



Health & Human Services Access Subcommittee

**Tuesday, September 20, 2011
1:30 - 3:30 PM
12 HOB**

**Dean Cannon
Speaker**

**Dennis K. Baxley
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health & Human Services Access Subcommittee

Start Date and Time: Tuesday, September 20, 2011 01:30 pm
End Date and Time: Tuesday, September 20, 2011 03:30 pm
Location: 12 HOB
Duration: 2.00 hrs

Updates on the following issues by David Wilkins, Secretary, Department of Children and Families:

- Proposed changes to the abuse hotline and protective investigation process
- Implementation of drug screening for TANF (cash assistance) applicants
- Implementation of Behavioral Health Managing Entities

Updates on the following issues by Mike Hansen, Director, Agency for Persons with Disabilities:

- Implementation of ibudget program
- Program policy changes proposed to eliminate the deficit in APD Medicaid waiver program

Update on Medicaid Encounter Data Implementation - Agency for Health Care Administration - Justin Senior, Medicaid Director

NOTICE FINALIZED on 09/13/2011 16:15 by Villar.Melissa



Rick Scott, Governor
David E. Wilkins, Secretary

CPI Redesign, Drug Testing of Temporary Cash Assistance Applicants and Managing Entities

**Presentation to the House Health & Human Services
Access Subcommittee
September 20, 2011**

**Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families,
and Advance Personal and Family Recovery and Resiliency.**

Child Protection Investigation Redesign



Update on Barahona Case Recommendations

Immediate Actions:

- Hired over 100 new child protection investigators to reduce caseload size.
- Implemented 19 Short Term Recommendations.
- Placed Our Kids, Inc., on a corrective action plan to address local deficiencies as identified by the independent panel and agency case analysis.
- Reviewed records of children in foster care to ensure that they are receiving proper medical and dental care.
- Entered into an MOU with AHCA to receive Medicaid claims data that will be integrated in FSFN to identify health care episodes, including primary care and dental visits.
- Implemented numerous organization and process improvement initiatives

Results: Caseloads reduced by 33%; medical and dental services increased by 54% and 68% respectively.

Update on Barahona Case Recommendations



Abuse Hotline Operations:

- Established new requirements for ongoing operations and management of Hotline staff, including interviewing and assessment functions.
- Trained on priority for handling calls received from teachers and school personnel.
- Eliminated incentives for quick completion of Hotline calls and shifted focus to quality of call interview process.
- Launched a redesign of the Statewide Call Center.

Results: Reduced the abandoned calls to Hotline by 46% and call wait time is reduced by 64%.

Update on Barahona Case Recommendations



Child Protection Investigations:

- All personnel records were assessed for job performance corrective action follow-up.
- Launched the CPI Redesign Project.
- Launched statewide mandatory training for investigators on:
 - Immediate response expectations, prompt notification to law enforcement and use of mandatory referrals to Child Protection Team.
 - Interviewing and court testimony skills.

Results: Over 1,100 CPI trained on interviewing techniques and court testimony skills.



Update on Barahona Case Recommendations

Case Management Services:

- Required lead agencies to instruct all case managers on expectations for lead case ownership and accountability.
- Directed lead agencies to convene educational forums with local school districts and stakeholders to improve educational support for children in out of home care.
- Prepared a description of all post-adoption services available through each lead agency.

Results: Successfully reviewed records of over 8,000 children in foster care to ensure that they are receiving required health and dental examinations and follow-up care.

Update on Barahona Case Recommendations

Response to Miami-Dade County Grand Jury Report Issued 07-25-11:

- ***“We were impressed with the rapid response of the State of Florida to enforce remedial actions by our foster care agencies.”*** Miami-Dade County Grand Jury
- Analysis of findings between the grand jury, independent panel and agency review of the case has occurred.
- Similarities in recommendations related to training needs for Hotline, Investigative and Case Services professionals has been confirmed.

Update on Barahona Case Recommendations

Short Term Recommendations		Complete
S1:	Implement New Protocol with Miami – Dade Police to ensure immediate notification for abuse and neglect	✓
S2:	Review the law enforcement protocols in each DCF circuit.	✓
S3:	Meet with Hotline Supervisors and Staff to direct and clarify expectations for identifying calls that require immediate response	✓
S4:	Establish a new procedure that results in the urgent handling of calls by school personnel	✓
S5:	Eliminate management incentives and performance measurement at the Florida Abuse Hotline related to the length of call	✓
S6:	Review personnel records at the Florida Abuse Hotline and assess all counselors currently under corrective action plans	✓
S7:	Review workload and supervisory/staff ratios at the Florida Abuse Hotline	✓
S8:	Require management meetings with all Child Protective Investigators statewide.	✓
S9:	Review personnel records and assess Child Protective Investigators currently under corrective action plans.	✓
S10:	Launch Supplemental Training for Child Protective Investigators	✓
S11:	Direct Community Based Care Lead Agencies to Review all Foster Children for Health, Vision, Dental, and Follow-up.	✓
S12:	Require Community Based Care agencies to collaborate with the Department to convene Educational Summits in each circuit.	✓
S13:	Report on Community-based Care (CBC) Post Adoption Services and Supports	✓
S14:	Require CBCs to meet with each case management agency within 30 days to ensure case ownership and responsibility.	✓
S15:	Investigate the expert witness selection process and report recommendations to Secretary.	✓
S16:	Investigate and Establish Integrated Review Team Processes in every DCF Region	✓
S17:	Implement Automated Notifications within Florida Safe Families Network when abuse or neglect reports are accepted on foster or adoptive parents.	✓
S18:	Authorize plans to allow Child Protective Investigators and case managers to scan documents in Florida Safe Families Network for the establishment of the single official record for every child.	✓
S19:	Review all performance metrics used with DCF staff and CBCs and eliminate incentives that give greater weight to compliance-oriented measures than those which emphasize quality and proper care to children and families.	✓

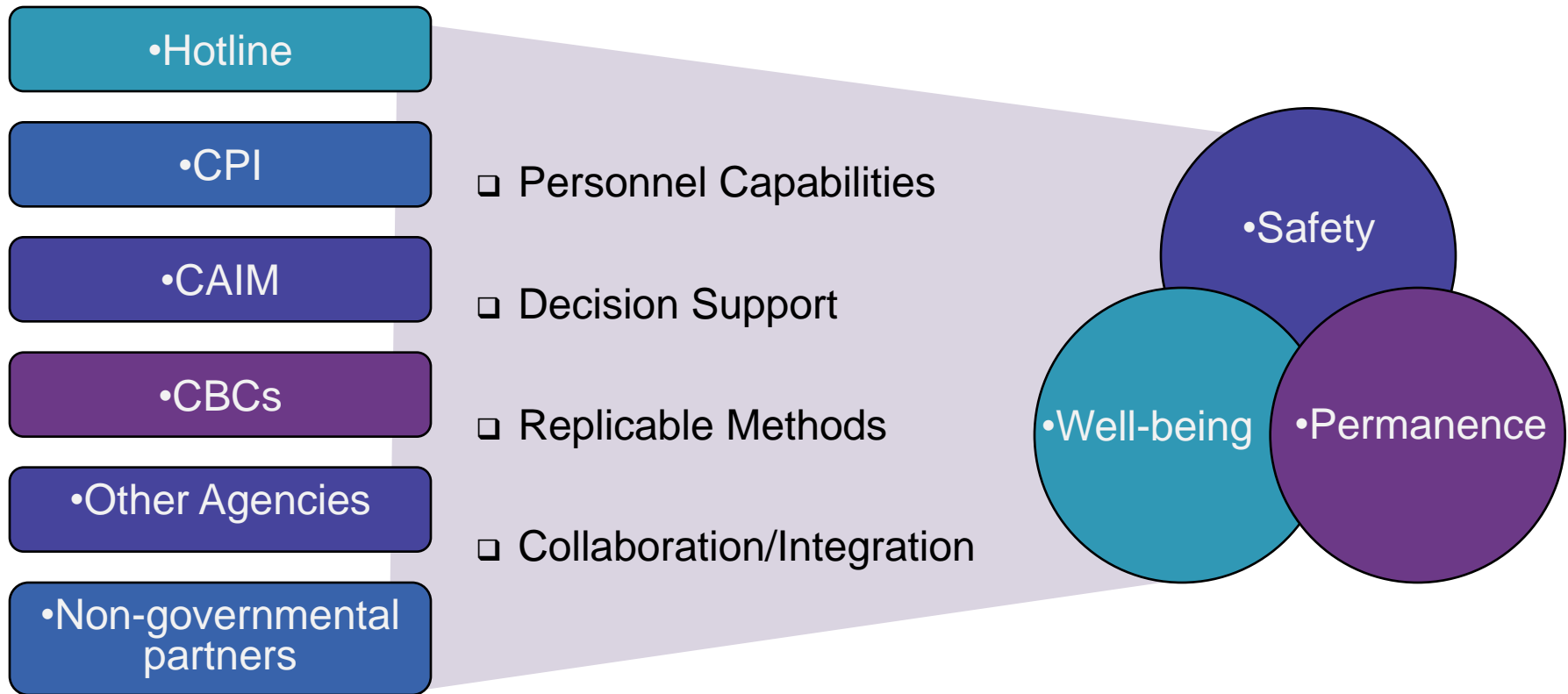
Update on Barahona Case Recommendations

Grand Jury Items		DCF
1	All Hotline Counselors (and their supervisors) receive training to improve their ability to classify cases where they deem sufficient criteria have been met for filing a report.	Training has been completed and will continue
2	All Hotline Counselors (and their supervisors) receive training sufficient for them to be able to identify allegations that amount to criminal activity.	Training has been completed and will continue
3	Strict compliance be required of all Hotline Counselors (and their supervisors) in regard to the immediate reporting to local law enforcement of all cases where the conduct reported to a Hotline Counselor amounts to criminal activity.	Immediate reporting to law enforcement occurs at the local level
4	DCF Regional and local investigative offices be given the authority to reassess, reevaluate and reclassify all DCF response times included in any report received from a Hotline Counselor.	Such authority currently exists
5	The Florida Legislature, even in light of our limited tax dollars, adjust other budgets to find sufficient resources for these critical technological improvements to the Child Abuse Hotline Center.	Concur
6	We strongly believe that the essence of the job of a CPI is one of law enforcement more than social work. We therefore recommend that the qualifications for the position of CPI be altered accordingly and require more education and/or experience in that realm.	Transformation Project
7	More training of a law enforcement nature for CPIs.	Transformation Project
8	Require case background review prior to initiating a home visit pursuant to a Hotline call be instituted and in instances of extreme emergency, that a protocol be developed for providing the case background information to the CPI en route by telephone.	Transformation Project
9	Each CPI have 24 hour access through a portable device to the entire case file.	24 hour access is available
10	CPIs or their supervisors have the authority and responsibility to escalate a classification of a reported case of abuse received from the Hotline Call Center.	Such authority currently exists
11	For CPIs that, in order to preclude this bias of trust, a requirement to conduct investigative steps like those listed above, must be made mandatory with appropriate punitive action for lack of compliance.	Transformation Project
12	DCF require all lead agencies to handle some full case management responsibilities in-house.	Current statutory requirement. To be reviewed in Transformation Project

Update on Barahona Case Recommendations

Grand Jury Items	DCF
<p>13 For Case Managers that again, in order to preclude this bias of trust, a requirement to conduct investigative steps like those listed above, must be made mandatory with appropriate punitive action for lack of compliance.</p>	Transformation Project
<p>14 DCF develop a policy that requires strict compliance by all persons who are required to input data into one database system. This will apply to all DCF employees and all agencies involved in the Child Welfare System including all Lead Agencies and FCMA's.</p>	Concur
<p>15 DCF develop a policy that will impose discipline or punitive measures for those who fail to comply with the strict policy to input all necessary data in the one database system. This will apply to all DCF employees and all agencies involved in the Child Welfare System including all Lead Agencies and FCMA's.</p>	Concur
<p>16 Psychological evaluations be done of foster parents who seek to adopt children from Florida's Child Welfare System.</p>	Referred to statewide Florida Coalition for Children
<p>17 Persons who have been approved and authorized to serve as foster parents be required to undergo a full re-licensure every two (2) years to ensure they still meet the criteria to serve as foster parents.</p>	Referred to statewide Florida Coalition for Children
<p>18 Foster parents who are the subject of allegations of abuse or neglect of their wards be placed on some form of probationary status that requires more frequent visits and checks on the children in their care. We further recommend that any such probationary period be no less than six (6) months.</p>	Referred to statewide Florida Coalition for Children
<p>19 DCF institute a new mandatory policy for all adoptive parents who adopt Special Needs Children. Any person who adopts a Special Needs Child will be required to receive services from the CBC Lead Agency or Full Case Management Agency that was previously assigned to that child. Post-adoptive services for Special Needs Children shall be provided for at least the first twelve (12) months after the adoption has been completed.</p>	Under review
<p>20 Prospective adoptive parents who do not agree to receive the minimum twelve (12) months of post-adoptive services for Special Needs Children be denied the opportunity to adopt such children.</p>	Under review
<p>21 In instances where parents, adoptive or not, opt for homeschooling, that the statutorily required written notice of intent be forwarded to DCF to determine if any reports have been made to the DCF Hotline, whether ultimately founded or unfounded, substantiated or unsubstantiated, and, if so, be the immediate subject of investigation by DCF and a period of monitoring by DCF.</p>	Under review

CPI Redesign



Drug Testing of Temporary Cash Assistance Applicants

Drug Testing of Temporary Cash Assistance Applicants



Background

- May 2011: Governor Scott signs HB 353, requiring drug tests for adult applicants for Temporary Cash Assistance (TCA).
- July 1, 2011: The Department of Children and Families implements drug testing policy.



Drug Testing of Temporary Cash Assistance Applicants

Individuals Subjected to Drug Testing

- Adult TCA applicants included in the cash assistance group.
- Minor teen parent applicants not residing with a parent, legal guardian or other caretaker relative.
- Drug testing however, is not required for non-cash groups such as Medicaid and food assistance.

Drug Testing of Temporary Cash Assistance Applicants



Customer Notification

- The Department of Children and Families, ACCESS Florida website provides prospective applicants with information on the drug testing requirement.
- The ACCESS Florida web-based application includes detailed information for those applying on-line.
- The Department mails a copy of the drug testing requirements to those applying using its paper application.

Drug Testing of Temporary Cash Assistance Applicants



Application Process

- The applicant submits an application.
- The Department determines eligibility based on all factors of eligibility other than the drug test; for example, child support, work registration and income verification.
- The applicant is sent a letter instructing them to take a drug test and provide proof they have done so within ten days.
- If proof is received, the Department waits for the results of the test. If not, the application is denied.

Drug Testing of Temporary Cash Assistance Applicants



Application Process Continued

- If the applicant passes the drug test, the application is approved and the applicant is compensated for the cost of the test (\$25-\$35 on average).
- If the applicant fails the drug test, they are provided an opportunity to appoint someone to handle their TCA on behalf of the children. This person must pass a drug test.
- If the new payee passes their drug test, the application will be approved without the parent and the new payee is compensated for the cost of the test.
- If the applicant fails to appoint someone to handle the money, the application is denied because of the failed test.

Drug Testing of Temporary Cash Assistance Applicants



Testing Process

- There are approximately 350 testing sites throughout Florida.
- A listing of the sites is posted on the DCF, ACCESS Florida website.
- Customers are mailed a letter instructing them to take the test and giving the website address to get information about the location, cost and payment options for each drug testing site.
- The testing sites take a urine sample.
- The sample is sent to a lab for evaluation.



Testing Process Continued

- To reduce the chance of false positives, positive samples are reevaluated using a “confirmatory test”.
- Results are sent to a Medical Review Officer (MRO) to review the findings and, if necessary, applicants are given an opportunity to demonstrate a “valid” reason for the failed test. For example, they failed because of a prescription medication, but they have a prescription for it.
- After the MRO review, the final results (positive or negative) of the test are reported to DCF.



Consequences of a Failed Test

- Ineligible for TCA for one year after first failure.
 - Failed applicant may reapply after six months year if they can show they have completed a substance abuse treatment program and pass a new drug test.
- Ineligible for TCA for three years after second (and subsequent) failures.
- A “Parent in Need of Assistance” (PNA) referral is made to the Department’s abuse hotline for evaluation and follow-up as needed.

Drug Testing of Temporary Cash Assistance Applicants



Substances Tested For & How Long They Are Detectible

- Amphetamines 1-2 days
- Cannabinoids 2 days-2 months
- Cocaine 2-4 days
- Phencyclidine 14-30 days
- Opiates 2 days
- Barbiturates 2 days-3 weeks
- Benzodiazepines 3 days-6 weeks
- Methadone 3 days
- Propoxyphene 6 hours-2 days



Initial Findings

- Newly approved adults from July 2010 have received benefits for an average of 4.8 months (as of June 2011).
- The TCA adult caseload has been decreasing with a 16% decline between July 2010 and July 2011.
- Approximately 19% of individuals applying for TCA are ultimately approved. Others are denied in the initial screening or as the result of failing any of a variety of eligibility criteria.



Initial Findings Continued

- Data on completed applications in July and August is inconclusive as many applications filed in those months are still being processed.
- Through August 31, 563 applicants were disapproved due to failure to provide proof they had taken the test.
- Results from LabCorp and Quest, the two largest testing companies, show that 38 of the 1,384 (2.7%) individuals tested through August 31, had a positive drug test.

Managing Entities

Managing Entities

Background

- First Activity: SunCoast Region in 1997 -- Central Florida Behavioral Health Network -- Substance Abuse services for Hillsborough and Manatee counties.
- Second Activity: Southern Region in 2001 -- South Florida Provider Coalition -- Substance Abuse services for Miami-Dade and Monroe counties.
- Third Activity: NW Region in 2002 -- Lakeview -- Substance Abuse and Mental Health Services (not full network) for Escambia, Okaloosa, Santa Rosa and Walton counties (non-traditional ME; acts as ME, CBC and service provider).
- Section 394.9082 ,F.S., substantially amended in 2008.
- Excerpt : “The Legislature finds that a management structure that places the responsibility for publicly financed behavioral health treatment and prevention services within a single private, nonprofit entity at the local level will promote improved access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services.”

Managing Entities

Existing ME System

- There are currently 3 MEs that manage substance abuse and mental health services:

South Florida Behavioral Health Network (Southern Region)

- Circuits 11 and 16
- 2 Counties - Dade and Monroe
- Contract - \$77 million per year
- Current Contract Expires - September 2015

Central Florida Behavioral Health Network (SunCoast Region)

- Circuits 5, 6, 12, 13 and 20
- 11 Counties – Pasco, Hillsborough, Pinellas, Manatee, Sarasota, Desoto, Charlotte, Glades, Lee, Hendry, and Collier
- Contract - \$138 million per year
- Current Contract Expires – June 2015

Existing ME System Continued

Lakeview (NW Region)

- Circuit 1
- 4 Counties – Escambia, Okaloosa, Santa Rosa and Walton
- Contract - \$28 million per year
- Current Contract Expires – June 2013



Managing Entities

Draft

EXIST
ME7
MED REG 1, 2
CIR 1



NEW
ME1
MED REG 3, 4
CIR 8, 4, 7, 5, part of 3

Central Region
Circuits 5, 9,
10, 18 and 19

NEW
ME2
MED REG 7
CIR 9, 18

ME	Number of Contracts	Contract Amounts in Millions
ME1	89	\$92.8
ME2	32	\$57.9
ME3	53	\$50.9
ME4	3	\$138.1
ADD CIR10	17	\$23.2
ME5	42	\$45.0
ME6	1	\$77.0
ME7	1	\$27.5
FUTURE ITN	21	\$26.8
Headquarters	98	\$120.3
ME Subtotal	259	\$539.2
Total	357	\$659.5

SunCoast Region
Circuits 6, 13, 12, 20

EXIST
ME4
MED REG 5, 6, 8
CIR 6, 12, 13, 20
Amend Cir 10 into current contract

NEW
ME3
MED REG 9
CIR 19, 15

EXIST
ME6
MED REG 10, 11
CIR 11, 16

Southern Region
Circuits 11 and 16

Southeast Region
Circuits 15 and 17

NEW
ME5
MED REG 11
CIR 17

Based on Fiscal Year 2009-2010 Data

Managing Entities

Benefits of the ME System

- New model for the management of substance abuse and mental health services.
- Improved integration with local providers.
- Reduced administrative costs.
- Better patient utilization and accountability.
- Better understanding of local community need.

QUESTIONS?



agency for persons with disabilities

State of Florida

Agency for Persons with Disabilities Overview

**House Health & Human Services
Access Subcommittee**



Rick Scott
Governor

Michael Hansen
Director

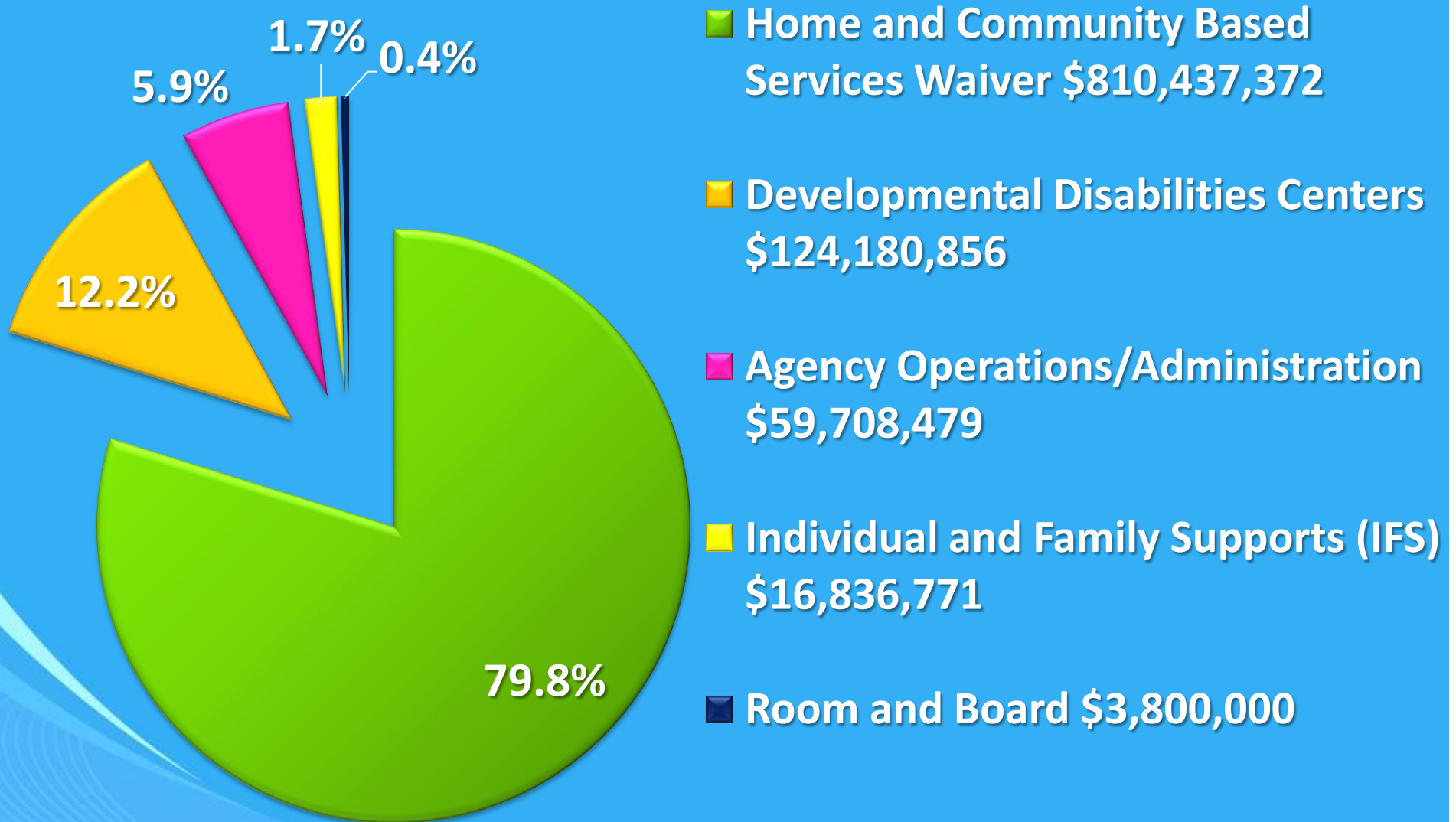
Legislative Authority

S. 393.062, F.S.: "...the greatest priority shall be given to the development and implementation of community-based services that will enable individuals with developmental disabilities to achieve their greatest potential for independent and productive living, enable them to live in their own homes or in residences located in their own communities, and permit them to be diverted or removed from unnecessary institutional placements..."



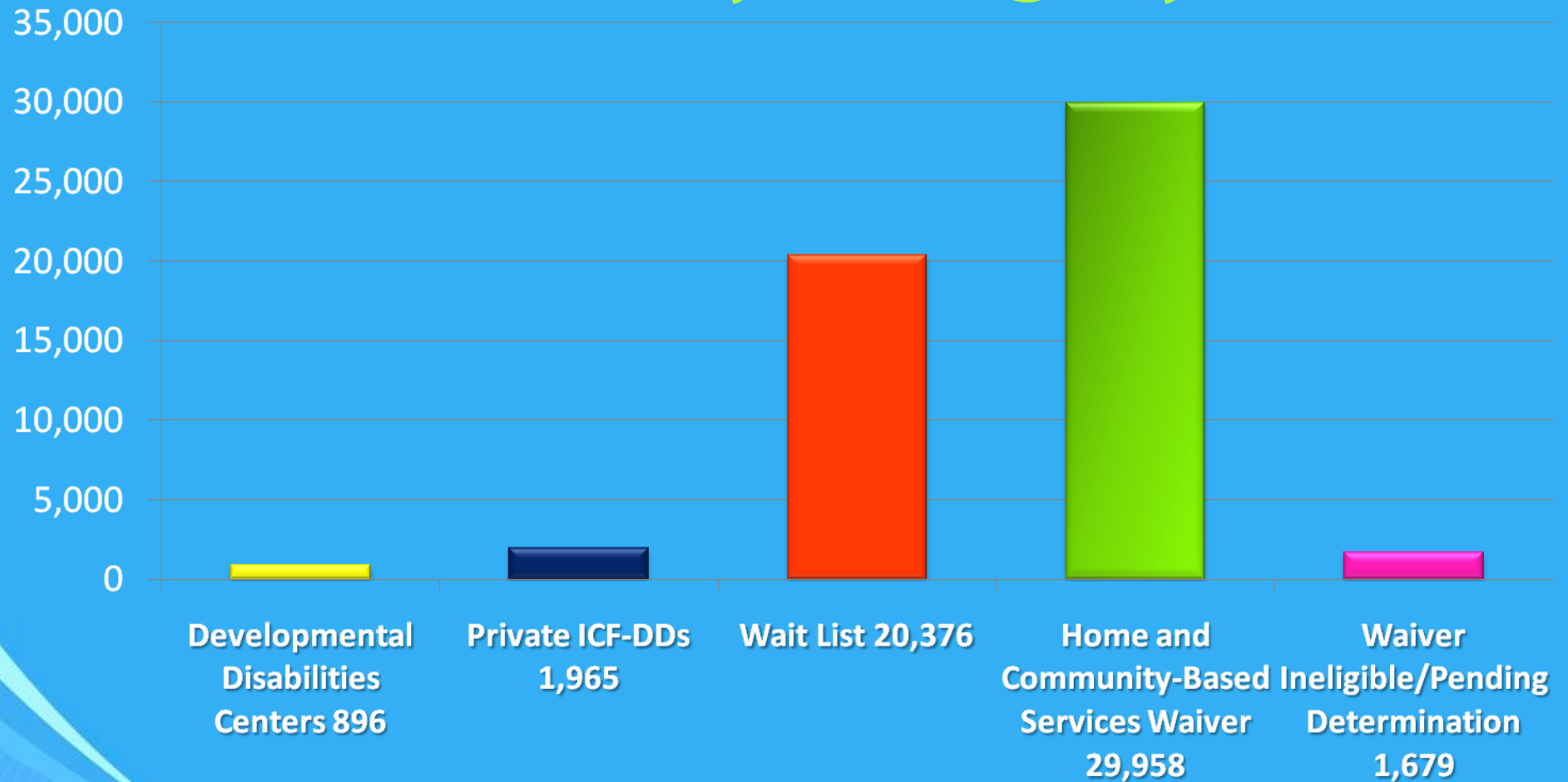
Agency Appropriations

Fiscal Year 2011- 2012



Total: \$1,014,963,478 4

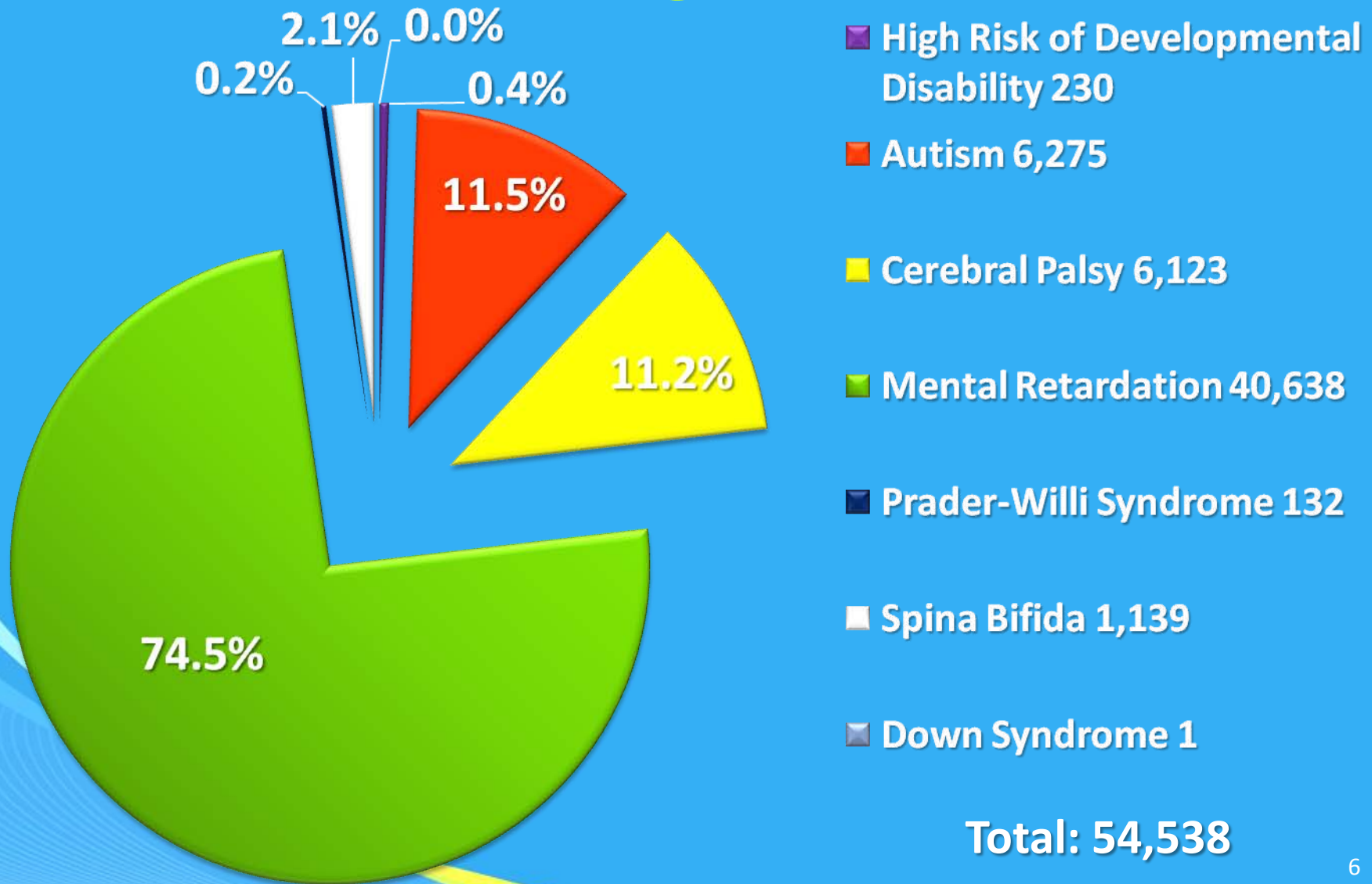
Clients By Category



***Total is unduplicated. Some clients on wait list are also in DDCs or private ICF-DDs.**

Total: 54,538*

Clients By Primary Disability Including Wait List



\$930 million

**Waiver
Services
Expenditures**

**People in Crisis
Legal
Challenges
Systemic Issues
Aging
Demographics**

**Cost-
Containment
Plan**

\$810 million

Fiscal Year 2011-2012 Cost Analysis

Description		Amount
1.	Baseline Projected Expenditures	\$930,000,000
2.	4% Provider Rate Reduction Savings	(\$36,360,000)
3.	Cost Plan Freeze Reduction Savings	(\$6,885,912)
4.	Projections after Legislatively Mandated Initiatives	\$886,754,088
<p>The HCBS waiver was appropriated \$810,437,372. Projected expenditures reflect an additional \$76.3 million in spending above this appropriation.</p>		
5.	FY 2011-2012 Appropriation	\$810,437,372
6.	Projected Expenditures in Excess of Appropriations	\$76,316,716
7.	Projected Savings from Agency Actions	(\$21,023,531)
8.	Remaining Projected Expenditures in Excess of Appropriations	\$55,293,185

August 19 Cost-Containment Initiatives

Initiative		Estimated FY 2011-2012 Savings
1.	Companion Rate Ratio/Limit Adjustment	\$17,055,318
2.	Allow In-Home Support Services as a Less Costly Option for Personal Care Assistance	\$1,618,171
3.	Transportation Review and Service Limitations	\$1,375,000
4.	Pool Respite Services for Families to Draw from and Reduce Allocation	\$975,042
5.	Total Savings	\$21,023,531

The projected savings from the cost-containment initiatives outlined in the agency plans are expected to be \$21 million. This leaves an additional \$55.3 million in expenditures that require further actions by the agency.

Next Steps

The agency continues to seek input on steps to bring spending in line with appropriations; below are among the options being considered.

	Description	Amount
1.	Cost Sharing by the parents of children who are served on the waiver	TBD
2.	Standardized Residential Habilitation—Intensive Behavior rates	\$1,549,764
3.	Residential Fee Collection for Residential Habilitation	TBD
4.	Reduce rates for therapy assessments and all nursing services to the Medicaid State Plan rate	\$1,268,174
5.	Set the agency rate premium to a maximum of 20% above solo rates	\$3,712,169
6.	Consolidate and simplify Residential Habilitation levels	\$21,113,087
7.	Reduce In-Home Support Services for those receiving additional quarter hours of service beyond the daily rate	\$1,381,433
8.	Restructure Adult Day Services	\$9,705,982
9.	Transfer Specialized Mental Health Therapy and Skilled Nursing to the Medicaid State Plan	\$3,007,975
10.	Limit cost plans to a maximum of \$150,000 with no exceptions	\$7,960,564

Administrative Cost-Savings Initiatives

Possible Initiatives

Reduce rent by eliminating the satellite offices.

Streamline field administration by reducing the number of agency area offices and consolidating their administration.

Privatization of certain components of Developmental Disabilities Centers.

iBudget Florida

Determining Individual Budgets

Level of Needs Assessment (QSI)



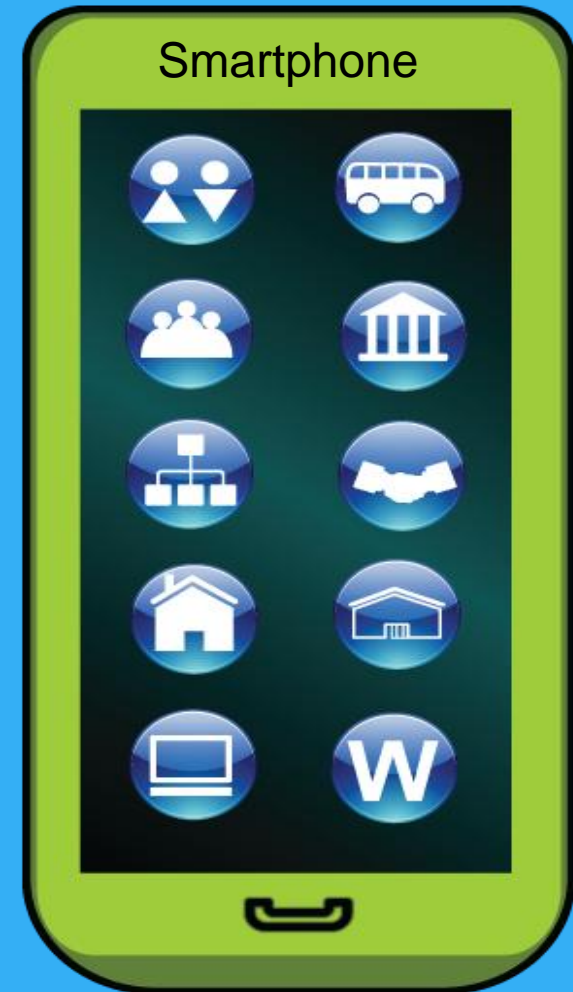
Age



Living Setting



Current and Future Service Delivery Systems





Moving Forward

- Sound Fiscal Management
- Cost Containment
- Stakeholder and Community Involvement
- Incentives for Less Dependence on Waiver
- Client Flexibility and Choice



agency for persons with disabilities
State of Florida

Serving Floridians with Developmental Disabilities

Thank You

michael_hansen@apd.state.fl.us

**AHCA
Medicaid Encounter Data**

1
2

Justin Senior Bio

On September 12, 2011, Justin Senior became the Acting Deputy Secretary for Medicaid. Mr. Senior began working at the Agency for Health Care Administration in 2007 as the Chief Appellate Attorney in the General Counsel's Office. In October 2008, Mr. Senior became General Counsel for AHCA and served in that position until becoming Acting Deputy Secretary.

Mr. Senior grew up in Gainesville, Florida, and has a B.A. in history from McGill University and a Juris Doctor with honors from the University of Florida College of Law.

Mr. Senior began his professional career in 1996 in Ft. Lauderdale in the litigation department of Panza, Maurer, Maynard & Neel, P.A. After his stint at Panza Maurer, Mr. Senior worked in the Boca Raton office of Proskauer Rose, LLP. After that, Mr. Senior worked for more than seven years in his own law office in Gainesville, Florida, where his practice emphasized federal civil rights litigation, employment law, and appellate practice.

Medicaid Encounter Data: Status and Statistics

What is available?

Medicaid managed care organizations (MCOs) submit encounter data to either the Agency's fiscal agent (HP) or pharmacy benefits manager (Magellan) depending on the type of encounter. The Agency's fiscal agent processes all institutional (837I), professional (837P), and dental (837D) encounters. The Agency's pharmacy benefits manager processes all pharmacy (NCPDP) encounters. Millions of encounters for all claim types are available in the Agency's Decision Support System (DSS). The encounters are submitted to the Agency from managed care organizations that received a capitation payment from the Agency for providing medical, pharmacy, and/or transportation services to Medicaid recipients enrolled in their health plan. This primarily includes Health Maintenance Organizations and Provider Service networks.

How can Encounter Data be used?

Examples:

- The Agency, through its contracted actuaries, uses encounter data in setting the rates paid to managed care organizations.
- The Agency can use encounter data to estimate the prevalence of specific diagnoses in the Medicaid population.
- The Agency can use encounter data to track utilization of services
- The Agency can use utilization measures to draw inferences about quality of care, and ways to do this are currently under consideration.
- The Agency can use encounter data to verify provider participation.
- Encounter data analysis helps to identify potential Medicaid fraud.

Important Considerations:

- Encounter data is a receipt from a health care transaction, not an actual medical record.
- Encounter data is more useful when looking at the past, and not the present. This is a by-product of laws that give providers one year to submit a claim and managed care companies as much as one year to pay the claim.