# Health and Wellness

August 29, 2013 at 9:30 a.m.

## RECOMMENDATIONS

- Determine if local YMCAs throughout the state have the ability to provide staff to teach individuals with disabilities how to use their exercise equipment.
- The State of Florida needs to improve access to medical professionals (particularly dentists) who would be willing and able to serve individuals with developmental disabilities. There should also be a higher rate paid to those medical providers who render care to this population.
- Expand Medicaid State Plan so that it covers behavioral services for adults with autism (which could save APD money and free up dollars within the iBudgets for those individuals).
- APD and AHCA need to have increased awareness of issues related to the aging of the population we serve. Specifically, proposed changes to the draft iBudget handbook would limit separate billing for nursing care rendered under the Special Medical Home Care service (which could ultimately cost the state more money and disrupt continuity of care).
- Medication administration training requirements should be revised to allow multiple methods to satisfy such requirements (on-line, at the provider's location, etc.).
- There are not enough dieticians in the state who are willing and able to work with this population.
- The crisis process (in regards to both CPARs and initial waiver enrollment) takes far too long. APD should give the Regions the ability to provide immediate funding for services while crisis packets are being reviewed. Timeframes for processing crisis applications should be included within the iBudget handbook.
- Limitations on the provision of behavior assistant services under the waiver are too restrictive and could impact health & safety. Specifically, the timeframes for fading that particular service after a few months should consider person-specific circumstances (such as the onset of puberty, for example).
- The funding allocation under iBudget should be reviewed following every significant life event (such as graduation from school) as opposed to just in cases involving "crisis" situations.
- The increased prevalence of diabetes diagnoses necessitates an expedited approval process (for nursing and other services). Since unlicensed staff cannot administer insulin injections, residential providers must contract with nurses in order to ensure 24-hour compliance with insulin prescriptions. Many individuals with diabetes are therefore discharged to more costly settings (such as ICFs or nursing homes) in order to receive the care they need.

## FACTORS TO CONSIDER

- Ashley Anderson, who participated in the call, is familiar with the various programs available through the YMCAs and offered to contact those organizations to learn more about the specific services they would be willing and able to provide to individuals with developmental disabilities. Depending upon what she finds, that information could then be added to the APD Resource Directory. As far as the availability of direct instruction, that could also be handled by an individual's Companion provider (for those individuals enrolled on the waiver). As discussed on the last call, exercise-related information will be

rolled into the curriculum of the Core Competencies Training (which is required of all waiver providers).

- Although APD does not have any control over the Medicaid state plan rates, our Agency has previously worked with the Florida DD Council in developing information for medical professionals regarding the unique health care needs of individuals with developmental disabilities. Also, the Resource Directory does currently contain a field related to health care and could certainly be expanded if the Regions, Family Care Councils, etc. would provide us with information on those medical professionals.
- We could certainly pass this suggestion along to AHCA, but APD has no control over the array of services offered through the Medicaid state plan.
- Special Medical Home Care is one of several "bundled" waiver services and the referenced handbook language is intended to prevent duplication of services and reduce waiver expenditures. Making the proposed change would have a negative fiscal impact upon the Agency and would necessitate a change to the waiver handbook (which would also require approval by both AHCA and CMS).
- Training requirements are currently being revised within the iBudget waiver handbook as well as rule 65G-7 in order to ensure a variety of training options are available to providers.
- Since many of our clients (such as those people with Down Syndrome and Prader-Willi Syndrome) possess conditions which make them more prone to morbid obesity, the development and implementation of healthy and nutritious meal planning is essential to their health and well-being. Since it is also true that there are very few dieticians currently enrolled as waiver providers, this may be a profession that could be targeted and cultivated as part of our ongoing provider recruitment activities (both at the State and Regional Office levels). Depending upon the response to such efforts, APD could also consider increasing the rates paid to those providers.
- The timeframes for processing crisis cases will be included within the administrative rule that is currently being drafted. The Regions have always had the ability to provide emergency IFS funding for services in cases where health and safety may be at risk.
- The purpose of behavior assistant services (to train caregivers) as well as the requirements for fading of that particular service have existed within the past several versions of the waiver handbook. The Regions have the authority (within both the existing and proposed handbooks) to extend authorization for the approval of this service beyond six months as needed. The speaker indicated a desire to have a behavior assistant be present "just in case" a behavioral issue surfaced (which is contrary to the stated intent of this service). One alternative may be to consider a new waiver service called "behavioral respite" in which a higher respite rate could be paid to someone who was trained as behavior assistant but is only needed to provide supervision (as opposed to training for caregivers). Another solution through iBudget could involve a slightly higher allocation for individuals who score particularly high on the behavioral section of the QSI (which would allow them to pay a higher rate for respite services to better-trained providers)…this solution would necessitate a change to the rate table as well.
- Although the iBudget allocations are re-visited during the crisis/CPAR processes, they are also reviewed whenever there is a change in a person's living setting. APD could institute a policy whereby all significant changes in a person's life would automatically prompt a review of that person's allocation but to do so would result in a tremendous increase in the workload of Regional staff. If the significant changes described above (such as aging out of Medicaid state plan services) necessitate the provision of waiver

services in order to preserve health and safety, those cases will be addressed via the crisis/CPAR process.

- APD could seek statutory and rule changes to allow unlicensed staff to administer insulin injections (which carries its own set of risks related to the incorrect administration of this potentially life-saving medication as well as potential challenges from the Florida Nurses Association). Another potential solution could simply be an expedited CPAR process specifically for requests related to nursing services.