



agency for persons with disabilities
State of Florida

LONG RANGE PROGRAM PLAN

Rick Scott
Governor

Agency for Persons with Disabilities

Tallahassee, FL

Barbara Palmer
Director

September 30, 2014

State Office

Cynthia Kelly, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

4030 Esplanade Way
Suite 380
Tallahassee
Florida
32399-0950

JoAnne Leznoff, Staff Director
House Appropriations Committee
221 Capitol
Tallahassee, Florida 32399-1300

(850) 488-4257
Fax:
(850) 922-6456

Cindy Kynoch, Staff Director
Senate Committee on Appropriations
201 Capitol
Tallahassee, FL 32399-1300

Toll Free:
(866) APD-CARES
(866-273-2273)

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Long Range Program Plan (LRPP) for the Agency for Persons with Disabilities is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2015-16 through Fiscal Year 2019-20. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is <http://apd.myflorida.com/publications/reports/>. This submission has been approved by Barbara Palmer, Director of the Agency for Persons with Disabilities.

Barbara Palmer
Director



agency for persons with disabilities
State of Florida

Long Range Program Plan

**Fiscal Years 2015-2016
through 2019-2020**



**Barbara Palmer,
Director**

**Rick Scott,
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Mission Statement

The agency supports persons with disabilities in living, learning, and working in their communities.

Goals

1. Increase employment opportunities for individuals with developmental disabilities
2. Increase access to community-based services, treatment, and residential options
3. Improve management and oversight of agency and provider services
4. Manage agency budget within fiscal allocation



Agency Objectives

Objective 1.1: Increase competitive employment

Objective 2.1: Improve access to services and supports

Objective 3.1: Improve monitoring and accountability

Objective 4.1: Improve program and internal cost controls



Agency Service Outcomes and Performance Projections Tables

Objective 1.1: Increase Competitive Employment

Outcome 1.1: Percent of people who are employed in integrated settings

Baseline FY2013/2014	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
22%	27%	27%	27%	27%	27%

Objective 2.1: Improve Access to Services and Supports

Outcome 2.1: Number of persons with disabilities served in supported living

Baseline FY 2013/2014	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
5,600	5,600	5,600	5,600	5,600	5,600

Objective 3.1: Improve Monitoring and Accountability

Outcome 3.1: Percent of people receiving services who meet key health, safety, and quality-of-life outcome measures

Baseline FY 2013/2014	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
77.9%	77.9%	80%	80.5%	80.5%	80.5%

Outcome 3.2: Number of adults found incompetent to proceed to trial who are provided competency training and custodial care in the Developmental Disabilities Defendant Program (DDDP)

Baseline FY2013/2014	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
310	300	300	300	300	300

Outcome 3.3: Annual number of reportable incidents per 100 persons with developmental disabilities living in Developmental Disabilities Centers

Baseline FY 2012/2013	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
20	15	15	15	15	15

Objective 4.1: Improve Program and Internal Cost Controls

Outcome 4.1: Administrative cost as a percent of total program costs

Baseline FY 2007/2008	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Outcome 4.2: Increase use of services and opportunities that are not funded by the Medicaid Home and Community-Based Services waiver or other appropriation*

Baseline FY 2011/2012	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
N/A	N/A	N/A	N/A	N/A	N/A

*Currently, the agency does not have a system to collect this data.

Outcome 4.3: Percent of ICF residents who accept waiver services and move into the community

Baseline FY 2013/2014	FY 2015/2016	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020
N/A*	85%	85%	85%	85%	85%

*Indicates a new measure and proposed baseline.



Linkages to Governor's Priorities

The Agency for Persons with Disabilities (APD) will focus on the Governor's priority to make Florida a national leader in economic growth, prosperity, and quality of life. Individuals with developmental disabilities are an untapped workforce. Through collaboration with other agencies and community partners, the agency intends to build more pathways for the estimated 9,100 persons with disabilities who have told APD they want employment.

Employment of individuals with developmental disabilities adds diversity to the state's labor force. In return, the workplace provides opportunities for personal growth, friendship, community involvement, and other opportunities that enhance the quality of life.

Earning income affords individuals with developmental disabilities more choices in where to live and services to purchase. More wage earners mean more consumers in the marketplace, stimulating economic growth and opportunities for prospective entrepreneurs to meet demand. Investing in people who want jobs provides a path to prosperity, increasing Florida's attractiveness to families, visitors, and businesses.



Agency Primary Responsibilities Based on Statute

The Agency for Persons with Disabilities (APD) serves people with developmental disabilities as defined in Florida statutes: autism, Down syndrome, cerebral palsy, intellectual disabilities, Prader-Willi syndrome, and spina bifida. The service delivery system has three primary programs that:

- Serve individuals in the least restrictive and most community-integrated setting available. (Chapter 393 F.S.)
- Provide for the care, habilitation, and rehabilitation of clients with developmental disabilities at state-owned and operated facilities. (Chapter 393 F.S.)
- Provide competency restoration services to individuals accused of a felony and deemed incompetent to stand trial. (Chapter 916 F.S.)

The Agency for Persons with Disabilities (APD) currently serves 30,057 individuals with developmental disabilities through its Home and Community-Based Services (HCBS) Medicaid waiver program. This waiver, known as iBudget Florida, offers a variety of social, medical, residential, and behavioral services to allow these individuals to live in their communities. People with waivers may plan their services and manage who delivers them if they participate in Consumer Directed Care Plus (CDC+). However, most individuals hire a waiver support coordinator to plan their supports annually and to organize the providers selected to deliver services. The waiver is the funding of last resort. An individual must use all resources available from school systems, Medicaid state plan, insurance, and any other benefits before using the waiver to pay for supports. Support coordinators must obtain non-paid supports and access to community resources for their clients. Access to waiver funds depends on program eligibility, need-based factors, and annual legislative appropriations.

APD has two other funding sources for community services: 1) Room and Board and 2) Individual and Family Supports (IFS). Room and Board provides payment to licensed facilities to cover the cost of meals and lodging. IFS pays for services to people not eligible for waiver services, non-waiver services to individuals enrolled in a waiver, and services for those waiting for waiver enrollment.

More than 650 individuals reside in state-operated facilities known as Developmental Disability Centers (DDCs). These centers generally provide services to people who

require intensive levels of care or a highly structured environment not possible in a group or family home. DDC residents receive on-site care 24 hours a day, as well as clothing, meals, supervision, recreation, skill development, and job training. A multi-disciplinary team develops individualized treatment plans similar to the support plans of those who have chosen to receive services from the community. APD's two DDCs are located in Gainesville and Marianna.

A third program involves individuals deemed incompetent to stand trial due to a developmental disability. The Developmental Disabilities Defendant Program (DDDP) provides court-ordered training to restore competency to individuals accused of felony crimes or a danger to themselves or others. Evaluation follows training to determine if defendants can assist in their own defense, require longer-term treatment, or are suitable to return to the community. DDDP is located on the grounds of Florida State Hospital in Chattahoochee.

Trends and Conditions

The Agency for Persons with Disabilities enjoyed a successful 2013-2014 state fiscal year. APD received \$36 million from the Legislature to offer enrollment to approximately 1,600 people waiting for services into the Home and Community-Based Services (HCBS) Medicaid waiver. For the last eight years, the agency has not had the funds to enroll individuals from the waiting list, other than individuals in crisis. Additional funding from the Legislature for FY 2014-2015 could give another 1,200 people with critical needs access to services.

The agency worked with about 200 people with developmental disabilities to train and place them in the job market last year. Those successfully matched with a job received supported employment to maintain them in the workforce. APD received funds to continue progress made by the Employment Enhancement Program this fiscal year.

William J. (Billy Joe) Rish Recreational Park, the state's only park operated specifically for people with disabilities, is much improved. Undeveloped land at the park on Cape San Blas now sports a saltwater fishing pier, a new freshwater fishing pavilion, a new boardwalk, and new restrooms. Rish Park offers Floridians with developmental disabilities the opportunity for a low-cost vacation at one of Florida's most beautiful beaches. The Legislature appropriated \$1 million for FY 2014-15 to repair hurricane damage and enhance access to parkland facing the Gulf of Mexico.

Recreation and access to services in rural communities were the objectives for APD's Disability Expo held in May 2014. Over 400 people attended the Fanning Springs event to dance, listen to music, create art, and play a game of bocce ball. Attendees also had the opportunity to meet exhibitors and discuss services available in Dixie, Levy, and Gilchrist counties. The event was a collaboration between commissioners in the tri-county area, APD, the Florida Disabled Outdoors Association, Florida Special Olympics, and other state agencies.

APD's online resource directory continued to grow in popularity since its launch in May 2013. Over 200 people each day access the online directory to find help available from their community. The website surpassed 100,000 visits in August 2014. Listings grew from 5,000 to 7,308 resources. Most frequently searched by visitors were housing/shelter, in-home supports, and respite.

The agency instituted a comprehensive approach to discharge planning for clients in its Developmental Disabilities Defendant Program and other secure forensic units. This change addressed a concern last year about delays in admission. Individuals who previously had competency restored at DDDP now take a refresher course to allow them to move through the program quicker. All clients have clear goals to step down into a lower-level facility or program when they pass their competency restoration time limit.

Florida became a national model in its treatment of military family members with developmental disabilities. Active duty personnel whose family member received waiver services in another state now are eligible to enroll in Florida's HCBS waiver without going on the waiting list. Stakeholders that attended a town hall at Eglin Air Force Base told APD the greatest challenge for military families transferred from another state was Florida's waiting list. The new law reduces disruption in services for individuals with developmental disabilities whose parents or legal guardian are active duty military and reassigned to Florida.

This year marks the first year of eligibility for grandparents to serve as members of the state's Family Care Councils (FCC). FCCs serve as APD advisory boards, community partners, local resources for information, and advocates for people with developmental disabilities.

More success is in store because the FY 2014-2015 state budget includes funding for the following priorities.

- \$2.6 million to repair APD facilities.
- \$1.5 million re-appropriated to establish a Client Data Management System to track customer information, provider information, service delivery, and client outcomes, as well as verify residential visits electronically.
- \$1.3 million for an increase in adult day training rates.
- \$539,280 to increase the personal needs allowance for Developmental Disabilities Center customers.

Many changes at the federal and state level are likely to affect APD and the developmental disabilities community beginning this fiscal year. Some span several years and require the cooperation of multiple agencies. Others are limited in scope, should take less than a year, and do not require additional resources. Florida's changing demographics will drive which policies and program services are changed. According to the Florida Office of Economic and Demographic Research (EDR), overall

conditions are improving.¹ Florida's population is rising, with growth likely to propel Florida to the third most populous state by 2016. Continued population growth will provide economic growth and opportunities for employment for people with developmental disabilities.

Florida's population is aging. According to the U.S. Census Bureau, the state's median age rose to 41.5 years old, continuing an upward trend. The bureau estimates Florida had the highest proportion of residents older than 65 than any other state. Retirees contribute more in revenues than they consume in services according to the Florida Department of Elder Affairs. The growing elderly population will bring about demands specific to age-related issues.

A major statewide issue is housing options. Individuals with developmental disabilities must compete for housing with new residents and displaced Floridians. Some relief is on the horizon. The Florida Housing Finance Corporation received \$10 million in the 2014 Legislative session for the construction of housing for people with developmental disabilities.

The following summarizes key issues specific to the population served by APD and the service delivery system.

Waiting List

The number of people with developmental disabilities waiting for services has declined since July 2013 with the help of two successive legislative appropriations. APD has offered waiver enrollment to approximately 2,800 individuals with critical needs from the waiting list to the iBudget Home and Community Based Services Medicaid waiver over the last two fiscal years. Stakeholders at various public meetings last year suggested education and training for customers, and their caregivers, on the waiting list. Caregivers want to learn about preventing conditions that trigger crises and managing crisis when it occurs.

Alzheimer's Disease and Aging

Providing support to family caregivers who themselves are experiencing diminished capacity is a concern. Approximately 76 percent of individuals with developmental disabilities live at home. Their average age is 38. Approximately 25 percent of family caregivers are over age 60. Alzheimer's disease and dementia are two conditions associated with aging. The National Alzheimer's Association estimates the number of people age 65 and older with this degenerative disease may triple by 2050. Those with intellectual disabilities are at risk of developing dementia by age 60. Individuals with Down syndrome have a genetic predisposition for early onset of Alzheimer's disease.³ Family caregivers and household members receiving care eventually need similar services.

Dual Diagnoses

An estimated 30 -to- 35 percent of all people with a developmental disability also have a mental health diagnosis. Families find difficulty navigating between different agencies for treatment and support services. Even worse, most of the available mental health services do not have adaptations required for those who have more complex behavioral and mental health needs. Individuals and families need a continuum of care that specializes in the needs of those with developmental disabilities and mental health diagnosis.

Employment

Employment is more than a means for meeting basic needs of hunger, shelter, and clothing. For individuals with intellectual and developmental disabilities, jobs are an opportunity to leave segregated programs, become members of their local community, and improve their quality of life. Competitive employment of individuals with intellectual and developmental disabilities increased for a second year in a row. The projection for overall growth for those served by APD is a slow, but steady upward trend. Florida's improving economic outlook and changes to the Workforce Innovations and Improvement Act promise positive potential. According to Forbes Magazine, individuals with autism are proving that behaviors associated with their disability may be an asset in certain business environments.⁴

Home and Community Based Services (HCBS)

Of greatest impact to service providers, those served, and APD may be the rule issued by the Centers for Medicare and Medicaid Services that took effect March 17, 2014. The rule defines requirements for community-based supports received through waiver programs nationwide. Service array remains unchanged, but the rule tightens requirements for person-centered planning and community inclusion. APD has been collecting comments from service providers to complete an initial transition plan with the Agency for Healthcare Administration (AHCA). States have five years to comply with the CMS rule.

Priorities and Selection

The agency's priorities revolve around its mission -- to support persons with disabilities in living, learning, and working in their communities. APD continued to meet with stakeholders in FY 2013-2014 to learn possible solutions to challenges and the conditions needed by the developmental disabilities community to thrive. The following are key issues the agency plans to address within the next five years.

Waiver Services

All recipients of waiver-funded services must receive, at minimum, their iBudget algorithm amount as their baseline cost plan amount. Maintaining expenditures within the agency's appropriation remains a priority.

Ensuring that individuals in intermediate care facilities (ICFs) who choose to transition to community services also remains a priority. A settlement agreement reached in 2012 requires APD to contact everyone on the waiting list who resides in an ICF and to provide support to residents who want to move.

Waiting List

Services to individuals on the waiting list remain a top priority. There are about 20,000 people who waited for waiver enrollment in the fourth quarter of FY 2013-2014. Of those waiting, Medicaid state plan provided services to 11,000. Another 1,000 received limited services through General Revenue and Social Services Block Grant (SSBG) funds. About 9,500 people on the waiting list did not receive any services from the Medicaid state plan or from APD. Waiver enrollment expanded last year to include individuals on the waiting list other than just those in crisis. The agency plans to focus on redesigning management of the waiting list to better monitor service needs and prevent crisis.

Employment

Continued funding would help support and maintain the gains that resulted from the Governor's Employment First initiative. The \$500,000 appropriated by the Legislature to launch APD's Employment Enhancement Program used non-recurring funds for participant training, job placement, and follow-up supports. Approximately 9,000 people need help with employment.

Increasing their opportunity to join the labor force requires additional funding quickly to take advantage of the efforts of a statewide coalition to increase employment. The governor's vision of state agencies working cooperatively with their community partners for Employment First is coming to fruition. The Commission on Jobs for Floridians with Disabilities is working on transportation, the chief barrier to employment. It is enlisting the aid of the Florida Commission for the Transportation Disadvantaged to implement what it calls a "mobility management model" and is piloting a transportation voucher program with the Florida Developmental Disabilities Council (FDDC) this year. A web portal for job seekers is ready for launch this fall, and a help desk for employers seeking workers is in the final testing stage. Matching employee skills to employer needs is a winning solution for everyone.

Alzheimer's and Aging

Family caregivers are aging, yet remain the primary support for people with developmental disabilities who live in the community. The caregiver's main concern is what may happen to those for whom they provide care when their health begins to falter or dementia develops. At that stage in life, the caregivers' ability to care for themselves and a family member with developmental disabilities who develops dementia or Alzheimer's disease becomes overwhelming. The existing service delivery system does not provide integrated services for the caregiver and the person receiving care to continue living together at home. Aging in place requires families to navigate through

multiple agencies and piece together services from funding sources tied to specific population groups. Families want a long-term plan of care that considers the needs of the entire household. Solutions should streamline what is a complex, confusing, and burdensome process to access services.

Dual Diagnoses

Improving access to appropriate housing and service options for individuals with a co-occurring developmental disability and a mental health diagnosis is a priority. When crises occur, there are few services available to manage and maintain these individuals where they reside. Historically, caretakers resort to using law enforcement or the Baker Act to transfer the individual to a crisis stabilization unit. Police are not equipped to stabilize individuals with a dual diagnosis in crisis. Treatment at existing mental health facilities is brief and often ineffective because the underlying issues go untreated. Without addressing what causes crisis, life for someone with a dual diagnosis can mean a continuous cycle of commitments, discharges, and eventual transfer to a high-cost residential facility. Strategies to break this cycle must address 1) crisis response, 2) in-home service delivery, 3) prevention, and 4) long-term care.

Rule Compliance

Achieving full compliance with HCBS rules by March 2019 is a priority. The HCBS waiver for developmental disabilities funds nearly \$1 billion in services. The rule requires the agency to assess all APD licensed facilities to ensure clients have the same personal freedom, lifestyle, and employment opportunities enjoyed by other members of the community.

Housing presumed not in compliance by CMS includes:

- Settings with the effect of isolating individuals from people in the broader community that do not receive HCBS funding.
- Settings adjacent or on the grounds of a public institution.
- Settings providing inpatient treatment in a publicly owned or privately owned facility.

Training and Certification

Education and training are critical for addressing the agency's priorities. Investing in education and training to certify provider competency to perform services would improve the supply of qualified professionals for the developmental disabilities community.

Workforce

During the past two fiscal years, APD field staff offered over 2,800 individuals on the waiting list waiver services requiring staff coordination and time. Expectations to more timely approve or deny requests for additional services and processing crisis packets,

as well as ensuring individuals on the waiting list are directed to community-based Medicaid state plan services or provided temporary services require clinical assessment and review by clinicians who assist in determining level of need to identify and fund health and safety needs.

APD consolidated 14 area offices into six regions and closed field offices two years ago to generate efficiency. The agency organized staff into work streams to standardize and streamline functions.

Response and Justification

iBudget

Protecting the health and safety of customers the agency serves is the top priority of APD. The agency filed an emergency rule on September 3, 2014, to authorize the agency to meet the requirements of the DCA court ruling on the iBudget. All individuals on the waiver were receiving funding to meet their needs. However, the court ruled that individuals must at least receive their iBudget algorithm amount. The ruling resulted in an increase for 14,000 people. Individuals whose budgets increased, their guardians, and their waiver support coordinators received notification of the increase by mail.

The emergency rule also allows APD to authorize an iBudget algorithm amount for new waiver enrollees, such as individuals in crisis, people moving from the waiting list to the waiver, and dependents of military families transferred to Florida. As an emergency rule is effective for 90 days, APD will initiate the rulemaking process to ensure correct application of the iBudget algorithm in the future.

Employment

As the Governor's Commission on Jobs for Floridians with Disabilities develops a budget proposal to implement a model to overcome transportation barriers, APD is preparing for the growth in the number of people who may need supported employment. The agency is:

- Developing internship opportunities;
- Increasing outreach to providers;
- Increasing outreach to the business community; and
- Educating individuals, families, and advocates on the impact of employment on income, overall health, safety, waiver eligibility, and Social Security work incentives.

These strategies used in conjunction with an interagency cooperative agreement created this year by the Florida Developmental Disabilities Council provide the framework for long-term growth. The cooperative agreement established a multi-agency partnership to coordinate policies, funding strategies, and best practices.

The agency also plans to move forward with a parental agreement created jointly with the Department of Education (DOE). This would allow APD to receive Individualized Education Plans (IEP) from DOE to assist students in achieving their employment goals. Both agencies plan to share its list of contacts to increase communication at the local level and offer Social Security Work Incentives training to schools.

APD depends on supported employment service providers to find jobs and assist people in maintaining employment. Accommodating expected growth necessitates: 1) agency staff with the knowledge and skills necessary to train service providers to achieve success; 2) recruitment and training of new providers to increase the size of the service network and potential employers; and 3) incentives built into existing funding structures to focus providers on employment outcomes.

Waiting List

An innovative pilot is being pursued for managing the waiting list in the Suncoast Region. The region has close to 5,000 people waiting for services. Suncoast plans to use three sites to focus on specific functions as part of a statewide approach to improve productivity. One location would focus on taking calls and providing information, callers not on the waiting list go to an intake coordinator. The second office would focus on services to individuals in crisis. The third office would focus on the clerical workload, including the mailing of notices of service termination. Digitizing case files is the first task for building the new system. The agency plans to address full automation as it phases in the remaining five regions.

A related waiting list initiative involves education and community resources. The idea is to assess available resources to create a fact sheet to hand out during the intake interview. Individuals already have the option to search the agency's online resource directory. The catalog of resources will include training curricula and organizations that provide training. APD and the Florida Developmental Disabilities Council are partners in developing other strategies to assist individuals on the waiting list.

Alzheimer's Disease and Aging

People with intellectual and developmental disabilities are living longer through better healthcare, and need supports tailored to meet their age-related needs. Family caregivers want their households to remain intact – to stay together as long as possible at home or elsewhere when they become unable to provide care. A workgroup created to find solutions for caring for this population recommends an integrated service model. This includes a family-focused plan of care and a single funding stream. The agency's legislative budget request proposes an actuarial study to analyze impact, risk, rates,

and long-term costs. Meanwhile, the workgroup is refining key components for additional public input this fiscal year that include the following:

- **Advanced planning:** Early planning is critical for ensuring people with developmental disabilities and their aging caregivers remain at home or transition together somewhere else. Long-term planning before the caregiver is unable to give care can start early, before age necessitates adaptations in the home. This includes continuously updating the plan until execution of the plan is complete.
- **Single-point support and service coordination:** Aging specialists would guide aging clients and their caregivers with long-term planning, provide family-focused support as they age, and carry out the plan for aftercare when remaining at home is no longer an option.
- **Alternative living options:** Develop housing specifically designed for families to remain together when they no longer can remain at home. This may include education for owners of residential facilities that focuses on structural and environmental adaptations to existing housing for the safety of residents who want to age in place.
- **Enhanced healthcare:** Modify medical and clinical services to support aging clients and caregivers concurrently. Adopt diagnostic tools and assessments for early detection of age-related issues.
- **Training:**
 - a. Develop curricula on aging with developmental disabilities in collaboration with other agencies, universities, and advocacy groups.
 - b. Develop a training and education needs assessment for aging.
 - c. Develop criteria for professional certification of aging specialists.
 - d. Provide education and training to families, service providers, and professionals.
 - e. Provide information that is aging specific through public forums, seminars, conferences, printed materials, web pages, and resource directory.

Dual Diagnosis

The agency plans to focus on cost-effective solutions to address: 1) prevention, 2) in-home services, 3) crisis stabilization, and 4) follow-up care for the population with both a mental health and developmental disability diagnosis. Providing timely and optimal response to prevent and manage crisis when it occurs avoids unnecessary hospitalization and costly institutional services. The agency's legislative budget requests (LBR) may propose an actuarial study to analyze impact, risk, rates, and long-term

costs of the following service components identified as critical components in a continuum of care.

- Dual Diagnosis Assessment Teams (DDAT): A mobile response system to provide families and individuals on-site support 7-days a week and professional help 24-hours a day. If the individual resides with his or her family, which is often the case, this type of support is a cost-effective option. It empowers families and allows the individual to remain in the home.
- Short-Term Stabilization Centers (STSC): New homes or existing homes qualified to provide short-term intensive services to individuals in crisis when they must leave their residence temporarily. Beds at these centers for the dually diagnosed could revert to serve people with different needs as necessary. Training family for the individual's return home would teach caregivers how to prevent crisis from recurring and avoid the cost of repeat return.
- Dual Diagnosis Transition Facilities: Specialized residential facilities to serve individuals who the assessment teams believe need treatment beyond the 30-day limit at stabilization treatment centers. People admitted into transition facilities who need longer term care may be eligible for admission into Dual Diagnosis Treatment Centers.
- Dual Diagnosis Treatment Centers (DDTC): Residential options for individuals no longer able to live at home. These residences require staff with knowledge and experience caring for individuals dually diagnosed. Recruitment and incentives would remedy the existing statewide shortage of qualified providers and the cost of housing individuals in residential facilities not qualified to provide treatment.
- Clinical Competency Development: The foundation of a fully integrated system of treatment and supports requires the development and expansion of clinical proficiency. Curricula for those providing services to the dually diagnosed will focus on interventions proven effective. Training required to provide services is part of the agency's plan to develop a certification system.

Training and Certification

APD plans to submit a legislative budget request to hire a contractor to update a key component for the certification of Questionnaire for Situational Information (QSI) Administrators. QSI scores are a factor in determining an individual's budget for services. Erroneous results could lead to faulty application of the algorithm used for a person's cost plan. Investing in training ensures APD assessors correctly administer the tool and produce consistent and valid results.

The agency also intends to submit separate LBRs for provider training to address critical, immediate, and long-term needs involving access, accuracy, consistency, and compliance through the following:

1. Learning Management System (TRAIN) Training

- The Agency proposes to partner with the Department of Health to implement (TRAIN), a learning management system that would provide trainers, employees, support staff, parents, and direct care staff with a web-based learning system. The system allows users to access courses and training, maintain transcripts of courses completed, track and issue certificates of completion, build a career path, and generate customized reports beneficial in identifying training needs.
- Create an e-library of informational videos for access to resources to learn techniques and increase provider knowledge base.
- Collaborate with other state agencies to provide family caretakers, especially those on the waiting list, education and training on how to access resources in their community, prevent crisis from occurring in the home, and manage crisis if it occurs.
- Update APD's standardized courses, including in-service training, to establish a solid foundation of curriculum that better assures high quality supports and reduce disparity in the quality of care.
- Create professional development training, continued education training, and parent training.

2. Certification

- APD proposes to collaborate with a public technical school or college/university to create a Community Care Professionals (CCP) certification program. Credentialing would provide consistency, competency, and efficiency for third party quality assurance reviewers.
- Expand certification by providing specialization in dual mental health diagnosis, Alzheimer's and dementia.
- Create certification that is transferable statewide and generates an immediate workforce for service providers and job opportunities.
- Improve accountability for state, federal, CMS assurances, and sub-assurances.

CMS Compliance

APD submitted a preliminary plan for notifying service providers about required activities associated with the HCBS rule to the Agency for Health Care Administration. Together the agencies plan to develop a more detailed implementation plan to achieve compliance within the five-year requirement. APD plans to update curricula related to person-centered planning, and provide educational opportunities to individuals and families in year one. Beginning year two, APD plans to assess over 1,500 APD-licensed facilities. It also plans offer service provider training to ensure they respect each individual's right to privacy, dignity, and choice, as well as freedom from coercion or restraint. This includes:

- Choices for having a roommate or a private unit in a residential facility.

- Living in an integrated setting with full access to the entire community.
- Controlling when to entertain visitors and when to schedule services.
- Choosing what activities they want to do and when to do them.
- Selecting food that abides by their religious or dietary preferences.

During years three and four, the agency plans to assist non-residential providers in achieving compliance. More than 1,300 providers statewide specialize in life skills such as Adult Day Training and supported employment. Other providers assist with experiential activities such as bowling, shopping, and travelling on public transportation. Providers that fail to comply within the five-year timeframe may face termination of their waiver service agreement.

The agency plans to update rules, operating procedures, and training curricula needed for compliance. For example, language in Florida Administrative Code Rule 65G-5 Supported Living Services must be consistent with the HCBS rule for community inclusion. Existing curriculum for this service needs revision. Certified Supported Living trainers must take the updated coursework for re-certification.

Developmental Disability Centers (DDCs)

The agency plans to implement cost-saving measures to improve efficiency of services to residents in the state's two DDCs who receive 24-hour care. Suggestions under consideration for implementation range from mundane savings to modifications that may alter the way the agency conducts business. These include:

- Outsourcing services and contract reductions.
- Consolidating homes with vacant beds.
- Conserving energy.
- Lowering food costs.
- Reducing the cost for copier paper.
- Standardizing warehouse orders.
- Decreasing the cost of purchasing equipment, building fixtures, and other non-consumable expenses or property for long-term use that cost in excess of \$1,000.

Intermediate Care Facility (ICF) Transitions

APD plans to request re-approval of last year's proviso in the legislative budget that allowed the transfer of funds from the Agency for Health Care Administration to APD for

individuals in intermediate care facilities. APD plans to continue moving ICF residents who want to transition to community services. Based on data collected to date, the agency expects 85 percent of those who say they want community-based services will actually move. APD requests setting this as the baseline for FY 2015-2016. The agency also is devising a procedure to transition eligible individuals out of nursing home care.

Quality

APD plans to continue activities designed to improve the quality of service delivery. The objective is to improve outcomes for people receiving services and increase compliance with CMS and state standards. The agency plans to continue measuring seven quality of life indicators from data collected by the National Core Indicators (NCI) survey tool to gauge individual outcomes. The APD quality improvement organization’s (Delmarva) individual interview process measures the extent to which a person is:

- In the best possible health
- Connected to family and natural supports
- Empowered to direct the design of services to accomplish desired goals
- Free from abuse, neglect and exploitation
- Safe or has self-preservation skills
- Able to exercise rights that include the feeling of dignity, respect, and privacy
- Able to be alone with friends and visitors at home

The quality improvement organization uses two measures to track health, safety, and welfare:

- The number and percent of individuals with zero (0) to seven (7) of the indicators met.
- The total percent met on average for the quality of life indicators.

Listed in the table below is the distribution of the number and percent of individuals with zero to seven outcomes present. A score of zero indicates no outcomes attained. A score of seven indicates attainment of all of the outcomes. Based on the sample size (1,497), the percentage calculated by the number of individual responses divided by the number of indicators met resulted in the following outcomes:

Number of Indicators “Met”	Number of Individuals	Percent “Met”
7	301	20.1%

6	370	24.7%
5	338	22.6%
4	257	17.2%
3	158	10.6%
2	49	3.3%
1	24	1.6%
0	0	0.0%

The proportion of individuals identified their health, safety, and quality of life outcomes as met were as follows:

Outcome	Percent "Met"
1. Able to exercise rights that includes the feeling of dignity, respect, and privacy	89.00%
2. Connected to family and natural supports	88.20%
3. Safe or has self-preservation skills	84.90%
4. Free from abuse, neglect and exploitation	83.20%
5. Able to be alone with friends and visitors at own home	80.20%
6. Empowered to direct the design of services to accomplish desired goals	79.20%
7. In the best possible health	56.90%

The total percent “met” for the seven quality of life indicators during the past three fiscal years are as follows:

FY 2011-2012 = 77.9%

FY 2012-2013 = 78.4%

FY 2013-2014 = 79.9%

The data shows improvement from FY 2011-2012 through FY 2013-2014. The number of responses last fiscal year documenting five to seven indicators being “met” improved compared to the year before. The net increase shows a response of 67.4 percent met compared to 54 percent the previous year.

APD anticipates that the number of individuals surveyed during the next five years will continue to show an increase in overall outcomes met.

Workforce

The agency already has started on activities that do not require funding to help move APD in a new direction. The agency discontinued non-essential tasks at the regional level to streamline processes, and implemented process improvements to improve efficiency, increase employee productivity, allow staff more time to address health and safety issues, and strengthen accountability. APD collaborated with the Florida Developmental Disabilities Council to design a service center model that more efficiently and effectively addresses the needs of the individuals on the waiting list. Various stages of the model are poised for launch statewide with the APD Suncoast Region serving as the pilot.

The agency also proposes to contract various functions such as intake and competency training, to redeploy field staff to critical health and safety positions (nurses, behavior analysts, QSI assessors, and monitors). Additionally, some functions are under consideration for centralization, which may result in increased efficiency. With the limited number of employees at the State Office assuming more accountability and responsibility, staff in the field would be free to complete essential client-focused tasks.

Employees are professional, compassionate, and committed to improving the lives of individuals with disabilities. Their resourcefulness and dedication sustained the agency through its early financial struggles.

Client Data Management System (CDMS)

The Agency for Persons with Disabilities (APD) serves a client base of approximately 54,000 clients of which approximately 32,000 currently receive services and 22,000 are on a wait list to receive services. The agency has a budget of just over one billion dollars. The vast majority of this budget is for services in the Home and Community Based Waiver program, a federally matched program under the Centers for Medicare and Medicaid Services (CMS). The state is required to track, measure, report and provide quality improvement processes for 32 specific program performance measures to ensure the program funding can continue. CMS further requires that the state maintain a quality improvement system that is dependent on data collection, data analysis, and reporting.

The Centers for Medicare & Medicaid Services predicts in 2013 the projected losses due to fraud, waste, or abuse will be between 3 – 10 percent of Florida’s Medicaid budget. This fraudulent activity has a direct impact on APD’s capacity to serve persons with disabilities and protect the investment of Florida’s taxpayers.

The agency needs an integrated enterprise client data management system that will automate manual processes, collect data at the client specific and provider specific level so analysis, tracking, reporting, fraud prevention and quality improvement processes can be improved.

Essential to this data system is the electronic visit verification to ensure services are delivered as approved by the agency. In addition, the system will provide an electronic client central record containing key data needed to monitor agency performance, provider specific performance, and measurable outcomes.

The new system is central to the agency's process improvement strategy. APD conducted process-mapping sessions of all core service delivery functions. These new processes, along with the associated requirements, will provide the agency with maps needed to implement improved performance measures for agency staff and service providers. It is anticipated the new system will provide a significant reduction of manual processes and provide efficiencies and business process improvements essential to the regionalization of the agency that has been reorganized from 21 area offices to six regional offices.

APD has contracted with a firm to complete a readiness assessment before signing a contract with the vendor selected for its client data management system. CDMS will play a critical role in managing day-to-day processes, monitoring service providers, measuring client outcomes, and improving accountability. The vendor and the agency should be signing a contract to start the project in early 2015.

Citations

1. "Florida: An Economic Overview." *Presentations*. 15 July 2014. Florida Office of Economic and Demographic Research. Sept. 2, 2014.
<<http://edr.state.fl.us/Content/presentations/index.cfm>>.
2. Keller, Seth M. "Caregiving for People with Dementia and Intellectual Disabilities such as Down Syndrome." *Alzheimer's Disease Supportive Services Program*. 14 Feb. 2013. U.S. Administration on Aging. Sept. 2, 2014.
<http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Alz_Grants/index.aspx>.
3. Ozretic, Andrea. "Creating Great Employees (Who Happen To Be Autistic)." *Techonomy*. 28 Oct 2013. Forbes. Sept. 2, 2014.
<<http://www.forbes.com/sites/techonomy/2013/10/28/creating-great-employees-who-happen-to-be-autistic/>>.

Critical Policy & Legislative Changes

No items in the agency's legislative budget request are anticipated to require legislative changes at this time.

Taskforces and Workgroups

3rd National Guardianship Summit: Standards of Excellence

Pre-Admission Screening and Resident Review (PASRR) Interagency Workgroup

Adult Protective Services Interagency Workgroup

APD/AHCA Policy Group

Big Bend Chapter of the Florida State Guardianship Association

Business Leadership Network (BLN)

CDC+ Quality Advisory Committee

Community Advisory Committee of the Florida Center for Inclusive Communities

Employment First Collaboration

Fetal Alcohol Syndrome

Florida Association of State Agency Administrative Services Directors

Florida Cabinet on Children and Youth

Florida Commission for the Transportation Disadvantaged

Florida Developmental Disabilities Council (FDDC)

FDDC Community Living Task Force

FDDC Employment and Transportation Task Force

FDDC Wait List Strategic Plan Implementation Task Force

Florida Disability and Health Program

Florida Genetics and Newborn Screening Advisory Council

Florida Inter-Agency Grants Consortium

Florida State Guardianship Association

Foundation for Indigent Guardianship

Human Services Contract Administrators Task Force

Interagency Medical Director's Committee

Interagency Medical Fraud Committee

Interagency Workgroup on Supported Employment

Lighting the Way to Guardians and Other Decision Making Options

Medical Necessity Workgroup

National Guardianship Association

National Resource Center for Participant-Directed Services (NRCPPDS)

Northwood Shared Resource Center (NSRC) Data Center Board

NSRC Data Center Board Finance and Auditing Committee

Residential Options of Florida

Restoration of Capacity for Persons Under Guardianship Study

Select Advisory Panel on Adult Protective Services

State Advisory Council (SAC) for Bureau of Exceptional Student Services with
Department of Education (DOE)

State Secondary Transition Interagency Committee (SSTIC) Family
Involvement Subcommittee

State Steering Committee for Exceptional Students' Transition Services Project

Taskforce on Fostering Success



Performance Measures and Standards

LRPP Exhibit II

LRPP Exhibit II - Performance Measures and Standards

Department: Agency for Persons with Disabilities	Department No.: 6700000
--	-------------------------

Program: Services to Disabled	Code: 67000000
Service/Budget Entity: Home and Community Services	Code: 67100100

Approved Performance Measures for FY 2014-15 (Words)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Approved Standards for FY 2014-15 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Percent of People who are Employed in Integrated Settings	22.0%	27.0%	25.0%	27.0%
Number of Persons with Disabilities Served in Supported Living	5,600	5,635	5,600	5,600
Percent of ICF residents who accept waiver services and move into the community*	N/A	N/A	N/A	85.0%

* The Agency has established a baseline and is requesting 85% as the standard for this measure.

Program: Services to Disabled	Code: 67000000
Service/Budget Entity: Program Management and Compliance	Code: 67100200

Approved Performance Measures for FY 2014-15 (Words)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Approved Standards for FY 2014-15 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Administrative cost as a percent of total program costs	4.0%	3.2%	4.0%	4.0%
Percent of People Receiving Services who Meet Key Health, Safety, and Quality of Life Outcome Measures	77.9%	79.9%	77.9%	77.9%
Increase use of services and opportunities that are not funded by the Medicaid Home and Community-Based Waiver or other appropriation*	N/A	N/A	N/A	N/A

*Currently, the agency does not have a system to collect this data.

Program: Services to Disabled	Code: 67000000
Service/Budget Entity: Developmental Services Public Facilities	Code: 67100300

Approved Performance Measures for FY 2014-15 (Words)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Approved Standards for FY 2014-15 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Number of adults found incompetent to proceed to trial who are provided competency training and custodial care in the Developmental Disabilities Defendant Program (DDDP)	310	289	310	300
Annual Number of Reportable Incidents per 100 Persons with Developmental Disabilities Living in Developmental Disabilities Centers (DDCs)	20	2.6	20	15



**Assessment of Performance for Approved Performance
Measures**

LRPP Exhibit III

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100100

Measure: Percent of People who are Employed in Integrated Settings

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
22.0%	27%	5 %	22.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation: Performance measure exceeded approved standard.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: Performance for approved standard reflects efforts related to Governor's Employment First Executive Order.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input checked="" type="checkbox"/> Personnel | <input type="checkbox"/> Other |

Recommendations: The agency proposes to raise the employment standard to 27% as explained in Exhibit IV. It will (1) Continue making employment an acknowledged high priority; (2) Set performance expectations for APD Regional achievement; (3) Acknowledge increased workload/responsibilities due to Executive Order 13-284, Employment Enhancement Plan legislative expectations.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100100

Measure: Number of Persons with Disabilities Served in Supported Living

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
5,600	5,635	35	.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

Increase in overall waiver enrollment increased access to this service.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: The agency has submitted an Exhibit IV for clarification of a data source code. No substantive action is needed.

Office of Policy and Budget – July 2014

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100200

Measure: Percent of ICF residents who accept waiver services and move into the community.

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
N/A	N/A	N/A	N/A

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: The agency proposes to establish 85% as the baseline for this new measure as outlined in Exhibit IV.

Office of Policy and Budget – July 2014

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: Program Management and Compliance (67100200)

Measure: Administrative cost as a percentage of total cost.

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
4.0%	3.2%	(.8)%	(20)%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation: The agency was diligent in monitoring expenditures.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix the Problem | |
| <input type="checkbox"/> Current Laws Are Working Against the Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations: Performance for this measure exceed the approved standard. No action is needed.

Office of Policy and Budget – July 2014

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100200

Measure: Percent of People Receiving Services who Meet Key Health, Safety, and Quality of Life Outcome Measures

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
77.9%	79.9%	2%	2.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation: External factors accounted for the difference.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: A greater number of individuals surveyed reported having an increase in outcomes met.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: APD will continue technical assistance and training.

Office of Policy and Budget – July 2014

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100200

Measure: Increase Use of Services and Opportunities that are not Funded by the Medicaid Home and Community-Based Waiver or Other Appropriation

Action:

- | | |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
N/A	N/A	N/A	N/A

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation: Data collection is pending system development. Readiness study is currently being conducted for vendor selected to develop data system.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix the Problem | |
| <input type="checkbox"/> Current Laws Are Working Against the Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: No action is needed.

Office of Policy and Budget – July 2014

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100300

Measure: Number of adults found incompetent to proceed to trial who are provided competency training and custodial care in the Developmental Disabilities Defendant Program (DDDP)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
310	289	(21)	6.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: N/A

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input checked="" type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: Since the number of people served and discharged are up to the courts, APD only estimates how many people it can serve, restore to competency, and discharge to the community. The agency increased in number of people served this year, but not as much as anticipated.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: The agency is proposes to revise the language for this measure for clarification purposes as noted in Exhibit IV.

Office of Policy and Budget – July 2014

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100300

Measure: Annual Number of Reportable Incidents per 100 Persons with Developmental Disabilities Living in Developmental Disabilities Centers

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
20	2.6	(17.4)	87%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: The agency overestimated how many critical reportable incidents per 100 clients.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: The agency proposes revising the standard to 15 as explained in Exhibit IV.

Office of Policy and Budget – July 2014



Performance Measure Validity and Reliability

LRPP Exhibit IV

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100100

Measure: Percent of People who are employed in integrated settings

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Data Sources and Methodology: The agency proposes to raise the employment standard to 27%. The data source remains the same: APD's Questionnaire for Situational Information (QSI), the ABC Data System, and provider reporting on the number of people served who are competitively employed. The methodology needs to change to: The number of people competitively employed DIVIDED by the number of people competitively employed PLUS the number of people identified in QSI who want employment and are not employed. The addition of "are not employed" clarifies the data set.

Validity: The proposed measure of competitive, integrated employment is defined as those individuals who are competitively employed (earning minimum wage or better in a community workforce setting), and by the above methodology, which aligns to APD's quarterly employment performance measure reported to the Governor.

Reliability: QSI assessors are trained and certified based on reliable performance in the application of the assessment and are re-certified annually. Data from the ABC system is based on individual cost plans and valid paid claims. Data from the Supported Employment Tracking System (SETS) is based on provider self-reporting to Regional APD staff.

Office of Policy and Budget – July 2014

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100100

Measure: Number of persons with disabilities in supported living

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Data Sources and Methodology:

Allocation, Budget and Contract Control System (ABC)

ABC Program Component SUM OF Independent Living (01) PLUS Supported Living (11)

Validity: Removed ABC program Component Transitional Living (12) from the methodology as it no longer is a code for individuals in supported living or independent living.

Reliability: The agency uses codes 01 and 11 to track all persons who choose to live on their own in ABC, the agency's system of record.

Office of Policy and Budget – July 2014

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100200

Measure: Percent of ICF residents who accept waiver services and move into the community

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Data Sources and Methodology: The agency has collected the data it needs for this new measure and requests establishing 85% as the baseline. The source for data is the agency's six regional offices, which perform a manual count (monthly/quarterly) of ICF residents who transition into community-based services. The methodology for reporting performance will be:

Number of ICF residents who accepted waiver services and moved into the community DIVIDED BY Number of ICF residents who accepted the offer to receive waiver services in the community.

Validity: Institutional-based services are an entitlement for individuals with developmental disabilities. Individuals residing in intermediate care facilities (ICF) have the right to choose between institutional or community-based services. ICF residents receive periodic assessment and offered community-based services. Documentation of choice counseling is a required quality assurance measure. Waiver enrollment is documented. The placement of those individuals in the community who accept the offer to move is an accurate reflection of performance.

Reliability: APD employees monitor residential placement and utilization of waiver services. The data regarding the number of individuals that accept waiver services and move into the community is tracked by APD's regional office and reported (monthly/quarterly) to the state office. The regions establish a notification system for everyone who receives services in the community for emergency management purposes. Therefore, the regions are the best source for this data.

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100300

Measure: Number of adults found incompetent to proceed to trial who are provided competency training and custodial care in the Developmental Disabilities Defendant Program (DDDP)

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Data Sources and Methodology: Based on a review of historical data, it appears the agency may have included some instances in which the forensic commitment did not include competency training. To ensure reporting consistency, the agency proposes to revise the measure and methodology as:

Measure:

Number of adults found incompetent to proceed to trial in the custodial care of the APD Forensic System.

Methodology: Current population of Seguin, Pathways, and DDDP, plus all DDDP discharges during the fiscal year.

Data indicate that 300 is a more appropriate standard based on this methodology.

Validity: Admissions for APD Forensic Services are tracked and monitored by the agency.

Reliability: Census for Seguin, Pathways, and DDDP are required and reported on a periodic basis.

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Agency for Persons with Disabilities

Program: Services to Disabled

Service/Budget Entity: 67100300

Measure: Annual Number of Reportable Incidents per 100 Persons with Developmental Disabilities Living in Developmental Disabilities Centers

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Data Sources and Methodology: In past years, the agency has used a standard of 20 for this measure. However, data trends show that this is an over-estimation and that a new standard of 15 would be more accurate. In addition, the agency is requesting a language change to:

Annual Number of Critical Incidents per 100 Persons with Developmental Disabilities Living in Developmental Disabilities Centers and facilities.

Data source and methodology for this measure remain unchanged.

Validity: The data for this measure is incidents that present a potential or actual danger to a DDC resident or employee's health and safety. The term "critical" specifies the type of incidents reported for this measure and reflects the language used in the agency's internal operating procedures and statute. Critical incidents are a specific subset of incidents that must be reported within twenty-four (24) hours and consist of: unexpected client death, life threatening injury, sexual misconduct, missing child or adult who has been adjudicated incompetent, media involvement, client arrest, and verified abuse, neglect, or exploitation investigation.

Reliability: Incident reporting is part of every DDC employee's orientation training and required annual training. Operating procedures established consistent classification and reporting of incidents at all agency-operated residential facilities and data collection for health and safety trend analysis.

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**Associated Activities Contributing to Performance
Measures**

LRPP Exhibit V

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures		
Measure Number	Approved Performance Measures for FY 2014-15 (Words)	Associated Activities Title
1	Percent of people who are employed in integrated settings	Adult Supported Employment
		Children Supported Employment
2	Number of persons with disabilities served in supported living	Adult Supported Living
		Children Supported Living
3	Percent of ICF residents who accept waiver services and move into the community	Home and Community Services Administration
		Private Intermediate Care Facilities for the Developmentally Disabled
4	Increase use of services and opportunities that are not funded by the Medicaid home and community-based waiver or other appropriation	Home and Community Services Administration
5	Percent of people receiving services who meet key health, safety and quality of life outcome indicators	Adult Day Living
		Adult Day Service
		Adult Medical/Dental
		Adult Respite Services
		Adult Residential Habilitation
		Adult Specialized Therapies/ Assessments
		Adult Supported Employment
		Adult Supported Living
		Adult Transportation
		Children Daily Living
		Children Day Training Services
		Children Medical/Dental
		Children Respite Services
		Children Residential Habilitation
		Children Specialized Therapies/ Assessments
Children Support Employment		
Children Supported Living		
Children Transportation		
6	Annual number of reportable incidents per 100 persons in DDCs	Intermediate Care Facilities for the Developmentally Disabled
7	Number of adults found incompetent to proceed to trial who are provided competency training and custodial care in the Developmental Disabilities Defendant Program (DDDP)	Forensic Care

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AGENCY FOR PERSONS WITH DISABILITIES		FISCAL YEAR 2013-14			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		1,110,364,769		3,400,000	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		9,171,779		-2,000,000	
FINAL BUDGET FOR AGENCY		1,119,536,548		1,400,000	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
<i>Executive Direction, Administrative Support and Information Technology (2)</i>					1,400,000
Home And Community Services Administration * Number of Medicaid Waiver clients enrolled		29,421	163.02	4,796,248	
Support Coordination * Number of people receiving support coordination		30,055	1,252.30	37,637,874	
Private Intermediate Care Facilities For The Developmentally Disabled * Number of adults receiving services in Developmental Service Public Facilities		727	133,199.31	96,835,895	
Program Management And Compliance * Based on Administrative Components of serving people in the Community and Institutional settings		55,502	419.23	23,268,256	
Adult Daily Living * Number of persons with disabilities served in Adult Daily Living		16,008	3,761.01	60,206,181	
Adult Day Service * Number of persons with disabilities served in Adult Day Training Service		11,634	2,627.74	30,571,174	
Adult Medical/Dental * Number of persons with disabilities served in Adult Medical/Dental		8,584	1,541.12	13,228,969	
Adult Respite Services * Number of persons with disabilities served in Adult Respite Services		77	4,633.55	356,783	
Adult Residential Habilitation * Number of persons with disabilities served in Adult Residential Habilitation		7,338	17,127.76	125,683,468	
Adult Specialized Therapies/ Assessments * Number of persons with disabilities served in Adult Specialized Assessments, Therapies, Equipment and Supplies		4,734	2,298.02	10,878,821	
Adult Supported Employment * Number of persons with disabilities served in Adult Supported Employment		1,835	1,602.89	2,941,301	
Adult Supported Living * Number of persons with disabilities served in Adult Supported Living and In Home Subsidies		11,797	7,562.20	89,211,219	
Adult Transportation * Number of persons with disabilities served in Adult Transportation		8,166	1,265.14	10,331,137	
Children Daily Living * Number of persons with disabilities served in Children Daily Living		922	10,314.44	9,509,916	
Children Day Services * Number of persons with disabilities served in Children Day Training Services		15	2,236.33	33,545	
Children Medical/Dental * Number of persons with disabilities served in Children Medical/Dental		1,936	862.71	1,670,209	
Children Respite Services * Number of persons with disabilities served in Children Respite Services		2,215	2,182.12	4,833,398	
Children Residential Habilitation * Number of persons with disabilities served in Children Residential Habilitation		699	19,284.88	13,480,132	
Children Specialized Therapies/ Assessments * Number of persons with disabilities served in Children Specialized Assessments, Therapies, Equipment and Supplies		664	2,600.33	1,726,621	
Children Support Employment * Number of persons with disabilities served in Children Supported Employment		5	1,188.60	5,943	
Children Supported Living * Number of persons with disabilities served in Children Supported Living and In Home Subsidies		378	3,991.24	1,508,687	
Children Transportation * Number of persons with disabilities served in Children Transportation		30	6,707.00	201,210	
Community Support Services * Number of persons served		8,194	212.69	1,742,763	
Forensic Care * Number of adults found incompetent to proceed who are provided competency training and custodial care in the Developmental Disabilities Defendant Program		326	80,362.52	26,198,181	
TOTAL				566,857,931	1,400,000
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER					
REVERSIONS				552,678,674	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				1,119,536,605	1,400,000

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.



Agency Glossary of Terms and Acronyms

Allocation, Budget and Contract Control System (ABC): An agency sub-system used to track specific consumer information and process invoices.

Activity: A unit of work, which has identifiable starting and ending points, has purpose, consumes resources, and produces outputs. Unit cost information is determined by using the outputs of activities.

Actual Expenditures: Includes prior year actual disbursements, payables, and encumbrances. The payables and encumbrances are certified forward at the end of the fiscal year. They may be disbursed between July 1 and September 30 of the subsequent fiscal year. Certified forward amounts are included in the year in which the funds are committed and not shown in the year the funds are disbursed.

Adult Day Training (ADT): Daytime programs for adults with developmental disabilities to learn particular life skills and activities.

AHCA: Agency for Health Care Administration

APD: Agency for Persons with Disabilities

APS: Adult Protective Services

Appropriation Category: The lowest level line item of funding in the General Appropriations Act (GAA), which represents a major expenditure classification of the budget entity. Within budget entities, these categories may include: salaries and benefits, other personal services (OPS), expense, operating capital outlay (OCO), data processing services, fixed capital outlay, etc. These categories are listed and defined within this glossary.

Autism: Pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication

and imaginative ability, and a markedly restricted repertoire of activities and interests.

Baseline Data: Indicators of a state agency's current performance level, pursuant to guidelines established by the Executive Office of the Governor in consultation with the Florida Legislature.

Budget Entity: A unit or function at the lowest level to which funds are specifically appropriated in the General Appropriations Act. "Budget entity" and "service" have the same meaning. A budget entity can be a department, division, program, or service and have one or more program components.

Consumer Directed Care Plus (CDC+): A Medicaid State Plan Option Program that gives an eligible person the opportunity to hire workers and vendors to help with daily care needs, such as personal care, respite, and transportation. Workers may be family members or others familiar to the consumer. In order to be eligible for CDC+, an individual must be receiving services from APD through the iBudget waiver. CDC+ provides the opportunity to improve quality of life, by giving the power to the consumer to make choices about the kinds of supports and services that are needed. Together with the assistance of a trained CDC+ consultant, who is also a waiver support coordinator, the consumer and consultant help plan consumer supports, manage an established budget, and make decisions regarding care, and staff hiring.

Cerebral Palsy (CP): A group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during or after birth and that result in the loss of impairment of control over voluntary muscles. For the purposes of this definition, cerebral palsy does not include those symptoms or impairments resulting solely from a stroke.

CIO: Chief Information Officer

CIP: Capital Improvements Program Plan

Client: Any person determined eligible by the agency for services as defined in Chapter 393, Florida Statutes (statute covering developmental disabilities).

CMS: Centers for Medicare and Medicaid Services. CMS is the federal agency with oversight of Medicaid State Plan and Medicaid Waiver services.

Commodity: Any of the various supplies, materials, goods, merchandise, equipment, information technology, and other personal property, including a mobile home, trailer, or other portable structure with floor space of less than 5,000 square feet, purchased, leased, or otherwise contracted for by the state and its agencies. "Commodity" also

includes interest on deferred-payment commodity contracts approved pursuant to section 287.063, F.S., entered into by a Department for the purchase of other commodities. However, commodities purchased for resale are excluded from this definition. Printing of publications shall be considered a commodity when let upon contract pursuant to section 283.33, F.S., whether purchased for resale or not.

Contract: A formal written agreement, legally binding, between the agency and a contractor detailing the commodities or services to be provided by the contractor in exchange for the price to be paid for such commodities or services by the agency as well as other terms and conditions which the parties must perform, such as the time in which to perform, compliance with statutes and regulations, specific details of the agreement, etc.

Contract Audit System (CAS): A tracking system for contract audits performed by the Department of Financial Services' Bureau of Auditing, as well as a mechanism to make audit information available for public viewing via FACTS.

Contract Document: Refers to the contract and any amendments, renewals, extensions which may include attachments, exhibits and documents incorporated by reference regardless of the method of procurement.

Contractual Service: The rendering by a contractor of its time and effort rather than the furnishing of specific commodities. The term applies only to those services rendered by individuals and firms who are contractors. Services may include, but are not limited to, evaluations, consultations, maintenance services, accounting, security, management systems, management consulting, educational training programs, research and development studies or reports, and professional, technical, and social services. The term "Contractual Service" does not include any contract for the furnishing of labor or materials for the construction, renovation, repair, modification, or demolition of any facility, building, portion of building, utility, park, parking lot, or structure or other improvement to real property entered into pursuant to Chapter 255, F.S., and Rule 60D:5, F.A.C. Commodities, which are acquired incidental to the acquisition of a contractual service, are considered to be part of the acquisition or purchase of the contractual service.

D3-A: A legislative budget request (LBR) exhibit, showing expenditures by budget entity, appropriation category and program component, and presents a narrative explanation and justification of specific issues for requested years.

Data Processing Services: The electronic data processing services provided by or to state agencies or the judicial branch which include, but are not limited to, systems design, software development, or time-sharing by other governmental units or budget entities.

DCF: Florida Department of Children and Families

DDC: Developmental Disabilities Centers

DDDP: Developmental Disabilities Defendant Program (DDDP) is a secure residential facility providing competency training and testing for persons with developmental disabilities who are alleged to have committed a felony and who are court ordered into the facility. (See Forensic.)

Demand: The number of output units, which are eligible to benefit from a service or activity.

Developmental Disability: A disorder or syndrome that is attributable to spina bifida, autism, cerebral palsy, Prader-Willi syndrome, Down syndrome, and intellectual disability, that manifests before the age of 18, and that constitutes a substantial handicap that can be expected to continue indefinitely. (See individual definitions).

Developmental Disabilities Centers (DDCs): State owned and operated facilities, formerly known as developmental disabilities institutions, for the treatment and care of individuals with developmental disabilities.

Down Syndrome: A disorder caused by the presence of an extra chromosome 21.

EEP: Employment Enhancement Project. The Florida Legislature allocated \$500,000 for the continuation of the Employment Enhancement Project (EEP) in Fiscal Year 2014-15. The EEP's purpose is to provide employment opportunities to those on the APD Waiting List who want jobs when leaving school. If in high school, job seekers must be in their final year. Expenditures per student will average \$2,500 for supported employment services and other assistance finding jobs. Job seekers must be 18-years-of-age or older.

EOG: Executive Office of the Governor

Estimated Expenditures: Includes the amount estimated to be expended during the current fiscal year. These amounts will be computer generated based on current year appropriations adjusted for vetoes and special appropriations bills.

Expense: The usual, ordinary, and incidental expenditures by an agency or the judicial branch, including, but not limited to, such items as commodities and supplies of a consumable nature, current obligations, and fixed charges, and excluding expenditures classified as operating capital outlay. Payments to other funds or local, state, or federal agencies are included in this budget classification of expenditures.

Fixed Capital Outlay (FCO): Real property (land, buildings, fixtures, etc.), including additions, replacements, major repairs, and renovations which extend useful life, materially improve or change its functional use. Furniture and equipment necessary to furnish and operate a new or improved facility are included in the definition.

FLAIR: Florida Accounting Information Resource Subsystem

Florida Accountability Contract Tracking System (FACTS): An online tool developed by the Department of Financial Services to make the government contracting process in Florida more transparent through the creation of a centralized, statewide contract reporting system.

FMMIS: Florida Medicaid Management Information System

Forensic: Programs that are supported by state funds and provide a secure setting for persons who are alleged to have committed a felony and who are court ordered into such a facility .

F.S.: Florida Statutes

FTE: Full-Time Equivalent

GAA: General Appropriations Act

GR: General Revenue Fund

Group Home Facility: A residential facility licensed under Chapter 393, F.S., which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents.

HCBS: Home and Community-Based Services. APD provides these services through iBudget. The iBudget Waiver provides home and community-based supports and services to eligible persons with developmental disabilities living at home or in a home-like setting. The iBudget Waiver program is funded by both federal and matching state dollars. This waiver reflects use of an individual budgeting approach and enhanced opportunities for self-determination. The purpose of this waiver is to promote and maintain the health of eligible individuals with developmental disabilities, provide medically necessary supports and services to delay or prevent institutionalization, and foster the principles of self-determination as a foundation for services and supports.

iBudget (Individual Budgeting): Individual Budgeting is an approved HCBS waiver to enhance and improve the method by which a budget is derived for all individuals enrolled on the Home and Community-Based Services waivers and Consumer

Directed Care Plus (CDC+) waivers (see Waiver). Individual budgeting is an approach to allocating funding within existing agency resources for those services used by a consumer with a developmental disability. A mathematical formula (also known as an algorithm) is developed through statistical analysis to assist in equitably distributing available funds based on historical funding patterns. This formula considers individual consumer characteristics which are statistically proven to correlate with costs and generates a base budget amount for each person prior to the support planning process.

Intermediate Care Facility/Developmental Disabilities (ICF/DD): Facilities for the treatment and care of individuals with developmental disabilities that are licensed by AHCA.

Indicator: A marker or sign expressed in a quantitative or qualitative statement used to gauge the nature, presence, or progress of a condition, entity, or activity. This term is used commonly as a synonym for the word “measure.”

Information Technology Resources: Includes data processing-related equipment, software, materials, services, telecommunications, personnel, facilities, maintenance and training.

Input: See Performance Measure.

Intellectual Disability: A term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a person to learn and develop more slowly. People with intellectual disabilities may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. As defined in Chapter 393, F.S. Intellectual disability is defined by a significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior that manifests before the age of 18 and can reasonably be expected to continue indefinitely. Significantly sub average general intellectual function for the purposes of this definition means performance which is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the agency. Adaptive behavior for the purpose of this definition means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his or her age, cultural group, and community.

IOE: Itemization of Expenditure

IT: Information Technology

Judicial Branch: All officers, employees, and offices of the Supreme Court, district courts of appeal, circuit courts, county courts, and the Judicial Qualifications Commission.

LAN: Local Area Network

LAS/PBS: Legislative Appropriations System/Planning and Budgeting Subsystem. The statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

Legislative Budget Commission (LBC): A standing joint committee of the Legislature. The Commission was created to: review and approve/disapprove agency requests to amend original approved budgets; review agency spending plans; and take other actions related to the fiscal matters of the state, as authorized in statute. It is composed of 14 members appointed by the President of the Senate and by the Speaker of the House of Representatives to two-year terms.

Legislative Budget Request (LBR): A request to the Legislature, filed pursuant to s. 216.023, F. S., or supplemental detailed requests filed with the Legislature, for the amounts of money an agency or branch of government believes will be needed to perform the functions that it is authorized, or it is requesting authorization by law, to perform.

L.O.F.: Laws of Florida

Long-Range Program Plan (LRPP): A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of people served and proposing programs and associated costs to address those needs, as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing an agency's legislative budget request and includes performance indicators for evaluating the impact of programs and agency performance.

Long-Term Care: Those services provided on an ongoing basis to people with developmental disabilities in a residential setting such as a developmental disabilities center.

MSP: Medicaid State Plan

Medicaid Waiver: See Waiver

NASBO: National Association of State Budget Officers

Narrative: Justification for each service and activity required at the program component detail level for the agency's budget request. Explanation, in many instances, will be required to provide a full understanding of how dollar requirements were computed.

National Core Indicators (NCI): Nationally standardized performance indicators that include approximately 100 outcomes related to consumer, family, systemic, cost, and health and safety – outcomes that are important to understanding the overall health of public developmental disabilities agencies. Associated with each core indicator is a source from which the data is collected. Sources of information include consumer survey (e.g., empowerment and choice issues), family surveys (e.g., satisfaction with supports), provider survey (e.g., staff turnover), and state systems data (e.g., expenditures, mortality, etc.). (Source: Human Services Research Institute.) Florida has joined over 30 states that are using the National Core Indicators, gaining the capacity to compare Florida among other states and with national trends.

Nonrecurring: Expenditure or revenue limited to a fiscal year, or not expected to be needed or available after the current fiscal year.

OPB: Office of Policy and Budget, Executive Office of the Governor

Operating Capital Outlay (OCO): Equipment, fixtures and other tangible personal property of a non-consumable and nonexpendable nature, the value or cost of which is \$1,000 or more and the normal expected life of which is one year or more; hardback-covered bound books that are circulated to students or the general public, the value or cost of which is \$25 or more; and hardback-covered bound books the value or cost of which is \$250 or more.

Other Personal Services (OPS): The compensation for services rendered by a person who is not a regular or full-time employee filling an established position. This shall include but not be limited to, temporary employees, student or graduate assistants, fellowships, part time academic employment, board members, consultants, and other services specifically budgeted by each agency in this category.

Outcome: See Performance Measure.

Output: See Performance Measure.

Outsourcing: The act of contracting with a vendor for the delivery of a service or item. There is a transfer of management responsibility for the delivery of resources and the performance of those resources. Outsourcing includes everything from

contracting for minor administration tasks to contracting for major portions of activities or services, which support the agency mission.

Pass Through: A situation in which funds flow through an agency's budget to other entities (e.g. local governments) without the agency having discretion on how the funds are spent. The activities (outputs) associated with the expenditure of the funds are not measured at the state level. NOTE: This definition of "pass through" applies ONLY for the purposes of long-range program planning.

Performance Ledger: The official compilation of information about state agency performance-based programs and measures, including approved programs, approved outputs and outcomes, baseline data, approved standards for each performance measure and any approved adjustments thereto, as well as actual agency performance for each measure.

Performance Measure: A quantitative or qualitative indicator used to assess state agency performance. Input means the quantities of resources used to produce goods or services and the demand for those goods and services. Outcome means an indicator of the actual impact or public benefit of a service. Output means the actual service or product delivered by a state agency.

Personal Outcome Measures: The Personal Outcome Measures were developed by the Council on Quality and Leadership (CQL) in 1991. They were replaced by National Core Indicators (NCI) to measure Florida's performance against other states.

Policy Area: A grouping of related activities that reflects major statewide priorities. Policy areas summarize data at a statewide level by using the first two digits of the ten-digit LAS/PBS program component code. Data collection will sum across state agencies when using this statewide code.

Prader-Willi syndrome: A complex genetic condition that affects many parts of the body. In infancy, this condition is characterized by weak muscle tone, feeding difficulties, poor growth, and delayed development. Beginning in childhood, affected individuals develop an insatiable appetite and chronic overeating. As a result, most experience rapid weight gain leading to obesity. People with Prader-Willi syndrome, typically have an intellectual disability or learning disabilities and behavioral problems.

Primary Service Outcome Measure: The service outcome measure, which is approved as the performance measure, which best reflects and measures the intended outcome of a service. Generally, there is only one primary service outcome measure for each agency service.

Privatization: Occurs when the state relinquishes a function, service, or responsibility, or reduces its role in the delivery of a service or specific activity.

Procurement: The act, through utilization of various methods, of obtaining commodities or contractual services for the agency.

Program: A set of services and activities undertaken in accordance with a plan of action organized to achieve agency mission, goals, and objectives based on legislative authorization. Programs are identified in the General Appropriations Act by a title that begins with the word "Program". In some instances, a program consists of several services, or in other cases the program represents one service. The LAS/PBS code is used for purposes of both program identification and service identification. "Service" is a "budget entity" for purposes of the LRPP.

Program Purpose Statement: A brief description of approved program responsibilities and policy goals. The purpose statement relates directly to the agency mission and reflects essential services needed to accomplish the agency's mission.

Program Component: An aggregation of generally related objectives. Because of their special character, related workload and interrelated output, these objectives could logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

Purchasing Categories/Thresholds: The categories related to specific dollar amounts established by section 287.017, F.S., and that govern required procurement procedures depending on the category.

Questionnaire for Situational Information (QSI): This questionnaire is the approved method or tool utilized by the agency for evidence-based client assessments. It is designed to gather key information (physical, behavioral and functional areas) about an individual's life and need for supports from APD. The QSI is administered by APD employees who are certified in its use.

Regions or Regional Office: Refers to the structure of the agency's field offices from consolidation of 14 area offices into six (6) regions.

Reliability: The extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for the intended use.

Salary & Benefits: The cash compensation for services rendered to state employees for a specific period of time, and the corresponding state sponsored benefits (retirement, health insurance, etc.) or federally required taxes (Social Security, FICA, etc.) paid on behalf of the employee.

Service: See Budget Entity

Service Provider: An individual or business determined eligible to deliver Medicaid services and has an agreement with APD to provide services to people with developmental disabilities.

SL: Supported Living. Supported Living is a category of individually determined services designed and coordinated in such a manner as to provide assistance to adult clients who require ongoing supports to live independently as possible in their own homes, to be integrated into the community, and to participate in community life to the fullest extent possible.

Spina Bifida: A birth defect (a congenital malformation) in which there is a bony defect in the vertebral column so that part of the spinal cord, which is normally protected within the vertebral column, is exposed. People with Spina bifida can have difficulty with bladder and bowel incontinence, cognitive (learning) problems and limited mobility. Spina bifida is caused by the failure of the neural tube to close during embryonic development. The neural tube is the embryonic structure that gives rise to the brain and spinal cord.

SSI: Supplemental Security Income (through the Social Security Administration)

Standard: The level of performance of an outcome or output.

SWOT: Strengths, Weaknesses, Opportunities and Threats

TCS: Trends and Conditions Statement

TRW: Technology Review Workgroup

Unit Cost: The average total cost of producing a single component, item, service, or unit of output for a specific agency activity.

Validity: The appropriateness of the measuring instrument in relation to the purpose for which it is used.

VR: Division of Vocational Rehabilitation (VR) is a federal-state program within the Department of Education that helps people who have physical or mental disabilities get or keep a job.

Waiver: A home and community based services waiver authorized under Title IX of the Social Security Act and is an alternative program to institutional care. The waiver is funded by state and federal matching funds and is designed to provide services to individuals to live in their community rather than live in an institutional setting.

WAN: Wide Area Network (Information Technology)