 - ▶ Four (4) active trust funds*:
 - Federal Medicaid grant funding [deposited in, and expended from, the Operations and Maintenance Trust Fund (OMTF)].
 - Federal grant funding from the Social Services Block Grant [deposited in, and expended from, the Social Services Block Grant Trust Fund (SSBGTF)].
 - Federal Grant Trust Fund (FGTF) [primarily used for Medicaid Infrastructure Grants (MIG) funding].
 - *Administrative Trust Fund (totaling a minimal amount of approximately \$229,000, which was appropriated for miscellaneous use which the agency proposes to eliminate during the next Legislative session).



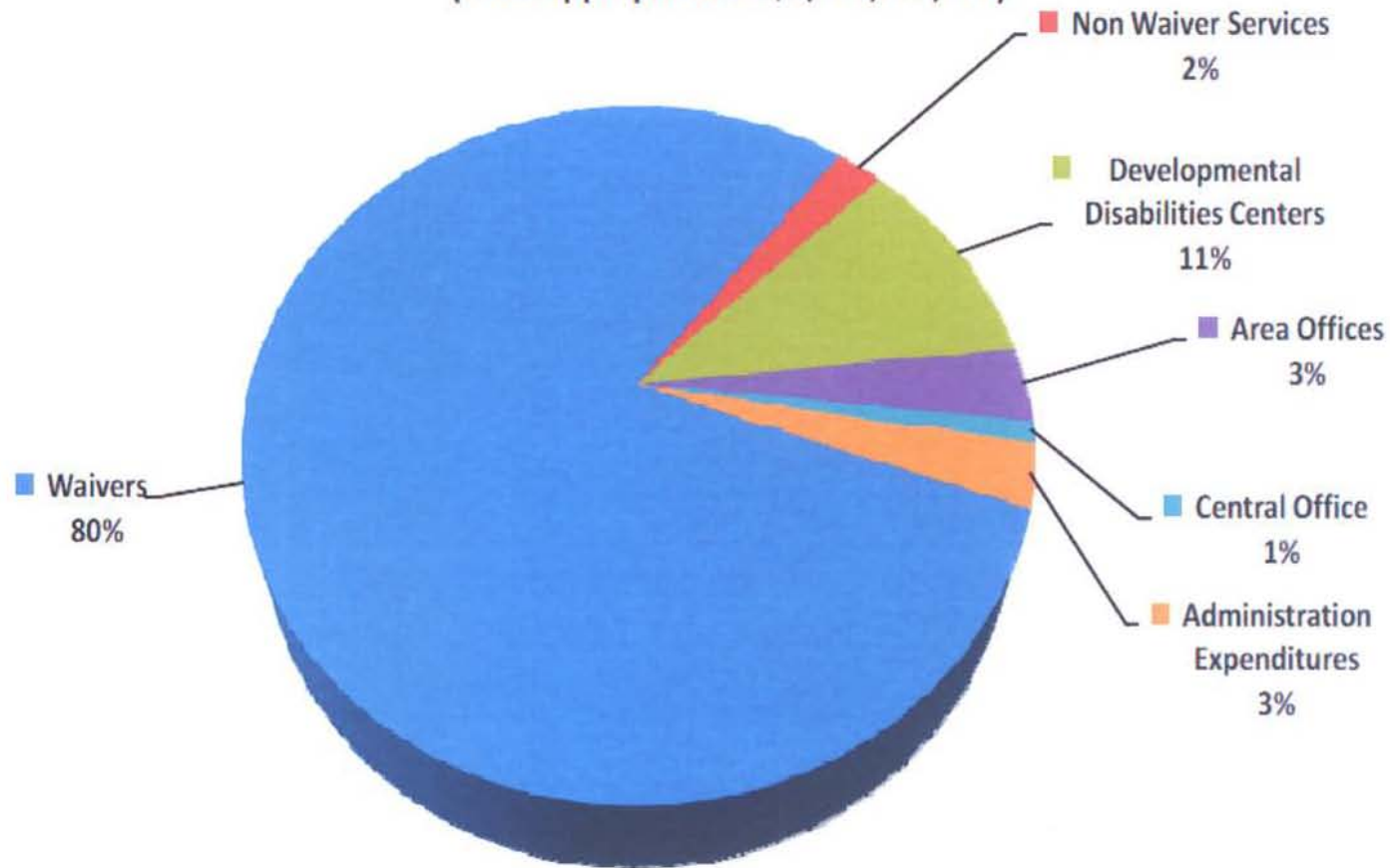
Funding

◆ Budget History

Fiscal Year	General Revenue	Trust Funds	Grand Total
2005-2006	426,684,235	603,461,923	1,030,146,158
2006-2007	442,141,591	709,139,987	1,151,281,578
2007-2008	501,870,827	691,391,474	1,193,262,301
2008-2009	387,945,108	669,036,574	1,056,981,682
2009-2010	375,728,523	729,749,296	1,105,477,819
2010-2011	414,609,232	598,891,297	1,013,500,529



Agency for Persons with Disabilities
FY 2010-11 Appropriations by Major Function
(Total Appropriations \$1,013,500,529)





Expenditures

Agency for Persons with Disabilities (APD) Waiver Expenditures Compared to Total Medicaid Expenditures

Fiscal Year	APD (\$ in millions)	Medicaid (\$ in millions)	APD % of Medicaid
2006-07	\$909	\$14,370	6.33%
2009-10	\$907	\$18,491	4.91%
Growth	-0.2%	28.50%	-1.40%

Source: Agency for Persons with Disabilities and Social Services Estimating Conference August 17, 2010



History of Programmatic Changes

- ◆ Provider Rate Reductions
- ◆ Service Reductions
- ◆ Cost Plan Rebasing
- ◆ Tier Hearings transferred from DOAH to DCF
- ◆ iBudget Florida

Tier Waiver Legal Challenges

Legal Updates

- Two federal lawsuits:
 - ▶ *Washington v. DeBeaugrine*, Filed by Southern Legal Counsel, Inc.;
 - ▶ *London v. AHCA and APD*, filed by the Advocacy Center for Persons with Disabilities; Southern Legal Counsel, Inc.
- Two rule challenges:
 - ▶ *Moreland v. APD*, Filed by The Advocacy Center for Persons with Disabilities; Southern Legal Counsel, Inc.;
 - ▶ *V.S. v. APD*, filed by Southern Legal Counsel, Inc., and Three Rivers Legal Services, Inc.
- One District Court Appeal:
 - ▶ *Moreland v. APD*: Filed by The Advocacy Center for Persons with Disabilities; Southern Legal Counsel, Inc.; ARC of Florida as Amicus Curiae.

Other Tier Waiver Challenges

- Implementation of tier waivers has been complicated by APD's federally-mandated obligation to give individuals, whose services may be impacted by change, an opportunity to request a fair hearing.
- The Agency has been processing hearing requests since the Legislature authorized tiers in 2007.
- In December 2008, there were a total of 5,400 requests filed challenging tier assignments. Of those requests, 4,700 were filed within 10 days.
- For individuals filing within 10 days of their tier notices, services were continued at levels prior to implementation of the tiers.

QUESTIONS?



Overview of Medicaid Medically Needy Program

Roberta K. Bradford

Deputy Secretary for Medicaid

Florida Agency for Health Care Administration

***Presented to the House Health Care Appropriations
Committee***

February 22, 2011

Implementation of Medically Needy in 1986

- 1984: Florida Legislature passed Public Medical Assistance Trust Fund (PMATF) Act
- PMATF funded by hospital tax
- PMATF originally used to fund Medically Needy – largely to compensate hospitals that provide services to the uninsured*
- Authorized Medically Needy to start in July 1986

*PMATF is now used to fund inpatient and outpatient hospital and physician services.

Brief History 1984-2002

	Effective Date
Florida Health Care Access legislation authorizes Medically Needy Program	May 1984
Medically Needy program implemented; Medically Needy income level (MNIL) set at maximum of 133 1/3% of AFDC payment standard	July 1986
MNIL reduced to 100% of AFDC payment standard	February 1991
Medically Needy Program eliminated	April 1992
Medically Needy Program reinstated	April 1992
HCFA (CMS) publishes regulation allowing states flexibility to exceed 133 1/3% MNIL cap.	May 2001
Medically Needy Program for adults eliminated effective 7/2002 (Chapter 2001-377, Laws of Florida)	December 2001
Restore Medically Needy coverage to adults; continue program with non-recurring funds	May 2002

Brief History 2003-2010

	Date Legislation Passed
Repealed provisions of 2002 statute prior to 2003 implementation; funded with non-recurring funds for FY 2003-04	April 2003
Funded Medically Needy for FY 2004-05 with non-recurring funds; effective July 1, 2005, will cover prescribed drugs only	April 2004
Medically Needy changed to remove restrictions to cover prescribed drugs only	May 2005
Medically Needy to cover pregnant women and children only effective 7/1/2009	May 2008
Medically Needy extended for all covered groups through 12/31/2010; 1/1/2011 coverage to be limited to pregnant women and children only	May 2009
Medically Needy extended for all covered groups through 6/30/2011; 7/1/2011 coverage to be limited to pregnant women and children only	May 2010

What is Medically Needy?

- Medically Needy coverage is an “optional” eligibility group
- Provides medical assistance to persons who otherwise qualify for Medicaid, except for too much income or assets
 - Meets categorical requirements
 - Parent/ caretaker
 - Disabled
 - Children
 - Pregnant women
- Family/individual must incur medical expenses equal to amount of Share of Cost (**SOC**)
- Eligibility for Medicaid services is from date share of cost is met through the end of the month
- Department of Children and Families (DCF) has to track bills for each month for a person to receive Medicaid eligibility

Groups Covered- Options for Groups Covered

- Medically Needy groups which may be covered (Florida covers them all):
 - **Pregnant women***
 - **Children up to age 18*** (up to age 21 at option of state; Florida covers children living with parent/caretaker relative up to age 21)
 - Parent/caretaker relatives of dependent children living with them
 - Aged
 - Blind
 - Disabled

*Must be covered under Medically Needy if state has a Medically Needy program. (Other groups listed above are optional)

Medically Needy Enrollment Process

- When DCF is processing an application for Medicaid, and family/individual is otherwise eligible for Medicaid except for income or assets, DCF enrolls family/individual in Medically Needy with a Share of Cost.
- Family/individual remains “enrolled” in Medically Needy;
 - Case reviewed once a year – unless change in circumstances
- “Enrollment” in Medically Needy provides no Medicaid services to family/individual; purpose of enrollment is to let individual know Share of Cost and hold information in DCF system
- Share of Cost must be met each month to be “eligible”
- Medically Needy eligibility begins on the day the Share of Cost is met

How it Works in Florida

- DCF determines monthly Share of Cost amount and “enrolls” person in Medically Needy (see next slide for Share of Cost)
- Individual must provide proof of incurred bills to DCF equal to share of cost to be eligible for any benefits in that month
 - Bill does not have to be paid to be used to meet share of cost
- Once Share of Cost is met, “enrolled” becomes “eligible” for the period of eligibility
- An individual is only eligible for Medicaid services from date share of cost is met through the end of the month
- An individual is not eligible for any Medicaid Services until DCF determines Share of Cost is met.

What is Share of Cost?

- Share of Cost must be met each month to be eligible to have claims covered
- Share of Cost is determined by:
 - Countable monthly income for family/individual
 - Medically Needy Income Level (MNIL)
 - = Share of Cost
- Family/individual must spend down to the MNIL

Medically Needy Income Limit	
Family Size	MNIL
1	\$180
2	\$241
3	\$303

Example of Share of Cost Calculation

- Individual Earning \$60,000 Gross Income
- Countable Earned Income:

<i>Gross Earned Income</i>	\$5000.00
Standard Deduction	-\$90
<i>Earned Income</i>	\$4910.00
Countable Earned Income	\$4910.00

- Determining Family Share of Cost:

Countable earned income	\$4910
Subtract MNIL for family of 4	-\$364
Equals Share of Cost	\$4546

Medically Needy Bill Tracking Process

- Persons enrolled in Medically Needy must provide incurred bills to DCF
- DCF enters bills for bill tracking into its eligibility determination system
- If share of cost is met, eligibility is authorized and sent to FMMIS (Medicaid system for claims payment)
- Provider submits claims to Medicaid; Medicaid adjudicates claims

Medically Needy- Claims Payment

- DCF authorizes coverage for Medically Needy and, sends eligibility period to the Florida Medicaid claims and payment system (e.g., fiscal agent)
- Provider submits claims to Medicaid Fiscal Agent
 - Claims paid for Medicaid State Plan covered services only for dates of eligibility authorized by DCF (no difference in claims processing rules for Medically Needy than for “regular” categorical Medicaid)
- Medicaid does not deduct share of cost from medical bills used to meet Share of Cost on the first day of eligibility
- Medicaid Medically Needy “enrollment” coverage does not appear on FMMIS while the individual is “enrolled only”; coverage for only dates of eligibility in the month Share of Cost is met appear on FMMIS only after DCF determines Share of Cost is met

***Example #1:
Countable Income
for Disabled Person***

Gross Income from Social Security Income	\$914
General Unearned Income Disregard	-\$20
Countable Income	\$894

Example #1: Bills Incurred on Different Days

- Determining Recipient's Share of Cost:

Countable earned income	\$894
Subtract MNIL for 1 person	-\$180
Equals Share of Cost	\$714

- Recipient Meeting Share of Cost:

<i>Share of Cost</i>	\$714
Dental Bill Incurred, 07/01/2011 (SOC not met, person responsible for this bill, not Medicaid)	-\$524
<i>Remaining Share of Cost after deducting 7/1/2011 bill</i>	\$ 190
Hospital Bill Incurred, 07/04/2011 (Share of Cost Met)	-\$1467

- Share of cost is met; eligible 7/4/2011 – 7/31/2011

Example #2: Countable income for a Family

<i>Gross Earned Income</i>	\$3025.00
Standard Deduction	-\$90
<i>Earned Income</i>	\$2935.00
Countable Earned Income	\$2935.00

Example #2: Meets Share of Cost, 1st Bill

- Determining Recipient's Share of Cost:

Countable earned income	\$2935
Subtract MNIL for family of 2	-\$334
Equals Share of Cost	\$2601

- Recipient Meeting Share of Cost:

Share of Cost	\$2601
Bill for GI series (\$2700) date of service 1/14/2011	-\$2700

- Eligibility authorized for 1/14/2011 – 1/31/2011.
- Medicaid full reimbursement for \$2700 bill from provider is \$492 (family pays “zero” for any expenses covered by Medicaid for 1/14/2011-1/31/2011)

Medically Needy: Program Statistics

Average Income by Assistance Group (who have met share of cost)	
SSI Related (individual)	\$1944.81
Family Related (Family of three)	\$3027.05

Based on enrollee data from January 2011

Medically Needy: Program Statistics

- During state fiscal year 2009-2010, there were a total of 177,571 Medicaid recipients who met share of cost and received services reimbursed by the Medicaid program for a least one month.

Total Program Costs			Average Monthly Caseload
SFY 2009-2010	Actual Expenditures:	\$763,151,149	33,447
SFY 2010-2011	Budgeted Expenditures:	\$1,040,352,327	40,621
SFY 2011-2012	Projected Expenditures:	\$1,429,238,766	46,096

Medically Needy: Diagnoses and Related Expenditures

Top Ten Diagnoses and Related Expenditures: SFY 2009-2010

Disease State	Recipients	Expenditures
Heart Disease	26,299	\$264,434,245.28
Cancer	7,759	\$72,322,935.19
Respiratory Disease, Emphysema, etc.	24,931	\$71,430,013.79
Digestive disease, liver disease, ulcer etc.	17,519	\$54,799,883.72
Metabolic disease, diabetes, etc.	7,881	\$25,897,247.59
Pregnancy	11,735	\$34,655,666.91
Infectious Diseases	4,379	\$13,302,859.23
Nervous system, epilepsy, etc.	9,052	\$13,363,579.32
Mental disorders	5,292	\$12,117,819.53
Chronic Obstructive Pulmonary Disease	3,387	\$5,039,228

Medically Needy: Services and Related Expenditures

Top Ten Services and Related Expenditures: SFY 2009-2010

Service	Expenditures
Hospital Inpatient	\$305,143,246
Hospital Outpatient	\$104,709,029
Prescribed Medicine	\$85,991,655
Physician Services	\$85,990,222
Hospital Insurance Benefit	\$8,589,515
Home Health Services	\$4,188,879
Community Mental Health	\$3,814,278
Transportation	\$3,655,957
Lab and Xray	\$2,123,196
Private Duty Nursing	\$1,823,280

Coverage

- Federal regulations regarding comparability of services differ for the medically needy population.
- According to guidance received from the federal Centers for Medicaid and Medicare Services, we understand that states can reduce the services under Medically Needy programs for non-pregnant adults.
- States are required to provide all medically necessary services to children and pregnant women.
- In order to change services offered under the Medically Needy program, Florida Medicaid must seek and receive approval of a State Plan Amendment.

Anticipated Timeline

- To implement such a change, the State would need to submit a state plan amendment.
 - CMS has 90 days to approve, deny, or send a written request for additional information (RAI) to the State beginning on the day CMS receives the plan amendment.
 - If CMS does send the State an RAI, the State has 90 days to respond in writing to the RAI.
 - Once CMS has received the State's response, CMS has an additional 90 days to review the State's response.
- As a result, it can take 9 months to obtain approval.

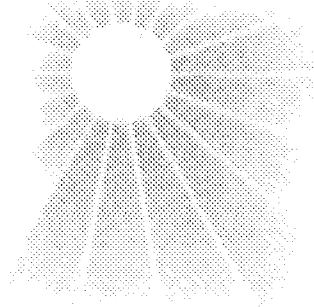


Questions?

House Health Care Appropriations

Overview of Programs and Services
February 22, 2011

DEPARTMENT OF



**ELDER
AFFAIRS**
STATE OF FLORIDA

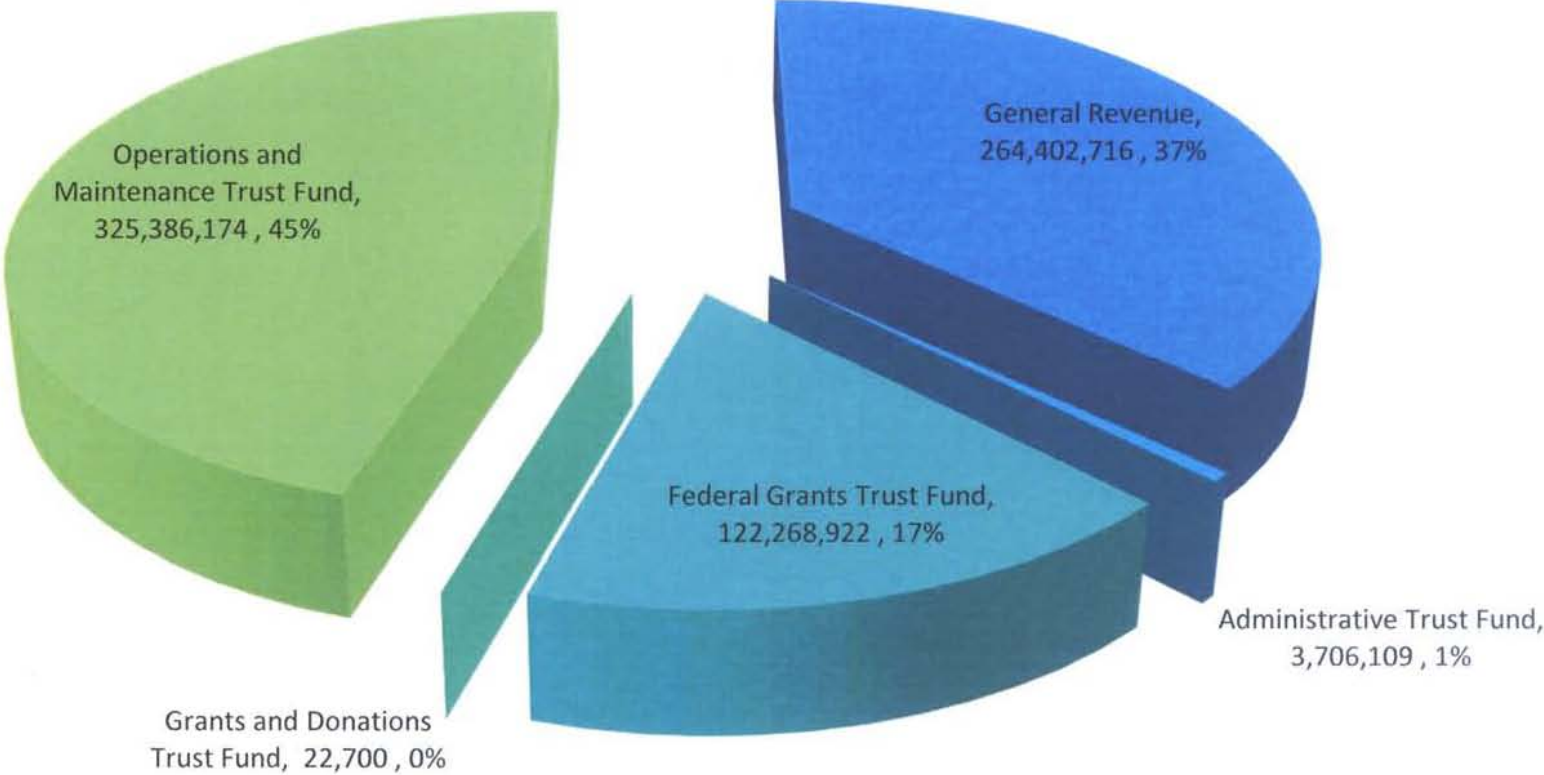
Department of Elder Affairs

Quick Facts

- 4.45 million seniors in Florida.
- The Department serves over 500,000 seniors each year in 16 different programs .
- The Department's current budget is \$729 million.
- Section 305 of the Older American's Act (OAA) requires the State of Florida to designate a state agency to implement the provisions of the Older American's Act.
- Chapter 430, F.S. meets this requirement designating the Department of Elder Affairs as the agency responsible for human services for the elderly.

DOEA Base Budget for 2011-2012

\$715 million



Older American's Act

OAA Title III services are targeted to elders, family members and caregivers with low income, minority, rural, limited English speaking, or Alzheimer's Disease.

- 2010 Service Allocation is \$75.6 Million
- Services Include:
 - Meals - home delivered meals and congregate meals \$41.3 Million
 - Supportive Services – In home services, information and referral, transportation, and adult day care \$24 Million
 - Family Caregiver Support - caregiver training, counseling, respite and legal assistance for grandparents caring for minor children \$8.8 Million
 - Disease Prevention and Health programs \$1.5 Million

OAA Title V services are targeted to low income Floridians 55 and older.

- 2010 Service Allocation \$6.4 Million
- Services include job training, referrals and employment counseling and provides participants with work experience in community service assignment.

Other Federal Programs

Adult Care Food Program \$3.7 Million

- The US Department of Agriculture provides funds for adult nutrition in adult day care and mental health day treatment centers.

Serving Health Insurance Needs of Elders (SHINE) \$2.9 Million

- Trained volunteers help Medicare beneficiaries identify and understand the program and various plans and coverage.

Emergency Home Energy Assistance Program (EHEAP) \$6.1 Million

- Assists low-income households with at least one person that is 60 years of age or older, when the households experience a home energy crisis. Benefit payments up to \$600 are made to vendors of electricity, gas and other fuel sources for home heating and cooling emergencies.

Medicaid Programs

Aged and Disabled Adult Waiver (ADA) - \$98 Million

- Home- and community-based services are provided to older persons and disabled individuals assessed as being frail, functionally impaired and at risk of nursing home placement. A case manager determines services based on a comprehensive assessment of needs. The services are designed to help the recipient remain in the community for as long as possible.
 - **Consumer-Directed Care Plus (CDC+)**
The (CDC+) Program is a self-directed option for seniors participating in the Aged and Disabled Adult Waiver. The CDC+ Program allows participants to hire workers and vendors of their own choosing – including family members or friends – to help with daily needs such as house cleaning, cooking and getting dressed.

Assisted Living for the Frail Elderly Waiver (ALE) - \$35 Million

- Assisted Living Medicaid waiver services are for individuals age 60 and older who are at risk of nursing home placement and who meet additional specific criteria related to their ability to function. Recipients need additional support and services, which are made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses.

Medicaid Programs

Adult Day Health Care Waiver(ADHC) - \$1.9 Million

- This waiver provides a combination of integrated health and social services with the goal of delaying or preventing placement into a long-term care facility. The services are targeted toward preserving the individual's physical and mental health and improving quality of life while providing relief for the family/caregiver from 24-hour responsibilities. This program is available in Lee and Palm Beach counties.

Channeling Waiver - \$14.7 Million

- A home- and community-based services program which is operated through an annual contract with an organized health care delivery system in Miami-Dade and Broward counties. Through contracts with the Department, the organization receives a per-diem payment to provide, manage and coordinate enrollees' long-term care service needs.

Medicaid Programs

Nursing Home Diversion (NHD) – \$337.9 Million

- This program is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, instead offering them community based alternatives.
- A managed care delivery system is used to provide acute and comprehensive long-term care services to individuals who are dually eligible for Medicare and Medicaid. Specifically, clients choose to receive care in a managed care delivery setting intended to increase the coordination of their care between service providers and Medicare.
- The state, through a monthly capitated rate, pays for Medicare co-insurance and deductibles, Medicaid covered services not covered by Medicare, all home- and community based services, assisted living facility services, and unlimited nursing home care.

Medicaid Programs

Program of All-Inclusive Care for the Elderly (PACE) - \$9.9 Million

- This program is a unique model that targets dual eligible (Medicare and Medicaid) individuals 55 and older who would otherwise qualify for Medicaid nursing home placement providing a comprehensive array of home and community-based services along with the acute care services in an adult day care center setting managed through a single provider.
- PACE providers receive both Medicare and Medicaid capitated payments to provide the full continuum of medical and long-term care services.

Comprehensive Assessment & Review for Long-Term Care Services (CARES)

- CARES is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor performs face to face client assessments. A physician or registered nurse reviews each application to determine the level of care that is most appropriate for the applicant.
- The program emphasizes approaches that make it possible for individuals to remain in their homes through community based services, or in alternative community placements such as assisted living facilities.
- 19 field offices statewide
- An interdisciplinary team determines level of care and recommends the least restrictive, most appropriate placement.

General Revenue Programs

Community Care for the Elderly \$40.4 Million

- Services include community-based and in-home services, such as case management, personal care, homemaker, chore, housing improvement, emergency alert response, adult daycare and chore.

Home Care for the Elderly \$7.9 Million

- Caregivers receive a basic subsidy in the amount of \$106 monthly to assist with costs of caring for the elder. The subsidy can be used for housing, clothing, medical or dental care not already covered by Medicare, Medicaid or other insurance.

Alzheimer's Disease Initiative \$11.8 Million

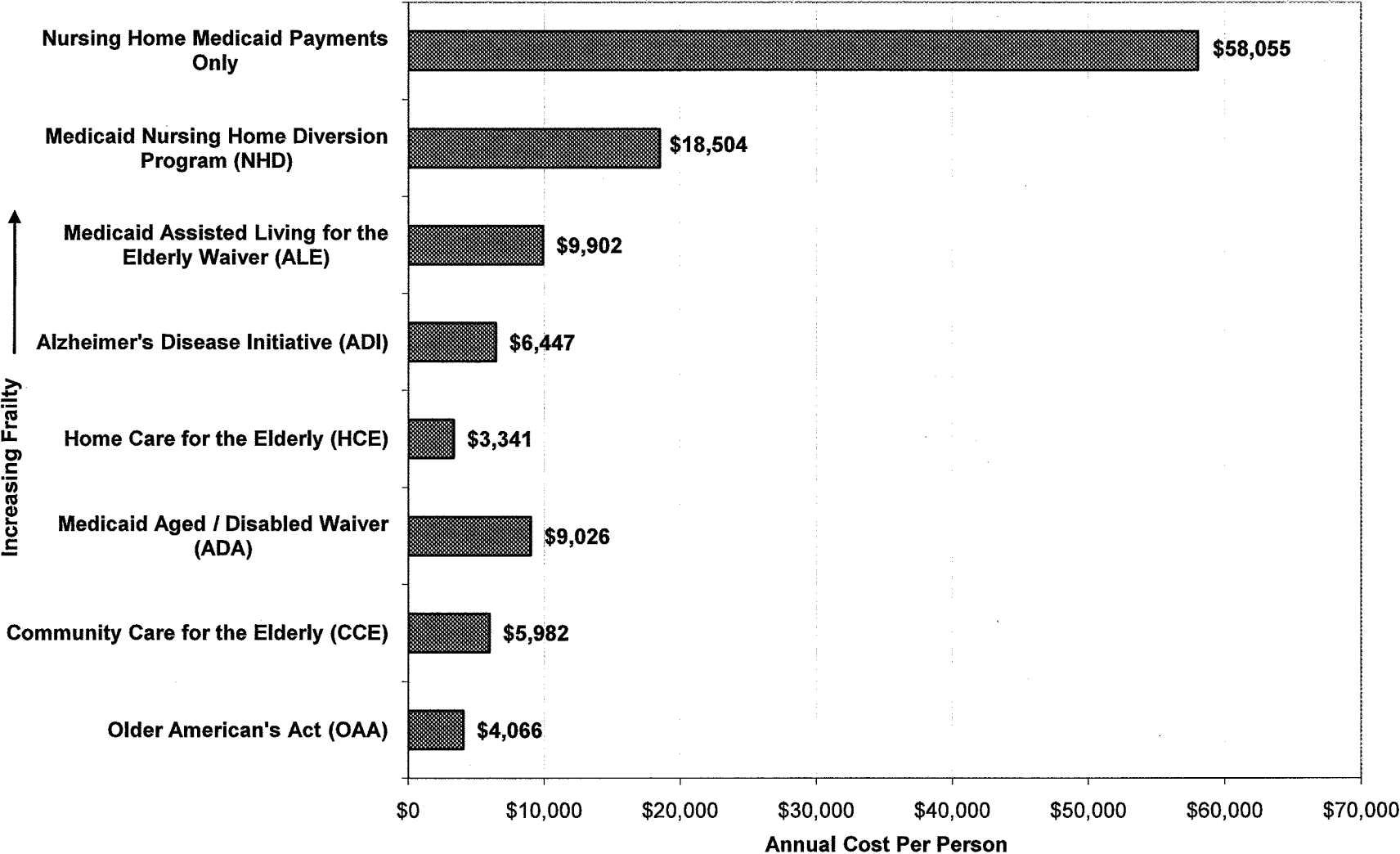
- Services include caregiver support, training, memory screening and respite care.

Local Services Program \$7.4 Million

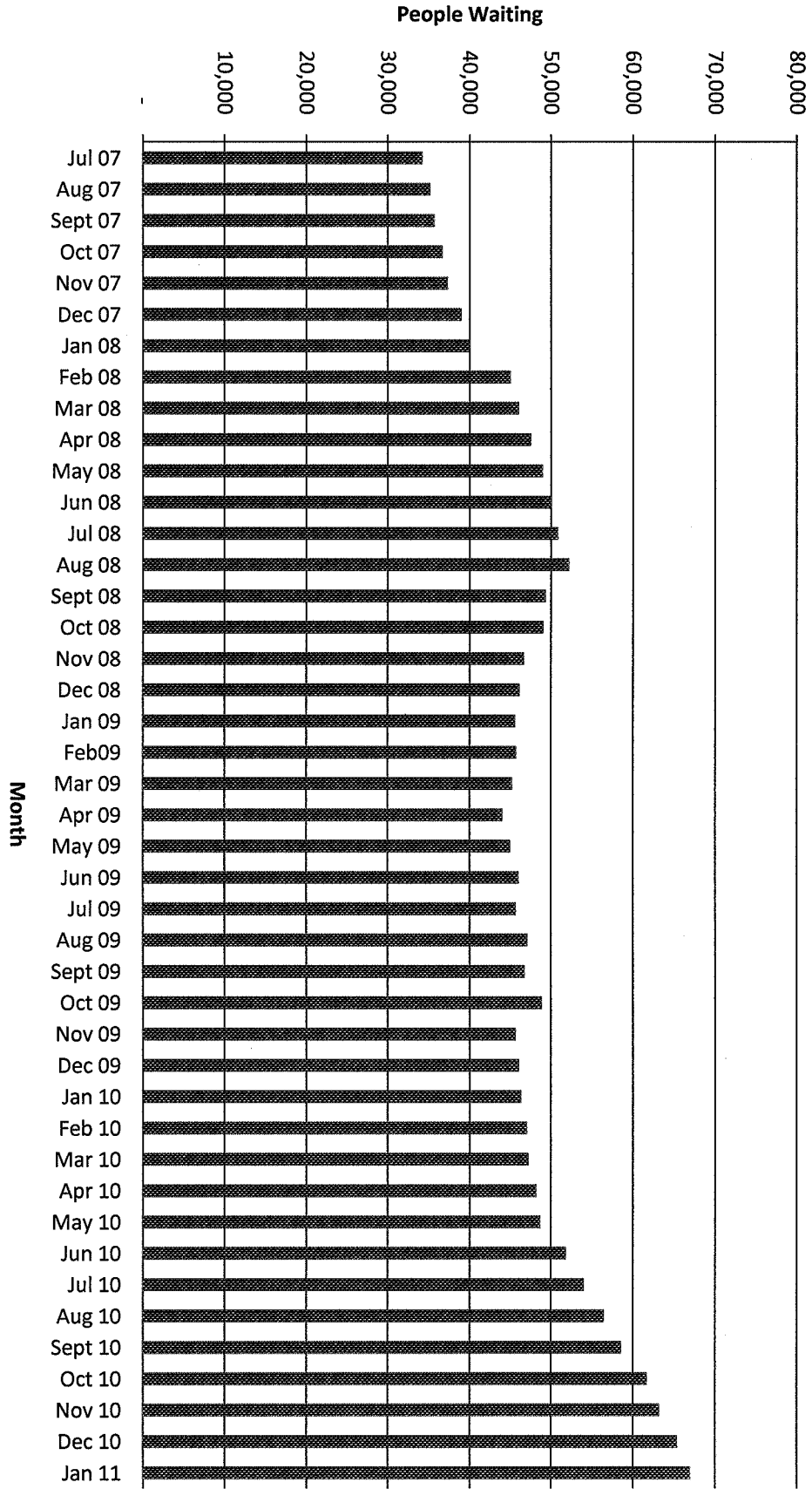
- Services include meals, adult day care, and transportation.

Cost Avoidance of DOEA Programs

Comparison of Annual Cost Per Customer of Programs Serving Florida's Elders
State Fiscal Year 2009-2010



DOEA Waiting List History





Department of Children and Families

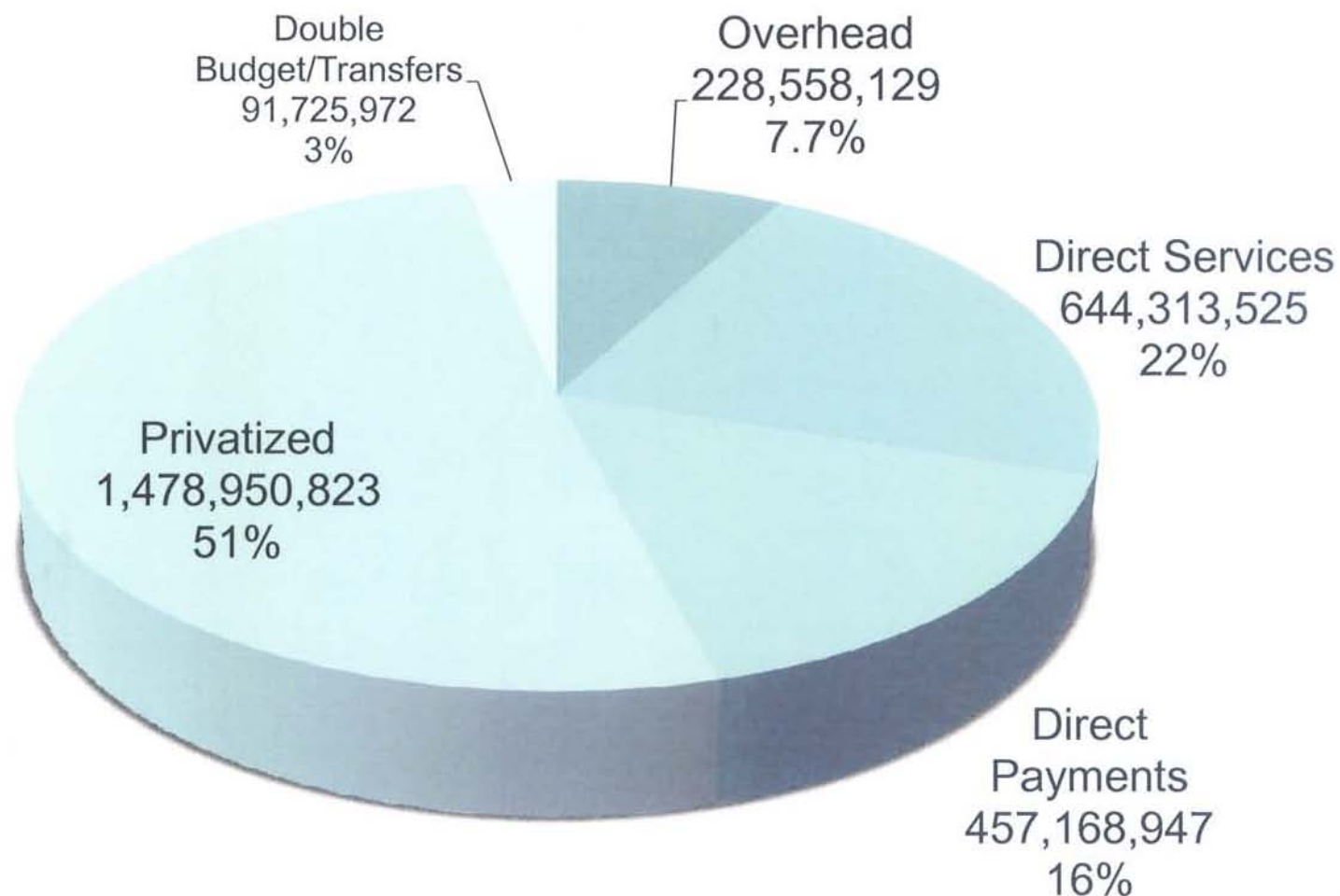
*Overhead Reductions in Fiscal Year
2011-2012*

*GOAL: Reduce "Overhead" from 7.7% to
5% over three years.*

Nevin Smith, PhD
Budget Director¹



Fiscal Year 2010-2011 Appropriation by Payment Type





Prior Year Reduction History

- Fiscal Year 2004-2005 = \$10.9 Million / 278 FTE
- Fiscal Year 2005-2006 and 2006-2007 No Change
- Fiscal Year 2007-2008 = \$11.1 Million / 26 FTE
- Fiscal Year 2008-2009 = \$23.7 Million / 221.5 FTE
- Fiscal Year 2009-2010 = \$2.3 Million / 43.5 FTE

TOTAL REDUCTIONS FOR THE SIX YEAR PERIOD
\$48 Million / 569 FTE



CONTINUING OVERHEAD REDUCTION

HOW

- Vacancies
- Streamlining
- Efficiencies

WHERE

- Headquarters
- District Administration
- Family Safety
Administration
- Mental Health Hospital
Administration
- Mental Health Program
Administration
- Substance Abuse
Administration



Eliminate Administrative Vacancies

- Executive Leadership (\$95,281) (1)
- Assistant Secretary for Administration (\$451,681) (10)
- Mental Health Program Office (\$75,072) (1)
- Substance Abuse Services program Office (\$121,173) (2)
- Economic Self Sufficiency program Office (\$54,825) (1)

Total Cost Eliminated \$ 798,032 15 FTE



VACANCY DETAIL BY FUNCTION

- **Executive Leadership (1)**
 - Support Staff (1)
- **Assistant Secretary for Administration (10)**
 - Financial Staff (5)
 - Contract Management (1)
 - General Services (3)
 - Human Resources (1)
- **Mental Health Program Office (1)**
 - Program Policy (1)
- **Substance Abuse Services program Office (2)**
 - Program Policy (2)
- **Economic Self Sufficiency program Office (1)**
 - Quality Assurance (1)



Streamline District Administration

Reductions

- Human Resources 12 Full Time Equivalent
- Financial Services 4 Full Time Equivalent
- General Services 14 Full Time Equivalent
- Contracting Services 3 Full Time Equivalent
- Budget Services 18 Full Time Equivalent

TOTAL	\$5,500,000	51 FTE
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DISTRICT ADMINISTRATION DETAIL BY FUNCTION

	Current	Reduction	Remaining
• Total Staff	446	51	333
• Budget Services	38	18 *	0
• Human Resources	38	12 *	0
• Contracting Services	26	3 *	21
• Financial Services	4	4	0
• General Services	28	14 *	0
• Operations	312	0	312

*** Centralization Transfers**



REDUCE ADMINISTRATIVE OVERHEAD

- Office of the Secretary 5 FTE \$ 500,000
- Assistant Secretary for Administration 7 FTE \$ 1,000,000
- Family Safety/Preservation Program Office 108 FTE \$ 8,000,000
- Civil Institutions Administration 28 FTE \$ 2,519,697
- Forensic Institutions Administration 72 FTE \$ 6,280,303
- Mental Health Services Program Office 33 FTE \$ 2,500,000
- Substance Abuse Services Program Office 24 FTE \$ 1,700,000

Total 277 FTE \$22,500,000



EXECUTIVE OFFICE BY FUNCTION

- Office of the Secretary 5 FTE
 - Leadership Support (5)

- Assistant Secretary for Administration 7 FTE
 - General Services (2)
 - Human Resources (2)
 - Financial Management (3)



FAMILY SAFETY PROGRAM OFFICE BY FUNCTION

- Family Safety/Preservation Program Office 108 FTE

Direct Service	(2)
Contract/Grants Management	(2)
Program Policy	(26)
Data	(1)
Quality Assurance	(24)
Administrative Support	(7)
Licensing/ Certification	(13)
Systems Design	(32)
Training	(1)



MENTAL HEALTH PROGRAM OFFICE BY FUNCTION

Mental Health Services Program Office

Executive/Operations Management	(9)
Performance Management / CQI / Data	(5)
Administrative Support	(4)
Contracts / Procurement Management	(2)
Planning / Policy / Program Development	(13)

33 Full Time Equivalent Positions



SUBSTANCE ABUSE PROGRAM OFFICE BY FUNCTION

Substance Abuse Services Program Office

Executive/Operations Management	(4)
Performance Management / CQI / Data	(4)
Administrative Support	(2)
Contracts / Procurement Management	(4)
Planning / Policy / Program Development	(9)
Consumer Relations	(1)

24 Full Time Equivalent Positions



INSTITUTION ADMINISTRATIVE REDUCTIONS UNDER DEVELOPMENT

Civil Institutions Administration 28 FTE

Forensic Institutions Administration 72 FTE



Lease Savings Efficiencies

- Administration (\$ 135,073)
- Information Technology (\$ 284,984)
- Child Protection (\$ 318,392)
- Mental Health Program Office (\$ 21,255)
- Substance Abuse Program Office (\$ 4,370)
- Economic Self Sufficiency (\$ 563,337)

TOTAL

\$1,327,411



Lease Savings Efficiencies

DCF Lease Portfolio as of 7/1/10:

- Total Square Feet: 1,882,539
- Total Annual Cost: \$33,757,322
- Avg. Cost Per Square Foot: \$18.35 private sector / \$17.18 DMS
- From July 2007 to July 2010 per square foot cost rose from \$16.70 to \$17.93 and square footage declined from 2.6M to 1.9M reducing annual lease costs by \$9,087,230
- Based on current data, a \$1,327,411 reduction in lease costs will reduce overall square foot cost to \$17.23.



TWO NEW MANAGING ENTITIES

- Two More Managing Entities in SFY 2011-2012
- Reduce FTE involved in state contract oversight 30 positions.
- Improved service delivery.



EXISTING MANAGING ENTITIES

Suncoast \$138M

- Number of contracts reduced 42
- 20 Full Time Equivalent and Other Personnel Services Positions Eliminated

South Florida \$72M

- Number of contracts reduced 55
- 19 Full Time Equivalent and Other Personnel Services Eliminated



SUNCOAST CONTRACT MODEL

Fiscal Year	Services Cost	Network Provider Administrative Cost	Managing Entity Administrative Cost	Total Cost per Year
2010-2011	\$111,913,693	\$21,512,744	\$4,608,694	\$138,035,131
2011-2012	\$111,596,738	\$19,810,199	\$4,608,694	\$138,015,631
2012-2013	\$115,393,872	\$18,013,065	\$4,608,694	\$138,015,631
2013-2014	\$117,096,417	\$16,310,520	\$4,608,694	\$138,015,631
2014-2015	\$118,704,373	\$14,702,564	\$4,608,694	\$138,015,631
Total	\$574,705,093	\$90,349,092	\$23,043,470	\$690,097,655



OVERHEAD REDUCTION TOTALS

Overhead Reductions 373.5 FTE

Overhead Costs Eliminated \$28,798,032

Space Reductions \$1,327,411

Total Reduction \$30,125,443 373.5 FTE



ELIMINATE VACANCIES OVER 100 DAYS

• Executive Leadership	(\$220,060)	(5.0)
• Adult Protection	(\$569,091)	(13.5)
• Child Protection	(\$861,927)	(18.5)
• Economic Self Sufficiency Services	(\$2,909,427)	(71.5)
• Information Technology	(\$2,094,982)	(17.0)
Total	\$6,655,477	125.5 FTE



Overhead Reduction With Additional Vacancies

- Overhead Reductions 373.5 FTE
Overhead Costs Eliminated \$28,798,032
- Additional Vacancies 126 FTE
Additional Costs Eliminated \$6,655,487
- Space Reductions \$1,327,411

Total	499.5 FTE	\$36,780,920
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Small Program Administrative Streamlining

- Child Care Regulation (10) FTE (\$1,105,661)
- Domestic Violence Program
 - Adult Protection (6) FTE (\$452,224)
 - Family Safety Program Office (7) FTE (\$1,142,615)
 - Increase Direct Service \$2,355,435
- Homelessness Program (4) FTE (\$741,472)
 - Refugees Program (17) FTE Federal Funds Impact Analysis



Domestic Violence and Homeless Conforming Bill

- **Domestic Violence**

The department shall operate the domestic violence program and partner with the Florida Coalition Against Domestic Violence in coordination and administration of statewide activities related to the prevention of domestic violence.

- **Homeless**

Eliminates the state office on homeless and transfer the duties to local homeless coalitions.



TRANSFER ADULT PROTECTION TO CITRUS COUNTY SHERIFF

**Eliminate 3 state Full Time Equivalent
Positions**

**Grant of \$187,243 To the Citrus County
Sheriff**



OVERALL TOTAL

Overhead Reductions 373.5 FTE

Overhead Costs Eliminated \$28,798,032

Space Reductions \$1,327,411

100 Day Vacancies 126 FTE

Additional Costs Eliminated \$6,655,487

Small Program Office Consolidation 44.00 FTE

Additional Cost Eliminated \$1,086,537

Transfer to Citrus Count Sheriff 3 FTE

Total 546.5 Full Time Equivalent Positions \$37,867,467