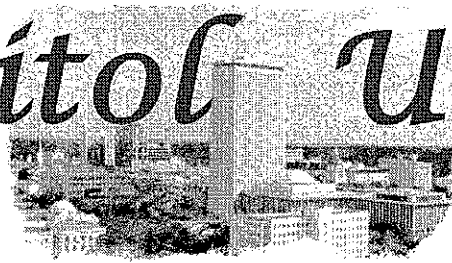


# Capitol Update



April 27, 2015 Volume 15, Issue 9

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### **Increased Funding for the iBudget Waiver: Increasing Provider Compensation and Providing Funding for individuals on the iBudget Waitlist**

Advocates for individuals with developmental disabilities want to remind legislators of budget initiatives that are waiting in the balance while strained budget negotiations continue. We know for sure there will be an extended session or a special session, but advocates want to continue to remind Legislators of their budget priorities while not knowing when the negotiations for line items will begin again in earnest. **Please see the Budget Update below.** The Council will continue to methodically remind legislators of our important budget priorities while being respectful of the larger budget negotiations.

In the last few weeks, the Braddock report, **The State of the States in Intellectual and Developmental Disabilities-Tenth Edition 2015** has Florida ranked 50<sup>th</sup> in the funding spent in total for individuals with developmental disabilities! With this statistic in mind, two of the Councils legislative budget priorities for the iBudget waiver are extremely relevant and important;

#### **1) An Across the Board 7 % Provider Rate Reinstatement is Required this Year to Begin the Process of Stabilizing the iBudget Service System:**

Retaining a qualified workforce is reaching crisis proportion with very large turnover rates. Florida needs to offer providers a rate that will maintain and improve the availability of a qualified workforce that can adequately address the needs of individuals with developmental disabilities.

In 2003 the Florida adopted a rate reimbursement system that established uniform rates for most of the Developmental Disabilities Home and Community Based Services (HCBS) waiver. The rate system was based on direct care wages funded at the 25th percentile compared to national averages for wages. Since then reimbursement rates have undergone multiple cuts. Overall, iBudget HCBS waiver services rates are 14.17% lower than they were in FY 2003-2004. While some incidental increases have occurred, there has not been a systematic rate adjustment to address the increased operational costs providers face. Further, multiple unfunded mandates have been added in the form of billing requirements, background screening of staff, new licensure standards, staff training and experience requirements, and now additional residential and community integration standards.

An across the Board 7 % Provider Rate Reinstatement is required this year to begin the process of stabilizing the iBudget Service System.

**2) Funding to Continue Moving 2,039 Individuals with Developmental Disabilities from the Waitlist to iBudget HCBS Services:**

The funding allocated in FY 2013-2014 and 2014-2015 was a significant step in the right direction, moving 2,313 off the Waitlist, thus far. However, more than 20,000 individuals with developmental disabilities are still waiting for basic services. Many have been waiting for more than 5 years. Being without services puts major financial, physical and emotional strain on caregivers with social and economic consequences for our state. 92% of Floridians with developmental disabilities live at home with their families, which typically results in better outcomes and lower service costs. Two-thirds of caregivers earn less than \$15,000 a year.

We need to continue to move individuals off of the waitlist and on to the iBudget HCBS waiver. This year, we are asking the Legislature for \$12.3 million in General Revenue (this includes the 7% provider rate increase previously mentioned for the 2039 individuals coming off the waitlist), supplemented by \$18.1 million in federal matching funds. This funding would not only move individuals who have come onto the waiver since July 1st with intensive needs (Category 3) or who are living with a caregiver over the age of 70 (Category 4), but would also at least enable the individuals with developmental disabilities who are transitioning from school to adulthood (Category 5) to be served by the iBudget HCBS waiver. The transition years are a critical stage in life for individuals with developmental disabilities, as they are separating from the services provided through the school system. Without the waiver funding, these individuals will remain at home with no job, few meaningful activities, and limited social connections, losing the skills learned in high school. With waiver funding, individuals with developmental disabilities transitioning from school will be able to continue with their post-secondary education, become employed, or engage in meaningful community activities.

If you want to share your opinion on this issue, contact your legislators and let them know how you feel about increased funding for the iBudget Waiver services and providers.

**Two committees of importance are the Health care Appropriations Committee in the House and the Health and Human Services Appropriations Committee in the Senate.**

**If you want to share your opinion about this program, you can contact members of these appropriations committees as well.**

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**Budget Update**

The battle continues over Medicaid expansion and the Low Income Pool (LIP) hospital supplemental payment renewal. The Agency for Health Care Administration has submitted to the Centers for Medicare and Medicaid Services the proposed \$2 billion Senate LIP plan which would provide supplemental Medicaid and indigent care funding. A formal plan had not been submitted by the agency previously, leading some Senator's to question why the Governor had not sought approval for Florida's plan until now. A decision on the state's LIP proposal is not expected until after the beginning of the 2015-16 fiscal year (July 1st), because of the required public comment period and other timeline requirements,

Meanwhile, the Governor has apparently reminded some Senators about the use of his veto authority after calling in several Republican members last weekend to share his displeasure of the Senate's desire to expand Medicaid. The 2015 Regular Session will most certainly be extended to resolve budget differences before July 1st.

The House has extended a budget allocation offer to the Senate last Thursday. The proposal includes a LIP plan that utilizes \$200 million in state general revenue that theoretically draws down \$300 million in federal dollars to distribute among Florida hospitals, bypassing local taxes known as Inter Governmental Transfers. The proposal does not include the alternative Senate Medicaid expansion plan. Senate President Andy Gardiner has responded to the offer maintaining the Senate position on LIP funding and the FHIX Medicaid expansion. He indicated in a memo that the Senate is maintaining open lines of communication with the House and Governor and is prepared to stay in Tallahassee until June 30<sup>th</sup>.

Shortly thereafter, the House presented its counteroffer to the Senate proposal. It outlined three parts of their offer to the Senate:

1. The Senate will discontinue consideration of the FHIX program or any other form of Medicaid expansion.
2. Within 24 hours of the Senate's agreement, the House will provide the Senate an offer that includes contingencies to address the potential loss of federal funding, up to \$600 million of General Revenue.
3. The contingencies created will eliminate the need to wait for federal funding because contingency funding provided will only be used in the event that federal funds are denied. If federal funds are approved the contingency funds can be used for other agreed upon priorities.

Then, as stated by Speaker Crisafulli "the House believes an automatic extension to June 30 is unnecessary, and is prepared to begin negotiations as early as possible and accomplish the work in a manner that will not incur costs to Florida taxpayers associated with an unnecessarily protracted extended Session".

President Andy Gardiner responded to the House's second offer. In his response, he stated that "The Senate shares the House's commitment to completing the budget in a timely manner. Health insurance coverage for 800,000 Floridians and billions in funding for services provided at hospitals are hanging in the balance of these negotiations. Short-term costs are less important than long-term cost effectiveness when the resolution of critical health care issues impacts every Floridian. He responded that the Senate is aware of the House's longstanding opposition to simple Medicaid expansion as contemplated by the Affordable Care Act (ACA). FHIX is not the simple Medicaid expansion the House has long-opposed. The FHIX program is a new, market-based, consumer-driven alternative with conservative guardrails that will protect Florida taxpayers if the federal government fails to meet its commitments. The Senate anticipates that the FHIX program will generate more than enough savings to cover any state costs. He further asserts that even with the \$604 million in health care contingency funding offered, we cannot completely mitigate the harm to Florida's economy caused by an end to the LIP program. Therefore equipped with this knowledge, the Senate is not willing to rush to a resolution that could damage Florida's economy - particularly when there is a clear alternative available to maximize federal taxpayer dollars returning to Florida while staying true to the Medicaid reform principles".

In his response to the House offer, President Gardiner reiterated that the federal government has stated approval of Florida's waiver amendment is linked to expansion. The Senate submitted a letter to CMS seeking a preliminary response on Florida's application to extend the Low Income Pool, as well as the potential for approval of the Senate's market-based approach to expanded health care coverage. In the meantime, "while Florida awaits a response from CMS, the Senate strongly agrees that both chambers can produce a fiscally responsible budget while also setting aside sufficient funds to address unknown health care contingencies. The Senate supports the House's willingness to move towards the Senate position of a \$604.8 million recurring general revenue health care

contingency fund and eagerly awaits the House's production of a spreadsheet offer that reflects this position".

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**SB 146 - Relating to Autism by Ring, Cosponsor: Sachs**

**Summary**

This bill requires that a physician refer a minor to an appropriate specialist for screening for autism spectrum disorder under certain circumstances and requires that certain insurers and health maintenance organizations provide direct patient access to an appropriate specialist for screening for evaluation or diagnosis of autism spectrum disorder. The bill also requires that certain insurance policies and health maintenance organization contracts provide a minimum number of visits per year for screening for or evaluation or diagnosis of autism spectrum disorder. Effective Date: July 1, 2015.

**The Council voted to support this bill.**

**Actions**

12/12/14 SENATE Referred to Health Policy; Banking and Insurance; Appropriations Subcommittee on General Government; Fiscal Policy

03/31/15 SENATE Favorable by Health Policy; 6 Yeas, 1 Nay

04/01/15 SENATE Now in Banking and Insurance

**Similar Bills**

**HB 0023 - Relating to Autism by Cruz**

12/19/14 HOUSE Now in Health Innovation Subcommittee

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**SB 330 - Relating to Missing Persons with Special Needs by Dean, CS Sponsors: Criminal Justice**

**Summary**

This bill and HB 69 have changed considerably. They no longer have provisions for immunity from civil liability for certain persons who comply with a request to release information concerning missing persons with special needs to appropriate agencies. The bill no longer requires the Department of Law Enforcement, contingent on funding, to provide electronic monitoring devices to certain persons with autism spectrum disorder and other disabilities and no longer requires the Agency for Persons with Disabilities to make an annual report concerning such individuals to the department. The bill also had required the Department of Children and Families, contingent on funding, to provide electronic devices but this was removed. The bill stands as a four county pilot program in Representative Porter's area with the help of the CARD center at the University of Florida. Specifically, the pilot project is in Baker, Columbia, Hamilton, and Suwannee Counties and will be known as "Project Leo" to provide personal devices to aid search-and-rescue efforts for persons with special needs in the case of elopement. **This bill passed unanimously in the House and needs to be withdrawn from Appropriations in the Senate (because there are no more Appropriations meetings) in order to be heard on the Senate floor.** Effective Date: 7/1/2015

**Actions**

01/28/15 SENATE Referred to Criminal Justice; Judiciary; Children, Families, and Elder Affairs; Appropriations

03/02/15 SENATE Favorable with CS by Criminal Justice; 4 Yeas, 0 Nays

03/03/15 SENATE Committee Substitute Text (C1) Filed

03/24/15 SENATE Favorable by Judiciary; 10 Yeas, 0 Nays

04/09/15 SENATE Favorable with CS by Children, Families, and Elder Affairs; 6 Yeas, 0 Nays

04/10/15 SENATE Committee Substitute Text (C2) Filed

04/13/15 SENATE Now in Appropriations

**Identical Bills**

**HB 0069 - Relating to Missing Persons with Special Needs by Porter**

04/22/15 HOUSE Read Third Time; Passed (Vote: 118 Yeas / 0 Nays)

SENATE In Messages