



agency for persons with disabilities  
State of Florida

## LONG-RANGE PROGRAM PLAN

Agency for Persons with Disabilities

Rick Scott  
Governor

Tallahassee, FL

September 30, 2015

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Director

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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 2016-17 through Fiscal Year 2020-21. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is

<http://floridafiscalportal.state.fl.us/Publications.aspx?AgyID=6700>.

This submission has been approved by Barbara Palmer, Director of the Agency for Persons with Disabilities.

Barbara Palmer  
Director



## Long-Range Program Plan

Fiscal Years 2016-2017  
through 2020-2021



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Director

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## **Mission Statement**

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

## **Goals**

1. Increase the number of individuals with developmental disabilities in the workforce.
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:** Develop systematic approach for job placement, customized employment, or a career path.

**Objective 2.1:** Improve availability of quality services to people with developmental disabilities.

**Objective 3.1:** Improve monitoring and accountability.

**Objective 4.1:** Improve program and internal cost controls.



## Agency Service Outcomes and Performance Projections Tables

Goal 1: Increase the number of individuals with developmental disabilities in the workforce.

Objective 1.1 Develop a systematic approach for job placement, customized employment, or a career path.

**Measure 1.1.1** Percent of people who are employed in integrated settings

Baseline FY 2013/2014	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
25%	27%	27%	27%	27%	27%

Goal 2: Increase access to community-based services, treatment, and residential options.

Objective 2.1 Improve availability of quality services to people with developmental disabilities.

**Measure 2.1.1** Number of persons with disabilities served in supported living

Baseline FY 2013/2014	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
5,600	5,600	5,656	5,713	5,770	5,828

Goal 3 Improve management and oversight of agency and provider services.

Objective 3.1 Improve monitoring and accountability.

**Measure 3.1.1** Percent of people receiving services who meet key health, safety, and quality-of-life outcome measures

Baseline FY 2013/2014	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
77.9%	77.9%	81%	82%	82%	82%

**Measure 3.1.2** Number of adults found incompetent to proceed to trial who are provided competency training and custodial care in the APD Forensic Services Program

Baseline FY 2013/2014	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
310	300	300	300	300	300

**Measure 3.1.3** Annual number of reportable critical incidents per 100 persons with developmental disabilities living in Developmental Disabilities Centers

Baseline FY 2012/2013	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
20	15	15	15	15	15

Goal 4 Manage agency budget within fiscal allocation.

Objective 4.1 Improve program and internal cost controls.

**Measure 4.1.1** Administrative cost as a percent of total program costs

Baseline FY 2007/2008	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

**Measure 4.1.2** 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 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
N/A*	N/A	N/A	N/A	N/A	N/A

\*The agency does not have a system to collect this data and is requesting its deletion.

**Measure 4.1.3** Percent of ICF residents who accept waiver services and move into the community

Baseline FY 2013/2014	FY 2016/2017	FY 2017/2018	FY 2018/2019	FY 2019/2020	FY 2020/2021
N/A*	85%	85%	85%	85%	85%

\*Indicates an approved baseline of 85% beginning FY 2015-16.



## **Linkages to Governor's Priorities**

The focus of the Agency for Persons with Disabilities (APD) on employment links to the Governor's priority of giving all Floridians the opportunity to work. APD intends to develop a systematic approach for job placement, customized employment, or a career path to increase employment for the hundreds of people with developmental disabilities who have expressed an interest in working.

Job income expands choices for people with developmental disabilities and their families. More income can make a difference in where they choose to live, the services they can afford, and their lifestyle. More people in the workforce acts as a stimulus for economic growth as entrepreneurs position themselves to fill any void and pursue a new source of consumers. It creates synergy that spurs investment in the community, involvement of its residents, and improvements in their quality of life.

An affordable cost of living is another priority that individuals with developmental disabilities share with the Governor. Resources for maximizing individual abilities are an important component to maintain people with disabilities in their homes. This generally costs less than life in an institution. The agency intends to pursue solutions for people with developmental disabilities who lack appropriate services, and seek opportunities for individuals to develop skills focused on abilities to raise personal productivity, reduce dependence, and increase opportunities to build natural support systems with members of the community.

## Primary Responsibilities Based on Statute

The Agency for Persons with Disabilities (APD) annually serves more than 50,000 Floridians with autism, cerebral palsy, spina bifida, intellectual disabilities, Down syndrome, and Prader-Willi syndrome as defined in Florida Statutes. The service delivery system has three primary programs that provide the following:

- Services in the least restrictive and most community-integrated setting available (Chapter 393 F.S.);
- Care, habilitation, and rehabilitation at state-owned and operated facilities (Chapter 393 F.S.); and
- Competency restoration services to individuals accused of a felony and deemed incompetent to stand trial (Chapter 916 F.S.).

### Individuals in Community Settings

APD serves more than 30,000 people with developmental disabilities through the iBudget waiver. The agency funds a variety of social, medical, residential, and behavioral services to allow individuals who would otherwise live in an institutional setting to live at home or elsewhere in their communities. The waiver is the payer of last resort. Individuals must use all resources available from school systems, Medicaid state plan, private insurance, and any other benefits for services and support before using the waiver.

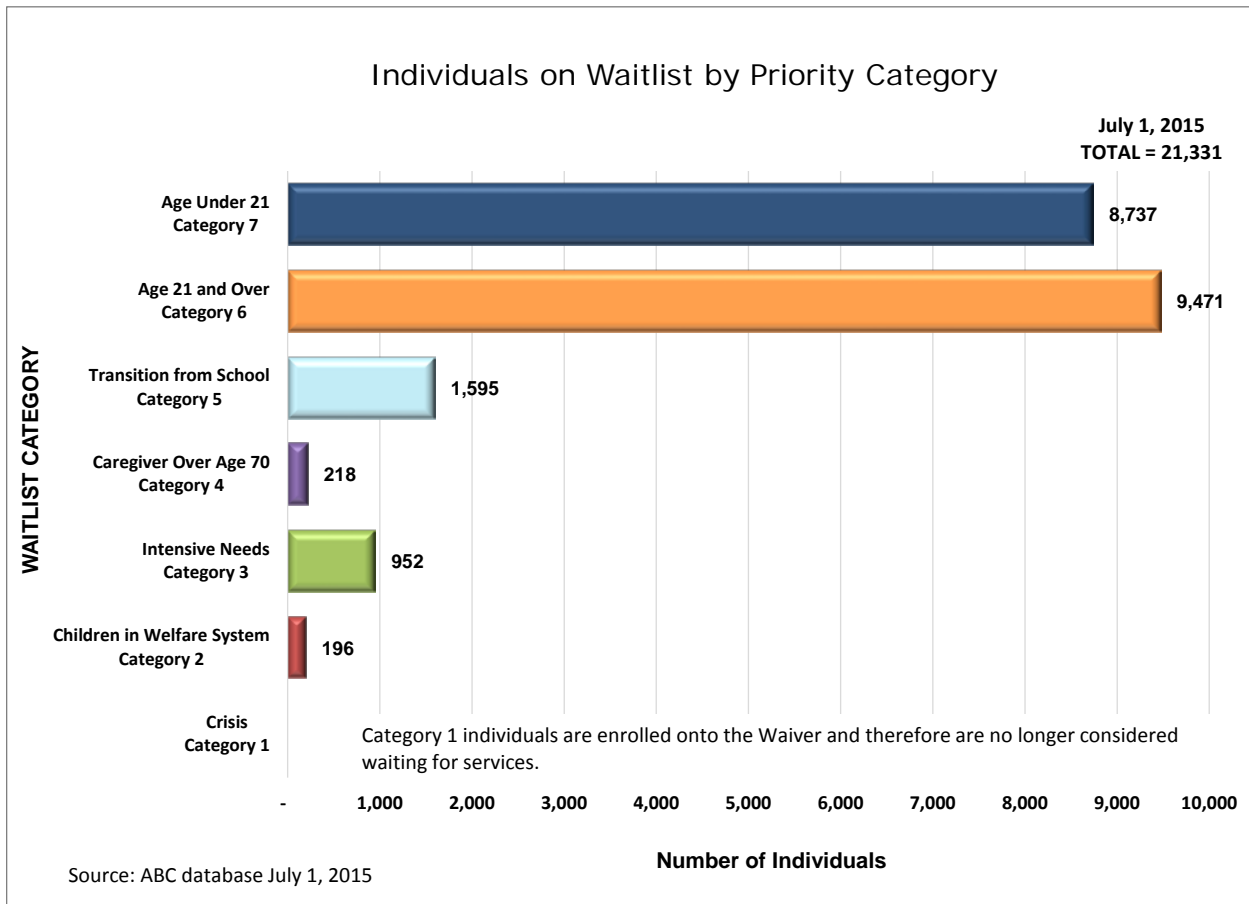
Individuals enrolled in the iBudget waiver hire support coordinators to plan their supports and to arrange for providers to deliver their services. Support coordinators also must obtain non-paid supports and access to community resources for their clients. Individuals who participate in the agency's Consumer Directed Care Plus (CDC+) program create their own service plans and manage their service delivery system. They comprise less than 10% of the people with waivers served in the community.

### Individuals on the Waiting List

Florida had more than 21,000 people waiting for waiver services on July 1, 2015. Placement in one of the following seven categories determines priority for waiver enrollment: (1) crisis, (2) children in welfare system, (3) intensive needs, (4) caregiver over 70-years old, (5) transition from school, (6) age 21 and older, and (7) under 21-years old. For the third year in a row, the Governor and Florida Legislature approved a significant amount of funding for removing people from the waiting list. Last year, APD received \$20 million for the waiting list and enrolled more than 600 people in crisis and



youth in the child welfare system for waiver services. The agency received \$40.6 million in FY 2015-16 to serve 2,000 more people who have intensive needs, have a caregiver over age 70, or are in transition from school-based services.



APD has two other funding sources to assist consumer who want to live in the community: 1) Individual and Family Supports (IFS) and 2) Room and Board. IFS funds critical services through a combination of Social Services Block Grant dollars and General Revenue monies. IFS funds individuals on the waiting list, individuals on the waiver with emergency needs, and others. It provides consumers a wide range of services, including employment services, in-home subsidies, social, behavioral, residential, and other specialized therapies and supports. Room and Board provides payment to licensed facilities to cover the cost of meals and lodging not covered by a resident’s Social Security Income payment.

### Individuals in Developmental Disability Centers

More than 700 individuals choose to 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 highly structured environments not possible

in a group or family home. DDC residents receive round-the-clock care, as well as clothing, meals, supervision, skill development, and job training. A multi-disciplinary team develops individualized treatment plans similar to the support plans of consumers with iBudget waivers.

The agency's two DDCs are home to approximately 395 people at Tacachale in Gainesville and 316 individuals at Sunland in Marianna. Both facilities are progressive communities that offer choice, encourage personal responsibility, and maximize socialization. Residents may learn woodworking, art, pottery, gardening, and a variety of sports. They participate in parades and talent shows or attend parties, picnics, and dances. They also have opportunities to work onsite in landscaping, recycling, and poultry farming. In FY 2014-15, residents received an increase in their personal needs allowance from \$35 to \$105 monthly, providing residents more opportunities for off-site entertainment, dining, and travel.

### **Individuals in the Developmental Disabilities Defendant Program**

A third program involves individuals with developmental disabilities judged incompetent to stand trial. The Developmental Disabilities Defendant Program (DDDP) provides court-ordered training to those accused of felony crimes. At DDDP, they acquire skills needed to prepare for trial and are evaluated for return to the community. As of July 2015, there were 116 people in the secure facility located on the grounds of Florida State Hospital in Chattahoochee.

## **Trends and Conditions**

This year marks the 25th anniversary of the Americans with Disabilities Act (ADA). This landmark legislation empowered people with disabilities to pursue and enjoy the same freedoms of every citizen -- to decide for themselves where to live, learn, and work in their communities. The ADA moved people with developmental disabilities from the outskirts of society into the mainstream. It helped society realize that discrimination against people with disabilities was both unlawful and unnecessary.

Americans across the nation are celebrating this important event with activities and exhibits highlighting how much progress our country has made and how much more society can do. In Florida, the Agency for Persons with Disabilities and its community partners hosted a series of events in July to recognize and thank the businesses and organizations that have opened their doors and embraced community inclusion. The Department of Environmental Protection is promoting accessibility features of five state parks each month for recreational opportunities. Next September, the U.S. Business

Leadership Network will feature at its national conference in Orlando the ADA mobile Disability Rights Museum that currently is traveling across America.<sup>1</sup> This non-profit organization has a Florida chapter that educates businesses about the workplace advantages of hiring individuals with disabilities.

Besides ceremonies, Floridians with developmental disabilities have cause to celebrate two major victories in terms of legislative appropriations. First, is the removal of 2,000 more people from the state's waiting list for APD services. Second, is the passage of the Achieving a Better Life Experience (ABLE) Act raising the amount (from \$2,000 to \$100,000) that can be deposited into special trust fund accounts to assist family members with disabilities. The ABLE Act mirrors a federal law that excludes such assets for means-tested programs such as their Supplemental Security Income and Medicaid. Helping disabled people remain financially independent is one of the key provisions of the act.

What follows are descriptions of successes APD has achieved and environmental factors that offer both opportunities and threats in the future.

## Access

Waiver enrollment totaled 30,159 people in July 2014 and grew steadily in number to peak at 31,037 in May 2015. Last year's budget included \$20 million to offer waiver enrollment to 1,200 people waiting for services. Also enrolled were 656 individuals who met crisis enrollment criteria and 86 children in the foster care system who reached permanency through adoption or reunification. Additional funding from the Legislature for FY 2015-16 will give another 2,000 people access to the Home and Community-Based Services (HCBS) Medicaid waiver.

Florida became the first state in the nation to give waiver services to dependents of active duty military service members who met APD's eligibility criteria and received HCBS waiver

services from another state at the time of their transfer to Florida. Seven active duty military families benefited from this change last fiscal year. The Department of Defense, in collaboration with APD, has actively disseminated information about this benefit to military families. The agency expects additional growth as awareness increases.

Despite increased enrollment last year, the number of individuals on the waiting list remained steady. At the start of the FY 2014-15 fiscal year, there were 21,165 people on the waiting list and 21,331 when it ended. Possible reasons for this paradox are: (1) the continuous addition of new applicants for service; and (2) more individuals learning about waiver services and, therefore, applying.

## Resources

APD's community resource directory continued to grow in popularity since its launch in May 2013. Many people around the state access the online system every day to find free or low-cost services in their community. The website lists over 8,629 resources statewide and had over 141,800 visits in July 2015. The most frequently searched topics were group homes, adult day programs, and independent/supported living services.

The agency manages the state's only park operated specifically for people with disabilities. William J. (Billy Joe) Rish Recreational Park, located at St. Joseph Peninsula in Northwest Florida, sustained heavy hurricane damage several years ago and has been undergoing renovations. Visitors can use a new boardwalk to enjoy bayside views this year. An ADA accessible bathroom also is available for use. Renovations to family cottages will commence this fiscal year. Outdoor recreation provides family caretakers a chance to relax from day-to-day stress and just have fun, while improving overall wellness - physical, physiological, and social.

## Provider Rates

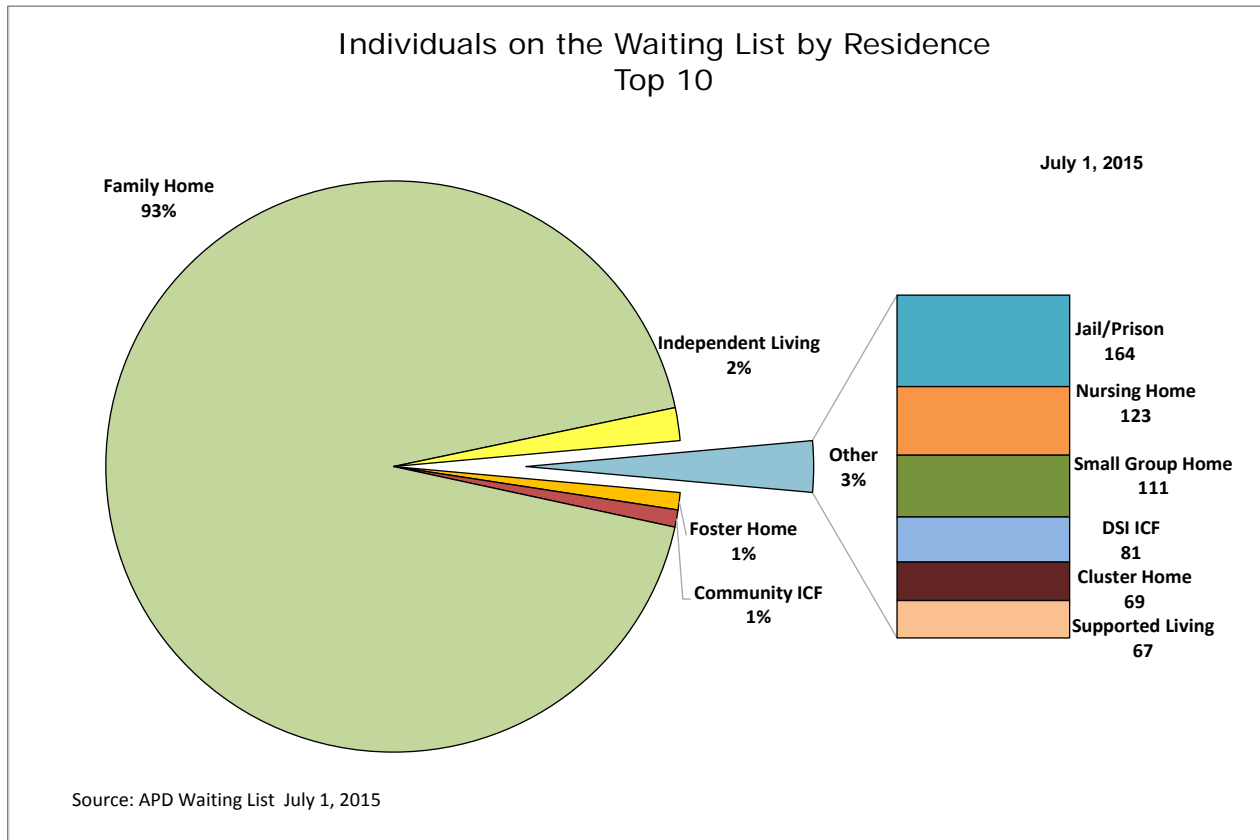
Rates increased for support coordinators and personal supports providers as part of the Governor's FY 2015-16 "KEEP FLORIDA WORKING" budget. Support Coordinators received an 18% increase and Personal Support providers received a 2.5% increase. As of July 1, 2015, APD had 1,965 providers approved to provide support coordination services and 5,014 providers approved to provide personal support services.

## Population

Florida's population is on track to break the 20 million mark before April 1, 2016. According to the Florida Office of Economic and Demographic Research (EDR), population growth will average 1.42% and remain steady for the next five years.<sup>2</sup> While Florida's median age is 41, people age 65 and over will represent 24% of the total population by 2030.<sup>3</sup>

As the population ages, the EDR expects the number of available family caregivers will diminish in relation to the number who need care. Aging caregivers are a factor for Floridians with developmental disabilities as the majority of people with waiver-funded services live with their families. An even greater number of people waiting for services (93%) reside in the family home.<sup>4</sup> A poll by AARP (formerly the American Association of Retired Persons) in March 2015 found family caregivers (87%) overwhelmingly believe providing care to family members was important so the individual could live independently at home. In addition, it usually costs less to serve people in their homes than in

institutions. AARP estimates family caregivers provide \$450 billion worth of unpaid care each year to aging parents, spouses, and family members with disabilities, a medical condition, or behavioral disorder.<sup>5</sup> More than three-quarters of the registered voters in the AARP survey said Congress should make improving resources for family caregivers a priority.



## Housing

Rental costs have slowed, but have been steadily rising since 2010 according to the University of Florida Bureau of Business and Economic Research. Rising rent, in part, was due to home foreclosures putting a greater demand in the rental market. Florida had the highest housing foreclosure rate in April 2015 according to the Office of Economic and Demographic Research (EDR).<sup>6</sup> With more competition for affordable housing, median monthly rent in 2013 for a single family home was \$1,650. The median cost for all housing units was \$972 monthly.<sup>7</sup> The Florida Legislature appropriated \$100 million for affordable housing this fiscal year giving priority to people with special needs and the elderly, which may help increase residential options for people who receive their supports in the community.

## Demographics

Nearly 30 million families nationwide are directly affected by a person with intellectual disabilities at some point in life.<sup>8</sup> In Florida, individuals with intellectual disabilities as their primary diagnosis comprised 75% of the people with iBudget waivers and 60% of those waiting for services. Autism was a distant second at 11% and 20% respectively. A report issued January 2015 as part of the National Core Indicators Project found one-third (33%) of adults with developmental disabilities surveyed were diagnosed with a mood disorder, one-fourth (25%) had an anxiety disorder, and 12% had other mental health issues. Individuals with underlying mental illness are a concern for family caretakers in Florida due to a fragmented mental health system. Crisis for individuals with a dual diagnosis usually results in transport to psychiatric facilities that are not equipped to treat behavioral issues.

## Employment

The Americans with Disabilities Act (ADA) prohibits discrimination based on physical, mental, medical and mobility impairments; yet, the employment rate for individuals with disabilities has changed little in the 25 years since the ADA became law according to Governing Magazine.<sup>9</sup> Data from the U.S. Bureau of Labor Statistics show the need for including more people with disabilities in the workplace. In July 2015, an estimated 20% of people over age 16 with disabilities had jobs, compared to 69% of those without disabilities.<sup>10</sup> Employment is more than a means for meeting basic needs of food, shelter, and clothing. For individuals with developmental disabilities, jobs are an opportunity to leave segregated programs, become members of the local community, and improve their quality of life.

The good news from the Office of Economic and Demographic Research (EDR) is Florida's decreasing unemployment rate. In April 2015, the state's unemployment rate stood at 5.6%.<sup>11</sup> Participation in the state's labor force rose 3.6% compared to the nationwide average of 2.2% over the same 12-month period. The positive news came with a warning that the ability to create new jobs would be constrained by the number of qualified workers available to fill them.<sup>12</sup> Employment of individuals with developmental disabilities could help relieve the expected worker shortfall and contribute to Florida's continuing job growth. Policy changes initiated by the Workforce Innovations and Opportunity Act promise positive potential.

## Priorities and Selection

Three principles provide the framework for the agency's FY 2016-17 legislative budget requests. Client well-being, specifically individual health and safety, always comes first. Second, good stewardship of financial resources provides the means of getting people the medically necessary services they need. Third, complying with rules for the delivery of services maintains the revenue streams that provide the fiscal resources that allow APD to keep all its programs running. The agency's priorities fall into in four broad categories: service availability, employment, quality, and resource management. APD's goals relate to long-standing priorities for individuals with developmental disabilities: access, inclusion, and employment. What follows are the agency's goals with a brief description of issues that remain unresolved, weaknesses the agency is correcting, and challenges to address.

### Increase the Number of Individuals with Developmental Disabilities in the Workforce.

**EMPLOYMENT:** Just 16% of working-age adults supported by state agencies had paid jobs in the community in FY 2013-14 according to a report by the National Core Indicator (NCI) Project.<sup>13</sup> NCI is a multi-state initiative of developmental disability agencies to collect data to benchmark performance. It reported that employment nationwide hovered around 34%, but said that many who did have jobs were earning sub-minimum wages in sheltered workshops.<sup>14</sup> Research has demonstrated the positive economic and social value of employment. According to the Institute on Community Inclusion, employment first policies can spur statewide change, raise expectations, improve outcomes, and increase self-sufficiency for individuals with developmental disabilities.<sup>15</sup>

Governor Rick Scott's 2013 executive order creating Florida's Employment First initiative already is improving employment for individuals with disabilities. What began two years ago as a program for students with developmental disabilities transitioning out of school, has since expanded to include people of all ages. The Florida Legislature appropriated \$500,000 last fiscal year for APD to continue its Employment Enhancement Program (EEP) that helped approximately 204 individuals on the agency's waiting list with job placement, job coaching, and internships. The agency received \$1 million in FY 2015-16 to maintain support for existing EEP participants and increase employment by 350 more individuals from the waiting list.



## Improve Access to Community-Based Services, Treatment, and Residential Options.

**DUAL DIAGNOSIS:** Improving access to appropriate housing and services for individuals with a co-occurring mental health diagnosis remains important. Mental health services provided through another state agency fragments services for this population and results in confusion about where to seek help. When crises occur, there are few places available to manage and maintain these individuals where they reside. Historically, caretakers resort to calling law enforcement or using 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.

**FORENSIC SERVICES:** Communities remain concerned about the increasing number of people judged incompetent by the courts and later released when competency restoration is not possible. Individuals that leave the Developmental Disabilities Defendant Program receive waiver funding for follow-up care in the community, but frequently end up living some place that cannot meet their needs. Some return to the same situation that gave rise to their arrest. Service providers often lack the education and training to care for this population, which limits residential options. Individuals arrested for maladaptive sex-related crimes are not appropriate to mix with vulnerable adults in existing facilities and require greater supervision. The agency needs a sufficient quantity of service providers in the community with the qualifications to provide services to this population.

**Waiting List:** Over \$40.6 million appropriated by the Florida Legislature this fiscal year will serve approximately 2,000 more people waiting for services. Individuals who have intensive needs, people who have a caregiver over age 70, and youth in transition from school-based services will have priority.

## Improve Management and Oversight of Agency and Provider Services.

**NEEDS ASSESSMENT:** APD clients are assessed every three years and whenever there is a significant change in circumstances. Assessors use the Questionnaire for Situational Information (QSI) for face-to-face interviews to identify and evaluate individual functional, behavioral, and physical needs. They also look for health and safety issues that may place the person at risk of institutionalization. The QSI is a component of the algorithm used for allocating an individual's budget. QSI assessors must maintain their certification



by retraining periodically to validate competency in administering the tool. QSI assessors are not career service staff and do not receive job benefits.

**CMS COMPLIANCE:** The Centers for Medicare and Medicaid Services (CMS) instituted new rules to the Home and Community Based Services (HCBS) Waiver that requires state compliance by March 2019. The rules focus on ensuring that: (1) individuals with developmental disabilities reside in integrated community settings, (2) their plans are person centered, and (3) their choices are respected. Rule implementation will include modifying and developing curricula to train service providers on new expectations. Assessing each service provider to determine compliance and tracking action to correct any deficiencies will follow.

**APD OPERATIONS:** Monitoring provider compliance consumes a tremendous amount of resources. APD staff must ensure individuals receive the services outlined in their plan, and follow-up with service providers to hold them accountable. As the deadline for enforcement of new HCBS rules approaches, the agency expects service providers will demand hands-on help with achieving HCBS compliance. Based on FY 2013-14 data, the Legislature's Social Services Estimating Conference forecasts an increase in the state's elderly and disabled Medicaid caseload by 7.5% in FY 2015-16, and growth the following year to 11 %.<sup>16</sup> Staffing levels must keep pace with the increasing number of clients and service providers for appropriate service delivery.

**OUTCOMES:** State law requires the use of a quality improvement organization to monitor service providers. In January 2015, tools used to measure quality of life changed to better comply with the Center for Medicare and Medicaid Services Home and Community Based Services Waiver requirements. APD reported the tool change in last September's long-range program plan and requested a new target to match data collected for this outcome measure. The tools include a section called "Discovery for Potential Follow Up" for issues that waiver support coordinators and providers need to address, and a section called "Discovery for Information Purposes." The scoring process for Provider Discovery Review and Person Centered Review also changed to focus more on quality performance and outcomes.

APD uses data collected to compare its performance against other states on seven national core indicators for people with developmental disabilities. What follows is the list of indicators and the frequency by which clients interviewed identified outcomes as met in the six-month period after introduction of the revised tools.

1. *Able to exercise rights that includes feeling of dignity, respect, and privacy:*  
91.2%
2. *Has and sees family:* 91.2%

3. *Safe or has self-preservation skills: 85.8%*
4. *Free from abuse, neglect, and exploitation: 78.5%*
5. *Able to be alone with friends and visitors at own home: 79.5%*
6. *Empowered to direct the design of services to accomplish desired goals: 81.9%*
7. *In the best possible health. 62.2%*

The results appear to reveal the need to focus on promoting supports to achieve better health (# 7), increase zero tolerance education (# 4), and individual rights (# 5). Factors associated with the low percentage outcome for best possible health may be due to poor nutrition and exercise habits, aging, type of living environment, and limited available Medicaid providers. The lack of zero tolerance education likely factored in the percentage outcome associated with freedom of abuse, neglect, and exploitation. Lack of knowledge of individual rights probably affected the ability to be alone with friends and visitors percentage outcome. Greater attention shall focus on addressing these quality of life indicators through the support planning process initiated by waiver support coordinators.

Two measures track client health, safety, and wellbeing: (1) The number and percent of individuals with zero to seven of the indicators met, and (2) the total percent met on average for the quality of life indicators. A score of seven (7) indicates all outcomes attained by an individual. A score of zero (0) indicates none of the outcomes attained. The percent met outcome is the number of individual responses divided by the number of indicators met. Listed in the table below is the distribution of the number and percent of individuals with zero (0) to seven (7) outcomes present for a sample size of 569.

Number of Indicators Met	Number of Individuals	Percent Met
7	89	15.6 %
6	152	26.7 %
5	148	26.0 %
4	99	17.4 %
3	56	9.8 %
2	15	2.6 %
1	10	1.8 %
0	0	0.1 %

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

- 2011 / 2012 = 77.9%
- 2012 / 2013 = 78.4%
- 2013 / 2014 = 79.9%
- 2014 / 2015 = 81.4%\*

*\* The data should not be considered statistically significant as they reflect the final six months of tools previously used to collect data for measurement.*

APD expects the number of individuals surveyed during the next five years will show an increase in overall outcomes met.

### **Manage Agency Budget within Fiscal Allocation.**

**TECHNOLOGY:** The agency has very limited capability to manage critical data for detection and prevention of fraud, waste, and abuse. APD depends heavily on manual processes for data collection. There are upwards of one hundred and fifty spreadsheets utilized by the agency to collect, analyze, monitor, and report on services the agency oversees and the providers it monitors. Existing automated systems are antiquated and, in many cases, cannot communicate data directly with each other. Moreover, there are not enough employees with the knowledge and expertise to support internal systems and validate data input. Fraudulent activity has a direct impact on APD's capacity to protect the investment of taxpayers and serve persons with disabilities.

**DDC SUSTAINABILITY:** The cost of caring for a dwindling population at APD's Developmental Disability Centers is causing financial difficulties as residents move into the community, relocate, or die of old age. The cost of operating 24-hours a day, maintaining staffing ratios, and purchasing prescription drugs are not decreasing at the same rate as declining client count and federal revenues. DDCs must offer daytime activities, and provide healthcare, clothing, and meals. The agency needs both short-term options and long-term alternatives for a cost-effective sustainable solution to maintain the health and safety of DDC residents.

## Response and Justification

The framework for the agency's response to identified issues in this plan is the principle that all people have a right to:

- be treated with respect and dignity;
- be independent and make individual choices;
- participate in family, community, and work life; and
- choose opportunities to maximize their full potential.

Efforts and fiscal resources in the short term will focus on increasing and strengthening the agency's infrastructure for performing core functions and compliance, to achieve long-term goals involving access, quality services, employment, and fiscal sustainability. Agency activities will concentrate on achieving the following outcomes:

- People with developmental disabilities have access to a comprehensive continuum of care.
- People with developmental disabilities who desire to work are competitively employed or building a career path.
- People with developmental disabilities live in the most integrated setting that is safe and appropriate for their level of care.
- APD operates within the limits set forth in the General Appropriations Act.

What follows are brief descriptions of activities to attain these outcomes with justification of any associated legislative budget requests.

### **People with developmental disabilities who desire to work are competitively employed or building a career path.**

**EMPLOYMENT:** The agency submitted a legislative budget request for \$1 million for next fiscal year to increase the number of participants in the Employment Enhancement Program for individuals on its waiting list. APD will continue to provide information on best hiring practices and new resources to match those who want to work with those willing to hire them. Activities for growth include: (1) developing internship and job shadowing opportunities; (2) increasing outreach to providers, organizations, and the business community; and (3) educating individuals, families, and advocates on the impact of employment on income, overall health and safety, Medicaid waiver eligibility, and Social Security work incentives. The agency also will begin researching models to transition

individuals in adult day training programs into the workforce and soliciting ideas on how individuals employed in sheltered workshops can work in more integrated workplaces.

Individuals with developmental disabilities are an untapped workforce. Many want to work, but still are overlooked as a source for hire. Barriers to employment present lost opportunities for both employers and the unemployed. New HCBS rules to ensure people receive employment services in integrated settings threaten sanctions for non-compliance. The Workforce Innovation and Opportunities Act requires all states to spend 15 % of their federal funding to help youth with disabilities transition into the workforce. Moreover, the act makes it harder for states to place anyone under the age of 24 in a sheltered workshop without first exposing them to integrated jobs, training, and internships.<sup>17</sup> The agency's Employment Enhancement Program and the transition of individuals from adult day training programs into the labor market will help APD comply with both federal directives. As stated in the Governor's Executive Order Number 13-284, employment is the most direct and cost-effective means of helping an individual achieve independence and self-fulfillment, which should be the primary objective of government assistance. Matching job seekers to potential employers is a winning solution for Florida.

### **People with developmental disabilities have access to a comprehensive continuum of care.**

**ENHANCED SERVICES:** APD received \$400,000 to conduct an actuarial study in FY 2015-16 for cost-effective solutions for three underserved populations: people with dual mental health and intensive behavior diagnoses, individuals involved in forensics, and those who spend their days in adult training centers. The study for dual diagnosis will examine the response to crisis, prevention, in-home services, and longer-term care. Possible components for enhancing services include:

- Call Center – A central phone system that anyone can call to report an individual with a developmental disability who is in crisis or exhibits high intensity behaviors that pose a risk to themselves or others. Dispatchers would perform triage to determine if a situation warrants a mobile crisis team.
- Crisis Assessment and Prevention (CAP) Teams – First responders to conduct face-to-face assessment, and provide consultation, support, or direct intervention. These teams would determine if transport to a short-term stabilization unit is necessary and provide intensive case management to ensure continued access to services and training for caretakers.
- Short-Term Stabilization (STS) – The destination for individuals in psychiatric or behavioral crisis transported by mobile crisis teams. Services would stabilize the

person in crisis for the return to his or her home. The four-to-six beds envisioned for STS homes could include family respite.

- Behavioral Respite – Temporary in-home or out-of-home services for family caretakers that need a rest from the day-to-day stress associated with living with someone with extreme behaviors or mental health issues.
- Longer-Term Residential Service - Specialized homes for individuals with intensive behaviors, designated as “IB Plus,” that would offer enhanced services specific to individuals stabilized in a STS home who cannot return to where they once lived.

A mobile crisis team can be a cost-effective way to provide a timely and optimal response to individuals in crisis to avoid unnecessary hospitalization or institutionalization. Crisis management training for families and caretakers could prevent crises from recurring and avoid the cost of repeat returns to short-term stabilization units.

Another area of the actuarial study will be cost effective treatment that is appropriate for people with forensic involvement. People with a history of forensic involvement often have the same needs as others with developmental disabilities, but generally need more supervision. Protection for vulnerable populations and prevention of situations similar to those that gave rise to arrest must be considered. Forensic habilitation could use residential habilitation services as a model. Enhanced services would consist of specialized mental health counseling, behavior analysis, life skills development, vocational training, and transportation. Such services would require staff skilled in:

- Treatment of co-occurring disorders such as mental health and substance abuse;
- Treatment of sexual offending behavior and forensic behaviors;
- Emergency intervention and crisis management training; and
- Interfacing with the legal system and other treatment providers.

Individuals with forensic involvement need somewhere to live that is safe and appropriate for both them and the community. Enhanced services at existing community residential facilities could save APD the cost of starting new programs from scratch and speed implementation.

A third area of study will examine alternatives to adult day training (ADT) in relation to the state’s Employment First initiative. The agency envisions enhanced services, training, and incentives to match working age adults with job opportunities. Research suggests positive social outcomes, better health, and improved odds of avoiding poverty for individuals with developmental disabilities who work. Engaging them in employment also allows family caretakers to maintain their jobs.

**WAIVER ENROLLMENT:** The agency submitted a legislative budget request to address growth in the number of individuals on the waiting list in three critical needs categories. People with intensive needs (Category 3), with caregivers over 70-years old (Category 4), and youth in transition from school-based services (Category 5) will have priority. This funding will allow another 700 individuals anticipated to be in the critical needs categories for waiver enrollment to receive critical services to reach their full potential, remain in their communities, and avoid costly institutionalization.

### **People with developmental disabilities live in the most integrated setting that is safe and appropriate for their level of care.**

**PRE-ADMISSION SCREENING RESIDENT REVIEW/UTILIZATION REVIEW:** APD will explore options for balancing the demands of a growing client population. Paramount is focusing clinical staff on client health and safety. Workload far exceeds the capacity of the limited number of APD nurses that perform multiple functions in addition to medical case management. One of their jobs is a federal requirement intended to protect people with intellectual disabilities from inappropriate placement in nursing facilities. This activity, known as pre-admission screen and resident review (PASRR), is an evaluation of the medical, developmental, behavioral, social, and functional status of an individual entering or residing in a Medicaid-certified nursing facility. The evaluation process is comprehensive and although PASRRs are just a fraction of a medical case manager's job duties, the process is extremely time consuming. Possibilities for reducing workload include reorganizing functions that temporary workers, contracted staff, or technology can perform.

A similar function performed by medical case managers (MCMs) is the utilization review. The agency is responsible for safeguarding the unnecessary or inappropriate use of institutional services at approximately 2,866 private and public intermediate care facility (ICF) beds in Florida. These reviews occur every 180 and 360 days to determine whether an individual's placement in an ICF continues to be appropriate.

APD does not have the MCMs to perform PASRRs and utilization reviews adequately. The agency submitted a legislative budget request for \$575,000 to contract these functions in FY 2016-17. The health care industry employs thousands of nurses that can conduct site visits, interview clients, and review records to assess an individual's level of care and determine an appropriate placement. Contracting routine work would allow APD to redeploy its limited staff on more critical issues and remain in compliance with federal and state regulations.

Federal and state laws mandate APD to conduct PASRR screenings. Failure to comply could result in corrective action by the Department of Justice. Questionable costs are

subject to disallowance. Audits for FY 2010-11 and FY 2011-12 cited APD for noncompliance and significant deficiency within the utilization control and the program integrity review, certification and recertification of need for inpatient care, and continued stay reviews.

**BEHAVIORAL SERVICES SUPPORTS:** Another clinical weakness that the agency will address is the management of behavioral services. There are several types offered by APD, such as behavior assistance, 1:1 adult day training behavior, behavior focused residential habilitation, and intensive behavioral residential habilitation. Agency behavior analysts review every application requesting these services for medical necessity. They review the behavioral plans of applicants once enrolled for waiver services, and renew approximately 4,616 behavior assessments annually. The agency submitted a legislative budget request for approximately \$1.1 million to hire additional behavioral analysts and OPS staff for clinical oversight and utilization management.

Ensuring eligibility accuracy and medical necessity is one of the agency's most effective means of managing resources. Reducing the amount of inappropriate services rendered, frees funding to provide services to other clients. Behavioral services can be costly. Allowing more time for behavior analysts to spend in the field to provide technical assistance to service providers could improve overall clinical treatment of undesirable behaviors and reduce the use of seclusion and restraint. Spending time training families could improve the way caregivers manage episodes of dangerous or destructive outbursts and prevent situations that may lead to behavioral crisis.

**QUESTIONNAIRE FOR SITUATIONAL INFORMATION (QSI) SUPPORT:** Maintaining an adequate pool of certified assessors is another issue the agency plans to address. The agency submitted a legislative budget request for approximately \$2.6 million to hire additional staff to administer the Questionnaire for Situational Information (QSI) assessments timely to more than 52,000 individuals with waivers or waiting for services. Master trainers for certification are included. QSIs require updating every three years since individual needs change over time. As of July 2015, there were 6,055 people on the waiting list with expired QSI assessments, and 2,363 who had none.

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 or incorrect identification of their needs. Investment in QSI staff ensures consistent application of the tool, better identification of service needs, appropriate placement on the HCBS waiting list, and compliance with assessment timeframes.

**CENTERS FOR MEDICAID AND MEDICARE SERVICES COMPLIANCE:** The agency will commence onsite reviews of residential and non-residential service providers in FY 2015-16. There are 1,691 licensed residential providers and 177 adult day training (non-residential)



providers that APD will survey to collect real-time data and monitor performance. The review process will include client interviews. The agency will post its survey tool on its website for providers to self-assess how well they are meeting CMS requirements prior to on-site visit. Providers with deficiencies will have the opportunity to submit remediation plans for a second on-site survey to check on compliance.

APD does not have sufficient staff to develop and monitor corrective action plans. A legislative budget request for approximately \$908,000 has been submitted for additional OPS staff to assist the agency in meeting CMS timeframes for 2019 compliance. Failure by the state to comply with federal rule requirements could jeopardize APD's waiver funding and impact over 30,000 people receiving services in the community. This, in turn, could affect the livelihood of thousands of employees in the private sector who serve them.

**TRAINING:** APD soon will have a different tool to monitor and collect data on service provider training. The agency was successful in securing an agreement with the Department of Health to host APD training on the TRAIN Learning Management System. Training on the online system will be free. This year, APD will revise and develop new curricula for implementation. System roll out will be in phases, beginning with service providers in FY 2015-16, followed by agency staff. The system eventually will include training individuals who receive services and their families.

TRAIN will provide a means of tracking successful completion of required basic training, service-specific provider training, and in-service training. Proficiency will be tested and scored. Offering coursework through TRAIN allows APD to standardize content, promote service outcomes, and offer re-training to thousands of service providers for CMS compliance. Moreover, TRAIN addresses the request from service providers for easily accessible, convenient, and affordable training.

**APD OPERATIONS:** The agency is pursuing other changes to the way it does business to maximize resources. One that has received CMS approval is a switch from daily processing of service provider applications to two periods of open enrollment annually. The change does not require additional funding. This will allow regional managers to redeploy employees performing this function to support other functions during off-peak periods. Another change will streamline the process for renewing service agreements to refocus staff on more critical functions. Extending provider agreements from three years to five years will align APD processes with Medicaid requirements for background rescreening.

The agency joined a multi-agency clearinghouse this year for provider background screening. The online system offers APD service providers a more convenient way to schedule fingerprinting and obtain results. Sharing results with other agencies that can

access the statewide clearinghouse can save providers the cost of multiple background screenings. The clearinghouse also is a more efficient way for APD to notify service providers of their next rescreening and to receive alerts of a provider's arrest.

### **APD operates within the limits set forth in the General Appropriations Act.**

**DEVELOPMENTAL DISABILITY CENTERS:** As both DDCs house forensic programs, the agency will examine savings generated through possible consolidation. APD will move forward with the redesign of its forensics step-down programs housed at developmental disability centers this year to reduce operating costs. Each facility will conduct a complete analysis of positions, job functions, and utilization of services as part of a consolidation plan. Sunland and Tacachale are large, self-contained properties with multiple housing units, education centers, treatment facilities, and recreational sites. Reducing the number of buildings DDCs operate may mean residents moving from one building to another or residential placement from one facility to the other. Such tactics should help mitigate the loss of budget reimbursement that results as residency declines, while the agency pursues long-term strategies to maintain operations.

**CLIENT DATA MANAGEMENT SYSTEM (CDMS):** The agency submitted a request for budget authority for approximately \$3.5 million to deploy a client data management system (CDMS). Harmony Information Systems will provide software as a service (SaaS) via Internet access. The system will include an electronic visit verification (EVV) system to monitor service delivery, and a consumer portal for clients and their families to access their records. In the initial phase, Harmony and APD project managers will collaborate on the structure, content, and format of deliverables critical for implementation. Rollout for APD employees will take place July 2016, followed by service providers and waiver support coordinators six months later. CDMS will serve as a tool to measure utilization, performance, and outcomes.

CDMS will increase efficiency by collecting, processing, and storing information in a central location in a consistent manner. It will increase the APD's ability to collect client specific data, determine whether service providers are delivering services for which they were paid, and most important, hold people accountable. Accessible information will foster data-driven decision-making, reducing the guesswork about client needs, outcomes, service utilization, and cost. As expanding the agency's workforce is not always possible, technology can address some of the routine work employees must perform and give service providers the paperless system they have always wanted.

## Notes

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## Critical Policy & Legislative Changes

The agency is proposing changes to Chapter 393 F.S. as part of its sunset review. The following is a list of critical policy changes.

Statutory Citations	Issue Title	Proposed Change	Justification
393.066	Section 6 Lines 852-857	<u><i>(6) In addition to the disqualifying offenses under subsection (5) and the disqualifying offenses listed in s. 435.04, a person who has been designated as a habitual traffic offender under s. 322.264, and is otherwise subject to the provisions of this section, are disqualified from working with children or adults with developmental disabilities.</i></u>	POLICY CHANGE  This disqualification is necessary to ensure that persons with unsafe driving records are not allowed to transport Agency clients in motor vehicles.
393.11	Section 13.4 Lines 2263-2272	<u><i>(14) ANNUAL REVIEW. Any placement must be reviewed by the court annually at a hearing. The annual review and hearing must determine whether the person continues to meet the criteria described in this section and, if so, whether the person still requires involuntary placement in a residential setting and whether the person is receiving adequate care, treatment, habilitation, and rehabilitation. Notice of the annual review and review hearing shall be given to the state attorney, the individual's attorney, and the agency.</i></u>	POLICY CHANGE  In JR v. Palmer, the courts found no requirement under the statutes for APD to petition the circuit court for a person's release from an involuntary admission if the Agency determines that the circumstances that led to the involuntary admission have changed. This language provides an answer to the Florida Supreme Court's interpretation of the statute by requiring the agency to conduct such reviews and for the courts to review such placements annually.

Statutory Citations	Issue Title	Proposed Change	Justification
393.18	Section 16.1 Lines 3163-3191	<p>Comprehensive transitional education program.— A comprehensive transitional education program <del>is a group of jointly operating centers or units, the collective purpose of which is to provide a sequential series of educational care, training, treatment, habilitation, and rehabilitation</del> serves individuals who have developmental disabilities and who have severe <del>or moderate</del> maladaptive behaviors <u>or those individuals with severe maladaptive behaviors and co-occurring complex medical conditions or dual diagnosis of a developmental disability and a mental health diagnosis</u>. However, this section does not require such programs to provide services only to persons with developmental disabilities. All such services shall be temporary in nature and delivered in a <u>manner to achieve structured residential setting, having the primary goal of incorporating the principles of self-determination and person centered planning to transition individuals to the most appropriate least restrictive community living option of their choice</u> in establishing permanent residence for persons with maladaptive behaviors in facilities that is not associated <u>operated as with the</u> a comprehensive transitional education program.</p>	<p>POLICY CHANGE</p> <p>This amendment is intended to allow for the licensure of additional comprehensive transitional education programs (CTEPs) to serve Agency clients with the most intensive of behavioral issues. This statutory change would provide additional residential options for this population. The language limiting the capacity of newly-licensed CTEPs is necessary in order to ensure compliance with new federal requirements related to the provision of Medicaid Home and Community-Based Waiver services within residential settings.</p>

Statutory Citations	Issue Title	Proposed Change	Justification
		<p>The staff shall include behavior analysts and teachers, as appropriate, who shall be available to provide services in each component center or unit of the program. A behavior analyst must be certified pursuant to s. 393.17. <u>The Clinical Director for the program shall hold a doctorate from an accredited university program, is a board certified behavior analyst and has at least one year of experience in the provision of behavior analysis services for persons with developmental disabilities. The education component of the program must be integrated with the school district as much as possible.</u></p>	
393.18	Section 16.2 Lines 3193-3208	<p>(1) Comprehensive transitional education programs shall include <del>a minimum of two component centers or units, one of which shall be an intensive treatment and educational center or a transitional training and educational center, which provides services to persons with maladaptive behaviors</del> in the following <u>components</u> sequential order:  (a) Intensive treatment and educational center. — This component <del>is a self-contained residential unit providing</del> intensive behavioral and educational programming <del>for persons with severe maladaptive behaviors whose behaviors</del> <u>for individuals whose maladaptive behaviors</u> preclude placement in a less restrictive environment due to the threat of danger or injury to themselves or</p>	Continuation of Section 16.1

Statutory Citations	Issue Title	Proposed Change	Justification
		<p>others. Continuous-shift staff shall be required for this component.</p> <p><del>(b) Transitional Intensive training and educational center. — This component is a residential unit for persons with severe maladaptive behaviors providing</del> <i>provides</i> concentrated psychological and educational programming that emphasizes a transition toward a less restrictive environment. Continuous-shift staff shall be required for this component.</p>	
393.18	Section 16.3 Lines 3212-3233	<p><del>(c) Community Transition residence. — This component is a residential center providing</del> <i>provides</i> educational programs and any support services, training, and care that are needed to assist persons with maladaptive behaviors to avoid regression to more restrictive environments while preparing them for more independent living. Continuous-shift staff <del>may</del> <i>shall</i> be required for this component.</p> <p><del>(d) Alternative living center. — This component is a residential unit providing an educational and family living environment for persons with maladaptive behaviors in a moderately unrestricted setting. Residential staff shall be required for this component.</del></p> <p><del>(e) Independent living education center. — This component is a facility providing a family living environment for persons with maladaptive behaviors in a largely unrestricted setting and includes education and monitoring that is appropriate to support the development of independent living skills.</del></p>	Continuation of Section 16.1



Statutory Citations	Issue Title	Proposed Change	Justification
		<p>(2) Components of a comprehensive transitional education program are subject to the license issued under s. 393.067 to a comprehensive transitional education program and may be located on a single site or multiple sites as long <u>as such components are located within the same Agency region.</u></p> <p>(3) Comprehensive transitional education programs shall develop individual education plans for each person with maladaptive behaviors who receives services from the program. Each individual education plan shall be developed in accordance with the criteria specified in 20 U.S.C. ss. 401 et seq., and 34 C.F.R. part 300.</p>	
393.18	Section 16.4 Lines 3241-3267	<p>(4) For comprehensive transitional education programs <u>initially licensed prior to July 1, 2016</u>, the total number of residents who are being provided with services may not in any instance exceed <del>the licensed capacity of 120 residents</del> and each residential unit within the component centers of the program authorized under this section may not in any instance exceed 15 residents. <del>However, a program that was authorized to operate residential units with more than 15 residents before July 1, 2015, may continue to operate such units.</del> <u>For comprehensive transitional education programs initially licensed on or after July 1, 2016, the total number of residents who are being provided with services may not in any instance exceed 45 and each residential unit within the component centers of the program</u></p>	Continuation of Section 16.1

Statutory Citations	Issue Title	Proposed Change	Justification
		<p><u>authorized under this section may not in any instance exceed 15 residents.</u>  <u>(5) Effective July 1, 2016, the Agency shall approve any proposed admissions or re-admissions of individuals into a comprehensive transitional education program. Such individuals shall reside within the comprehensive transitional education program for up to two years with the primary goal of incorporating the principles of self-determination and person centered planning to transition individuals to the least restrictive community living option of their choice. The Agency may allow a longer period for an individual to live in this setting if an APD behavior analyst conducts a clinical review and makes a determination that is in the best interest of the individual to remain in the program for a longer period of time.</u></p>	
393.18	Section 16.5 Lines 3268-3276	<p><u>(6) Comprehensive transitional education programs shall provide continuous recorded video and audio monitoring in all residential common areas. All recordings shall be maintained for a minimum of 60 days following their creation. The Agency may review, at any time, all such recordings. If requested by the Agency, the comprehensive transitional education program shall retain specified recordings indefinitely during the course of an investigation into allegations of potential abuse or neglect.</u></p>	Continuation of Section 16.1

Statutory Citations	Issue Title	Proposed Change	Justification
393.18	Section 16.6 Lines 3277-3304	<p><del>(5) Licensure is authorized for comprehensive transitional education programs which by July 1, 1989:</del></p> <p><del>(a) Were in actual operation; or</del></p> <p><del>(b) Owned a fee simple interest in real property for which a county or city government has approved zoning allowing for the placement of the facilities described in this subsection, and have registered an intent with the agency to operate a comprehensive transitional education program.</del></p> <p><del>However, nothing prohibits the assignment by such a registrant to another entity at a different site within the state, if there is compliance with the criteria of this program and local zoning requirements and each residential facility within the component centers or units of the program authorized under this paragraph does not exceed a capacity of 15 persons.</del></p> <p><del>(6) Notwithstanding subsection (5), in order to maximize federal revenues and provide for children needing special behavioral services, the agency may authorize the licensure of a facility that:</del></p> <p><del>(a) Provides residential services for children who have developmental disabilities along with intensive behavioral problems as defined by the agency; and</del></p> <p><del>(b) As of July 1, 2010, serve children who were served by the child welfare system and who have an open case in the automated child welfare system of the Department of Children and Families.</del></p> <p>The facility must be in compliance with all program criteria and local zoning</p>	Continuation of Section 16.1

Statutory Citations	Issue Title	Proposed Change	Justification
		<p>requirements and may not exceed a capacity of 15 children.</p>	
<p>393.XXX new statutory citation required</p>	<p>Section 19 Lines 3506 - 3520</p>	<p><u>393.XXX - Integrated Enterprise Data System</u>  <u>(1)The agency shall implement 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. Agency providers shall use the integrated system to document service provision to clients as required by the Agency. Providers are required to have at least the minimum computer requirements set by the system as outlined in rule.</u>  <u>(2)Providers of direct services in an individual’s home will be required to have the necessary technology systems suitable for electronic visit verification.</u>  <u>(3) The agency shall adopt rules necessary to carry out the provisions of this section.</u></p>	<p>POLICY CHANGE</p> <p>The integrated enterprise client data management system will ensure providers utilize the system that the legislature funded to prevent fraud, automate manual processes, collect data at the client-specific and provider-specific level, so analysis, tracking, reporting, and quality improvement processes can be better established. This will become the official system of record for agency clients.</p>
<p>393.XXX new statutory citation required</p>	<p>Section 20 Lines 3523- 3533</p>	<p><u>393.XXX - Utilization Review –</u>  <u>(1) The agency shall comply with state and federal utilization control requirements to safeguard against inappropriate utilization of institutional care services for those individuals who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities.</u>  <u>(2) The agency shall adopt rules establishing standards for Utilization</u></p>	<p>POLICY CHANGE and the Agency's TOP LBR ISSUE</p> <p>Since APD is responsible for meeting state and federal requirements for Utilization Reviews at ICF/IIDs statewide, this language enables the Agency to adopt rules to implement these requirements.</p>

<b>Statutory Citations</b>	<b>Issue Title</b>	<b>Proposed Change</b>	<b>Justification</b>
		<u>Control for the Intermediate Care Facilities for Individuals with Intellectual Disabilities licensed under s. 400.962.</u>	

## **Taskforces and Workgroups**

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

Adult Protective Services Interagency Workgroup

Agency for Persons with Disabilities/Agency for Health Care Administration  
(APD/AHCA) Policy Group

Business Leadership Network (BLN)

CDC+ Quality Advisory Committee

Community Advisory Committee of the Florida Center for Inclusive Communities

Employment First Collaboration

Family Care Council (FCC)

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 Abuse and Neglect Task Force

FDDC Community Living Task Force

FDDC Employment and Transportation Task Force

FDDC Wait List Strategic Plan Implementation Task Force

FDDS Self Advocacy Task Force

Florida Genetics and Newborn Screening Advisory Council

Florida Inter-Agency Grants Consortium

Human Services Contract Administrators Task Force

Interagency Medical Director's Committee

Interagency Medical Fraud Committee

Interagency Workgroup on Supported Employment

National Association of State Directors of Developmental Disability Services  
(NASDDDS)

Northwood Shared Resource Center (NSRC) Data Center Board

NSRC Data Center Board Finance and Auditing Committee

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

Workforce Innovation and Opportunity Act Task Force (WIOA)



# Performance Measures and Standards

## LRPP Exhibit II



## Performance Measures and Standards - LRPP Exhibit II

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 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standards for FY 2015-16	Requested FY 2016-17 Standard
Percent of People who are Employed in Integrated Settings	25%	25%	27%	27%
Number of Persons with Disabilities Served in Supported Living	5,600	5,551	5,600	5,600
Percent of ICF residents who accept waiver services and move into the community*	N/A*	75%	85%	85%
* APD received approval to establish a baseline of 85% for this measure for FY 2015-16.				
Program: Services to Disabled		Code: 67000000		
Service/Budget Entity: Program Management and Compliance		Code: 67100200		
Approved Performance Measures for FY 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standards for FY 2015-16	Requested FY 2016-17 Standard
Administrative cost as a percent of total program costs	4.00%	2.50%	4.00%	4.00%
Percent of People Receiving Services who Meet Key Health, Safety, and Quality of Life Outcome Measures*	77.90%	81.4%*	77.90%	77.90%
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
*Data is for a six-month period as the original tool to collect data was discontinued.				
**APD currently 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 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standards for FY 2015-16	Requested FY 2016-17 Standard
Annual Number of Reportable Critical Incidents per 100 Persons with Developmental Disabilities Living in Developmental Disabilities Centers (DDCs)*	20	2	15	15
Number of adults found incompetent to proceed who are provided competency training and custodial care in the APD Forensic Services Program.**	310	306	300**	300
<p>*APD received approval to reset the standard to 15 in FY 2016-16 for depopulation.</p> <p>** APD received approval to reword and reset this standard to 300 for FY 2015-16 to match the data source.</p>				



# 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
25%	19%	(6%)	(24%)

*The number of people competitively employed DIVIDED BY The number of people identified in the QSI wanting employment*

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Personnel Factors | <input checked="" 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:** People with developmental disabilities who wanted to work were unable to be referred to employment services as a result of decreased agency staffing. Moreover, the agency was not able to adjust vacancies due to a hiring freeze.

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

**Recommendations:** The agency will continue to make employment a high priority and continue the goal of increasing employment of persons with intellectual/developmental disabilities. Training has been developed and will be made available to more providers and caregivers.

*Office of Policy and Budget – July 2015*

## 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	5,551	(49)	(1%)

*ABC Program Component Count to include Independent (01) and Supported Living (11) components for both waiver and IFS.*

**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 received approval last fiscal year to remove an obsolete program component code used in the methodology for the measure. The individuals identified by that old code may not have met the intended criteria for inclusion.

**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:** No further action necessary.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Agency for Persons with Disabilities

**Program:** Services to Disabled

**Service/Budget Entity:** 67100100

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

**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
N/A*	75%	0	0

*Number of ICF residents who accept waiver services and move into the community DIVIDED BY Number of ICF residents who accept the offer to receive waiver services in the community.*

**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 75% represents the first report for a new measure established for FY 2014-15 in which of the 40 ICF residents who accepted the offer of waiver services, 30 transitioned, 4 are in the progress of moving into the community, and 6 cancelled their plans move.

\*The standard approved for 2015-16 will be 85%.

**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:** No further action necessary.

## 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%	81.4%	3.5%	4.5%

*SUM of Percent met for each quality of life indicator DIVIDED BY Number of indicators.*

**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:** In January 2015, the tools for gathering the quality of life indicators were revised by the Quality Improvement Organization to better comply with Center for Medicare and Medicaid Services Home and Community Based Services Waiver requirements. Thus, the performance results reflect only six months of data and should not be considered statistically significant.

**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:** APD reported the pending changes in last year's LRPP and is submitting a change request as substitute methodology for: *Sum of people for each indicator met DIVIDED BY Sum of people sampled for each indicator.*

*Office of Policy and Budget – July 2015*

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Agency for Persons with Disabilities

**Program:** Services to Disabled

**Service/Budget Entity:** 67100200

**Measure:** Administrative cost as a percentage of total cost

**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
4.0%	2.5%	(1.5%)	(37.5%)

*Budget Entity 200 (Program Mgt. & Compliance) DIVIDED BY Budget Entity 100 PLUS Budget Entity 200 PLUS Budget Entity 300*

**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:** 147 positions and \$6.5 million of appropriations were transferred from Budget Entity 67100200 to Budget Entity 67100100 in Fiscal Year 2014-15 to realign regional functions to the 67100100 Budget Entity. Performance in future years should more closely align to the intent of this measure.

**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:** No further action necessary.



## 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 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 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:** The agency did not have a system to collect this data in FY 2014-15.

**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:** The agency recommends the deletion of this measure as the data collection system will take multiple years to implement and did not secure long-term funding in FY 2014-15.

## 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 Critical 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	(18)	(90%)

*Total Number of reportable critical incidents at APD-operated institutions DIVIDED BY the Average client census MULTIPLIED BY 100 for ratio*

**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 over estimated how many critical reportable incidents per 100 clients it would report.

**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:** The addition of the word "critical" to the measure was approved last year for clarification. The agency will change the service/budget entity code for this measure to 67100400 in FY 2015-16 as directed by the Florida Legislature.

*Office of Policy and Budget – July 2015*

## 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 APD Forensic Services Program

**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	306	(4)	(1%)

*Census of APD's three forensic facilities as of July 1 PLUS admissions through June 30 for the fiscal year.*

**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:** Since the number of people served and discharged are up to the counts, the agency can only estimate how many people it can serve, restore to competency, and discharge to the community. The current population is lower due to increasing competency restoration rates allowing individuals to proceed to trial.

**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:** A revision approved last year changed *Developmental Disabilities Defendant Program* to *APD Forensic Services Program* to clarify the data source. The agency will change the service/budget entity code for this measure to 67100500 in FY 2015-16 as directed by the Florida Legislature.

*Office of Policy and Budget – July 2015*



# 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:** 67100200

Program Management and Compliance

**Measure:** Percent of people receiving services who meet key health, safety, and quality of life outcome measures

**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 data collection instruments used by the Quality Improvement Organization (QIO) have changed. The Agency is requesting a change in methodology to measure "Quality of Life" by utilizing data generated from the revised Person Centered Review Interview Tool. The formula to calculate the performance of this measure will change to:

Sum of percent met for each quality of life indicator DIVIDED BY Number of indicators.

The agency may request a new target once 12 months of data is collected and analyzed.

### **Validity:**

The Person Centered Review Interview Tool provides a systematic approach to measure a person's quality of life in community-based settings. The tool contains multiple questions asked of individuals to measure: (1) Person Centered Planning – Directing one's Services, (2) Rights, (3) Freedom from Abuse, Neglect, and Exploitation, (4) Best Possible Health, (5) Safety, and (6) Community Interaction.

### **Reliability:**

The QIO administers an annual interrater reliability review to ensure the tool's ongoing validity and reliability.

*Office of Policy and Budget – July 2015*

**LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department:** Agency for Persons with Disabilities

**Program:** Services to Disabled

**Service/Budget Entity:** 67100200

Program Management and Compliance

**Measure:** Increase use of services and opportunities that are not funded by the Medicaid Home and Community-Based Waiver or other appropriation

**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:**

As explained in Exhibit III, the agency currently does not have a system to collect this data for this LRPP measure and is requesting its deletion. Although APD has signed a contract with a vendor to commence development of a client data management system in FY 2015-16, the system will take several years to implement and long-term funding has not been secured. The agency is likely to request for a new measure when the new system is operational and the data requirements are finalized.

**Validity:**

**Reliability:**

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department:** Agency for Persons with Disabilities

**Program:** Services to Disabled

**Service/Budget Entity:** 67100200

Program Management and Compliance

**Measure:** Administrative cost as a percent of total program costs

**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 2015 Florida legislative session changed the 67100300 budget code shared by the agency's developmental disability centers and forensic programs into two new codes (67100400 and 67100500). This technical change will be reflected in the next year's methodology for measuring administrative costs as follows.

Budget Entity 200 (Program Mgt. & Compliance) DIVIDED BY Budget Entity 400 PLUS 500

The change will allow the legislature to distinguish operational budget and expenditures in these two types of residential facilities, but should not affect the calculation of the quotient.

### **Validity:**

Unchanged.

### **Reliability:**

Unchanged.

*Office of Policy and Budget – July 2015*

## **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 critical 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:**

The service/budget entity code for this measure in FY 2015-16 will change from 67100300 to 67100400 as directed by the Florida Legislature in the 2015 session. The change will allow the legislature to distinguish budget/expenditures in APD's two developmental disability centers from those in forensic programs that shared the same code. This technical change will be reflected in the next year's methodology for measuring administrative costs, but will not affect the methodology for developmental disability center performance.

### **Validity:**

Unchanged.

### **Reliability:**

Unchanged.

*Office of Policy and Budget – July 2015*



**L RPP 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 APD Forensic Services Program

**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 service/budget entity code for this measure in FY 2015-16 will change from 67100300 to 67100500 as directed by the Florida Legislature in the 2015 session. The change will allow the legislature to distinguish budget/expenditures in forensic programs from those in developmental disability centers that shared the same code. This technical change will be reflected in the next year's methodology for measuring administrative costs.

Related to APD's forensic services measure is a request to clarify the methodology for calculating performance as follows:

Census of APD's three forensic facilities as of July 1 PLUS admissions through June 30 for the fiscal year.

**Validity:**

The measure is a count of admissions of individuals arrested, determined by the court as incompetent to proceed to trial, and ordered to undergo competency training in APD's forensic services program. The primary function of APD's forensic services is to provide training to restore competency, so individuals with developmental disabilities understand the circumstances of their arrest and can participate in their defense in court. APD provides forensic services in secure facilities operated by the agency and is responsible for the custodial care of individuals admitted into the program.

**Reliability:**

The training provided is standardized and tailored to each individual's ability. The source of data remains the same – the agency's forensic services programs. The method of obtaining the census also remains the same – a manual count performed by APD staff and reported to the state office monthly.

*Office of Policy and Budget – July 2015*



# Associated Activities Contributing to Performance Measures

## LRPP Exhibit V

**Associated Activities Contributing to Performance Measures - LRPP Exhibit V**

<b>Measure Number</b>	<b>Approved Performance Measures for FY 2015-16 (Words)</b>		<b>Associated Activities Title</b>
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	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
5	Administrative costs as a percentage of total cost		Home and Community Services Administration
6	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
7	Annual number of reportable critical incidents per 100 persons in DDCs		Intermediate Care Facilities for the Developmentally Disabled
8	Number of adults found incompetent to proceed to trial who are provided competency training and custodial care in the APD Forensics Program		Forensic Care

\* APD currently does not have a system to collect this data and is requesting deletion of this measure  
Office of Policy and Budget – July 2015



-----  
ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

-----  
THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5)  
AND SHOULD NOT:

\*\*\* NO ACTIVITIES FOUND \*\*\*

-----  
THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT:  
(NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION  
TECHNOLOGY)

\*\*\* NO OPERATING CATEGORIES FOUND \*\*\*

-----  
THE FOLLOWING ACTIVITIES DO NOT HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND ARE REPORTED AS 'OTHER' IN  
SECTION III: (NOTE: 'OTHER' ACTIVITIES ARE NOT 'TRANSFER-STATE AGENCY' ACTIVITIES OR 'AID TO LOCAL  
GOVERNMENTS' ACTIVITIES. ALL ACTIVITIES WITH AN OUTPUT STANDARD (RECORD TYPE 5) SHOULD BE REPORTED  
IN SECTION II.)

\*\*\* NO ACTIVITIES FOUND \*\*\*

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TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 67	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	1,147,725,623	3,664,300
TOTAL BUDGET FOR AGENCY (SECTION III):	1,147,725,614	3,664,300
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DIFFERENCE:	9	
(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), expenses, operating capital outlay (OCO), data processing services, fixed capital outlay, etc. These categories are listed and defined within this glossary.

AST: Agency for State Technology

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

social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.

AWD: Adults with Disabilities, a program administered by the Division of Vocational Rehabilitation.

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 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. 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 empowering the consumer to make choices about the kinds of supports and services needed. Together with the assistance of a trained CDC+ consultant, who is also a waiver support coordinator, the consumer plans his or her own supports, manages an established budget, and makes decisions regarding care, and staff hired.

Consumer Directed Care Fiscal Employer Agent (CDCFEA): Refers to the individual or representative who performs claims payment, payroll, banking, and financial reporting.

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 (developmental disabilities).

CMS: Centers for Medicare and Medicaid Services, 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. The agreement includes terms and conditions which the parties must perform in compliance with statutes and regulations and specific details on how, when, where, and to whom the contractor should provide a commodity or service.

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 that 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 that displays expenditures by budget entity, appropriation category, and program component, and presents a narrative, explanation, and justification of requests for specific issues.

Data Processing Services: Electronic data processing services provided by or to state agencies or the judicial branch that 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

DOH: Florida Department of Health

DOH Vital Statistics: A state office that maintains a data system for Social Security numbers and dates of birth used by state agencies for matching client data.

DOR: Florida Department of Revenue

Department of Children and Families Florida Safe Families Network (DCF/FSFN): DCF system that houses data from investigations of abuse, neglect, and exploitation.

Department of Children and Families Office of Appeal Hearings (DCF/OAH): A DCF work unit that has bidirectional access to APD's Legal Case Management System (LCMS) for Medicaid hearings.

DDC: Developmental Disabilities Centers

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

Department of Economic Opportunity (DEO): The state agency that collects data and information from employers of APD clients.

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 that offer 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

Employment Enhancement Project: The Florida Legislature allocated \$500,000 for the continuation of the Employment Enhancement Project in Fiscal Year 2014-15. Its purpose is to provide employment opportunities to those on the APD Waiting List who want jobs when leaving school. Job seekers in high school 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 to qualify.

EOG: Executive Office of the Governor

Estimated Expenditures: Includes the amount likely 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.

Expenses: 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.

External Providers: An interface format as defined by Harmony Information Systems for the agency's client data management system that includes progress notes, quarterly reports, incident report, monthly reports, waiver documentation, medication administration.

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

FLAIR RECON: Florida Accounting Information Resource system, reconciles invoices between ABC and FAS.

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.

FAS: Financial Application System, used to query FLAIR.

FMMIS: Florida Medicaid Management Information System

FMS: Fee Maintenance System

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

F.S.: Florida Statutes

FTE: Full-Time Equivalent

GAA: General Appropriations Act

GR: General Revenue

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

HCBS: Home and Community-Based Services provided by the agency through iBudget. The iBudget Waiver provides 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. Another term 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 that 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

IVR: Interactive Voice Response system used for touchtone phone claims submission.

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.

LCMS: Legal Case Management System uses ABC to send demographic information and track fair hearings.

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: 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 against other states and national trends.

Nonrecurring: Expenditure or revenue limited to one 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. OCO generally applies to items valued at \$1,000 or more that have an expected life of one year or more. This may include 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 in an established position. This includes but is not be limited to, temporary employees, student or graduate assistants, fellowships, part-time academic employment, board members, consultants, and other services specifically budgeted for an agency in this category.

Outcome: See Performance Measure

Output: See Performance Measure

Outsourcing: The contracting with a vendor for the delivery of a service or item, and includes the responsibility for performance. Outsourcing includes everything from

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

PMDS: Payroll Management Data System

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" only applies 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. Three types used for the LRPP are:

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.

Policy Area: A grouping of related activities that reflect 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 of obtaining commodities or contractual services through standardized methods, policies, or law.

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 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 that govern required procurement procedures as established by section 287.017, F.S.

QIO: A quality improvement organization, such as Delmarva, that conducts activities related to quality information, provider monitoring, and plans of remediation for APD.

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

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 procedure used for measurement yields the same results on repeated trials, and data are complete and sufficiently error free for the intended use.

SSRC: Southwood Shared Resource Center

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.

Secure Web for Consultants: View only the monthly reporting statements.

Secure Web-Based Payroll Systems (English and Spanish): Also known as the CDC+ timesheet system, it is used for claims submission, collection, and reporting.

Service: See Budget Entity and Program

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.

Supported Employment Tracking System (SETS): A system used for tracking consumers that have jobs. Nightly consumer demographic feed from ABC, quarterly feeds from DOR & DEO and real time interaction with ABC for EEP claims (employment enhancement project).

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

Supply and Inventory Management System (SIMS): A tracking system for non-client related supplies.

Spina Bifida: A birth defect (a congenital malformation) in the vertebral column in which part of the spinal cord, which is normally protected within the vertebral column, is exposed. 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. People with Spina bifida can have difficulty with bladder and bowel incontinence, cognitive (learning) problems and limited mobility.

SSI: Supplemental Security Income is a benefit administered by the Social Security Administration.

Standard: A level of performance, a measure of outcome, or output.

SWOT: Strengths, Weaknesses, Opportunities, and Threats

TCS: Trends and Conditions Statement

Unit Cost: The average total cost of producing a single component, item, service, or 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 that is an alternative program to institutional care. The waiver consists of state and federal matching funds for services so individuals live in their community rather than live in an institutional setting.

WAN: Wide Area Network (information technology)